

CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

{Name of Grantee}, hereinafter “Grantee”

**Implementing the project, “*Regional Rural Initiative to Reduce Tobacco-Related Disparities,*”
hereinafter “Project”**

GRANT AGREEMENT NUMBER 18–10122

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 104350 - 104445 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 rural communities through regional approaches directed towards policy and systems changes 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 .

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on ~~March 1, 2019~~ **April 1, 2019 or upon approval of this grant**, and terminates on ~~February 29, 2024~~ **March 31, 2024**. No funds may be requested or invoiced for services performed or costs incurred after ~~February 29, 2024~~ **March 31, 2024**.

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

California Department of Public Health	Grantee: [Legal Business Name]
Name, Procurement Manager	{name} Name: Principal Investigator (PI)
MS 7206, P.O. Box 997377	Address:
Sacramento, 95899-7377	City, ZIP:
Phone: (916) XXX-XXX	Phone:

Fax: (916) 449-5505	Fax:
Name@cdph.ca.gov	E-mail:

Direct all inquiries to:

California Department of Public Health, California Tobacco Control Program	Grantee: [Legal Business Name]
Name, Procurement Manager	Attention:
MS 7206, P.O. Box 997377	Address
Sacramento, 95899-7377	City, Zip
Phone: (916) XXX-XXXX	Phone
Fax: (916) 449-5505	Fax
Name@cdph.ca.gov	E-mail

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

All payments from CDPH to the Grantee; shall be sent to the following address:

Grantee: [Legal Business Name]
Attention "Cashier":
Address
City, Zip
Phone
Fax
E-mail

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

Exhibit A GRANT APPLICATION

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 supersede the proposed budget in the Grant

- Application.
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
 { *Incorporated- Insert Link to TCFOR site* }
- Exhibit D REQUEST FOR APPLICATIONS
 { *Incorporated- Insert Link to TCFOR site* }
 Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS
 { *Incorporated- Insert Link to TCFOR site* }

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, Title
Grantee Name
Address
City, State, Zip

Date: _____

Marshay Gregory, Chief
Contracts Management Unit
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