

Future of Public Health (FoPH) Funding-

California Department of Public Health (CDPH)			
Email Invoice to: FoPHfunding@cdph.ca.gov			
Award Number:			
Funding Period:	July 1, 2023 to June 30, 2024		
Billing Period:			
Invoice Number:	State Use Only		
County Invoice #:	<i>Optional</i>		
		Budget	Expenditures This
		Line-Item	Period
		Salary	
		Supplies	
		Travel-In-State or Out-of-State	
		Equipment	
		Other & Subcontracts	
		Indirect	
		Total Expenditures	\$ -
		To be Paid	\$ -
	<p>State Certification: I hereby certify that the above referenced local health department submission of its application, related documents, and certifications and is eligible for funding. All application, related documents, approvals, and requests for payment are maintained for audit purposes as required by the State Controller's Office.</p>		
	CDPH Use Only		
		Service Location:	Please Pay:
		52201	\$

FY 2023-24

Date:		
LHJ Name/Address (to send warrant)		
<i>Check if remittance address changed</i>		
<i>since last Invoice</i>		
Telephone #:		
Supplier ID #:		
<p>rtment has met all requirements for ble to receive this payment. The ained by CDPH, for five (5) years for Office.</p>		
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