

**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? Appropriation Transfer	Yes	No	If yes, please attach copy of Budget

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: Michelle Line

Date: _____

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