

**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) 2023/2024			
General Description of Grant Work scope			
Funding will be utilized to support implementation activities that expand current home visiting services to serve more families in Siskiyou County.			
Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
California Department of Public Health (CDPH)		Erica Rodriguez	
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
		03/24/2023	06/30/2024

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-429,698.00
Soft/hard cash match or In kind (<>)		
Staffing	142,538.00	142,538.00
Contract Services		
Supplies & Other Operating Expenditures	211,800.00	211,800.00
Capital Outlay		
Indirect Cost@ % of Direct Costs	75,360.00	75,360.00
TOTAL GRANT COSTS AND REVENUES	\$ 429,698.00	\$ 0.00
How Was Grant Portion Determined?		
Grant funding was predetermined by CDPH		

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: Jade R. Robertson

Date: 04/06/2023

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