CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

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

Please check <u>one</u> 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, contractual relationship, or engage in a corporate responsibility with a commercial tobacco, electronic cigarette or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of tobacco and electronic cigarette products, cannabis products, and related industries 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.

☐ **<u>University or College</u>**
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, an affiliation, contractual relationship, or engaged in corporate responsibility activities with a commercial tobacco company, electronic cigarette or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of tobacco and electronic cigarette products, cannabis products, and related industries 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, electronic cigarette or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of tobacco and electronic cigarette products, cannabis products, and related industries 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.

CERTIFICATION

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.

Signature Date

Print Name and Title