

**EXHIBIT E
NON-SUPPLANTATION CERTIFICATION FORM**

**2009-10 CDC Public Health Emergency Response (PHER) Phase III
Fiscal Year 2009-2010**

(County of Santa Barbara Public Health Department)

I hereby certify that the above-named local health department (LHD) 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) 2009-2010 CDC Public Health Emergency Response (PHER) Phase III 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 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 2009-2010 CDC PHER Phase III Funding Agreement Funding Agreement to:

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