

ACCEPTANCE OF AWARD

San Mateo County Health Services Agency

FUNDING PERIOD – July 1, 2014 through June 30, 2015

BASE AWARD AUGMENTATION – \$17,413

I hereby accept this award. By accepting this award, 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

Print Name

President, Board of Supervisors
Title

ACCEPTANCE OF AMENDED AWARD

San Mateo County Health Services Agency

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

Revised Base Award: \$297,512

I hereby accept this award. By accepting this award, 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

Print Name

President, Board of Supervisors
Title