

**California Department of Education
Tobacco-Use Prevention Education Program
Tobacco-Use Prevention Education Capacity Building Provider Grant
Grant Term: October 1, 2019–June 30, 2022
Application Cover Page**

Applicant Agency Name:

County:

County Code:

Mailing Address:

City:

Zip Code:

Contact Person's Name:

Contact Person's Title:

Telephone Number:

Extension:

Fax Number:

Email Address:

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 County Office of Education
Superintendent or Designee (in blue ink)

Date

Name of Superintendent or Designee:

Title (Please state if Designee):
