



**U. S. Department of Justice
Drug Enforcement Administration**

AMENDED LETTER OF AGREEMENT

INCREASE OF FUNDS

AGREEMENT NUMBER: 2008-52

AMENDMENT NUMBER: 01

THIS AMENDMENT, dated June 10, 2008, to Letter of Agreement (LOA) Number 2008-52 between the Drug Enforcement Administration, hereinafter referred to as the DEA and the **TULARE COUNTY SHERIFF'S DEPARTMENT** hereinafter referred to as **TULARE COUNTY** 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 **TULARE COUNTY** to increase funds in the amount of \$10,000.00 in addition to the \$175,000.00 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 2008-52 is now \$185,000.00.

All other provisions of the LOA remain the same.

THE TULARE COUNTY SHERIFF'S DEPARTMENT

By: _____ Date _____

Connie Conway

Title: ~~Chairman, Tulare County Board of Supervisors~~ _____

DRUG ENFORCEMENT ADMINISTRATION

By: _____ Date _____

Special Agent in Charge
San Francisco Field Division

DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO FFS

ACCOUNTING CLASSIFICATION/OBLIGATION NO.; SDCE-R1-H ACCOUNT:

08A-_____

FFS INPUT DATE: _____, BY: _____

TO BE FILLED OUT BY HEADQUARTERS:

APPROVAL FOR PAYMENT

This is to verify that all of the administrative determinations have been made, that the payment is legal, proper, correct and approved for payment.

Amount:	<u>\$10,000.00</u>
Obligation Doc No.	<u>See Above</u>
Line No.	_____
Signature	_____
Printed Name /Title	<u>Philip A. Jessar – Chief, Investigative Support Section</u>
Date Approved	_____

APPROVED AS TO FORM:
 COUNTY COUNSEL
 BY Aileen Salvo
 2008620 DEPUTY 7/7/2008

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-004		PAGE _____ OF _____ PAGES
1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DRUG ENFORCEMENT ADMINISTRATION		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 2008-52		
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER N/A	8. PERIOD COVERED BY THIS REQUEST
		FROM (month, day, year) JANUARY 1, 2008
		TO (month, day, year) DECEMBER 31, 2008
9. RECIPIENT ORGANIZATION Name: Number and Street: City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than Item 9) Name: TULARE COUNTY SHERIFF'S DEPARTMENT Number and Street: 2404 W. Burrel Avenue City, State and ZIP Code: Visalia, CA 93291

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) Original LOA	(b) Amendment No. 1	(c) Amendment No. 2	TOTAL
a. Total program outlays to date (As of date)	\$ 175,000.00	\$ 10,000.00	\$	\$ 185,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	175,000.00	10,000.00	0.00	185,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	175,000.00	10,000.00	0.00	185,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	175,000.00	10,000.00		185,000.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	175,000.00	10,000.00	0.00	185,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	175,000.00	10,000.00	185,000.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

13. **CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE Connie Conway Chairman, Tulare County Board of Supervisors	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) 559-733-7271

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | <u>Item</u> | <u>Entry</u> |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |