

**COOPERATIVE AGREEMENT  
SIGNATURE PAGE**

| AGREEMENT NUMBER      |
|-----------------------|
| <b>25-0340-000-SG</b> |

1. This Agreement is entered into between the State Agency and the Recipient named below:
- |                                                             |
|-------------------------------------------------------------|
| STATE AGENCY'S NAME                                         |
| <b>CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)</b> |
| RECIPIENT'S NAME                                            |
| <b>COUNTY OF LAKE</b>                                       |
2. The Agreement Term is: July 1, 2025 through June 30, 2028
3. The maximum amount of this Agreement is: \$119,998.75
4. The parties agree to comply with the terms and conditions of the following exhibits and attachments which are by this reference made a part of the Agreement:
- |                                              |           |
|----------------------------------------------|-----------|
| Exhibit A: Recipient and Project Information | 2 Page(s) |
| Exhibit B: General Terms and Conditions      | 5 Page(s) |
| Exhibit C: Payment and Budget Provisions     | 2 Page(s) |
- Attachments: Scope of Work and Budget

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

**RECIPIENT**

RECIPIENT'S NAME (*Organization's Legal Name*)  
**COUNTY OF LAKE**

|                                                                                                                          |             |
|--------------------------------------------------------------------------------------------------------------------------|-------------|
| BY ( <i>Authorized Signature</i> )<br> | DATE SIGNED |
|--------------------------------------------------------------------------------------------------------------------------|-------------|

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS  
883 Lakeport Boulevard, Lakeport, CA 95453-5405

**STATE OF CALIFORNIA**

AGENCY NAME  
**CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)**

|                                                                                                                          |             |
|--------------------------------------------------------------------------------------------------------------------------|-------------|
| BY ( <i>Authorized Signature</i> )<br> | 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

## EXHIBIT A

### RECIPIENT AND PROJECT INFORMATION

1. CDFA hereby awards an Agreement to the Recipient for the project described herein:  
The Recipient will establish, develop, and maintain Weed Management Area's (WMA) and implement the WMA's integrated weed management plan. California Food and Agricultural Code, Section 7271 (c)(1).

Project Title: 2025 Weed Management Area

2. The Managers for this Agreement are:

| FOR CDFA:                                               | FOR RECIPIENT:                                       |
|---------------------------------------------------------|------------------------------------------------------|
| Name: Trevor Fox                                        | Name: Katherine Vanderwall                           |
| Division/Branch: PHPPS / Integrated Pest Control Branch | Organization: COUNTY OF LAKE                         |
| Address: 1220 N Street                                  | Address: 883 Lakeport Boulevard                      |
| City/State/Zip: Sacramento, CA                          | City/State/Zip: Lakeport, CA 95453-5405              |
| Phone: 916-709-1091                                     | Phone: 707-263-0217                                  |
| Email Address: trevor.fox@cdfa.ca.gov                   | Email Address: katherine.vanderwall@lakecountyca.gov |

3. The Grant Administrative Contacts for this Agreement are:

| FOR CDFA:                                               | FOR RECIPIENT:                                       |
|---------------------------------------------------------|------------------------------------------------------|
| Name: Jennifer Gordon                                   | Name: Katherine Vanderwall                           |
| Division/Branch: PHPPS / Integrated Pest Control Branch | Organization: County of Lake                         |
| Address: 1220 N Street                                  | Address: 883 Lakeport Boulevard                      |
| City/State/Zip: Sacramento, CA                          | City/State/Zip: Lakeport CA 95453                    |
| Phone: 916-262-1102                                     | Phone: 707-263-0217                                  |
| Email Address: jennifer.gordan@cdfa.ca.gov              | Email Address: Katherine.vanderwall@lakecountyca.gov |

#### FISCAL CONTACT FOR RECIPIENT (if different from above):

Name:

Organization:

Address:

City/State/Zip:

Phone:

Email Address:

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**4. RECIPIENT: Please check appropriate box below:**

Research and Development (R&D) means all research activities, both basic and applied, and all development activities that are performed by non-Federal entities. The term research also includes activities involving the training of individuals in research techniques where such activities utilize the same facilities as other R&D activities and where such activities are not included in the instruction function.

This award ☐ does ☒ does not support R&D.

**5. For a detailed description of activities to be performed and duties, see Scope of Work and Budget.**

## EXHIBIT B

### GENERAL TERMS AND CONDITIONS

#### 1. Approval

This Agreement is of no force or effect until signed by both parties. The Recipient may not invoice for activities performed prior to the commencement date or completed after the termination date of this Agreement.

#### 2. Agreement Execution

Unless otherwise prohibited by state law, regulation, or Department or Recipient policy, the parties agree that an electronic copy of a signed Agreement, or an electronically signed Agreement, has the same force and legal effect as an Agreement executed with an original ink signature. The term "electronic copy of a signed Agreement" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed Agreement in a portable document format. The term "electronically signed Agreement" means an Agreement that is executed by applying an electronic signature using technology approved by all parties.

#### 3. Assignment

This Agreement is not assignable by the Recipient, either in whole or in part, without the prior consent of the CDFA Agreement Manager or designee in the form of a formal written amendment.

#### 4. Governing Law

This Agreement is governed by and will be interpreted in accordance with all applicable State and Federal laws.

#### 5. State and Federal Law

It is the responsibility of the Recipient to know and understand which State, Federal, and local laws, regulations, and ordinances are applicable to this Agreement and the Project, as described in Exhibit A. The Recipient shall be responsible for observing and complying with all applicable State and Federal laws and regulations. Failure to comply may constitute a material breach.

#### 6. Recipient Commitments

The Recipient accepts and agrees to comply with all terms, provisions, conditions and commitments of the Agreement, including all incorporated documents, and to fulfill all assurances, declarations, representations, and statements made by the Recipient in the application, documents, amendments, and communications in support of its request for funding.

#### 7. Performance and Assurances

The Recipient agrees to faithfully and expeditiously perform or cause to be performed all Project work as described in the Scope of Work, and to apply grant funds awarded in this Agreement only to allowable Project costs.

#### 8. Mutual Liability

Parties shall, to the extent allowed by law, each be individually liable for any and all claims, losses, causes of action, judgments, damages, and expenses to the extent directly caused by their officers, agents, or employees.

#### 9. Unenforceable Provision

In the event that any provision of this Agreement is unenforceable or held to be unenforceable, the parties agree that all other provisions of this Agreement shall remain operative and binding.

## **10. Contractors/Consultants**

The Recipient, and the agents and employees of Recipient, in the performance of this Agreement, are not officers, employees, or agents of the CDFA. The Recipient's obligation to pay its Contractors/Consultants is an independent obligation from the CDFA's obligation to make payments to the Recipient. Recipient agrees to comply with all applicable State and local laws and regulations during the term of this Agreement. The Recipient is responsible to ensure that any/all contractors/consultants it engages to carry out activities under this Agreement shall have the proper licenses/certificates required in their respective disciplines. The Contractors/Consultants shall not affect the Recipient's overall responsibility for the management of the project, and the Recipient shall reserve sufficient rights and control to enable it to fulfill its responsibilities under this Agreement.

## **11. Non-Discrimination Clause**

The Recipient agrees that during the performance of this Agreement, it will not discriminate, harass, or allow harassment or discrimination against any employee or applicant for employment based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. The Recipient agrees to require the same of all contractors and consultants retained to carry out the activities under this Agreement.

The Recipient agrees that during the performance of this Agreement, the evaluation and treatment of its employees and applicants for employment are free from discrimination and harassment. The Recipient will comply with the provisions of the Fair Employment and Housing Act (Government Code section 12990 *et seq.*) and the applicable regulations promulgated there under (California Code of Regulations, Title 2, section 10000 *et seq.*). The applicable regulations of the Fair Employment and Housing Council implementing Government Code section 12990 (a-f), set forth in Division 4.1 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Recipient will give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining unit or other Agreement. The Recipient must include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

The Recipient agrees to require the same of all contractors and consultants retained to carry out activities under this Agreement.

## **12. Excise Tax**

The State of California is exempt from federal excise taxes and no payment will be made for any taxes levied on employees' wages. The CDFA will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another State.

## **13. Disputes**

The Recipient must continue with the responsibilities under this Agreement during any dispute. In the event of a dispute, the Recipient must file a "Notice of Dispute" with the CDFA Agreement Manager, identified in Exhibit A, or designee within ten (10) calendar days of discovery of the problem. The Notice of Dispute must contain the Agreement number. Within ten (10) calendar days of receipt of the Notice of Dispute, the CDFA Agreement Manager or designee must meet with the Recipient for the purpose of resolving the dispute. In the event of a dispute, the language contained within this Agreement prevails.

#### **14. Termination for Convenience**

This Agreement may be terminated by either party upon written notice. Notice of termination must be delivered to the other party at least thirty (30) calendar days prior to the intended date of termination. Notice of termination does not nullify obligations already incurred prior to the date of termination. In the event of Termination for Convenience of this Agreement by CDFA, CDFA must pay all responsible costs and non-cancellable obligations incurred by the Recipient as of the date of termination.

#### **15. Termination for Cause**

Either party may terminate this Agreement for cause in the event of a material breach of this Agreement, provided that the non-breaching party provides written notice of the material breach. If the breach is not cured to the satisfaction of the non-breaching party, this Agreement shall automatically terminate and the CDFA shall reimburse the Recipient for all documented costs incurred up to the date of the notice of termination, including all non-cancellable obligations. Timelines associated with notice and curing of material breaches shall be consistent with the timelines outlined in paragraph 17.

#### **16. Acceptable Failure to Perform**

The Recipient shall not be liable for any failure to perform as required by this Agreement, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, the inability to obtain any required government approval to proceed, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, materials shortages, disease, pandemics, or similar occurrences.

#### **17. Breach**

The parties may be in material breach under this Agreement if they fail to comply with any term of this Agreement, or a party determines that the other party is not implementing the Project in accordance with the provisions of this Agreement, or that a party has failed in any other respect to comply with the provisions of this Agreement. In the event of a material breach, the party identifying the breach shall provide a Notice of Material Breach to the breaching party within fifteen (15) calendar days upon discovery of breach. The breaching party shall have fifteen (15) calendar days from receipt of the notice to notify how it intends to cure the breach. Upon receipt of the proposed cure, the non-breaching party has fifteen (15) days to accept or reject the proposed cure. Upon the non-breaching party's approval of the cure, the breaching party has thirty (30) days to implement the cure. If the breaching party fails to cure the breach within thirty (30) days of the non-breaching party's approval of the cure, the non-breaching party may take the following respective actions:

- A. CDFA may suspend payments;
- B. CDFA may demand repayment of all funding;
- C. Either party may terminate the Agreement
- D. CDFA may debar Recipient; or
- E. Either party may take any other action deemed necessary to recover costs.

The non-breaching party shall send a Notice of Failure to Cure Material Breach upon its decision to carry out any of these actions. These actions are effective upon issuance of the Notice of Failure to Cure Material Breach, unless the Recipient appeals a Notice of Failure to Cure Material Breach, in which case the effective date falls on the issuance of a final decision on the appeal.

Where CDFA notifies the Recipient of its decision to demand repayment pursuant to this paragraph, the funds that are subject to the demand shall be repaid immediately. CDFA may consider the Recipient's refusal to repay the requested disbursed amount a material breach.

A Notification of Failure to Cure Material Breach may be appealed to CDFA. The appeal must be post marked within ten (10) calendar days of the date the Recipient received the Notice of Failure to Cure

and addressed to the CDFA Legal Office of Hearing and Appeals or emailed to [CDFA.LegalOffice@cdfa.ca.gov](mailto:CDFA.LegalOffice@cdfa.ca.gov).

California Department of Food and Agriculture  
Legal Office of Hearing and Appeals  
1220 N Street  
Sacramento, CA 95814

All notices, communications, and appeals described in this paragraph must be received in writing to be considered timely.

If CDFA notifies the Recipient of its decision to withhold the entire funding amount from the Recipient pursuant to this paragraph, this Agreement shall terminate upon receipt of such notice by the Recipient and CDFA shall no longer be required to provide funds under this Agreement and the Agreement shall no longer be binding on either party.

#### **18. Publicity and Acknowledgement**

The Recipient agrees that it will acknowledge CDFA's support whenever projects funded, in whole or in part, by this Agreement are publicized in any news media, brochures, publications, audiovisuals, presentations or other types of promotional material and in accordance with the Grant Procedures Manual if incorporated by reference and attachment to the Agreement. The Recipients may not use the CDFA logo.

#### **19. News Releases/Public Conferences**

The Recipient agrees to notify the CDFA in writing at least two (2) business days before any news releases or public conferences are initiated by the Recipient or its Contractors/Consultants regarding the project described in the Attachments, Scope of Work and Budget and any project results.

#### **20. Scope of Work and Budget Changes**

Changes to the Scope of Work, Budget, or the Project term, must be requested in writing to CDFA Grant Administrative Contact no less than thirty (30) days prior to the requested implementation date. Any changes to the Scope of Work and Budget are subject to CDFA approval and, at its discretion, CDFA may choose to accept or deny any changes. If accepted and after negotiations are concluded, the agreed upon changes will be made and become part of this Agreement. CDFA will respond in writing within ten (10) business days as to whether the proposed changes are accepted.

#### **21. Reporting Requirements**

The Recipient agrees to comply with all reporting requirements specified in Scope of Work and/or Grant Procedures Manual if incorporated by reference to this Agreement as an attachment.

#### **22. California State Auditor**

This Agreement is subject to examination and audit by the California State Auditor for a period of three (3) years after final payment under the Agreement.

#### **23. Equipment**

Purchase of equipment not included in the approved Budget requires prior approval. The Recipient must comply with state requirements regarding the use, maintenance, disposition, and reporting of equipment as contained in CCR, Title 3, Division 1, Chapter 5, sections 303, 311, 324.1 and 324.2.

#### **24. Closeout**

The Agreement will be closed out after the completion of the Project or project term, receipt and approval of the final invoice and final report, and resolution of any performance or compliance issues.

## **25. Confidential and Public Records**

The Recipient and CDFA understand that each party may come into possession of information and/or data which may be deemed confidential or proprietary by the person or organization furnishing the information or data. Such information or data may be subject to disclosure under the California Public Records Act or the Public Contract Code. To the extent allowed by law, CDFA determines whether the information is releasable. Each party agrees to maintain such information as confidential and notify the other party of any requests for release of the information.

## **26. Amendments**

Changes to funding amount or Agreement term require an amendment and must be requested in writing to the CDFA Agreement Manager or designee no later than sixty (60) calendar days prior to the requested implementation date. Amendments are subject to CDFA approval, and, at its discretion, may choose to accept or deny these changes. No amendments are possible if the Agreement is expired.

## **27. Executive Order N-6-22 Russia Sanctions**

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate agreements with, and to refrain from entering any new agreements with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Recipient is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Recipient advance written notice of such termination, allowing Recipient at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

**EXHIBIT C**  
**PAYMENT AND BUDGET PROVISIONS**

**1. Invoicing and Payment**

- A. For activities satisfactorily rendered and performed according to the attached Scope of Work and Budget, and upon receipt and approval of the invoices, CDFA agrees to reimburse the Recipient for actual allowable expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.
- B. Invoices must include the Agreement Number, performance period, type of activities performed in accordance with this Agreement, and when applicable, a breakdown of the costs of parts and materials, labor charges, and any other relevant information required to ensure proper invoices are submitted for payment.
- C. Unless stated in the Scope of Work quarterly invoices must be submitted to the CDFA Administrative Contact, within thirty (30) calendar days after the end of each quarter in which activities under this Agreement were performed.
- D. Unless stated in the Scope of Work a final invoice will be submitted for payment no more than thirty (30) calendar days following the expiration date of this Agreement, or after project is complete, whichever comes first. The final invoice must be clearly marked "Final Invoice" thus indicating that all payment obligations of the CDFA under this Agreement have ceased and that no further payments are due or outstanding.

**2. Allowable Expenses and Fiscal Documentation**

- A. The Recipient must maintain adequate documentation for expenditures of this Agreement to permit the determination of the allowability of expenditures reimbursed by CDFA under this Agreement. If CDFA cannot determine if expenditures are allowable under the terms of this Agreement because records are nonexistent or inadequate according to Generally Accepted Accounting Principles, CDFA may disallow the expenditures.
- B. If mileage is a reimbursable expense, using a privately-owned vehicle will be at the standard mileage rate established by the United States (U.S.) Internal Revenue Service (IRS) and in effect at the time of travel. The standard mileage rate in effect at the time of travel can be found on [IRS's website](#) regardless of funding source/type.
- C. If domestic travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable for travel within California are those established by the California Department of Human Resources ([CalHR](#)). The maximum rates allowable for domestic travel outside of California are those established by the United States General Services Administration ([GSA](#)).
- D. If foreign travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. The maximum rates allowable are those established in a per diem supplement to Section 925, [Department of State Standardized Regulations](#).
- E. The Recipient will maintain and have available, upon request by CDFA, all financial records and documentation pertaining to this Agreement. These records and documentation will be kept for three (3) years after completion of the Agreement period or until final resolution of any performance/compliance review concerns or litigation claims.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, California Government Code Title 1, Division 3.6, Part 3, Chapter 4.5, commencing with Section 927 - The California Prompt Payment Act.

**4. Budget Contingency Clause**

If funding for any fiscal year is reduced or deleted for purposes of this program, the CDFA has the option to either cancel this Agreement with no liability occurring to the CDFA or offer to amend the Agreement to reflect the reduced amount.

## 2025 WMAGP PROJECT

### County of Lake

#### I. Project Plan

##### Weed Species to be Controlled

Goatsrue (*Galega officinalis*). Goatsrue was identified in Lake County in 2012 and is one of two known spontaneous occurrences in the state. Goatsrue is located both on private lands as well as in the Eight Mile Valley of South Cow Mountain Recreation Area managed by the Bureau of Land Management (BLM).

**WMA Location:** A map showing the location and boundaries of the WMA along with the accompanying GIS shapefiles detailing this boundary should be provided. (Attach separately, map is not included in the 2-page total allowed for this section).

##### Methodology:

Hand cutting/pulling, removing and disposing of biomass and foliar pesticide applications. Data points (GPS) will be obtained and mapped using the Calflora mapping system. The Lake County Department of Agriculture has a Categorical Exemption Class 8 for noxious weeds and the US BLM conducted an Environmental Assessment and issued a Decision Record in 2014 for the Goatsrue project.

##### Weed Removal/Control Techniques(s):

Hand cutting/pulling, removing and disposing of biomass and foliar pesticide applications. Pesticide applications will be those that have been approved for the project in the BLM Decision Record and are on the BLM approved list of chemicals. The proposed chemicals for this project include: Triclopyr 3A, Transline and PRO 90.

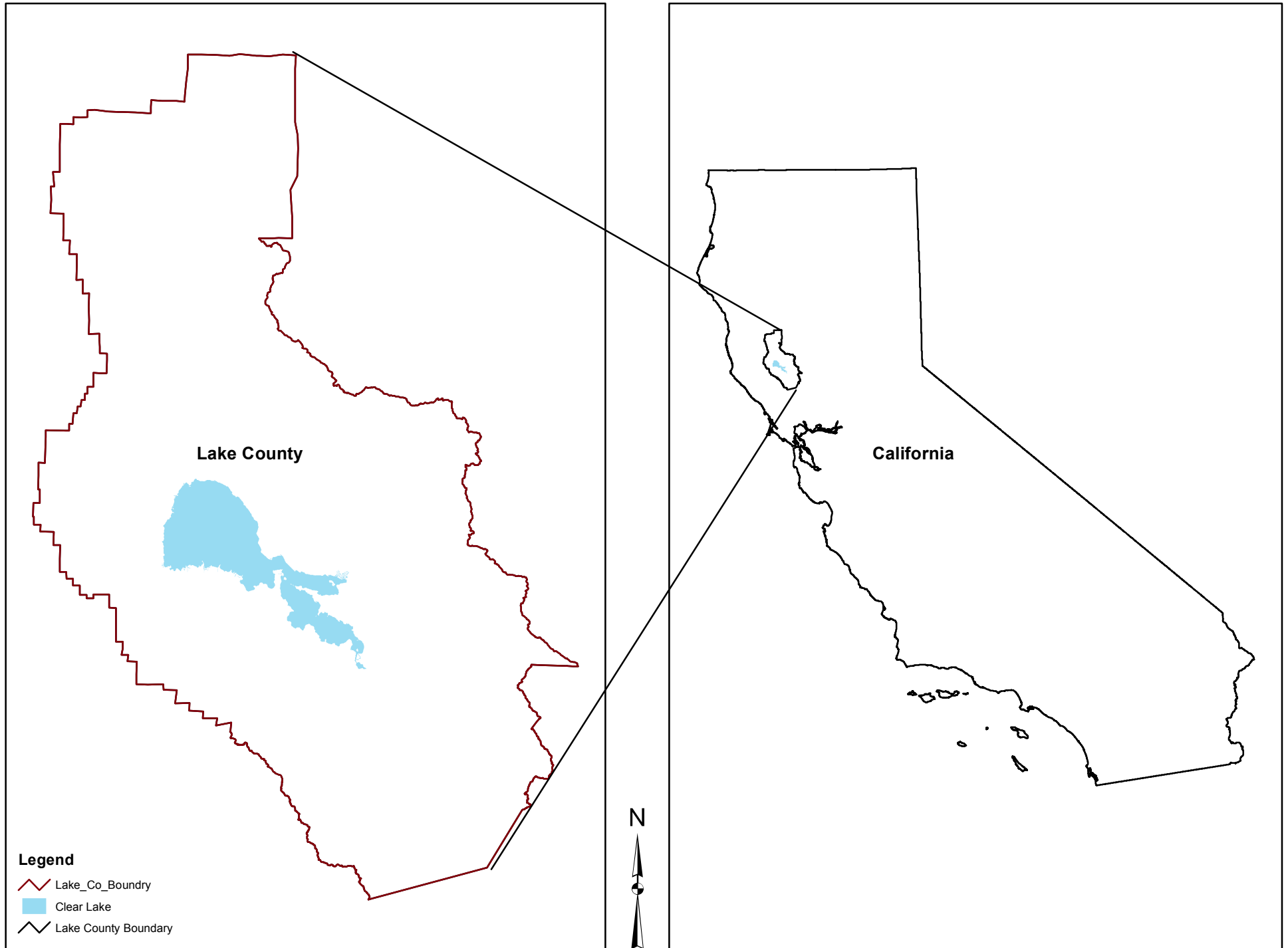
#### Reporting

Grant recipients will be required to submit quarterly invoices and report to CDFA. Reports will be submitted utilizing the reporting template. Reports are due on the dates below.

|                                                                |                                                                                                                   |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Quarterly Reports<br>(Due one month after end of each quarter) | October 31, 2025, 2026, 2027<br>January 31, 2026, 2027, 2028<br>April 30, 2026, 2027, 2028<br>July 31, 2027, 2028 |
| Final Date to Complete Field Work                              | June 30, 2028                                                                                                     |
| Final Report                                                   | July 31, 2028                                                                                                     |

Final project reports are required 30 days after project completion, no later than July 31, 2028. Final project reports should include detailed information on project results and include photos of field work showing progress (before/after photos).

# Lake County Weed Management Area Location



## 2025 WMAGP Reporting and Mapping Template

State of California

Department of Food and Agriculture

WMA-24-004

| Project Information          |                                            |
|------------------------------|--------------------------------------------|
| Recipient Organization Name: |                                            |
| Project Title:               |                                            |
| CDFA Grant Number:           |                                            |
| Recipient's Project Contact  |                                            |
| Name:                        |                                            |
| Phone:                       |                                            |
| Email:                       |                                            |
| Project Report Information   |                                            |
| Report Type:                 | Progress Report                            |
| Reporting Period:            | Start Date:                      End Date: |

### Grant Report Items to Consider (check all that apply)

- ☐ Invoice Prepared and Submitted
- ☐ Evidence of CEQA compliance met (within three months) and sent to CDFA
- ☐ Evidence of work documented sent to CDFA (see details below)
- ☐ Evidence of MOU submitted by month six.

### Accomplishments

1. Estimate the total percentage (%) of work completed on this project.....0%
2. List each Objective in your project. Describe your activities and accomplishments for this reporting period. Add more rows as needed.

| # | Objective | Activity and Accomplishment |
|---|-----------|-----------------------------|
| 1 |           |                             |
| 2 |           |                             |
| 3 |           |                             |
| 4 |           |                             |
| 5 |           |                             |

## Challenges and Developments

3. Describe any challenges or delays that occurred during this reporting period and the corrective actions and/or changes to the project as a result. Add more rows as needed.

| Challenge | Corrective Action and/or Project Change |
|-----------|-----------------------------------------|
|           |                                         |
|           |                                         |
|           |                                         |
|           |                                         |
|           |                                         |

4. Describe any positive developments that have occurred outside of the project's original intent that you experienced during this reporting period and any project changes as a result. Add more rows as needed.

| Positive Development | Project Change |
|----------------------|----------------|
|                      |                |
|                      |                |
|                      |                |
|                      |                |
|                      |                |

## Work Documented – Weed locations

5. If your WMA is documenting work in Calflora can be sent to CDFA by providing an email showing receipt of data by Calflora to [pdas@cdfa.ca.gov](mailto:pdas@cdfa.ca.gov). When choosing this option, you must adhere to the mapping guidelines below.
6. Alternatively, you may send your work files/data/shapefiles directly to CDFA by submitting data in accordance with the guidelines listed in the mapping section below. Contact [pdas@cdfa.ca.gov](mailto:pdas@cdfa.ca.gov) if you have questions or need assistance reporting your data.

Payment of invoices is dependent on the submission of mapping data for the time period covered in this report

☐ I Understand the above and will report my mapping uploads using the table below

| Date submitted | Uploaded to (Calflora or PDAS) | Date range of uploaded observations |
|----------------|--------------------------------|-------------------------------------|
|                |                                |                                     |
|                |                                |                                     |
|                |                                |                                     |
|                |                                |                                     |

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### Other Items/Explanations (if needed)

Include any other items here.

## Mapping Guidelines

**Applicants who are not sending their mapping data directly to PDAS should utilize Calflora per the directions below. If not using Calflora, applicants should still adhere to the data field guidelines when submitting data directly to PDAS.**

### **Calflora**

- Calflora is user friendly and free to make an account
- Add photos
- Collect data on a mobile device and edit data at the office
- Field staff make individual observations which can be edited by a group's "data Czar"
- Stacked history for repeat visits to known populations
- Can obscure observations to maintain public confidentiality.
- Batch editing
- Easy to share with CDFA
- CDFA will upload all observations on your behalf, if you don't use Calflora. As such, you will not have direct control over your observations that CDFA uploads.

## How to submit your data

If using Calflora:

1. Invite PDAS (PDAS@CDFA.CA.gov) to the group where data is being managed.
2. Email PDAS that your data for the quarter is ready. Include dates from the first observation to the last observation.
3. Send a Calflora link that contains the observations you would like to share with PDAS. Example of 2019 PDAS observations:  
<https://www.calflora.org/entry/myobserv.html#srch=t&before=2020&after=2019-01-01&cols=b&mx=1000&inat=f>
4. PDAS will download your records and upload to the CDFA internal database.
5. If space in your group is limited, feel free to remove PDAS from your group after PDAS has confirmed they downloaded your data.

If not using Calflora:

1. Email PDAS (PDAS@CDFA.CA.gov) with whatever format your data was stored in.
2. PDAS will upload your data to the internal CDFA database.
3. PDAS will upload your records to Calflora on your behalf. Sensitive records can be obscured or kept private, depending on the “access” field.

## Fields

**If not submitting via Calflora, we will provide an excel document with these fields for submission to PDAS.**

| Field   | Definition                                                                                                                                                                                                                  | Example                    |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| ID      | The unique number tied to Calflora Observation                                                                                                                                                                              | io54964                    |
| History | This field pertains to records that are linked to each other in a history stack. This will be the record identifier of the oldest record in the stack. Required if using history stacking.                                  | io54964                    |
| Access* | <ul style="list-style-type: none"> <li>• Private-Observation will not be public.</li> <li>• Obscured- Public location is moved to the center of the quarter quadrangle.</li> <li>• Published-publicly available.</li> </ul> | Obscured                   |
| Taxon*  | Scientific name of the weed.                                                                                                                                                                                                | <i>Ailanthus altissima</i> |

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Common Name*          | Common name of the weed.                                                                                                                                                                                                                                                                                                                                                                                                                                | Tree of Heaven                        |
| Date*                 | Date the weed was observed and treated.                                                                                                                                                                                                                                                                                                                                                                                                                 | 2024/08/23                            |
| Observer*             | Name of the staff member or agency that observed and treated a weed.                                                                                                                                                                                                                                                                                                                                                                                    | CDFA                                  |
| Location Description* | Description of the location the weed was observed at.                                                                                                                                                                                                                                                                                                                                                                                                   | Heavily infested grassy pasture       |
| Number of Plants*     | Number of plants at location                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                     |
| Management Status*    | <p>The current management status of the weed. Use “reported” if observation is visited for the first time or “managed” for weeds with ongoing management.</p> <ul style="list-style-type: none"> <li>• Reported</li> <li>• Verified</li> <li>• Searched for but not found</li> <li>• Extirpated</li> <li>• Managed</li> </ul>                                                                                                                           | Reported                              |
| Identification*       | <p>The method of which a plant was identified.</p> <ul style="list-style-type: none"> <li>• Recognized from prior determination</li> <li>• Compared with herbarium specimens</li> <li>• Keyed in a botanical reference</li> <li>• compared with taxonomic descriptions</li> <li>• Compared with photos</li> <li>• Compared with herbarium specimens</li> <li>• Identification confirmed by an expert</li> <li>• Identification from PlantNet</li> </ul> | Identification confirmed by an expert |
| Notes                 | Open Response text for nonrequired information                                                                                                                                                                                                                                                                                                                                                                                                          | Population halved from previous year  |
| Latitude*             | The center of the patch, expressed in decimal latitude and longitude.                                                                                                                                                                                                                                                                                                                                                                                   | 39.73701                              |

|            |                                                                       |          |
|------------|-----------------------------------------------------------------------|----------|
| Longitude* | The center of the patch, expressed in decimal latitude and longitude. | -121.828 |
|------------|-----------------------------------------------------------------------|----------|

Fields marked with an asterisk "\*" are required fields

# COUNTY LETTERHEAD

SUBMIT MONTHLY TO: [CDFA.PHPPS\\_IPCB\\_Invoices@cdfa.ca.gov](mailto:CDFA.PHPPS_IPCB_Invoices@cdfa.ca.gov)

|                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA<br>DEPARTMENT OF FOOD AND AGRICULTURE<br>INTEGRATED PEST CONTROL BRANCH<br>1220 N STREET Rm 214<br>SACRAMENTO CA 95814 |
|--------------------------------------------------------------------------------------------------------------------------------------------|



|                   |
|-------------------|
| Agreement Name:   |
| Agreement Number: |
| Agreement Amount: |

|                       |                                                          |
|-----------------------|----------------------------------------------------------|
| Date:                 |                                                          |
| County:               |                                                          |
| Amount Billed to Date |                                                          |
| Invoice #             |                                                          |
| Billing Period:       | From: To:<br>(Example: From Jan 1, 20XX To Mar 31, 20XX) |

REMIT PAYMENT TO: (County Information)

|  |
|--|
|  |
|--|

## For State Use Only

|                |  |
|----------------|--|
| Date Approved: |  |
| Approved by:   |  |
| Account Code:  |  |
| Agreement No.  |  |
| Program Code:  |  |
| Fiscal Year:   |  |
| Amount:        |  |

(Rev. x/xxxx)

## PERSONNEL COSTS

| Employee Name | Classification Title | Hours | Hourly Rate w/o Benefits | Benefit Rate (%) | Salary | Services Performed | Detection vs Non-Detection | # of OT Hours Worked | Indirect Cost (Max 25%) | # of Site Lcts | Acres/Units | Samples | Total Costs |
|---------------|----------------------|-------|--------------------------|------------------|--------|--------------------|----------------------------|----------------------|-------------------------|----------------|-------------|---------|-------------|
| 1             |                      |       |                          |                  |        |                    |                            |                      |                         |                |             |         |             |
| 2             |                      |       |                          |                  |        |                    |                            |                      |                         |                |             |         |             |
| 3             |                      |       |                          |                  |        |                    |                            |                      |                         |                |             |         |             |
| 4             |                      |       |                          |                  |        |                    |                            |                      |                         |                |             |         |             |
| 5             |                      |       |                          |                  |        |                    |                            |                      |                         |                |             |         |             |
| TOTALS        |                      | 0.00  | 0.00                     | 0.00             | 0.00   | 0.00               |                            | 0.00                 | 0.00                    | 0.00           | 0.00        |         | 0.00        |

## OPERATING EXPENSES

Description (type of supply or expense) Total Cost

|                                            |        |
|--------------------------------------------|--------|
| 1 Travel****                               | \$0.00 |
| 2 Printing                                 | \$0.00 |
| 3 Postage/Freight                          | \$0.00 |
| 4 Miscellaneous Field Supplies             | \$0.00 |
| 5 Miscellaneous Office Supplies            | \$0.00 |
| 6 Contractual Costs (please describe)      | \$0.00 |
| 7 Other items of expense (please describe) | \$0.00 |
| 8 Other items of expense (please describe) | \$0.00 |

TOTAL OPERATING EXPENSES: \$0.00

COMMENTS:

## VEHICLE OPERATIONS

|                           | Total Mileage | Mileage Rate *** | Total Cost |
|---------------------------|---------------|------------------|------------|
| County Vehicles           | 0.00          | \$0.000          | \$0.00     |
| State Vehicles            | 0.00          | \$0.000          | \$0.00     |
| Leased Vehicles           | 0.00          | \$0.000          | \$0.00     |
| TOTAL VEHICLE OPERATIONS: |               |                  | \$0.00     |

Total: \$0.00

\* Hourly Rate must include Hourly Wage and Benefit Rate.

\*\* Overhead percent is eligible, may fluctuate per county and must not exceed 25%

\*\*\* Mileage rates: County vehicle = After January 1, 2025 \$0.70

Per federal audit guidelines, this rate cannot be exceeded.

However, if your county's internal policy uses a lower rate, that rate may be applied.

State-owned vehicle = \$0.285 per mile.

\*\*\*\* Not more than 10% of the award may be used for meetings, travel, administration and coordination costs (Refer to page 5 of Noxious Weed Grant Program RFP booklet)

**2025 - 2028 WMAGP Budget**

County of Lake Agriculture Department - Lake County Weed Management Area

July 1, 2025 - June 30, 2028

WMA-24-003

STATE OF CALIFORNIA

California Department of Food and Agriculture

|                                                                                                                                                                                                                | CDFA Funding July 1,2025 -<br>June 30 2026 | CDFA Funding July 1,2026<br>- June 30<br>2027 | CDFA Funding July 1,2027 -<br>June 30 2028 | Cost Share        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|--------------------------------------------|-------------------|
| <b>Personnel Services - Weed Control</b>                                                                                                                                                                       |                                            |                                               |                                            |                   |
| Title: Sam Upton, Deputy Agricultural Commissioner                                                                                                                                                             | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$2413.08         |
| Title: Janice Luke, Agricultural Biologist                                                                                                                                                                     | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$3849.93         |
| Title: Michael Sobieraj, Agricultural Biologist                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$3478.95         |
| Title: Adam Benton, Agricultural Biologist                                                                                                                                                                     | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$3478.95         |
| Title: Ely Lane, Natural Resources Specialist, Bureau of Land Management                                                                                                                                       | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$2880.00         |
| <b>Subtotal Personnel Exp.</b>                                                                                                                                                                                 | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$16100.91        |
| <b>Operating Expenses</b>                                                                                                                                                                                      |                                            |                                               |                                            |                   |
| <b>Supplies: (must be itemized)</b>                                                                                                                                                                            |                                            |                                               |                                            |                   |
|                                                                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
|                                                                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Equipment: (must be itemized)</b>                                                                                                                                                                           |                                            |                                               |                                            |                   |
| 3 Backpack sprayers                                                                                                                                                                                            | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$450.00          |
|                                                                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Herbicides: (must be itemized)</b>                                                                                                                                                                          |                                            |                                               |                                            |                   |
| Type:Triclopyr<br>Amount: 10 gallons      Cost: \$150.00 per 2.5 gallons x 4 = \$600.00                                                                                                                        | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$600.00          |
| Type:<br>Amount:                      Cost:                                                                                                                                                                    | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| Type:<br>Amount:                      Cost:                                                                                                                                                                    | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Contractor &amp; Sub-contractor Expenses</b>                                                                                                                                                                |                                            |                                               |                                            |                   |
| LCRCD                                                                                                                                                                                                          | \$22421.03                                 | \$21702.65                                    | \$25627.67                                 | \$0.00            |
| LCRCD - Tribal EcoRestoration Alliance (TERA)                                                                                                                                                                  | \$15120.00                                 | \$0.00                                        | \$0.00                                     | \$0.00            |
| LCRCD - California Conservation Corp (CCC)                                                                                                                                                                     | \$0.00                                     | \$15680.00                                    | \$11760.00                                 | \$0.00            |
|                                                                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Mileage for Weed Control \$0.70 x (Miles)</b>                                                                                                                                                               | \$2458.40                                  | \$2617.30                                     | \$2611.70                                  | \$804.00          |
| <b>Subtotal Operation Exp.</b>                                                                                                                                                                                 | \$39999.43                                 | \$39999.95                                    | \$39999.37                                 | \$804.00          |
| <b>Allowable Costs: (Not more than 10% of the award may be used for meetings, travel, administration, and coordination costs - i.e. \$40,000 CDFA Funding award total has max of \$4,000 for all combined)</b> |                                            |                                               |                                            |                   |
| Meetings                                                                                                                                                                                                       | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$1177.80         |
| Travel                                                                                                                                                                                                         | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| Administration                                                                                                                                                                                                 | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$4177.98         |
| Coordination                                                                                                                                                                                                   | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Mileage for Meetings, Training, Coordination \$0.70 x (Miles)</b>                                                                                                                                           | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Subtotal</b>                                                                                                                                                                                                | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$5355.78         |
| <b>Indirect* (Max 10% of Personnel Costs)</b>                                                                                                                                                                  | \$0.00                                     | \$0.00                                        | \$0.00                                     | \$0.00            |
| <b>Total</b>                                                                                                                                                                                                   | \$39999.43                                 | \$39999.95                                    | \$39999.37                                 | \$0.00            |
| <b>Grant Total CDFA Funding</b>                                                                                                                                                                                | <b>\$39999.43</b>                          | <b>\$39999.95</b>                             | <b>\$39999.37</b>                          |                   |
| <b>Grant Total Cost Share</b>                                                                                                                                                                                  |                                            |                                               |                                            | <b>\$23310.69</b> |

\* If claiming less than 10% max Indirect Cost Rate please check this box:

