

**COOPERATIVE AGREEMENT
SIGNATURE PAGE**

AGREEMENT NUMBER
12-0069-SA

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 TULARE

2. The term of this Agreement is: **July 1, 2012 through June 30, 2013**

3. The maximum amount of this Agreement is: **\$900.00**
Nine Hundred Dollars and Zero Cents

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:

- | | |
|--|-----------|
| Exhibit A: | 4 Page(s) |
| • Recipient and Project Information | |
| • Scope of Work | |
| Exhibit B: | 2 Page(s) |
| • Budget & Payment Provisions | |
| • Budget | |
| Exhibit C – General Terms and Conditions | 2 Page(s) |

Name of Project: Nematode Control Program

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

RECIPIENT

RECIPIENT'S NAME (County's Name)
COUNTY OF TULARE

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

4437 S. Laspina, Tulare, CA 93274

STATE OF CALIFORNIA

AGENCY NAME
DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING
KATHY ALAMEDA, MANAGER - FEDERAL FUNDS MANAGEMENT OFFICE

ADDRESS

1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

CJ