COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH CALFRESH HEALTHY LIVING PROGRAM RFP 2019-008

CERTIFICATION OF NON-ACCEPTANCE OF TOBACCO FUNDS

Proposer's/Agency Name:	
The applicant named above hereby certifies to the	ne best of its ability that it does not accept
funds from nor have an affiliation or contractual relationship with a tobacco company, any	
of its subsidiaries or parent company for the direct sale and/or marketing of tobacco	
products.	
I, the Official named below, hereby swear that I am duly authorized legally to bind the Proposer to the above described certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.	
Name:	Title:
Signature (blue ink):	Date of Signature: