

Noncompetitive Allocation Threshold Certification

I certify that the Proposed project(s) submitted by the County or to the County proposing use of NPLH Noncompetitive Allocation funds will comply with all the requirements of NPLH Guidelines under Article II, III, or IV, as applicable.

Signature: _____ Date: _____

Name: Donald Semon Title: Director, Health and Human Services Agency

County: County of El Dorado

Contact Information

Name: Daniel Del Monte, MPA, Deputy Director, Community Services Division, Health and Human Services Agency

Address: 2900 Fairlane Court

City: Placerville **State:** CA **Zip:** 95667

County: County of El Dorado

Federal Tax ID Number (FEIN): 94-6000511

Data Universal Numbering System (DUNS): 965067382

Authorized Representative (Per Board Resolution)

Salutation: Mr. **Other:** _____

Full Name: Donald Semon

Title: Director, Health and Human Services Agency

Address: 3057 Briw Road, Suite B

City: Placerville **State:** CA **Zip:** 95667

Phone: 530-621-6270 **Ext:** _____ **Fax:** 530-663-8499

Email: _____

Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)

Salutation: Ms. **Other:** _____

Full Name: Yvonne Kollings or / Lori Walker

Title: Chief Fiscal Officer / Assistant Director of Administration and Finance

Address: 3057 Briw Road, Suite B

City: Placerville **State:** CA **Zip:** 95667

Phone: 530-295-6917 / 530-295-6907 **Ext:** _____ **Fax:** 530-653-2145

Email: _____