

Summit County Public Health

Grant Sub-Recipient / Contractor

Acknowledgement of Receipt of Information

I hereby acknowledge that I have received notice of program administration material available at the web site, <https://www.scph.org/grants> (“Forms and Reference Materials for SCPH Grant Sub-Recipients and Contractors“).

I have reviewed the guidelines pertaining to my responsibilities as a contractor for Summit County Public Health. I agree to adhere to the provisions of the Federal, State and Local laws as they relate to my responsibilities as a sub-recipient paid through applicable grant monies administered by Summit County Public Health.

(Name)

(Date)

(e-mail address)