



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

| | | | | | | |
|--|--------------|--------------------------------|--|----------------------------|----------------------------------|-------------------|
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | Vendor Code | SC | Dept. AWM | A | Contract Number | |
| County Department Agriculture/Weights & Measures | | | Dept. AWM | Orgn. AWM | Contractor's License No. | |
| County Department Contract Representative Grif Thomas | | | Telephone 909/387-2286 | | Total Contract Amount \$6,268 | |
| Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other: | | | | | | |
| If not encumbered or revenue contract type, provide reason: | | | | | | |
| Commodity Code | | Contract Start Date 10/1/11 | Contract End Date 12/31/11 | Original Amount \$6,268 | Amendment Amount | |
| Fund AAA | Dept. AWM | Organization AWM | Appr. | Obj/Rev Source 8735 | GRC/PROJ/JOB No. | Amount \$6,268 |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. | Amount |
| Project Name Light Brown Apple Moth Agreement (LBAM) | | | Estimated Payment Total by Fiscal Year | | | |
| | | | FY | Amount | I/D | |
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CONTRACTOR California Department of Food and Agriculture

Federal ID No. or Social Security No. _____

Contractor's Representative Duane Schnabel- Plant/IPC

Address 1220 N Street, Room 341, Sacramento, CA 95814

Phone (916) 657-0571

Nature of Contract: *(Briefly describe the general terms of the contract)*

This agreement from the California Department of Food and Agriculture provides \$6,268 and requires the County Department of Agriculture/Weights & Measures to conduct a program to detect the Light Brown Apple Moth.

STATE CONTRACT NUMBER 11-0417-SF

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

| | | |
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| Approved as to Legal Form (sign in blue ink) County Counsel – Adam Ebright, Deputy Date _____ | Reviewed as to Contract Compliance Date _____ | Presented to BOS for Signature Department Head Date _____ |
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Auditor/Controller-Recorder Use Only

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|--|--|
| <input type="checkbox"/> Contract Database Input Date | <input type="checkbox"/> FAS Keyed By |
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