American Indian Education Center: Tobacco-Use Prevention Education Program

2024-25 PROGRAM APPLICATION COVER PAGE

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The form must be emailed on or before Tuesday, September 10, 2024, no later than 4 pm PST. The complete digitally signed copy of all attached documents as a PDF must be submitted by email to AmericanIndianEducation@cde.ca.gov. The digital copies must be submitted as a continuous PDF document.

that to the best of my knowledge, the information contained in this application is correct and complete; and that the attached assurances are accepted as the basic conditions for the operations of this project/program for local participation and assistance. Signature of Contact Person/Center Director Date Title Email Address Phone Number Signature of Board or Tribal Chairperson Date Title Email Address Phone Number	Program	Date	F	Amount (Budget)	
Legal Status of Agency: Nonprofit Indian Corporation Tribal Address City County Zip Certification I hereby certify that all applicable state and federal rules and regulations will be observed that to the best of my knowledge, the information contained in this application is correct and complete; and that the attached assurances are accepted as the basic conditions for the operations of this project/program for local participation and assistance. Signature of Contact Person/Center Director Date Title Email Address Phone Number Title Email Address Phone Number	Start Date	End Date			
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	Signature of Board or Tribal C	Chairperson	Date		
California Department of Education January 202	Title	Email Address		Phone Number	
	California Department of Educ	cation		January 2024	