STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215A (Rev. 10/2019)

1. CONTRACTOR'S NAME
   California Conservation Corps, and Sierra Nevada Conservancy

2. FEDERAL I.D. NUMBER
   N/A

3. AGENCY TRANSMITTING AGREEMENT
   Housing and Community Development

4. DIVISION, BUREAU, OR OTHER UNIT
   Financial Assistance

5. AGENCY BILLING CODE
   N/A

6a. CONTRACT ANALYST NAME
   LaTasha Jackson

6b. EMAIL
   ljackson@hcd.ca.gov

6c. PHONE NUMBER
   (916) 263-6912

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?
   ☐ NO ☐ YES (If Yes, enter prior contractor name and agreement number)

   PRIOR CONTRACTOR NAME
   N/A

   PRIOR AGREEMENT NUMBER
   N/A

8. BRIEF DESCRIPTION OF SERVICES
   Participation in green infrastructure program, which includes restoration of forest, meadows, watersheds and rangelands within the Rim Fire burn area, as well as expansion of existing fuel breaks and the creation of one new fuel break.

9. AGREEMENT OUTLINE (Include reason for Agreement; identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)
   Exhibit A section 5 scope of work is being increased for the number fences CCC will be replacing from 4 to 8 fence projects. Increase scope will require amount of funding to be increased by $90,000.

10. PAYMENT TERMS (More than one may apply)
   ☐ Monthly Flat Rate
   ☐ Quarterly
   ☐ One-Time Payment
   ☐ Progress Payment
   ☐ Itemized Invoice
   ☐ Withhold 0%
   ☐ Advanced Payment Not To Exceed 0%
   ☐ Reimbursement/Revenue $ 0.00
   ☐ Other (Explain)

11. PROJECTED EXPENDITURES

<table>
<thead>
<tr>
<th>FUND TITLE</th>
<th>ITEM</th>
<th>FISCAL YEAR</th>
<th>CHAPTER</th>
<th>STATUTE</th>
<th>PROJECTED EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Trust Fund</td>
<td>2240 101 0890 Cat.</td>
<td>2019/2020</td>
<td>23</td>
<td>2019</td>
<td>$150,000.00</td>
</tr>
<tr>
<td>Federal Trust Fund</td>
<td>2240 101 0890 Cat.</td>
<td>2020/2021</td>
<td>6</td>
<td>2020</td>
<td>$90,000.00</td>
</tr>
</tbody>
</table>

OBJECT CODE 22420000/46036 = $150,000.00 5432000 - Grants and Subventions - Governmental
22420000/46036 = $30,000.00 5432000 - Grants and Subventions - Governmental

AGREEMENT TOTAL $240,000.00

OPTIONAL USE

I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.

ACCOUNTING OFFICER'S SIGNATURE

ACCOUNTING OFFICER'S NAME (Print or Type)

DATE SIGNED

8/3/2020
STATE OF CALIFORNIA
AGREEMENT SUMMARY
STD 215A (Rev. 10/2019)

AGREEMENT NUMBER
16-NDR-12631

AMENDMENT NUMBER
1

12. AGREEMENT

AGREEMENT NUMBER
16-NDR-12631

AMENDMENT NUMBER
12.

AGREEMENT

TERM FROM
10/23/2019

TERM THROUGH
09/30/2022

TOTAL COST OF THIS TRANSACTION
$150,000.00

BID, SOLE SOURCE, EXEMPT
Exempt

Original

Amendment No. 1

Amendment No. 2

Amendment No. 3

TOTAL
$240,000.00

13. BIDDING METHOD USED:

☐ Request for Proposal (RFP) (Attach justification if secondary method is used)

☐ Use of Master Service Agreement

☐ Invitation for Bid (IFB) ☐ Exempt from Bidding (Give authority for exempt status)

☐ Sole Source Contract (Attach STD. 821)

☐ Other (Explain) SCM 5.80,B.2.b

Note: Proof of advertisement in the State Contracts Register or an approved form STD.821, Contract Advertising Exemption Request, must be attached.

14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank.)

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S). (If an amendment, sole source, or exempt, leave blank.)

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?

N/A

17a. JUSTIFICATION FOR CONTRACTING OUT (Check one)

☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.

☐ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60 must be attached to this document.

☐ Not Applicable (Interagency / Public Works / Other SCM 5.10348)

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION N/A

☐ By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).

AUTHORIZED SIGNATURE
N/A

SIGNER'S NAME (Print or Type)
LaTasha Jackson

DATE SIGNED
N/A

18. FOR AGREEMENTS IN EXCESS OF $5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing?

☐ No ☐ Yes ☐ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

☐ No ☐ Yes ☐ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the OGS Legal Office?

☐ No ☐ Yes ☐ N/A

21. IS A SIGNED COPY OF THE FOLLOWING FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

☐ A. Contractor Certification Clauses

☐ B. STD.204 Vendor Data Record

☐ No ☐ Yes ☐ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ No ☐ Yes ☐ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS?

☐ No ☐ Yes

SB/DVBE Certification Number: N/A

24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED?

☐ No (Explain Below) ☐ Yes ______ % of Agreement

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS?

☐ No ☐ Yes (If Yes, provide justification below)

N/A

I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.

SIGNATURE
LaTasha Jackson

NAME/TITLE (Print or Type)
LaTasha Jackson / Contracts Analyst

DATE SIGNED
8/27/2020

Page 2 of 2