



TOMÁS J. ARAGÓN, MD, DrPH  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

**CALIFORNIA STRENGTHENING PUBLIC HEALTH  
INITIATIVE FUNDING CERTIFICATION**

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the California Strengthening Public Health Initiative Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.

**Designee authorized to commit the Local Health Jurisdiction to this Agreement**

\_\_\_\_\_  
Name (Print) Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Local Health Jurisdiction Name

\_\_\_\_\_  
Agreement Number

