## ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

CalFresh Healthy Living Program (formally SNAP-Ed program)

## County of Siskiyou

## **GRANT SUMMARY FORM**

Grant No.(CFDA)

19-10348

## GENERAL INFORMATION

**Grant Title** 

sistance Program-Education	(SNAP-Ed) allowable		
es and evidence based educa	ation for California's most		
Agency Contact	Phone No.		
Shelly Cater	916-449-5446		
Department Contact	Extension No.		
Shelly Davis	530-841-2140		
Award Date	Est'd Completion Date		
Total	Grant Portion		
	-150,000.00		
	92,691.99		
	28,384.30		
	5,750.71		
	23,173.00		
\$ 0.00	\$ 0.00		
Funding for each county is based on the county's portion of California's total SNAP-Ed eligible population.			
	Agency Contact Shelly Cater Department Contact Shelly Davis Award Date  Total		

Budget Amendment Request Required?  Appropriation Transfer	Yes 🗸 No If	yes, please attach copy of Budget
Does this grant allow for supplanting? Does this grant allow for program income Will this require an advance of grant dollars.	? Yes V N	_
OTHER COMMENTS (note any significant	or unusual compli	ance requirements)
Use reverse side i	necessary to provide	e additional information
Prepared By: 1 27. 22	mit	

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