



U.S. Department of Justice  
Drug Enforcement Administration

www.dea.gov

Springfield, Virginia 22152

AGREEMENT NUMBER: 2020- 12

AMENDMENT NUMBER: 01

THIS AMENDMENT, dated July 9, 2020 , to Letter of Agreement Number (LOA) 2020- 12 between the **El Dorado County Sheriff's Office** hereinafter referred to as (**THE AGENCY**) and the **Drug Enforcement Administration (DEA)** is for the purpose of INCREASING the amount of funds provided by the DEA to the above state/county agency.

Upon application and for good cause having been shown, the **DEA** agrees to amend the LOA with **THE AGENCY** to increase funds in the amount of

**EIGHTY THOUSAND DOLLARS (\$80,000.00)**

in addition to the

**SIXTY-SIX THOUSAND FIVE HUNDRED DOLLARS (\$66,500)**

originally agreed to in paragraph 2 of the LOA to defray costs relating to the eradication and suppression of marijuana. Total allocation for LOA Number 2020- 12 is now

**ONE HUNDRED FORTY-SIX THOUSAND FIVE HUNDRED DOLLARS (\$146,500)**

All other provisions of the Letter of Agreement remain the same.

THE AGENCY's current DUNS No. is 132428496 .

**THE AGENCY's** opportunity to enter into this Agreement with DEA and to receive the Federal funds expires thirty days from date of issuance. Agreement issued on July 9, 2020 .

**Agency Name:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ **(Blue Ink Only)**

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Agency, please submit original signed LOA & associated paperwork to your DEA Regional Contractor.*

**DRUG ENFORCEMENT ADMINISTRATION:**

SAC Name: Daniel C. Comeaux

Signature: \_\_\_\_\_ (Blue Ink Only)

Special Agent in Charge – San Francisco Field Division Date: \_\_\_\_\_

*SAC, please submit original signed LOA & associated paperwork to your Fiscal Office.*

**DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO UFMS & COMPLETE THE BOTTOM OF THIS SECTION**

ACCOUNTING CLASSIFICATION/OBLIGATION NUMBER:

2020/AFF-B-OP/OM/ /DEA-JLE/DCE: \_\_\_\_\_

UFMS Input Date: \_\_\_\_\_ DNC No. \_\_\_\_\_

DNO No. \_\_\_\_\_ DDP No. \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Fiscal, please submit original signed LOA & associated paperwork to your DEA Regional Contractor.*