CALIFORNIA TOBACCO PREVENTION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

{Legal Name of Grantee}, hereinafter "Grantee"

Implementing {Empowering Rural Communities to End the Tobacco Epidemic}," hereinafter "Project"

GRANT AGREEMENT NUMBER 23-10060

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 (HSC) Section 104385 & Taxation Code Section 30130.55(b)(1).

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to award local projects to reduce tobacco-related health disparities among rural populations through local approaches focused on tobacco use prevention and reduction.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of $300,000.00.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on [April 1, 2024, 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:
Address: MS 7206, P.O. Box 997377	Address:
City, ZIP: Sacramento, 95899-7377	City, ZIP:
Phone:	Phone:
E-mail:	E-mail:

Direct all inquiries to the following representatives:

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

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A, GRANT APPLICATION (Attached)

Exhibit A, ATTACHMENT 1 - GRANTEE'S WRITTEN MODIFICATIONS, this document shall supersede the Grant Application which includes the final Scope of Work and Budget Justification and shall be incorporated by reference or attached hereto.

Note: Once the Grant Agreement has been fully executed, requests for modifications/ changes thereafter to the existing Exhibit A and/or Exhibit A, Attachment 1, do not require a formal amendment but must be agreed to in writing by both parties. The CDPH/Grantee Project Representatives are responsible for keeping records of approved modifications/changes. Such modifications/changes must be made at least 30 days prior to implementation. A formal written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Exhibit B	BUDGET DETAIL AND PAYMENT PROVISIONS (Attached) – the approved grant total shall supersede the proposed budget in the Grant Application.
Exhibit C	STANDARD GRANT CONDITIONS (Attached)
Exhibit D	REQUEST FOR APPLICATION (RFA) <Incorporated link to TCFOR site to be inserted> Including all the requirements and attachments contained therein.
Exhibit E	ADDITIONAL PROVISIONS (Attached)

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 subgrantee's 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, Director
Legal Business Name
Address

_____ _____

Date: _____ _____

Date: _____ _____

Joseph Torrez, 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