

**Acknowledgement of Allocation Letter**

**Instruction: Please check one statement below, sign, and return to [FoPHfunding@cdph.ca.gov](mailto:FoPHfunding@cdph.ca.gov)**

**County of Humboldt** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

**County of Humboldt** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Humboldt** understands that these funds 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:** \_\_\_\_\_

**Attachments**

- Attachment 1: Local Allocations Table
- Attachment 2: Certification Form
- Attachment 3: Workplan and Reporting
- Attachment 4: Spend Plan
- Attachment 5: Invoice