

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

**FUNDING PERIOD – July 1, 2012 through June 30, 2013**

**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 2012-2013 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