

**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)	
California Home Visiting Program (CHVP) State General Funds (SGF) 2022-2023			
General Description of Grant Work scope			
Funds will be utilized to increase the number of families participating in the three evidence-based home visiting (EBHV) models supported by CDPH/CHVP: Healthy Families America (HFA), Nurse Family Partnership (NFP), and Parents as Teachers (PAT).			
Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
California Department of Public Health		Jane Troglia	
Responsible Department		Department Contact	Extension No.
Siskiyou County Public Health Division		Shelly Davis	530-841-2140
Board Approval Date	Application Date	Award Date	Est'd Completion Date
		12/23/2022	06/30/2023

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-410,917.00	-410,917.00
Soft/hard cash match or In kind (<>)		
Staffing	304,679.00	304,679.00
Contract Services		
Supplies & Other Operating Expenditures	30,068.00	30,068.00
Capital Outlay		
Indirect Cost@ 25 % of Direct Costs	76,170.00	76,170.00
<b>TOTAL GRANT COSTS AND REVENUES</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
How Was Grant Portion Determined?		
Grant funding amounts were predetermined through the grant agency per county and awarded through an application process.		

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


*Use reverse side if necessary to provide additional information*

Prepared By: Angela Zambiano-Larsen  
Date: 1-9-2023

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