

**AMENDED COOPERATIVE AGREEMENT  
SIGNATURE PAGE**

**AGREEMENT NUMBER 23-0529-007-SF  
AMENDMENT NUMBER 2**

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 EL DORADO**

2. The term of this Agreement is: July 1, 2024 through June 30, 2025

3. The maximum amount of this Agreement is: \$967,234.00

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 \$400,000.00 for a new total not to exceed \$967,234.00.

A Budget for the increased amount is attached (1 Page) and is hereby incorporated into the Agreement.

*The increase in funds is necessary due to Pierce's Disease Control Program establishing a Proclamation of an Emergency Program for the Serrano area to address the need for GWSS eradication and allow El Dorado County to conduct chemical control measures based on GWSS detections.*

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 EL DORADO

BY (Authorized Signature)

DATE SIGNED

5/13/25

PRINTED NAME AND TITLE OF PERSON SIGNING

George Tumboo, El Dorado County Board of Supervisor Chair

ADDRESS

311 Fair Lane, Placerville, CA 95667

**STATE OF CALIFORNIA**

AGENCY NAME

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

BY (Authorized Signature)

DATE SIGNED

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

**PIERCE'S DISEASE CONTROL PROGRAM  
 PROPOSED FY 2024-25 DELIMITATION BUDGET (Revision 2)  
 County: EL DORADO**

**DELIMITATION REGULATORY/TREATMENT ACTIVITIES**

**\*PERSONNEL SERVICES**

<b>Permanent Staff</b>	<b>Hourly</b>	<b>Number of</b>	<b>Salary</b>	<b>Benefit</b>	<b>Benefit</b>	<b>Total</b>
Ag Biologist III			-	35%	-	-
Assistant Ag Commissioner			-	35%	-	-
Classification C			-		-	-
Classification D			-		-	-
Classification E	-	0	-		-	-
<b>Total Permanent</b>		<u>0</u>	-		-	-
<b>Temporary Staff</b>						
Classification D	-	0	-	10%	-	-
Classification E	-	0	-	14%	-	-
<b>Total Temporary</b>		<u>0</u>	-		-	-
<b>Overtime</b>						
Classification D	-	0	-	10%	-	-
Classification E	-	0	-	14%	-	-
<b>Total Overtime</b>		<u>0</u>	-		-	-
<b>Total Personnel Services</b>		<u>0</u>	-		-	-

**OPERATING EXPENSES**

**General Expense/Supplies**

Post Cards						-
Mailing Services						-
Item C						-
Postage						-
Communication						-
<b>**Vehicle Expense</b>	<b>Rate</b>	<b>Miles</b>				
County	0.700	0				-
State						-
	<b>Monthly</b>	<b>Total</b>	<b>Months</b>			
Lease vehicles						-
Gasoline for leased vehicle						-
<b>Travel</b>	<b>Airfare</b>	<b>Rental Car</b>	<b>Per Diem</b>	<b>Other</b>		
Event A (Date(s))				-		-
<b>Pest Control Operator</b>	<b>Rate</b>	<b>Hours</b>				
Location A (Date(s))	550.00	727.272720				400,000.00
<b>Indirect Cost</b>	25%					-
<b>Total Operating Expenses</b>						<u>400,000.00</u>
<b>Total Regulatory/Treatment Activities</b>						<u><b>\$ 400,000.00</b></u>

\*Subject to change due to salary increases, available work force, labor contract changes, program modifications, etc.

\*\*Subject to change due to federal mileage rate changes.