

CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

Company/Organization Name

Please check one of the following:

☐ The Primary Agency named above hereby certifies that it will not accept funding from nor have an affiliation or agreement relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the agreement from the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the agreement is grounds for termination.

☐ University/Colleges Only

The Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with (either paid, voluntary, or in-kind) this agreement have not received funding from nor had an affiliation or agreement relationship with a tobacco company, any of its subsidiaries, or parent company within the last five (5) years prior to the start date of the agreement period. In addition, the Principal Investigator of the university or college named above hereby certifies that he/she or any of the investigators associated with this agreement will not accept funding from nor have an affiliation or agreement relationship with a tobacco company, any of its subsidiaries, or parent company during the term of the agreement from the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the agreement is grounds for termination.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the agreement or grant recipient to the above described certification. 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.

Director of Agency or Principal Investigator:

Signature

Date

Print Name and Title