

CALIFORNIA FRUIT TREE, NUT TREE AND GRAPEVINE IMPROVEMENT ADVISORY BOARD (IAB)

NEW MEMBER ORIENTATION- ON BOARDING

Pest Exclusion Branch

OVERVIEW

Board Member Requirements-

On Boarding

Board Member List

FRUIT TREE, NUT TREE, AND GRAPEVINE IMPROVEMENT ADVISORY BOARD (IAB) Nursery, Seed, and Cotton Program, Pest Exclusion Branch Terms of Appointment 2026

Jay Jensen – Chair
Novavine, Inc.
6735 Sonoma Hwy
Santa Rosa, CA 95409
707.539.5678
jjensen@novavine.com
First Term Appt. Date: Jan. 3, 2022
Grapevine (3rd term)

Cliff Beumel – Vice Chair
Agromillora California
612 E Gridley Rd.
Gridley, CA 95948
530.682.1041
cbeumel@agromillora.com
First Term Appt. Date: Jan. 2, 2024
Fruit and Nut Trees (2nd term)

Jeremy Bahne
Burchell Nursery, Inc.
12000 Highway 120
Oakdale, CA 95361
209.845.8733
jeremyb@burchellnursery.com
First Term Appt. Date: Jan. 2, 2024
Olive (2nd term)

Brent Burky
Sierra Gold Nurseries
5320 Garden Highway
Yuba City, CA 95993
530.304.8432
brent@sgtrees.com
First Term Appt. Date: Jan. 2, 2026
Fruit and Nut Trees (1st term)

Isaac Duarte
Duarte Nursery, Inc.
1555 Baldwin Road
Hughson, CA 95326
209.531.0351
isaac@duartenursery.com
First Term Appt. Date: Jan. 2, 2024
Fruit and Nut Trees (2nd term)

Kristi Harrer
Casa Cristal Nursery, Inc.
1998 Road 152
Delano, CA 93215
661.979.2542
kharrer@casacristal.com
First Term Appt. Date: Jan. 2, 2026
Grapevine (1st term)

Benjamin Kaesekamp
Knights Grapevine Nursery
3792 Feather River Blvd Suite C
Olivehurst, CA 95961
530.776.9296
benjamin@knightsgrapevinenursery.com
First Term Appt. Date: Jan. 2, 2026
Grapevine (1st term)

Denise Moore
Fowler Nurseries, Inc.
525 Fowler Road
Newcastle, CA 95658
916.645.8191
denise@fowlernurseries.com
First Term Appt. Date: Jan. 2, 2022
Pome (3rd term)

Nicholas Podsakoff
Sunridge Nurseries
441 Vineland Road
Bakersfield, CA 93307
808.333.9394
nicholas@sridge.net
First Term Appt. Date: Jan. 2, 2024
Grapevine (2nd term)

Tia Russell
Dave Wilson Nursery
19701 Lake Rd
Hickman, CA 95323
209.874.1821
tia@davewilson.com
First Term Appt. Date: Jan. 2, 2026
Fruit and Nut Trees (1st term)

Sebastian Saa
Almond Board of California
1150 Ninth Street, Suite 1500
Modesto, CA 95354
209.343.3281
ssaa@almondboard.com
First Term Appt. Date: Jan. 2, 2026
Public Member (1st term)

Kelley Paugh
Board Manager
California Department of Food
and Agriculture
1220 N Street
Sacramento, CA 95814
916.654.0435
kelley.paugh@cdfa.ca.gov



On Boarding Required Documents

- Oath of Office
- Emergency Contact Form
- Travel Expense Reimbursement
- Authorization to Use Privately Owned Vehicles on State Business
- Form 700 Completion (previous presentation)
- Form 700 Filer Agreement (new)
- Information Sheet
- Payee Data Record
- CalATERS Authorization Form
- DOJ Bagley-Keene Open Meeting Act and CDFA Conflict of Interest Code for your review

OATH

for the Office of California Fruit Tree, Nut Tree, and Grapevine
Improvement Advisory Board Member

I, _____, do solemnly swear
(or affirm) that I will support and defend the Constitution of the
United States and the Constitution of the State of California
against all enemies, foreign and domestic; that I will bear true
faith and allegiance to the Constitution of the United States and
the Constitution of the State of California; that I take this
obligation freely, without any mental reservation or purpose of
evasion; and that I will well and faithfully discharge the duties
upon which I am about to enter.

Signature

Term Expires

Subscribed and sworn to before me,
this _____ day of _____
A. D. _____

Emergency Contact Form

PLANT HEALTH AND PEST PREVENTION SERVICES CONFIDENTIAL PERSONNEL INFORMATION

Perferred Medical Provider

☐

OR

Personal Physician (Copy of WCV-002 attached)

☐

Name:

Home Address: City:

Zip Code:

Home Phone:

Cell Phone:

In Emergency Notify:

Name 1:

Relationship:

Home Address

City:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Name 2:

Relationship:

Home Address

City:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Doctor:

Medical Pan:

Address:

Travel Expense Reimbursement

STATE OF CALIFORNIA

DEPARTMENT OF FOOD AND AGRICULTURE

GAVIN NEWSOM, Governor

KAREN ROSS, Secretary

Financial Services Branch
1220 N Street, Room 140
Sacramento, CA 95814



To: All Appointed Members of Boards, Commissions, Committees, Councils,
or Task Forces for the California Department of Food and Agriculture

Subject: Establishment of Headquarters for Travel Expense Reimbursement

Dear Member:

To determine the appropriate reimbursement of travel expenses incurred as a result of the duties related to your appointment, it is necessary to establish your headquarters address. For this purpose, headquarters is defined as the place from which you leave and/or return to, upon completion of these State duties. This address must be established before the Department can reimburse you for any mileage or per diem that you may incur while performing your member duties.

Please check the appropriate box below and return this letter with your appointment package. To establish your headquarters address, please check box #1 and complete the bottom portion of this letter. If you will not be incurring expenses or will not be claiming travel expenses, please check box #2 below.

- ☐ I will be submitting travel expense claims for reimbursement of my expenses related to my duties as a member. My headquarters address is shown below.
- ☐ I will not be submitting travel expense claims for reimbursement.

Member Name

Board, Commission, etc., Name

Headquarters Address

City, State, Zip

Signature:

Date:

Authorization to Use Privately Owned Vehicles on State Business

Approval Must Be Renewed Annually
Supervisor: Retain Original

Section 1: Certification

In accordance with statewide policy, approval is requested to use a privately owned vehicle to conduct official state business. (SAM 0753 and 0754)

I hereby certify that whenever I drive a privately owned vehicle on official state business, I will maintain a valid driver's license and evidence of financial responsibility in my possession, all persons in the vehicle will wear safety belts, and the vehicle shall always be:

- Covered by liability insurance for the minimum amount prescribed by Vehicle Code section 16056:
\$30,000 for bodily injury to or death of one person in any one accident;
\$60,000 for bodily injury to, or death of, two or more persons in one accident; and
\$15,000 injury to or destruction of property of others in any one accident.

(Vehicle Code section 16020 requires all drivers and owners of a motor vehicle to carry evidence of financial responsibility in the vehicle.)

- Adequate for the work to be performed.
- Equipped with operating safety belts in operating condition.
- In safe mechanical condition as required by law, to the best of my knowledge.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official state business, all accidents must be reported on the STD 270 - Vehicle Accident Report form within two business days. (SAM 2430)

I understand that permission to drive a privately owned vehicle on official state business is a privilege which may be suspended or revoked at any time.

Driver's License Number	State	Expiration Date
Employee's Signature	Print Name	Date Signed

Section 2: Approval

Use of a privately owned vehicle on official state business is approved.

Approving Authority Signature	Title	Date Approved
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Section 3: Annual Renewal

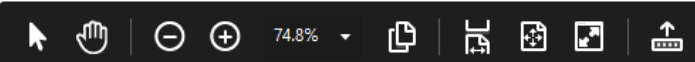
I have reviewed Section 1 and 2 (certification and approval) and certify that the information provided is true and correct.

Employee Signature	Approving Authority Signature	Date Approved
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I have reviewed Section 1 and 2 (certification and approval) and certify that the information provided is true and correct.

Employee's Signature	Approving Authority Signature	Date Approved
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Employee's Signature	Approving Authority Signature	Date Approved
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Form 700 Filer Agreement

STATE OF CALIFORNIA
DEPARTMENT OF FOOD & AGRICULTURE
FORM 700 FILER AGREEMENT
SO-22 (REV. 10/25)

HUMAN RESOURCES BRANCH
1220 N STREET, ROOM 242
SACRAMENTO, CA 95814
(916) 654-0790

FORM 700 FILER AGREEMENT (Board/Committee Members and Grant Reviewers)

There are a few requirements we would like to make you aware of when you become a member:

- You will be required to file Form 700s using [CDFA's eDisclosure Filing System](#). (If you experience any difficulties accessing CDFA's eDisclosure System, while trying to file, please contact CDFA's Filing Officer at: CDFAForm700@cdfa.ca.gov.)
 - Assuming Office Form 700 within 30 days of your appointment date.
 - Annual Form 700 by April 1st
 - Leaving Office Form 700 within 30 days of resigning from a position.

Filers who file after the deadline are liable for a late fine pursuant to [Government Code Section 91013](#) and shall not exceed \$10 per day to a maximum of \$100.

- You will be required to read the [Statement of Economic Interest-Form 700 Policy](#).
- You will be required to complete two training courses:
 - Sexual Harassment Prevention Training – within 6 months of your appointment date and every two years thereafter.
 - Available on the [CDFA Board University](#). To create an account, use enrollment key name "Board - Committee Members".
 - Ethics Orientation for State Officials – prior to filing the Assuming Office Form 700 and every two years thereafter. Access the training at the [Department of Justice Ethics Training page](#). Ethics Orientation for State Officials (Ethics) training certificates, submitted by board/committee members and grant reviewers, must reflect completion of the following additional sections:
 - 4.30(a): Section 1090 as applied to Multi-member Bodies
 - 4.40: Special Code of Ethics
 - 5.24: Special Restrictions on Personal Loans
 - 5.25: Free Transportation from Transportation Companies
 - 6.8: Holding Incompatible Offices
 - 7.13: Part C: Open Meetings for State Boards and Commissions (Bagley-Keene Open Meeting Act) - for Boards and Commissions created in statute only.
- You will need to notify your Filing Official with any changes to your contact information.

I have read and agree to the terms of the Form 700 Filer agreement.

 SIGNATURE

Signature

Date

Please contact

Information Sheet

FRUIT TREE, NUT TREE, AND GRAPEVINE IMPROVEMENT ADVISORY BOARD INFORMATION SHEET

NAME:

ADDRESS: (Home)

(Business Name)

(Business Address)

PLEASE USE THE ABOVE FOR MAILING ADDRESS: ☐ Home ☐ Business

TELEPHONE: (Home)

(Business)

(Cell)

E-MAIL ADDRESS:

Payee Data Record

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 03/2021)

Print Form

Reset Form

Section 1 - Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

Section 2 - Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

☐ SOLE PROPRIETOR / INDIVIDUAL

☐ SINGLE MEMBER LLC Disregarded Entity owned by an individual

☐ PARTNERSHIP

☐ ESTATE OR TRUST

☐ CORPORATION (see instructions on page 2)

☐ MEDICAL (e.g., dentistry, chiropractic, etc.)

☐ LEGAL (e.g., attorney services)

☐ EXEMPT (e.g., nonprofit)

☐ ALL OTHERS

Section 3 - Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.

- For Individuals, enter SSN.
- If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or
Individual Tax Identification Number (ITIN)

OR

Federal Employer Identification Number
(FEIN)

Section 4 - Payee Residency Status (See instructions)

- ☐ CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.
- ☐ CALIFORNIA NONRESIDENT - Payments to nonresidents for services may be subject to state income tax withholding.
- ☐ No services performed in California
- ☐ Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 - Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct.
Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE

TITLE

E-MAIL ADDRESS

SIGNATURE

DATE

TELEPHONE (include area code)

Section 6 - Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE

UNIT/SECTION

MAILING ADDRESS

FAX

TELEPHONE (include area code)

CITY

CalATERS Authorization Form

-Travel reimbursement -State Account User



Department of Food and Agriculture California Automated Travel Expense Reimbursement System (CalATERS) Global System Access Authorization Form -- Rev. 7/11/2022

The CalATERS Global Authorization form must be signed and submitted to the Financial Services Branch prior to accessing CalATERS. Upon agreeing to the following requirements, system users will be provided with an individual and unique user ID and password. Passwords will be sent via email after the new user registration process has been completed. Please check all of the roles that apply to you.

- ☐ **Employee** – I will submit travel advance and/or expense reimbursement forms, which will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with departmental policies and Department of Personnel Administration rules and regulations.
- ☐ **Non-State Employee (Board Members/Volunteers)** – I will submit travel advance and/or expense reimbursement forms, which will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with departmental policies and Department of Personnel Administration rules and regulations.
- ☐ I confirm that I am not currently in CalATERS under a different Agency/Department.
- ☐ I am currently in CalATERS under a different Agency/Department and need to keep this account active.
- ☐ I am currently in CalATERS under a different Agency/Department and no longer need this account active.

- ☐ **Approver** – I have been authorized by my department to approve travel advance and expense reimbursement forms for employees within my area of responsibility. Each travel advance and/or expense reimbursement request I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.

Financial Services Branch Staff

- ☐ **Department Accounting Staff** – I have been authorized by my department to approve travel advance and expense reimbursement forms. Each travel advance and/or expense reimbursement form I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies. I have also been authorized to access CalATERS Global Reports.

- ☐ **Help Desk Staff** – I have been authorized by my department to utilize the Logon to assist in helping department staff with the CalATERS questions or problems.

The following requirements apply to all of the roles

- When using CalATERS Global, I authorize the State to take my requested action by an automated means and I authorize the State to accept the combination of my user ID and password in lieu of my written signature.
- My password is unique to me and is to remain confidential. I will not allow other individuals to use my user ID and password to access CalATERS Global.
- It is my responsibility to maintain the confidentiality of CalATERS Global information.
- My access to CalATERS can be revoked at any time by the State.

I hereby certify that I have read and understand the above requirements for accessing and using CalATERS Global.

Employee/Non-State Employee Name: First, Middle, Last Name	Best Contact Phone #
Employee/Non-State Employee Signature	Agency/Reporting Unit # (PRU) (for non-state employees, use "999-999")
Employee/Non-State Employee Social Security Number - Do not write here. - Employee: Travel Unit staff will contact you at your best contact phone# to obtain your SSN. - Non-state employees: Program coordinators will need to obtain SSN from non-state employees and Travel Unit will obtain SSN from the program.	Program Code Number
Employee Email Address (for non-state employees, enter Cdfa employee email who will act as the coordinator)	Employee's Supervisor Name and Signature (For non-state employees, Cdfa supervisor signature approving the account is required)

Use this form to: ☐ ADD new account
EMAIL Completed form to:
CALATERSHELPDESK@cdfa.ca.gov

MODIFY Existing Account: User ID: _____
DELETE Existing Account: User ID: _____

FSB Use Only	
FSB Authorized Signer	Date

QUESTIONS

Thank you!

RESOURCES

CDFA Improvement Advisory Board webpage:

<https://www.cdfa.ca.gov/plant/pe/nsc/iab/index.html>

California Fruit Tree, Nut Tree, and Grapevine

- Food and Code Extract
- Improvement Advisory Board Meeting Information
- Annual 1% Assessment Worksheet
- Research Progress/Final Reports

Program Contact Information

- Improvement Advisory Board
- IAB@cdfa.ca.gov
- 916-654-0435

<https://www.southtechhosting.com/CDFA/eDisclosure/>

CDFAForm700@cdfa.ca.gov