

Grant Award Notification

GRANTEE NAME AND ADDRESS Christi Barrett, Superintendent Hemet Unified School District 1791 West Acacia Avenue Hemet, CA 92545-3297				CDE GRANT NUMBER			
				FY	PCA	Vendor Number	Suffix
				2018	25444	67082	02
Attention Christi Barrett, Superintendent				STANDARDIZED ACCOUNT CODE STRUCTURE			COUNTY
Program Office Valerie Velez, Program Contact				Resource Code	Revenue Object Code		33
Telephone 951-765-5100 Ext. 3509				6695	8590		INDEX
Name of Grant Program Tobacco-Use Prevention Education for Grades Six through Twelve, Cohort M, Tier 2							0590
GRANT DETAILS	Original/Prior Amendments	Amendment Amount	Total	Amend. No.	Award Starting Date	Award Ending Date	
	\$194,479.00		\$194,479.00	1	07/1/18	12/31/20	
CFDA Number	Federal Grant Number	Federal Grant Name			Federal Agency		
<p>This is to inform you due to the COVID-19 pandemic, the Tobacco-Use Prevention Education (TUPE) Office has decided to extend the spending authority for the <i>latest released allocation</i> of the Cohort M, Tier 2 active grants as follow:</p> <p>Funding released in FY2018–19, from Proposition 56-SACS Revenue Code 8590/SACS Resource Code 6695, will be extended to December 31, 2020. The final due date for fiscal and program reporting against the 6 month extension is February 26, 2021.</p> <p>Updated Grant Award Notifications will be sent to impacted grantees to reflect the time extension. Please note that the GAN will reflect the original funding amount; only the dates of the spending authority will be extended.</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 original, signed Grant Award Notification (AO-400) 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			
B. Murchison				May 6, 2020			
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			
Christi Barrett				Superintendent			
E-mail Address				Telephone			
cbarrett@hemetUSD.org				951.765.5100 X1001			
Signature				Date			
B							