



**GRANT AWARD NOTIFICATION
AND PROGRAM IMPLEMENTATION**

Date:

To: Commissioners Court
Grant Review Committee

From: Department: Health Care _____
Contact Person: Patsy Morris _____
Contact Phone: 5503

Grant Title: Department of State Health Services Immunization Contract
Grantor: Department of State Health Services
Beginning/Ending Dates of Grant: 09-01-2011 through 08-31-2012
Grant Amount: \$354,062.00

Source of Funds: ___ Federal State ___ Local ___ Private

The above listed grant has been officially awarded. No changes have been made to the original application as reviewed by the Grant Review Committee and approved by Commissioners Court.

The above listed grant has been officially awarded. Changes have been made to the original areapplication as reviewed by the Grant Review Committee and approved by Commissioners Court. These changes have been detailed in the revised Grant Summary Form attached.


Department Head/Designee Signature & Date

Candy Blair
Department Head/Designee Printed Name

Grant Review Committee Chair/Designee Signature & Date

Grant Review Committee/Designee Printed Name

Grant Award Notification Attached