

## State of California—Health and Human Services Agency California Department of Public Health



## CALIFORNIA STRENGTHENING PUBLIC HEALTH INITIATIVE FUNDING CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the California Strengthening Public Health Initiative Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Sara Pierce

Deputy CEO

Title

4 | 4 | 23

Signature

Date

County of Mendocino

Local Health Jurisdiction Name

CASPHI002

Agreement Number

