

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

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

[FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov)

\_\_\_\_\_ acknowledges receipt of the Future of Public  
Enter Name of Local Health Jurisdiction  
Health funding memo for Fiscal Year 2023-24 through Fiscal Year 2025-26 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 2023-24 through Fiscal Year 2025-26 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:** \_\_\_\_\_