

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

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

**Base Award:** \$291,707

**Food, Shelter, Incentives and Enablers Allotment:** \$18,192

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

\_\_\_\_\_  
Title

ATTEST

By:\_\_\_\_\_  
Clerk of Said Board