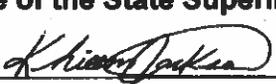
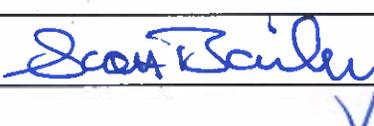


ORIGINAL

Grant Award Notification

GRANTEE NAME AND ADDRESS Scott Bailey, Superintendent Desert Sands Unified School District 47-950 Dune Palms Road La Quinta, CA 92253-4000				CDE GRANT NUMBER				
				FY	PCA	Vendor Number	Suffix	
				19	23297	67058	02	
Attention Scott Bailey, Superintendent				STANDARDIZED ACCOUNT CODE STRUCTURE		COUNTY		
Program Office Larry Bellanich, Program Contact				Resource Code	Revenue Object Code	33		
Telephone 760-238-9770 Ext. 18635				6690	8590	INDEX		
Name of Grant Program Tobacco-Use Prevention Education for Grades Six through Twelve, Cohort K, Tier 2						0590		
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date		
	\$54,575.41		\$54,575.41	1	7/1/19	6/30/20		
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency			
<p>I am pleased to inform you that the Tobacco-Use Prevention Education for Grades Six through Twelve Cohort K, has been amended to extend the end date of the grant to June 30, 2020. The amount of \$54,575.41 listed for this grant award is from fiscal year 2019–20 and represents the final award for this grant. These funds must be expended by June 30, 2020.</p> <p>This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.</p> <p>Please return the <i>original</i>, signed Grant Award Notification (AO-400) within 10 working days to:</p> <p style="text-align: center;">Shalonn Woodard, Fiscal Analyst Tobacco-Use Prevention Education Office California Department of Education 1430 N Street, Room 6408 Sacramento, CA 95814-5901</p>								
California Department of Education Contact				Job Title				
Shalonn Woodard				Fiscal Analyst				
E-mail Address					Telephone			
swoodard@cde.ca.gov					916-319-0197			
Signature of the State Superintendent of Public Instruction or Designee					Date			
					August 2, 2019			
CERTIFICATION OF ACCEPTANCE OF GRANT REQUIREMENTS								
<i>On behalf of the grantee named above, I accept this grant award. I have read the applicable certifications, assurances, terms, and conditions identified on the grant application (for grants with an application process) or in this document or both; and I agree to comply with all requirements as a condition of funding.</i>								
Printed Name of Authorized Agent				Title				
Scott L. Bailey				Superintendent				
E-mail Address					Telephone			
slbailey@desertsands.us					(760) 771-8501			
Signature					Date			
					8/21/2019			