

Acknowledgement of Allocation Letter

Instructions: Please check one statement below, sign, and return to CASPHILocalFunding@cdph.ca.gov

- County of Santa Barbara** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section. **County of Santa Barbara** understands that these funds cannot be delegated to another Agency.
- County of Santa Barbara** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Santa Barbara** understands that CDPH will redistribute these funds.

Name of Local Health Jurisdiction designated signee(s): Darrin Eisenbarth

Title/Role: Deputy Director

Signature of Local Health Jurisdiction designee(s):  09070D1C177B4E1

Date: 3/8/2023

Attachments

- Attachment 1: CASPHI Allocation Table - Final
- Attachment 2: CASPHI Work Plan and Reporting
- Attachment 3: CASPHI Spend Plan
- Attachment 4: Invoice
- Attachment 5: Certification Form