CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

{Name of Grantee}, hereinafter "Grantee"

Implementing the project, "*Statewide Coordinating Center for Rural Communities*," hereinafter "Project"

GRANT AGREEMENT NUMBER 18–10123

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 foster interactive and integrative collaboration and communication among awardees of rural population projects funded by Request for Application (RFA) #18-10122, *Regional Rural Initiative to Reduce Tobacco-Related Disparities*, as well as their networks and California Tobacco Control Program (CTCP). The Coordinating Center is expected to accelerate the adoption, implementation and impact of policy and system change campaigns conducted by projects funded under RFA # 18-10122 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]
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
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377