

ACCEPTANCE OF AWARD

San Mateo County Health Services Agency

FUNDING PERIOD – July 1, 2009 through June 30, 2010

BASE AWARD AUGMENTATION \$24,500

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