

**California Department of Education
Tobacco-Use Prevention Education Program
Youth Engagement to Address Tobacco Related Health Disparities Grant
Grant Term: July 1, 2019–June 30, 2022
Application Cover Page**

Applicant Agency Name:

County/District/School Code:

County:

Mailing Address:

City:

Zip Code:

Contact Person:

Contact Person's Title:

Telephone:

Extension:

Fax Number:

Email Address:

Grade levels to be served by this application (check all that apply):

6

7

8

9

10

11

12

Certification: I hereby certify that I have read, acknowledge, and agree to the terms as stated in the Request for Applications, as well as on all forms contained herein not requiring individual signature. I also certify that I concur with all general and certified program assurances and fiscal reporting requirements.

Signature of District/County Office of Education
Superintendent, Charter Administrator, or
Designee (in blue ink)

Date

Name of Superintendent, Charter Administrator, or Designee

Title (Please state if Designee)
