CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

{Name of Grantee}, hereinafter "Grantee"

Implementing the project, Priority Population}," hereinafter **"Project"**

GRANT AGREEMENT NUMBER 17-10569

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section *104385 and Revenue and Taxation Code Section 30130.55 (b) (1)}*.

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to reduce tobacco-related health disparities and achieve health equity among African American/Black, Asian/Pacific Islander, Hispanic/Latino, and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ[1]) populations through regional approaches directed towards policy and systems change focused on tobacco use prevention and reduction. As specified in Exhibit A, Grant Application, which is hereby incorporated to serve as the Project.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed $x,xxx,xxx dollars .

TERM OF GRANT: The term of the Grant shall begin on May 1, 2018], or upon approval of this grant, and terminates on April 30, 2023]. No funds may be requested or invoiced for work performed or costs incurred after April 30, 2023.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: **[Legal Business Name]**
Name: First, Last, Procurement Manager	{name} Name: Name of Grantee
MS 7206 P.O. Box 997377	Address:
Sacramento, 95899-7377	City, ZIP:

[1] This document uses the term "LGBTQ" throughout as inclusive shorthand indicative of individuals who assert non-heteronormative sexual orientations and/or gender identities. As such, please consider use of the term "LGBTQ" as an all-encompassing identifier that does not intend to limit specificity to *only* individuals who identify as lesbian, gay, bisexual, transgender, or queer.

Phone: (916) XXX-XXXX	Phone:
Fax: (916)XXX-XXXX	Fax:
E-mail: XXXX.XXXX@cdph.ca.gov	E-mail:

Direct all inquiries to:

California Department of Public Health, [California Tobacco Control Program]	**Grantee: [Legal Business Name]**
Name: First, Last, Procurement Manager	Attention:
MS 7206 P.O. Box 997377	Address
Sacramento, 95899-7377	City, Zip
Phone: (916) XXX-XXXX	Phone
Fax: (916) XXX-XXXX	Fax
Email: XXXX.XXXX@cdph.ca.gov	E-mail

Either party may change its Project Representative upon written notice to the other party.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

Exhibit A GRANT APPLICATION (attached)

Exhibit A, ATTACHMENT 1 - GRANTEE'S WRITTEN MODIFICATIONS TO THE GRANT APPLICATION AS A REQUIRED CONDITION OF THE GRANT AWARD, this document shall supersede the Grant Application in addition the approved budget shall to supersedes the proposed budget in the Grant Application (attached)

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS (attached)

Exhibit C STANDARD GRANT CONDITIONS
View document at:
https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=56

Exhibit D REQUEST FOR APPLICATIONS #17-10569
Including all the requirements and attachments contained therein
View document at:

https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=56

Exhibit E ADDITIONAL PROVISIONS

View document at:
https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.viewOpp&oppID=56

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____

_____
Name, Director
Grantee Legal Name
Address

Date: _____

_____
Marshay Gregory, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.317
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377