

AGREEMENT NUMBER 05-0291	AMENDMENT NUMBER 1
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
DEPARTMENT OF FOOD AND AGRICULTURE
 CONTRACTOR'S NAME
COUNTY OF SAN MATEO
- The term of this Agreement is: July 1, 2005 Through June 30, 2006
- The maximum amount of this Agreement after this Amendment is: **\$369,384.51**
 Three Hundred Sixty-nine Thousand Three Hundred Eighty-four Dollars and Fifty-one Cents
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement.

Paragraph three to this 'Pest Exclusion County Work' Agreement # 05-0291-1 is hereby increased by \$51,680.00 for a new total not to exceed \$369,384.51.

This \$51,680.00 increase shall only be used for the 'High Risk Program Activities.'** This increase is due to increased high-risk activities in San Mateo County. An **Amended** Estimate of High-Risk Pest Exclusion Activities Fiscal Work Plan is attached as Exhibit A, one page; which replaces Exhibit A, Attachment 4, page 7 of 7 in the original agreement.

SECTION TOTALS FOR THIS 'PEST EXCLUSION COUNTY WORK' AGREEMENT

THE SEED PROGRAM - to be paid Pursuant to the Food and Agriculture Code Sections 52323-52325

THE NURSERY PROGRAM - \$8,061.37 **SUDDEN OAK DEATH** - \$80,000.14

****HIGH RISK PROGRAM ACTIVITIES NEW TOTAL IS - \$281,323.00**

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

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

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

COUNTY OF SAN MATEO

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Jerry Hill, President, Board of Supervisors

ADDRESS

728 Heller Street, P.O. Box 999 Redwood City, CA 94064-0999

STATE OF CALIFORNIA

AGENCY NAME

DEPARTMENT OF FOOD AND AGRICULTURE

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

PAULA LEWIS, BRANCH CHIEF, DEPARTMENTAL SERVICES

ADDRESS

1220 N STREET, ROOM 115, SACRAMENTO, CA 95814

California Department of General
 Services Use Only

Exempt per:

ESTIMATE OF HIGH-RISK PEST EXCLUSION ACTIVITIES

Exhibit A
Attachment 4

FISCAL YEAR 2005/2006
WORKPLAN

County: **SAN MATEO**

AMENDED

Cost per hour: **\$58.38**
Date: 01/26/2006

Facility	No. of High-risk Facilities 05/06	Estimated Visits/Year 05/06	Estimated Hours/Visit 05/06	Estimated Hours/Year 05/06	Estimated Annual Cost 05/06
U S Post Office				0.00	\$0.00
United Parcel Service (except local)				0.00	\$0.00
Federal Express				0.00	\$0.00
Air Freight	10	5,200	0.756	3,933.59	\$229,643.00
Air Freight - Forwarded				0.00	\$0.00
Gypsy Moth (008A)				0.00	\$0.00
Truck Referrals (008)	1*	97	9.126	885.23	\$51,680.00
Truck Referrals (008a)				0.00	\$0.00
Specialty Markets				0.00	\$0.00
Swap Meets				0.00	\$0.00
Post Entry Quarantine				0.00	\$0.00
Other - Trade Shows				0.00	\$0.00
Totals	11	5,297	9.882	4,818.82	\$281,323.00
Description of Other (Special) High Risk Facilities					

INCLUDE NOTES ON REVERSE

Notes: * One facility receives nursery stock shipments from Florida and other southern states.
Dollar amounts reflect rounding to the nearest cent/dollar.
 Breakdown of Hourly Rate: \$12.80 Overhead + \$13.02 Benefits + \$32.56 Salary = \$58.38
 The total hourly rate was calculated as directed by the Calif. Dept. of Food and Ag and the guidelines for the inspection program.

Agreement No. 05-0291
Exhibit A
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