



County of Siskiyou

Notice of Intent (NOI)

Department:	Behavioral Health
Project Manager/Contact No.	Tara Ames 530-841-4160
Department Director/Contact No.	Sarah Collard 530-841-2761
Project Name:	Local Indigent Care Needs Grant
Amount of Grant:	\$ 20,000
Last Updated:	2/3/2022

Project Description:

Behavioral Health plans to contract with a consultant to conduct a community needs assessment to identify how the county and law enforcement can best utilize a forensic case manager position.

Summary:


The Local Indigent Care Needs Program through CMSP seeks to expand the delivery of locally directed indigent care services for low-income uninsured and under-insured adults that lack access to behavioral health services in CMSP counties. The principal goal of the LICN program are to promote timely delivery of necessary behavioral health services to locally identified target populations, link these populations to other community resources, and improve overall health outcomes for these target populations.

Approvals

Prepared by:


Project Manager

Approved by:


Department Director


County Administrator Officer

**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)	
Local Indigent Care Needs Grant			
General Description of Grant Work scope			
BH will utilize grant funds to hire a contracted consultant that will be responsible for organizing stakeholder meetings, conducting community needs assessment, researching evidence-based practices for rural communities, submitting the assessment outcomes, and collaborating with the BH project coordinator for writing the Program Plan and Implementation Plan.			
Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
CMSP Governing Board		Laura Moyer	916-649-2631 ext 110
Responsible Department		Department Contact	Extension No.
Behavioral Health		Sarah Collard	530-841-2761
Board Approval Date	Application Date	Award Date	Est'd Completion Date
	9/26/2021	1/20/2022	1/1/2023

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		
Soft/hard cash match or In kind (<>)		
Staffing	0.00	0.00
Contract Services	20,000.00	20,000.00
Supplies & Other Operating Expenditures	0.00	0.00
Capital Outlay	0.00	0.00
Indirect Cost@ % of Direct Costs	0.00	0.00
TOTAL GRANT COSTS AND REVENUES	\$ 20,000.00	\$ 20,000.00
How Was Grant Portion Determined?		
The grant portion was determined by the CMSP Governing Board.		

Budget Amendment Request Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

Completion of the deliverables allows BH to qualify for the implementation phase funding grant.
10% in-kind matching is through the BH project coordinator.

Use reverse side if necessary to provide additional information

Prepared By: 

Date: 2/3/2022

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