

**GRANT AGREEMENT**

CDPH 1229 (12/08)

AGREEMENT NUMBER
REGISTRATION NUMBER:

1. The California Department of Public Health hereby makes a grant award of funds to the Grantee named below:

Grantee's Name \_\_\_\_\_

2. Grant term From _____ through _____	3. Total grant amount \$ _____
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4. Grantee's Project Director		
Name	Telephone number ( )	Address, if different from Grantee's address

5. Grantee's Financial Officer		
Name	Telephone number ( )	Address, if different from Grantee's address

6. The grantee, in accepting this grant award, agrees to comply with the terms and conditions of the following exhibits which are made a part of this grant award by this reference and any applicable statutes or regulations:

\*

\* Item marked with an Asterisk (\*) is incorporated herein as if attached. View at: <http://www.ols.dgs.ca.gov/Standard+Language>.

**In Witness Whereof, this agreement has been executed by the parties hereto.**

**GRANTEE**

Grantee's Name (If other than an individual, state if a corporation, partnership, nonprofit organization, etc.) \_\_\_\_\_

Signed By (Authorized Signature)



Date Signed

Printed Name and Title of Person Signing that has delegated authority to bind the Grantee

Mailing Address

**STATE OF CALIFORNIA**

Agency Name

California Department of Public Health

Signed By (Authorized Signature)



Date Signed

Printed or Stamped Name and Title of Person Signing or their Designee

Sandra Winters, Chief, Contracts and Purchasing Services Section

Address

1501 Capitol Avenue, Suite 71.5178, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377

Exempt from DGS review per AG Opinions

Exempt from DGS review per this authority: