

## CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

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**Name of Applicant/Proposer** (Agency/Corporation/Organization/Tribal Nation/Other/University-College)

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Please check one of the following:

- ☐ **Agency/Corporation/Organization/Tribal Nation/Other**  
 The applicant/proposer named above hereby certifies that it will not accept funding from nor have an affiliation or contractual relationship with a commercial tobacco company, any of its subsidiaries, or parent company during the term of the contract with the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the contract is grounds for immediate termination.
- ☐ **University or College**  
 The Principal Investigator of the university or college named above hereby certifies that he/she, or any investigator associated with this contract (either paid, voluntary, or in-kind), have not received funding from nor had an affiliation or contractual relationship with a commercial tobacco company, any of its subsidiaries, or parent company within the last five (5) years prior to the start date of the contract period. In addition, the Principal Investigator of the university or college named above hereby certifies that he/she, or any investigator associated with this contract, will not accept funding from nor have an affiliation or contractual relationship with a commercial tobacco company, any of its subsidiaries, or parent company during the term of the contract with the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the contract is grounds for immediate termination.

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### CERTIFICATION

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I, the official named below, hereby swear that I am duly authorized to legally bind the applicant/proposer to the certification selected above. 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.

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Signature

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Date

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Print Name and Title