

ACCEPTANCE OF ALLOTMENT

El Dorado County, Health and Human Services Agency

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

Real-time Allotment: \$1,791

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



Authorized Signature

Brian Veerkamp

Print Name

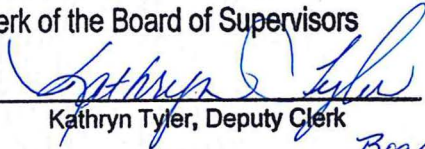
3-25-15

Date
Board date 11-4-14

Chair

Title
County of El Dorado
Board of Supervisors

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

By  3-25-15

Kathryn Tyler, Deputy Clerk
Board date 11-4-14