

ACCEPTANCE OF AMENDED AWARD

San Mateo County Health Services Agency

Funding Period: July 1, 2016 through June 30, 2017

Amended Base Award: \$356,407

I hereby accept this award. By accepting this amended award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2016-2017 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Authorized Signature

Date

Warren Slocum

Print Name

President, Board of Supervisors

Title