HECK HERE IF ADDITIONAL PAGES ARE A	TTACHED :	² Pages	AGREEMENT NUMBER	AMENDMENT NUMBER	
			18-0047 REGISTRATION NUMBER	1	
This Agreement is entered into betw state Agency's NAME CALIFORNIA DEPARTMENT O CONTRACTOR'S NAME			•	<i>I</i> :	•
COUNTY OF SANTA BARBARA	4			•	
The term of this Agreement is July 1, 20	018	through	June 30, 2019		
The maximum amount of this Agreement after this amendment is:	\$447,878.0 Four Hundre		Thousand Eight Hundred	Seventy-Eight Dollars and No	Cents
 The parties mutually agree to this an Agreement and incorporated herein:	mendment as f	follows. All a	ctions noted below are b	y this reference made a p	art of t
Section 3 is hereby increased by \$37 See Revised Budget, Exhibit B-1, At	71,109.00 for a tachment 1 (2	a new contra pages)	ct amount of \$447,878.0	0.	

All other terms and conditions shall remain the same.

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

CONTRACTOR		CALIFORNIA Department of General Services
CONTRACTOR'S NAME (If other than an individual, state whether a corporation COUNTY OF SANTA BARBARA	n, partnership, etc.)	- Use Only
BY (Authorized Signature)	DATE SIGNED (Do not type)	
<u>k</u>		
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
263 CAMINO DEL REMEDIO, SANTA BARBARA	CA 93110 .	
STATE OF CALIFORNIA		·
AGENCY NAME	1948	
CALIFORNIA DEPARTMENT OF FOOD AND AG	RICULTURE	
BY (Authorized Signature)	DATE SIGNED (Do not type)	
S		
PRINTED NAME AND TITLE OF PERSON SIGNING JENNIFER CROW, ACQUISITIONS MANAGER		Exempt per: DGS Ltr. 28.8
ADDRESS		1
1220 N STREET, ROOM 115, SACRAMENTO, CA	95814	

ST	TATE OF CALIFORNIA		
	STANDARD AGRE TD. 213 A (Rev 6/03)	EMENT AME	NDMENT
X	CHECK HERE IF ADDI	TIONAL PAGES A	RE ATTACHE

Х	CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	² Page	S AGREEMENT NUMBER	AMENDMENT NUMBER
			18-0047	. 1
			REGISTRATION NUMBER	
1.	This Agreement is entered into between the Sta	ate Agency ar	nd Contractor named below	<i>r</i> :
	STATE AGENCY'S NAME			
	CALIFORNIA DEPARTMENT OF FOOD A	AND AGRIC	ULTURE	
	CONTRACTOR'S NAME			
	COUNTY OF SANTA BARBARA			
2.	The term of this			
	Agreement is July 1, 2018	through	June 30, 2019	
3.	The maximum amount of this \$447,878	8.00		
	Agreement after this amendment is: Four Hun-	dred Forty-Sev	en Thousand Eight Hundred	Seventy-Eight Dollars and No Cents
4.	The parties mutually agree to this amendment a Agreement and incorporated herein:	as follows. Al	l actions noted below are b	by this reference made a part of the
	Section 3 is hereby increased by \$371,109.00 for See Revised Budget, Exhibit B-1, Attachment 1	or a new cont (2 pages)	ract amount of \$447,878.0	0.
	This amendment is necessary to add funds for a	additional exp	enses and enforcement ac	ctivities.

All other terms and conditions shall remain the same.

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

CONTRACTOR	w.	CALIFORNIA Department of General Services
CONTRACTOR'S NAME (If other than an individual, state whether a corporation COUNTY OF SANTA BARBARA	n, partnership, etc.)	- Use Only
BY (Authorized Signature)	DATE SIGNED (Do not type)	
K		
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 263 CAMINO DEL REMEDIO, SANTA BARBARA,	CA 93110	
STATE OF CALIFORNIA		
AGENCY NAME		1
CALIFORNIA DEPARTMENT OF FOOD AND AG	RICULTURE	
BY (Authorized Signature)	DATE SIGNED (Do not type)	
<u>K</u>		
PRINTED NAME AND TITLE OF PERSON SIGNING JENNIFER CROW, ACQUISITIONS MANAGER		Exempt per: DGS Ltr. 28.8
ADDRESS 1220 N STREET, ROOM 115, SACRAMENTO, CA	A 95814	

Workplan for County High Risk Pest Exclusion FY 2018-2019 July 1, 2018 through June 30, 2019

Santa Barbara County Contract Manager: Lottie Martin Revised



		# of Facilities Requiring Activities	Estimated Visits/Year/Facility	Estimated Hours/Visit	Total Estimated Hours/Year
Parcel Inspection					
	FedEx Express	2	155 596	+ 2	310 2384
	FedEx Home Delivery	1	34 150	+ 2	34 300
	UPS	2	89 430	4 1.5	478 1290
	USPS	2	45.5 381.5	_	94 763
Air Freight					
	Air Freight	0	0	0	0
	Air Freight-Forwarded	12	10	1.65 <u>2.5</u>	198 300
Nursery Stock Inspection	oection Section				
	Florida/Southern States (008)	12	8	0.9 2	86.4 192
	Hawaii (008)	10	8 ±	+ 2	70 160
				Total Hours:	964.4 <u>5389</u>

ost	\$447,878	
Annual C	\$76769	
Estimated Annual Cost	Total Cost:	

Agreement No. 18-0047-1
Exhibit 6-1
Attachment
Page 2 of 3

Personnel Cost Worksheet
County High Risk Pest Exclusion
FY 2018/2019
July 1, 2018 through June 30, 2019
Revised
Santa Barbara County

		Hourly Benefit		Estimated Hours	
Title	Hourly Wage	Amount	Total Hourly Rate	to be Worked	Total Cost
Ag IPM Specialist	42.16 \$46.17	37.62 \$37.62	79.78 \$83.79	40 350	\$3194 \$29,327
Ag Tech Extra Help	\$18.23	\$0.54	\$18.77	91.4 424	\$1716 \$7,958
Agricultural Biologist/Inspector III	35.40 \$38.35	35.20 \$35.20	70.60 \$73.55	474 750	\$12073 \$55,163
Agricultural Biologist/Inspector I	27.61 \$30.57	27.31 \$27.31	54.92 \$57.88	150 675	\$8238 \$39,069
Agricultural Biologist/Inspector II	32.04 \$34.99	31.11 \$34.25	63.15 \$69.24	160 750	\$10104 \$51,930
Agricultural/Weights & Measures Inspector I	30.37 \$33.35	\$34.25	64.62 \$67.60	400 675	\$6462 \$45,630
Agricultural/Weights & Measures Inspector II	35.25 \$38.20	\$35.20	70.45 \$73.40	75 \$575	\$5284 \$42,205
Agricultural/Weights & Measures Inspector III	38.94 \$41.91	\$37.62	76.56 \$79.53	100 650	\$7656 \$51,695
Assistant Ag Commissioner	65.32 \$68.37	\$41.08	106.40 \$109.45	2 40	\$213 \$4,378
Compliance Coordinator	20.60 \$50.58	\$39.21	89.84 \$89.79	15 150	\$1347 \$13,469
Deputy Ag Commissioner	50.60 \$50.58	\$39.21	89.84 \$89.79	20 150	\$1796 \$13,469
Supervising Agricultural Biologist	45.23 \$44.07	38.15 \$35.20	83.38 \$79.27	40 <u>200</u>	\$3335 \$15,854
			Total Hours/Cost	964.4 5389	\$61415 \$370,147

Estimated Annual Cost \$76769 \$447,878

Estimated Overhead Cost \$15354 \$77,731

Overhead Percentage (do not exceed 25%)