

ACCEPTANCE OF ALLOTMENT

El Dorado County, Health and Human Services Agency

Funding Period: July 1, 2014 through June 30, 2015

Real-Time Allotment: \$5,287

I hereby accept this award. By accepting this Allotment, I agree to the requirements as described in the Standards and Procedures Manual for FY 2014-2015 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Norma Santiago
Print Name

Chair
Title
Board of Supervisors
County of El Dorado