

CALIFORNIA TOBACCO CONTROL PROGRAM

Awarded By
THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”
TO
{Legal Name of Grantee}, hereinafter “Grantee”

Implementing {Statewide Priority Population Coordinating Centers},” hereinafter
“Project”

GRANT AGREEMENT NUMBER 22-10399

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 provide funding to up to five (5) qualified applicants to implement and evaluate evidence-based health promotion and health communication activities designed to reduce tobacco and nicotine use, tobacco-related disease rates, tobacco-related health disparities, and develop a stronger evidence base of effective tobacco use prevention and reduction programs among population groups highly impacted by tobacco use with the goal of reducing tobacco-related disparities.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of \$1,266,667.00 OR \$900,000.00.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on [May 1, 2023 OR April 1, 2024, or upon approval of this grant] and terminates on [June 30, 2026]. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2026.

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, [Branch Title]	Grantee: [Legal Business Name]
Attention:	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 the in the Grant Application.
- Exhibit C STANDARD GRANT CONDITIONS
- 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: _____

Jeannie Galarpe, Chief
Contracts Management Unit
California Department of Public Health
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