

**ATTACHMENT**  
**Grant Summary Form**

*This form is available on the County's Intranet.*

County of Siskiyou  
**GRANT SUMMARY FORM**

**GENERAL INFORMATION**

Grant Title				Grant No.(CFDA)	
General Description of Grant Work scope					
Granting Agency    FED    STATE    OTHER			Agency Contact		Phone No.
Responsible Department			Department Contact		Extension No.
Board Approval Date		Application Date		Award Date	Est'd Completion Date

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		
Soft/hard cash match or In kind (<>)		
Staffing		
Contract Services		
Supplies & Other Operating Expenditures		
Capital Outlay		
Indirect Cost@        % of Direct Costs		
TOTAL GRANT COSTS AND REVENUES	\$	\$
How Was Grant Portion Determined?		

Budget Amendment Request Required?	Yes	No	If yes, please attach copy of Budget Appropriation Transfer

Does this grant allow for supplanting?      Yes      No  
Does this grant allow for program income?      Yes      No  
Will this require an advance of grant dollars?      Yes      No

OTHER COMMENTS (note any significant or unusual compliance requirements)


*Use reverse side if necessary to provide additional information*

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*Please attach a copy of the grant guidelines and all supporting documents that relate to the program cost summary section.