

CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

Name of Tribal Nation

Company/Organization Name

Please accept the agreement by checking one of the boxes below:

- The Applicant named above hereby certifies that it will not accept funding from nor have an affiliation or contractual relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the contract from the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the contract is grounds for termination.

- Any relationship by the individual/agency and their parent companies or subsidiaries with any affiliates or subsidiaries of a tobacco company must be disclosed as part of this submission. The proposal shall assure that the credibility and integrity of the Department are protected at all times so that the Department goals are not compromised or diminished. Please check this box and disclose any applicable relationship.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

Agency/Tribal Signatory:

Signature

Date

Print Name and Title