

# ACCEPTANCE OF ALLOTMENT

## El Dorado County Public Health Department

**Funding Period:** July 1, 2012 through June 30, 2013

**Real-Time Allotment:** \$8,016

I hereby accept this award. By accepting this Allotment, I agree to the requirements as described in the Standards and Procedures Manual for FY 2012-2013 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Ron Briggs  
\_\_\_\_\_  
Print Name

Chair  
\_\_\_\_\_  
Title  
Board of Supervisors  
County of El Dorado