



EXHIBIT A

ACKNOWLEDGMENT OF FUNDING ALLOCATION

This letter serves as acknowledgement of receipt of funding allocation as determined by the California Department of Social Services for CalWORKs Home Visiting Program referrals to Nurse Family Partnership per the Memorandum of Understanding between Humboldt County Department of Health and Human Services (DHHS), Public Health Branch and the Humboldt County DHHS, Social Services Branch.

The funding allocation for Fiscal Year 2019 - 2020 is:

\$ _____

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH BRANCH:

By: _____

Date:

Name: _____

Title: _____

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES,
SOCIAL SERVICES BRANCH:

By: _____

Date:

Name: _____

Title: _____

