

ACCEPTANCE OF ALLOTMENT

County of El Dorado, Health and Human Services Agency

Funding Period: July 1, 2013 through June 30, 2014

Real-Time Allotment: \$3,290

I hereby accept this award. By accepting this Allotment, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014 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