

**Future of Public Health (FoPH) Funding
Acknowledgement of Allocation Letter**

Instructions: Please check one statement below, sign, and return to

FoPHfunding@cdph.ca.gov

☐ _____ acknowledges receipt of the Future of Public
Enter Name of Local Health Jurisdiction
Health funding memo for Fiscal Year 2025-26 through Fiscal Year 2026-27 and
accepts the funds to be used as outlined under the Submission Requirements section.

☐ _____ acknowledges receipt of the Future of Public
Enter Name of Local Health Jurisdiction
Health funding memo for Fiscal Year 2025-26 through Fiscal Year 2026-27 and does
not accept the funds. _____ understands that these funds
Enter Name of Local Health Jurisdiction
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:_____