

Acknowledgement of Allocation Letter

Instruction: Please check one statement below, sign, and return to FoPHfunding@cdph.ca.gov

County of Humboldt acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

County of Humboldt acknowledges receipt of this Allocation letter and does not accept the funds. **County of Humboldt** understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

Name of Local Health Jurisdiction designated signee(s): _____

Title/Role: _____

Signature of Local Health Jurisdiction designee: _____

Date: _____

Attachments

- Attachment 1: Local Allocations Table
- Attachment 2: Certification Form
- Attachment 3: Workplan and Reporting
- Attachment 4: Spend Plan
- Attachment 5: Invoice