

**DECLARATION OF INTENT NOT TO APPLY
FOR
RURAL HEALTH SERVICES PROGRAM FUNDING
FISCAL YEAR (FY) 2007-08**

The County of **El Dorado** (hereinafter called the County), hereby notifies the California Department of Public Health (hereinafter called the Department), that the County is not applying for its allocation of FY 2007-08 Rural Health Services Program funds (hereinafter called RHS funds).

The County, pursuant to Chapter 195, Statutes of 1994, Assembly Bill 816, Welfare and Institutions Code, Sections 16934.5 (a), 16935 (a) and 16935.5, requests that the Department administer its RHS funds in a manner consistent with these citations.

This Declaration of Intent Not To Apply has been executed by:

Name: **Helen K. Baumann**
(Authorized Representative of the County Board of Supervisors)

Title: **Chairman, El Dorado County Board of Supervisors**

County of: **El Dorado**

Signature: _____ Date: _____