

**AMENDED COOPERATIVE AGREEMENT
SIGNATURE PAGE**

AGREEMENT NUMBER **17-0215-008-SF**

AMENDMENT NUMBER **1**

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME

DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

RECIPIENT'S NAME

COUNTY OF SANTA BARBARA

2. The term of this Agreement is: July 1, 2017 through June 30, 2018

3. The maximum amount of this Agreement is: \$59,671.49

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

Paragraph three (3) of the Agreement is hereby amended to add \$30,000.00 for a new total not to exceed \$59,671.49. A revised Budget is attached (2 Pages), which replaces the Budget in the original Agreement, and is incorporated into the Agreement effective July 1, 2017.

The increase in funds is required for additional staff working on the Dog Team Program for canine care and administrative duties. There are no changes to the Scope of Work.

PRIME AWARD INFORMATION:

Federal Funding Source(s):	USDA-APHIS-PPQ
Catalog of Federal Domestic Assistance Number(s):	10.025
Amount(s) Awarded to CDFA:	\$3,241,455.00
Federal Funding Source Agreement Number(s):	17-8506-1165-CA
Effective Date(s):	July 1, 2017 through June 30, 2018

All other terms and conditions of this Agreement shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME (*Organization's Name*)
COUNTY OF SANTA BARBARA

BY (Authorized Signature)	DATE SIGNED (<i>Do not type</i>)
	

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS
263 Camino Del Remedio, Santa Barbara, CA 93110

STATE OF CALIFORNIA

AGENCY NAME

DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY (Authorized Signature)	DATE SIGNED (<i>Do not type</i>)
	

PRINTED NAME AND TITLE OF PERSON SIGNING
CRYSTAL MYERS, BRANCH CHIEF, OFFICE OF GRANTS ADMINISTRATION

ADDRESS

1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

CJ

Personnel Cost Work Sheet

Dog Team Program

FY 2017/2018

July 1, 2017 through June 30, 2018

Revised June 6, 2018

Santa Barbara County

Title	Hourly Wage	Hourly Benefit Amount	Total Hourly Rate	Original Estimated Hours to be Worked	Difference	New Estimated Hours to be Worked	Original Total Cost	Difference	New Total Cost
Handler/Ag Biologist III	\$33.53	\$35.20	\$68.73	0	339	339	\$0.00	\$23,299.47	\$23,299.47
Support Staff/Ag Biologist III	\$33.53	\$35.20	\$68.73	0	0	0	\$0.00	\$0.00	\$0.00
Support Staff/Ag Biologist II	\$30.35	\$34.25	\$64.60	0	0	0	\$0.00	\$0.00	\$0.00
Support Staff/Ag Biologist I	\$26.16	\$27.31	\$53.47	0	0	0	\$0.00	\$0.00	\$0.00
Deputy Ag Commissioner	\$44.81	\$39.21	\$84.02	0	0	0	\$0.00	\$0.00	\$0.00
Assistant Commissioner	\$61.58	\$41.08	\$102.66	0	0	0	\$0.00	\$0.00	\$0.00
Total:				0	339	339	\$0.00	\$23,299.47	\$23,299.47



CALIFORNIA DEPARTMENT OF
FOOD & AGRICULTURE

Work Plan Summary
Dog Team Program
FY 2017/2018
July 1, 2017 through June 30, 2018
Revised June 6, 2018

Santa Barbara County
Agreement Manager: Rudy Martel

Expenses	Description	Total	New Total
Personnel Costs for Dog Team Activities	Inspections of parcel facilities and other activities	Total Activity Hours: 339 \$0.00	\$339.00 \$23,299.47
Overhead Costs	Indirect Costs (Not to exceed 25% of Total Personnel Costs)	Overhead Percentage: 25% \$0.00	25% \$5,824.87
Operating Expenses	All supply/equipment costs exceeding \$5,000.00 must be accompanied by a itemized list of items to be purchased.	Itemized Supply List Required (Y/N): N \$17,410.00	N \$18,285.66
Mileage	Mileage rate must be \$0.535, or current federal rate (http://www.irs.gov).	Estimated Miles: 22,918.67 Rate Per Mile: 0.535 \$12,261.49 0.535 \$22,918.67	\$12,261.49 \$59,671.49
	TOTAL COST:	\$29,671.49	\$59,671.49