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, http://www.scphoh.org/PAGES/Grants.html ("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 law as they relate to my responsibilities as a contractor paid through applicable grant monies administered by Summit County Public Health.

(Name)	(Date)
(email address)	