Attachment IX

**ACCEPTANCE**

**BY THE COGNIZANT AGENCY**

**ON BEHALF OF THE FEDERAL**

**BY THE ORGANIZATION: GOVERNMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Contractor) (Governmental Agency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Name Substance Abuse Prevention and Control

Address 1000 S Fremont Ave Bldg. A-9 East 3rd Floor

City, State, ZIP Alhambra, California 91803

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Signature)

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(Name) (Name)

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(Title) (Title)

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(Date) (Date)

Negotiated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_