

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

**Funding Period:** July 1, 2013 through June 30, 2014

**Base Award:** \$309,440

**Food, Shelter, Incentives and Enablers Allotment:** \$19,135

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