	IIA-OFFICE OF ADMINISTRATIVE UBLICATION/F	REGULATIONS S	SUBMISSION			For use by Secretary of State only	
OAL FILE	NOTICE FILE NUMBER Z _Z2024-1219-		DRY ACTION NUMBER	EMERGENCY NUMBE	R		
NUMBERS			dministrative Law (OAL)	only		-	
	NOTICE			REGULATIONS			
AGENCY WITH RULEMAKING AUTHORITY Sacramento-San Joaquin Delta Conservancy						AGENCY FILE NUMBER (If any)	
. PUBLI	CATION OF NOT	ICE (Complete f	or publication in No	otice Register)		1	
. SUBJECT OF Selection F	мотісе Process for Privat	e A&E Firms	TITLE(S) 14	FIRST SECTION AFFECT 28301	CTED	2. REQUESTED PUBLICATION DATE January 3, 2025	
NOTICE TYPE Notice re Regulator	Proposed Othe	Brenda	Y CONTACT PERSON LUSK	916-634-3398		FAX NUMBER (Optional)	
OAL USE ONLY	ACTION ON PROPOSED Approved as Submitted	NOTICE Approved as Modified	Disapproved Withdrawn	NOTICE REGISTER N	UMBER	PUBLICATION DATE	
3. SUBMI	SSION OF REGI	JLATIONS (Com	plete when submitt	ing regulations)			
1a. SUBJECT OF REGULATION(S)						OAL REGULATORY ACTION NUMBER(S)	
Selection Process for Private A&E Firms 2025032803					03		
individ	ection number(s) ually. Attach sheet if needed.)	AMEND	f Interest, Appendix			, 28311, 28312, 28313, 28314	
. TYPE OF FILI	NG						
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) Certificate of Compliance: The abelow certifies that this agency provisions of Gov. Code §§113 before the emergency regulation within the time period required in the compliance of Compliance: The abelow certifies that this agency provisions of Gov. Code §§11349.3			this agency complied with the Code §§11346.2-11347.3 eith cy regulation was adopted or	e (Gov. Code, §113 er	Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) Print Only		
	cy (Gov. Code, (b))		pproved or withdrawn ov. Code, §11346.1)	Other (Specify)			
. ALL BEGINNII Vlay 12-27		F AVAILABILITY OF MODIFI	IED REGULATIONS AND/OR MA	TERIAL ADDED TO THE RULEN	MAKING FILE (Ca	al. Code Regs. title 1, §44 and Gov. Code §11347.1)	
Effective .	OATE OF CHANGES (Gov. 0 January 1, April 1, July 1 I (Gov. Code §11343.4(a	, or Effective of		nges Without Effective (Specify)	other		
	ent of Finance (Form STI		W, CONSULTATION, APPROVAI	OR CONCURRENCE BY, ANO cal Practices Commission	THER AGENCY	OR ENTITY State Fire Marshal	
CONTACT PE	RSON		(916) 634-3398	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) brenda.lusk@deltaconservancy	
I certify the of the reg	nat the attached copulation(s) identified do correct, and that	on this form, that the lam the head of the	(s) is a true and correct he information specifie e agency taking this ac m authorized to make t	t copy d on this form tion,	For use by	y Office of Administrative Law (OAL) only	
IGNATURE OF	AGENCY HEAD OR DESIG	NEE	DATE	DATE 5/11/2025			
(amola !!	NO TITLE OF SIGNATORY			11/2025			