

ATTACHMENTS

Attachment I: Cover Page



Bureau of Tobacco Free Florida State and Community Intervention Grant Application

COVER PAGE & CERTIFICATION

Title of Project:			
Amount of Grant Funds Requested:		County to be Served:	
Applicant Name:			
Title:			
Lead Agency Name:			
Telephone Number & Extension:		Fax Number:	
Email Address:		Federal ID#	
Mailing Address:			

Applicant Organization Type: ☐ School District/University ☐ Public
☐ Non-Profit 501(3)c ☐ Health Care Facility ☐ Private
☐ County Health Department ☐ For-Profit ☐ Other

Official Authorized to Certify Application:			
Name:			
Title:			
Organization Name:			
Telephone Number & Extension:		Fax Number:	
Email Address:			
Mailing Address:			

Please note: The application is for the purpose of applicant selection. Final negotiation of the Work Plan will be completed after grant award.

Certification

By signing below the duly authorized representative certifies that all information, facts and figures are true and correct and that if awarded a grant, the agency will comply with the RFA, the Standard Contract, all applicable State and federal laws, regulations, grant terms and conditions, action transmittals, review guides, and other instructions and procedures for program compliance and fiscal control. The signatory is certifying that these funds will not be used to supplant other resources nor for any other purposes other than the funded program. The organization also agrees to comply with the terms and conditions of the Department as it relates to criminal background screening of the Chief Executive Officer, Executive Director, program director, direct-service staff, volunteers, and others.

Signature & Certification of Authorized Official:	Date:
<hr/> Signature	