

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)	
Domestic Cannabis Eradication Suppression Program (DCE/SP)		16.858	
General Description of Grant Work scope			
The Sheriff's Office will execute activities related to marijuana eradication and surveillance of marijuana grow sites. We anticipate only incurring costs in overtime and flight time through the remainder of the 21/22 term.			
Granting Agency <input checked="" type="checkbox"/> FED <input type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
US DOJ - DEA San Francisco Division		Michael Moon	NA
Responsible Department		Department Contact	Extension No.
Siskiyou County Sheriff's Office		Courtney Greenley	530-842-8326
Board Approval Date	Application Date	Award Date	Est'd Completion Date
6/14/22	5/17/22	TBA	9/30/22

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	50,000.00	
Soft/hard cash match or In kind (<>)	0.00	0.00
Staffing	0.00	25,575.00
Contract Services	0.00	24,425.00
Supplies & Other Operating Expenditures	0.00	
Capital Outlay	0.00	0.00
Indirect Cost@0 % of Direct Costs	0.00	0.00
TOTAL GRANT COSTS AND REVENUES	\$ 50,000.00	\$ 50,000.00
How Was Grant Portion Determined?		
Lt. Persing calculated the remaining portion of the original award from the DEA in the full amount of \$135,000.00, and the necessary additional funds required to continue the program through September 30th, 2022. These additional funds will reimburse the cost of overtime and aerial reconnaissance contracts.		

Budget Amendment Request Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of Budget Appropriation Transfer
Attached

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)

N/A

Use reverse side if necessary to provide additional information

Prepared By: 

Date: 5/17/22

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