



Erica Pan, MD, MPH  
State Public Health Officer & Director

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



GAVIN NEWSOM  
Governor

**FUTURE OF PUBLIC HEALTH FUNDING**  
**ANNUAL CERTIFICATION**

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the Future of Public Health Funding Award 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.
2. That at least 70 percent of funds to support the hiring of permanent city; county; or city and county staff, including benefits and training.
3. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, travel.

**Designee authorized to commit the Local Health Jurisdiction to this Agreement**

Jayne S. Bottke

Executive Director

Name (Print)

Title

*Jayne S Bottke*

7-31-25

Signature

Date

Tehama County Health Services Agency

Local Health Jurisdiction Name

FoPH - 055

Agreement Number



**Future of Public Health (FoPH) Funding  
Acknowledgement of Allocation Letter**

**Instructions: Please check one statement below, sign, and return to**

FoPHfunding@cdph.ca.gov

☒ Tehama County Health Services Agency Public Health  
Enter Name of Local Health Jurisdiction acknowledges receipt of the Future of Public Health funding memo for Fiscal Year 2025-26 through Fiscal Year 2026-27 and accepts the funds to be used as outlined under the Submission Requirements section.

☐ \_\_\_\_\_ acknowledges receipt of the Future of Public Health funding memo for Fiscal Year 2025-26 through Fiscal Year 2026-27 and does not accept the funds. \_\_\_\_\_ understands that these funds  
Enter Name of Local Health Jurisdiction cannot be delegated to another Agency and CDPH will redistribute funds.

**Name of Local Health Jurisdiction designated signee(s):** Jayme S. Bottke

**Title/Role:** Executive Director

**Signature of Local Health Jurisdiction designee:** 

**Date:** 7-31-25