

# ACCEPTANCE OF AWARD

## San Mateo County Health Services Agency

**FUNDING PERIOD - July 1, 2009 through June 30, 2010**

**BASE AWARD \$294,218**

**FOOD, SHELTER, INCENTIVES AND ENABLERS ALLOTMENT \$26,500**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2009-2010 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title