American Indian Education Center: Tobacco-Use Prevention Education Program

2019-20 PROGRAM APPLICATION COVER PAGE

Return Application to:		Status of Application:	
Improvement and Accounta California Department of Ed 1430 N Street, Suite 6208 Sacramento, CA 95814-59	ducation	Request fo	or Applications
Program	Date	Amou Summ	nt (from Budget nary)
Start Date	End Date		
Applicant Name			
Legal Status of Agency:	Nonprofit Indian Co	rporation Tr	ibal
Address	City	County	Zip
Certification			
I hereby certify that all appl observed; that to the best of is correct and complete; and conditions for the operation assistance.	of my knowledge, the in d that the attached ass	formation contained urances are accepte	in this application ed as the basic
Signature of Contact Perso	n/Center Director	Date	
Title	Email Address	PI	none Number
Signature of Board or Tribal Person		Date	
Title	Email Address	PI	none Number
California Department of E	ducation		January 2019