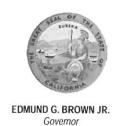


Director and State Health Officer

State of California—Health and Human Services Agency California Department of Public Health



August 17, 2016

TO:

LOCAL LEAD AGENCY (LLA) PROJECT DIRECTORS TOBACCO CONTROL EDUCATION PROGRAMS

FROM:

FINANCIAL AND BUSINESS OPERATIONS SECTION CALIFORNIA TOBACCO CONTROL PROGRAM (CTCP)

SUBJECT:

PROGRAM LETTER 16-02

PROSPECTIVE PAYMENT INVOICES (PPI) for the FIRST AND SECOND

QUARTERS

FUNDING PERIOD: JULY 1, 2016 THROUGH JUNE 30, 2017

Purpose

Release the:

1. First quarter PPI (07/01/16 to 09/30/16)

2. Second quarter PPI (10/01/16 to 12/31/16)

Effective Date

Immediately

Inclusions

- 1. PPI for Prospective Payment Period: 07/01/16 to 09/30/16
- 2. PPI for Prospective Payment Period: 10/01/16 to 12/31/16

Required Action

Ensure the PPIs are (1) printed, (2) signed (by an authorized representative); and (3) dated. Return the PPIs, bearing original signatures, to your assigned CTCP Procurement Manager (PM), at the following address:

USPS Mailing Address:

Attention: "Name of assigned CTCP PM" California Department of Public Health CDIC/California Tobacco Control Program

MS 7206

P. O. Box 997377

Sacramento, CA 95899-7377



LLA Project Director Page 2 August 17, 2016

Additional Information

Please be aware, the processing of your first and second quarter PPIs may be delayed and/or withheld, if there are significant concerns about your comprehensive tobacco control plan for fiscal years (FY) 2014-2017 (Phase II). Significant concerns such as disapproved progress reports, unmet deliverables, and/or unspent funds will be addressed in a separate communication.

As a reminder, per the 2013-2017 Local Lead Agency Allocation Agreement Terms and Conditions, Exhibit B, paragraph 7.A., Trust Account and Expenditure Provisions: The annual allocation to the LLA shall be deposited into an interest-bearing, insured trust account.

Contact Person For Further Information Your assigned CTCP PM.

Date

PROSPECTIVE PAYMENT INVOICE

Complete in Duplicate Original to State. Agency retain one copy

	C	omplete in Dupl	icate. Original	to State. Agency retain one copy.			
1.	440 5th	nito County Street, Rm er, CA 9502	107	r			
2.	Agreem	ent Number	: CTCP-13	3-35			
3.	Prospective Payment Period: 07/01/16 to 09/30/16						
4.	Amount	to be Paid:	\$37,500				
I certify that this prospective allocation will be used in accordance with this local lead agency's (LLA's) approved local plan and budget/budget justification contained in the local plan; and that expenditures will be supportable by proper documentation; and will be used only to pay for expenditures not previously reimbursed under the agreement; and is in compliance with all terms/conditions, laws, and regulations governing its payment.							
Date				Signature of LLA Representative			
-				Title			
FOR STATE USE ONLY							
Amount to be paid from FY 2016-17 allocation				Invoice No.: PPI-F16-Q1			
\$37,500				Vendor No.: 0000009262-35			
Fiscal Year	Index	PCA1	Object Code				
1 6 5	3 4 5	5 1 2 0	1 7 4 1				

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with

Signature of CTCP Representative

all terms/conditions, laws and regulations governing its payment.

PROSPECTIVE PAYMENT INVOICE

Complete in Duplicate. Original to State. Agency retain one copy.

			- T				
1.	440 5th	San Benito County Treasurer 440 5th Street, Rm 107 Hollister, CA 95023					
2.	Agreem	Agreement Number: CTCP-13-35					
3.	Prospec	ctive Paymen	t Period:	10/01/16 to 12/31/16			
4.	Amount	to be Paid:	\$37,500				
app will pre	proved local pla be supportable viously reimbu	n and budget/bud by proper docun	lget justification nentation; and	d in accordance with this local lead agency's (LLA's) in contained in the local plan; and that expenditures will be used only to pay for expenditures not in compliance with all terms/conditions, laws, and			
-	Date			Signature of LLA Representative			
				Title			
F- (3.40		FC	R STATE	USE ONLY			
Amount to be paid from FY 2016-17 allocation				Invoice No.: PPI-F16-Q2			
\$37,500			Vendor No.: 0000009262-35				
Fiscal	Index	PCA1	Object				

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws and regulations governing its payment.

Date	Signature of CTCP Representative