

ACCEPTANCE OF ALLOTMENT

El Dorado County, Health and Human Services Agency

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

Real-Time Allotment: \$5,869

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