

**EXHIBIT E  
NON-SUPPLANTATION CERTIFICATION FORM**

**Public Health Emergency Preparedness  
Local Health Department CDC Funding  
Fiscal Year 2007-2008**

**EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT**  
(County/City and Name of Local Health Department)

I hereby certify that the above-named local health department (LHD) shall not use funds allocated by the California Department of Public Health (CDPH) to supplant funding for existing levels of service and that funds shall only be used for the purposes specified in the Fiscal Year (FY) 2007-2008 Public Health Emergency Preparedness CDC Agreement as approved by the CDPH.

I further certify that funds received shall be deposited in an interest-bearing Local Public Health Preparedness Trust Fund and expended only for the purposes stated in the LHDs Emergency Preparedness Plan and Budget, as approved by the CDPH.

**Chairperson, Board of Supervisors, Mayor of a City or designee:**

Signature:
Printed Name: Helen K. Baumann
Title: Chairman, El Dorado County Board of Supervisors
Phone: (530) 621-5390
Date:

Please return the original signed certification with your FY 2007-2008 Public Health Emergency Preparedness CDC Agreement to:

California Department Public Health  
Emergency Preparedness Office  
Attn: Local Management Unit  
MS 7002  
P.O. Box 997377  
Sacramento, CA 95899-7377