CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

{Name of Grantee}, hereinafter "Grantee"

Implementing the project, "*Advancing Momentum for a Tobacco-Free California*," hereinafter "Project"

GRANT AGREEMENT NUMBER 20–XXXXX

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 continue to build upon proven strategies to prevent and reduce tobacco use, strengthen partnerships with priority populations, increase the reach and impact of tobacco control programs in underserved areas, and to rigorously pursue tobacco-free policies with a broad range of approaches and partners. The Grantee will conceive, implement, and evaluate innovative and promising tobacco control practices to lay the groundwork for the tobacco endgame in California, 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 July 01, 2020, or upon approval of this grant, and terminates on June 30, 2025. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2025.

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

California Department of Public Health	Grantee: **[Legal Business Name]**
{name} Name: Grant Manager	{name} Name: Project Director/Coordinator
Address: MS 7206, P.O. Box 997377	Address:
City, ZIP: Sacramento, 95899-7377	City, ZIP:
Phone:	Phone:
Fax:	Fax:

E-mail:	E-mail:

Direct all inquiries to:

California Department of Public Health, California Tobacco Control Program]	**Grantee: [Legal Business Name]**
Attention:	Attention:
Address MS 7206, P.O. Box 997377	Address
City, Zip Sacramento, 95899-7377	City, Zip
Phone	Phone
Fax	Fax
E-mail	E-mail

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

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

- Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be require to submit a new completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record form to the Project Representatives for processing.

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

Exhibit A GRANT APPLICATION (attached)

(The Grantee's Application provides the description of the project and associated cost)

Exhibit A, ATTACHMENT 1 - GRANTEE'S WRITTEN MODIFICATIONS TO THE GRANT APPLICATION AS A REQUIRED CONDITION OF THE GRANT AWARD (attached)

(this attached document shall supersede the Grant Application in addition the approved budget shall to supersedes the proposed budget in the Grant Application.)

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS (attached)

Exhibit C STANDARD GRANT CONDITIONS (view document at:
{*Incorporated- Insert Link to TCFOR site*})

Exhibit D REQUEST FOR APPLICATIONS (view document at:
{*Incorporated- Insert Link to TCFOR site*})
Including all the requirements and attachments contained therein

Exhibit E ADDITIONAL PROVISIONS (view document at:
{*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: _____

Michele Golden, Chief
Contracts Management Unit
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