State of California, Department of Food and Agriculture AGREEMENT GAU-03 (Rev.7/2024)

## AMENDED COOPERATIVE AGREEMENT SIGNATURE PAGE

AGREEMENT NUMBER 24-0388-024-SF AMENDMENT NUMBER 1

1.	This Agreement is entered into betwee	n the State Agency and the Recipient named below:
	STATE AGENCY'S NAME	
	DEPARTMENT OF FOOD AND AGRI	CULTURE (CDFA)
	RECIPIENT'S NAME	
	COUNTY OF HUMBOLDT	
2.	The term of this Agreement is:	July 1, 2024 through June 30, 2025

- \_\_\_\_\_\_
- 3. The maximum amount of this Agreement is: \$36,791.49
- 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 increase the Agreement by \$5,100.00 for a new total not to exceed \$36,791.49.

A Budget for the increased amount is attached (3 Pages) with old values struck out and new values added in red text. The attached Budget hereby replaces the one in the original Agreement.

The additional funding comes after other subrecipients did not expend their full award amounts. Their funding is being reallocated to this Recipient so that more P. ramorum activities can be completed.

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

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

RECIF	OF HUMBOLDT prized Signature) NAME AND TITLE OF PERSON SIGNING VISON, VICE - CHAIR, COUNTY OF HUMPOLDT, BOARD OF Supervisors S roadway Street, Eureka, CA 95503-6905 STATE OF CALIFORNIA NAME MENT OF FOOD AND AGRICULTURE (CDFA)							
RECIPIENT'S NAME (Organization's Name)								
COUNTY OF HUMBOLDT								
BY (Authorized Signature)	DATE SIGNED							
× //in								
PRINTED NAME AND TITLE OF PERSON SIGNING								
Mike Wilson, Vice - chair, County	of Humpoldt, Board of Supervisors							
ADDRESS								
5630 S Broadway Street, Eureka, CA 95503-6905								
STATE OF CALIFORNIA								
AGENCY NAME								
DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)								
BY (Authorized Signature)	DATE SIGNED							
R	· · · · · · · · · · · · · · · · · · ·							
PRINTED NAME AND TITLE OF PERSON SIGNING								
ANDREA PERKINS, STAFF SERVICES MANAGER I, OFFICE OF GRANTS ADMINISTRATION								
ADDRESS								
1220 N STREET, ROOM 120								
SACRAMENTO, CA 95814	LB							

#### Work Plan for *Phytophthora ramorum* Program Quarantined Counties FY 2024/2025 July 1, 2024 through June 30, 2025

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CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE

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County: Humboldt

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		Agreement Activities	Number of Facilities, Requiring Activities	Estimated Visits/Year/Facility	Estimated Hours/Visit		nated s/Year
Activities at Regulated	l Estab				*	•	
	A	Host Nurseries (Exhibit B)	<del>13</del> 14	, <b>1</b>	-4 5	70	5
	В	Previously Positive Nurseries (County must have a Participating Nursery)	2	4	4		3
	C	30-day Pre-Shipment Inspections (Only for Establishments under Exhibit B or D)	43 14	8	2	224	20
Instruction Section:	D	Non-Host Nurseries Shipping Plant Material in Soil (Exhibit'J)	0	0	0		
monucaon occoon.	E	Non-Host Nurseries Shipping Plant Material without Soil (Bare-Root)	0.	Û	0		
	F	Regulatory Activities at Tree Farms (Exhibit I)	0	0	0		
	G	Regulatory Activities for Wreaths, Garland and Greenery (Exhibit D)	0	0 .	0		
	H	Regulatory Activities at Non-Nursery Establishments (Exhibits: C, F, GW2, GW4, GW6, GW10 and GW12)	0	0	0		
Regulatory Response	Activit					•	
Instruction Section:	1	Positive Nursery Response (Confirmed Nursery Protocol)	2	4	8		6
mstraction Section.	J	Trace Forward and Trace Back Investigations	4	2	2		1
Administrative Suppo	rt.						
Instruction Section:	K	Record Keeping and Random Compliance Monitoring				10	
manucaon Section.	L	Administrative Support				20	1
					*Total Activity Hours:	435.5	5 .38
Instruction Section:	M				Total Personnel Costs:		
<b>Overhead (Indirect Co</b>	sts) -	Not to exceed 25% of Total Personnel Costs			<u> </u>		,,
Instruction Section:	N	Enter Overhead Percentage			25%	\$6,705.53	\$6,424,1
Operating Expenses		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
lastautie Ocetiere	01	Supplies			\$148.84 \$132.21		
Instruction Section:	01 02	Equipment			\$100.00	\$248.84	\$232.2
/ehicles							
Instruction Section:	PI	Enter Estimated Miles	4500	**Rate Per Mile:	0.670		\$3,015.0
							<b>\$0,010.0</b>
					TOTAL COST:	\$36 794 49	\$35 367 7
						100011011401	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Figure must match th	e ficilir	e on your 'Personnel Cost Per Hour Summary Work Sheet' (tab two). You must submit your completed	Personnel Cost Per Hour	Summany Work Sheet	with your work plan-		
	<b>g</b>	a an the second s	· sissing ager of the	animus Mõlvoneer	ing ton ion pan		
* Mileane rate must b	ō curro	nt federal rate (http://www.irs.gov)					

# County Personnel Cost Work Sheet *Phytophthora ramorum* Program Quarantined Counties FY 2024/2025 July 1, 2024 through June 30, 2025

# County: Humboldt

Title	Hourly Wage		Hourly Benefit Amount		Total Hourly Rate		Estimated Hours to be Worked			Total Cost		
Ag Biologist II		\$32.66		\$21.00		\$53.66	2	20.5	300	\$ 11,832.03	\$16,098.00	
Ag Biologist II	\$0.00	\$32.66	\$0.00	\$24.51	\$0.00	\$57.17	(	)	16	\$ 0.00	\$914.72	
Senior Ag Biologist		\$42.64		\$30.69		\$73.33		50	64	\$ 10,999.50	\$4,693.12	
Executive Secretary	a province and	\$37.85		\$20.46	P	\$58.31			18		\$1,049.58	
Ag Biologist I		\$25.36		\$23.07		\$48.43			23		\$1,113.89	
Senior Ag Biologist		\$49.03		\$27.10		\$76.13			24		\$1,827.12	
		\$0.00	es electro	\$0.00		\$0.00			0		\$0.00	
		\$0.00		\$0.00		\$0.00		distant a	0		\$0.00	
		\$0.00		\$0.00		\$0.00			0		\$0.00	
В			2/			*Total:		135.5	445	\$ 26,822.12	\$25,696.43	

\*Total "Estimated Hours to Be Worked" MUST match the "Total Hours" on the Work Plan.

## County Work Plan Summary Phytophthora ramorum Program Quarantined Counties FY 2024/2025 July 1, 2024 through June 30, 2025



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## County: Humboldt Agreement Manager: Patrick Hoffman

Expenses	Description						
Personnel Costs for Regulatory Activities	Inspections of Regulated Material, Various Compliance/Treatment Monitoring, Trace Forward/Trace Back, Eradication Activities	Total Activity Hours:	436 <del>398</del>	\$26,822.12 \$ <del>25,696.43</del>			
Overhead Costs	Indirect Costs (Not to exceed 25% of Total Personnel Costs)	Overhead Percentage:	25%	\$6,705.53 <del>\$6,424.11</del>			
Operating Expenses	All supply/equipment costs exceeding \$5,000.00 must be accompanied by an itemized list of items to be purchased.	Itemized Supply List Required (Y/N):		\$248.84 \$ <del>232.21</del>			
		Estimated Miles:	4,500	<b>60.045.0</b>			
Vehicles	Mileage rate must be current federal rate (http://www.irs.gov).	Rate Per Mile:	0.670	\$3,015.0			
		TOTA	L COST:	\$ 36,791.49 \$ <del>35,367.75</del>			