

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY
Rec'd _____
By _____

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	
BUDGET UNIT			
Tehama County Health Services Agency	Valerie S. Lucero	(530) 527-8491	40121

TITLE OF GRANT: Tobacco Education Program

GRANTOR AGENCY: California Department of Public Health - California Tobacco Control Program

GRANT OBJECTIVES: Reducing secondhand smoke exposure, reducing access to tobacco products, engaging youth and adults in partnerships to address the social determinants of health

GRANT I.D. NO. _____ Federal Catalog No. _____
 (If Applicable)

GRANT PERIOD: FROM: 7-1-17 TO: 6-30-18 Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____ DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
X		X		4

GRANT FUNDING	FISCAL YEAR: 2017-18	FISCAL YEAR:
FEDERAL	0	
STATE	\$369,105	
OTHER	0	
1. TOTAL GRANT FUNDS	\$369,105	

COUNTY FUNDING		
HARD MATCH (dollars)	0	
SOFT MATCH (In-kind)	0	
22. TOTAL COUNTY MATCH	0	

USE OF FUNDS		
PERSONNEL (attach detail)	\$269,908	
SERVICES	23,296	
EQUIPMENT/SUPPLIES	4,914	
OTHER CHARGES travel/indirect	70,987	
TOTAL FUNDS (must also= 1+2 above)	\$369,105	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO N/A **XX**

METHOD OF PAYMENT OF GRANT FUNDS:

REIMBURSE:	ADVANCE: X
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ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Quarterly

EXPENDITURE DEADLINE: 6-30-2018

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES **XX** NO

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? YES **XX** NO

Use of existing staff, office space and equipment. This is a 1-year contract.

Valerie S. Lucero DEPARTMENT HEAD SIGNATURE 8/30/17 DATE