ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou

GRANT SUMMARY FORM

GENERAL INFORMATION

Grant Title Access to Te	Grant No.(CFDA)					
General Description of Grant Work scope To provide services under the Access to Technology Program (ATT)						
administered by the California Department of Aging.						
0 11 4 55						
Granting Agency FE	D STATE OTHER	Agency Contact	Phone No.			
Department of Aging		Brian T. Carter	(916) 928-4669			
Responsible Departmen	it	Department Contact	Extension No.			
HHSA, Social Services Division		Trish Barbieri	(530) 841-2750			
Board Approval Date Application Date		Award Date	Est'd Completion Date			
	11/16/2022	1/18/2023	December 31, 2024			

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion			
Revenue (Please display with brackets <>)	<\$204,874.00>	<\$204,874.00>			
Soft/hard cash match or In kind (<>)					
Staffing					
Contract Services	\$20,000.00	\$20,000.00			
Supplies & Other Operating Expenditures	\$164,834.00	\$164,834.00			
Capital Outlay					
Indirect Cost@ 10 % of Direct Costs	\$20,040.00	\$20,040.00			
TOTAL GRANT COSTS AND REVENUES	\$	\$			
How Was Grant Portion Determined?					
Grant portion was determined through the parameters of the grant program.					

Budget Amendment Request Required? Appropriation Transfer	Yes	No	If yes, please attach copy of Budget				
Does this grant allow for supplanting?	Yes	No					
Does this grant allow for program incon	ne?	Yes	No				
Will this require an advance of grant do	llars?	Yes	No				
OTHER COMMENTS (note any significant or unusual compliance requirements)							
Use reverse side if necessary to provide additional information							
Prepared By:Joan Hoy, Social Services Division, Project Coordinator							
Date: February 8, 2023							

****Please attach a copy of the grant guidelines and all supporting documents that relate to the

program cost summary section.