

ACCEPTANCE OF ALLOTMENT

El Dorado County, Health and Human Services Agency

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

Real-Time Allotment: \$9,572

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

1/16/15

Date
Board date 11-4-14

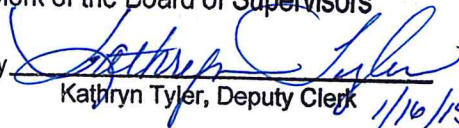
Brian Veerkamp

Print Name

Chair

Title
County of El Dorado
Board of Supervisors

ATTEST: James S. Mitrison
Clerk of the Board of Supervisors

By 

Kathryn Tyler, Deputy Clerk
1/16/15
Board date 11-4-14