

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

**FUNDING PERIOD - July 1, 2016 through June 30, 2017**

**AMENDED LETTER OF AWARD - \$137,865**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Program Agreement and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Don Horsley  
\_\_\_\_\_  
Print Name

President, Board of Supervisors  
\_\_\_\_\_  
Title