



Tobacco Free Project

Community Engagement Agreement Grants

QUALIFICATIONS STATEMENT & COVER SHEET (REQUIRED)

Authorized Representative: The name and contact information of the Executive Director or equivalent authorized to represent the Proposer with respect to all notices, negotiations, discussions and other communications relating to this solicitation, to any further selection process and to any Contract negotiations. *If an organization is applying through a fiscal sponsor, this section would be for the fiscal sponsor.*

Agency/Organization Name: _____

Signature: _____ Title: _____

Name: (print) _____ Email: _____

Address: _____ Phone: _____

501(c)3 number of organization (required): _____

This information is required only for groups implementing grant activities through a fiscal sponsor

Group/organization that will implement grant activities: _____

Name: (print) _____ Email: _____

Address: _____ Phone: _____

PROPOSAL CHECKLIST – make sure you have a complete application by submitting all of the following:

- Signed Qualifications Statement & Cover Sheet (this document)
- Proposal Narrative – no longer than 5 pages, 1.5 spaced
- Budget and Justification

PAST FUNDING – has your organization received Tobacco Free Project funding in the past 5 years?

- Yes
- No

PROPOSAL CATEGORY SELECTED

- Category 1: SHARING INFORMATION
- Category 2: OTHER PROPOSALS



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REQUIRED INITIALS

1. Representation Regarding Good Standing, Licenses, Etc.

A representation that the Proposer is in good standing with the State of California and has all necessary licenses, permits, approvals and authorizations necessary in order to perform the Work and conduct the Proposer's business. **(Please initial the item below, if you agree with this statement.)**

I hereby represent and certify that the above statement is true and correct.

2. Representation Regarding City Contracting Requirements.

A representation that the Proposer is able and willing to comply with all the contracting requirements described in this solicitation (see Contract APPENDICES). **(Please initial the item below, if you agree with this statement.)**

I hereby represent and certify that I or the firm I represent will comply with all applicable Contracting requirements.

I hereby represent and certify that I or the firm I represent will comply with all applicable Insurance requirements
