ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou GRANT SUMMARY FORM

GENERAL INFORMATION

Grant Title	nt Title			Grant No.(CFDA)
Childhood Lead Poisonin	g Prevention Program (C	Program (CLPPP) LEAD FY 2023-2026 93.778		
General Description of G	Grant Work scope			
Funds will be utilized to c	reate healthy chiildhood l	ead poisoning prevention	strategi	es for a lead-safe
environment in which all	children of the County of	Siskiyou can achieve their	full pote	ential.
Granting Agency 🖌 FE	D 🖌 STATE 🗌 OTHER	Agency Contact	Pho	one No.
California Department of	Public Health			
Responsible Departmen	it	Department Contact	Exte	ension No.
Siskiyou County Public H	lealth Division	Shelly Davis	530-	-841-2140
Board Approval Date	Application Date	Award Date	Esť	d Completion Date
		08/03/2022	06/3	0/2026

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-201,000.00	-201,000.00
Soft/hard cash match or In kind (<>)		
Staffing	154,854.00	154,854.00
Contract Services		
Supplies & Other Operating Expenditures	7,433.00	7,433.00
Capital Outlay		
Indirect Cost@ 25 % of Direct Costs	38,713.00	38,713.00
TOTAL GRANT COSTS AND REVENUES	\$ 0.00	\$ 0.00
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?	🗌 Yes No	If yes, please attach copy of Budget
Appropriation Transfer		

Does this grant allow for supplanting? 🗌 Yes 🛛 Vo	
Does this grant allow for program income? Yes	No
Will this require an advance of grant dollars? Yes	No No

OTHER COMMENTS (note any significant or unusual compliance requirements)

Use reverse side if necessary to provide additional information

la Bankrano-Fard Prepared By: 3 Date:

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