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)	
Victim Witness Assistance Program		
General Description of Grant Work scope		
To provide comprehensive assistance for victims and witnesses of crime and to establish a center to		
handle the trauma experienced by victims and witnesses thereby allowing for faster and more complete		
recovery from the effects of crime victimization in Siskiyou County.		

Granting Agency 🖌 FED 🖌 STATE 🗌 OTHER		Agency Contact	Phone No.	
Cal OES		Aaron Ching	(916)845-8305	
Responsible Department		Department Contact Extension No.		
District Attorney's Office		Cynthia Billingsley	8225	
Board Approval Date	Application Date	Award Date	Est'd Completion Date	
June 6, 2023	March 27, 2023	October 1, 2023	September 30, 2024	
GRANT COST AND RE	VENUE SUMMARY			
Program Cost Summary		Total	Grant Portion	
Revenue (Please display	with brackets <>)		305,744.00	
Soft/hard cash match o	r In kind (<>)			
Staffing		272,975.00		
Contract Services				
Supplies & Other Operating Expenditures		32,769.00		
Capital Outlay				
Indirect Cost@%	of Direct Costs			
TOTAL GRANT COSTS A	ND REVENUES	\$ 305,744.00	\$ 305,744.00	
How Was Grant Portion	Determined?			
Grant portion was deterr	nined by Cal OES, the fu	nding agency. There is no ma	atch required this year.	

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Budget Amendment Request Required?	Yes 🖌 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: Cyni Billingsley Date: 5/18/2023

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

