

GRANT AGREEMENT COVER SHEET

CalRecycle 110 (Revised 3/14)

GRANT NUMBER EA28-17-0010

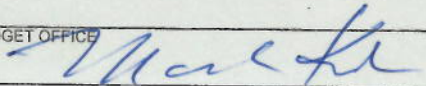
NAME OF GRANT PROGRAM 2017-18 Local Enforcement Agency Grants	
GRANTEE NAME Nevada County	
TAXPAYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	TOTAL GRANT NOT TO EXCEED \$17,308.00
TERM OF GRANT AGREEMENT FROM: July 01, 2017	TO: October 29, 2018

The Department of Resources Recycling and Recovery (CalRecycle) and Nevada County (the "Grantee"), in mutual consideration of the promises made herein, agree to comply with the provisions of this Agreement, which consists of this Grant Agreement Cover Sheet and the following Exhibits, which are incorporated by this reference and made a part of this Agreement as if attached hereto:

- Exhibit A – Terms and Conditions
- Exhibit B – Procedures and Requirements
- Exhibit C – Application with revisions, if any, and any amendments

This Agreement is of no force or effect until signed by both parties. Grantee shall not commence performance until it receives written approval from CalRecycle.

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

CALRECYCLE		GRANTEE'S NAME (PRINT OR TYPE) Nevada County	
SIGNATURE OF CALRECYCLE'S AUTHORIZED SIGNATORY		SIGNATURE OF GRANTEE (AS AUTHORIZED IN RESOLUTION, LETTER OF COMMITMENT, OR LETTER OF DESIGNATION)	
TITLE Deputy Director, CalRecycle	DATE	TITLE	DATE
		PAYMENT ADDRESS (INCLUDE STREET, CITY, STATE AND ZIP CODE) Environmental Health 950 Maidu Avenue Nevada City, CA 95959	
CERTIFICATION OF FUNDING			
AMOUNT ENCUMBERED BY THIS AGREEMENT \$17,308.00	FISCAL YEAR / PROGRAM 2017-18 Local Enforcement Agency Grants		FUND TITLE IWMA
PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT	CHAPTER 14	STATUTE YEAR 2017	Fiscal Year 2017-18
	ORG CODE 3970	REFERENCE 101	FUND CODE 0387
	ENACTMENT YEAR 2017		
TOTAL AMOUNT ENCUMBERED TO DATE \$17,308.00	INDEX 7820	CalSTRS Object of Expenditure PCA G6001	OBJECT 702
FISCAL Comparable Expenditure Information			
	REPORTING STRUCTURE 39707820	PROGRAM (PGM-SUB-TSK) 3700000223	ACCOUNT 5432000
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. No.	B.R. No.
SIGNATURE OF CALRECYCLE BUDGET OFFICER 		DATE 8/4/17	