

**EXHIBIT E
NON-SUPLANTATION CERTIFICATION FORM**

**CDC Public Health Emergency Preparedness, State General Fund (GF)
Pandemic Influenza and HHS Hospital Preparedness Program Funding
Fiscal Year 2008-2009**

(County/City and Name of Local Health Department and/or Local HPP Entity)

I hereby certify that the above-named local health department (LHD) and/or Local HPP Entity shall not use funds allocated by the California Department of Public Health (CDPH) to supplant funding for existing levels of service and that funds shall only be used for the purposes specified in the Fiscal Year (FY) 2008-2009 CDC Public Health Emergency Preparedness and HHS Hospital Preparedness Program Funding Agreement as approved by the CDPH.

I further certify that funds received shall be deposited in an interest-bearing Local Public Health Preparedness Trust Fund as per the Health and Safety Code 101317 and expended only for the purposes stated in the LHDs and/or Local HPP Entity's Grant Application Work Plan and Budget, as approved by the CDPH.

Chairperson, Board of Supervisors, Mayor of a City or designee:

Signature:
Printed Name:
Title:
Phone:
Date:

Please return the original signed certification with your FY 2008-2009 CDC Public Health Emergency Preparedness and HHS Hospital Preparedness Program Funding Agreement to:

California Department Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377