

CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

{Name of Grantee}, hereinafter “Grantee”

Implementing the project, “*Rising Alliances 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 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 prevent tobacco related disease and diminish tobacco use among California’s priority populations, the projects are to: (1) reduce tobacco and nicotine use, tobacco-related disease rates, tobacco-related health disparities; and (2) develop a stronger evidence base of effective tobacco use prevention and reduction programs among priority communities highly impacted by tobacco use with the goal of reducing and eliminating tobacco-related health disparities 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 1, 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: Grant Manager	Name: Project Director/Coordinator
Address: MS 7206, P.O. Box 997377	Address:
City, ZIP: Sacramento, 95899-7377	City, ZIP:
Phone:	Phone:

Fax: (916)449-5505	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: (916)449-5505	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)

Exhibit A, ATTACHMENT 1, Final Scope of Work - 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 supersede 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
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377