

ACCEPTANCE OF AWARD

San Mateo County Health Services Agency

FUNDING PERIOD – July 1, 2013 through June 30, 2014

BASE AWARD AUGMENTATION – \$18,449

I hereby accept this award. By accepting this award, 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

Print Name

Title

ATTEST:

By:_____
Clerk of Said Board