

ACCEPTANCE OF AWARD

San Mateo County Health Services Agency

FUNDING PERIOD – July 1, 2015 through June 30, 2016

BASE AWARD AUGMENTATION – \$25,233

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2015-2016 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Carole Groom

Print Name

President, Board of Supervisors

Title

ATTEST:

By: _____
Clerk of Said Board