## ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

## County of Siskiyou

## **GRANT SUMMARY FORM**

Grant Title			Grant No.(CFDA)
Homeless Housing Assis	stance and Prevention, R	ound 2	
General Description of	Grant Work scope		
This grant program prov	ides funding to expand ac	ctivities to address immedia	te homelessness challenges,
while focusing on moving	g homeless individuals in	to permanent housing.HHS	A, Behavioral Health Division
Will use the funding for t	he development of perma	anent supportive housing as	s part of the No Place Like
Home project.			
Granting Agency FED STATE OTHER		Agency Contact	Phone No.
NorCal Continuum of Care		Keith Anderson	(530)-245-6431
Responsible Department		Department Contact	Extension No.
Health & Human Services Agency		Sarah Collard	841-2761
Board Approval Date	Application Date	Award Date	Est'd Completion Date
2-01-22	6-29-21	8-16-21	6/30/2026
GRANT COST AND RE	EVENUE SUMMARY		
Program Cost Summary		Total	Grant Portion
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Program Cost Summary	lot	:a1	Grant Por	lion
Revenue (Please display with brackets <>)				
Soft/hard cash match or In kind (<>)				
Staffing				
Contract Services		142,234.95		142,234.95
Supplies & Other Operating Expenditures				
Capital Outlay		7		
Indirect Cost@ % of Direct Costs				
TOTAL GRANT COSTS AND REVENUES	\$	142,234.95	\$	142,234.95
How Was Grant Portion Determined?				
The grant portion was determined by the NorCa	Continuum of Ca	are.		G

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

Does this grant allow for supplanting? 🗌 Yes	No 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:\_1-20-22

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