



KAREN L. SMITH, MD, MPH
Director and State Health Officer

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



EDMUND G. BROWN JR.
Governor

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
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**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.

PROSPECTIVE PAYMENT INVOICE*Complete in Duplicate. Original to State. Agency retain one copy.*

1. **San Benito County Treasurer**
440 5th Street, Rm 107
Hollister, CA 95023
2. Agreement Number: **CTCP-13-35**
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
\$37,500

Invoice No.: **PPI-F16-Q1**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 all terms/conditions, laws and regulations governing its payment.

Date_____
Signature of CTCP Representative

PROSPECTIVE PAYMENT INVOICE*Complete in Duplicate. Original to State. Agency retain one copy.*

1. **San Benito County Treasurer**
440 5th Street, Rm 107
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2. Agreement Number: **CTCP-13-35**
3. Prospective Payment Period: **10/01/16 to 12/31/16**
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
\$37,500

Invoice No.: **PPI-F16-Q2**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 all terms/conditions, laws and regulations governing its payment.

Date_____
Signature of CTCP Representative