

ACCEPTANCE OF ALLOTMENT

Calaveras County Health Services Agency

Funding Period: July 1, 2017 through June 30, 2018

Real-time Allotment: \$3,937

I hereby accept this award. By accepting this Allotment, I agree to the requirements as described in the Revised FY 2017-2018 Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title