## AMENDED COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER 16-0524-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, 2016 through June 30, 2018

3. The maximum amount of this Agreement is: \$402,656,39

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 this Agreement is hereby amended to add \$33,853.32 for a new total not to exceed \$402,656.39. A Budget for the additional amount is attached (1 page) and is hereby incorporation into this Agreement.

The increase in funds will cover urban trapping of glassy-winged sharpshooter in non-infested areas. No change in 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:	\$8,960,156.00
Federal Funding Source Agreement Number(s):	17-8506-0484-CA
Effective Date(s):	10/1/16 through 9/30/17

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 (Do not type)

?

PRINTED NAME AND TITLE OF PERSON SIGNING

**ADDRESS** 

263 Camino Del Remedio, Santa Barbara, CA 93110-1335

#### **STATE OF CALIFORNIA**

AGENCY NAME

#### **DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)**

BY (Authorized Signature)

DATE SIGNED (Do not type)

?

PRINTED NAME AND TITLE OF PERSON SIGNING

CRYSTAL MYERS, BRANCH CHIEF, OFFICE OF GRANTS ADMINISTRATION

**ADDRESS** 

1220 N STREET, ROOM 120 SACRAMENTO, CA 95814

NTM

# PIERCE'S DISEASE CONTROL PROGRAM BUDGET

### **Survey/Inspection Activities**

*F	ER	SC	M	NEL	SER	<b>VICES</b>

*PERSONNEL SERVICES									
	Salary Rate N w/o o	Number of Hours	Salaries	Benefit Rate	Total Salary and Benefits				
Classifications	<b>Benefits</b>								
Admin Office Professional									
Agricultural Extra Help	\$18.000	1020	\$18,360.00	0.00%	\$18,360.00				
Agricultural Biologist I									
Agricultural Biologist II									
Agricultural Biologist III									
Agricultural IPM Specialist									
Supervising Ag Biologist	\$38.180	50	\$1,909.00	79.50%	\$3,426.66				
Deputy Commissioner									
Assistant Commissioner									
Total Personnel Services		1,070	\$20,269.00		\$21,786.66				
OPERATING EXPENSES									
General Expenses/Supplies									
General Expense/Supplies (general of	200.00								
Postage – mailing GWSS information	0.00								
**County Vehicle @.535/mile; 12,000	6,420.00								
Indirect Cost (25% of total personnel	5,446.66								
Total Operating Expenses	12,066.66								
GRAND TOTAL					33,853.32				

<sup>\*</sup>Subject to change due to salary increases, available work force, labor contract changes, program modification, etc.

<sup>\*\*</sup>Subject to change due to federal mileage rate changes.