

**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)	
Healthy Brain Initiative			
General Description of Grant Work scope			
The California Department of Public Health (CDPH) Alzheimer's Disease Program (ADP) will fund local health jurisdictions through a competitive process to promote cognitive health, address cognitive impairment for people living in the community, and help meet caregiver needs through health education.			
Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
CDPH		Maria Gonzales	maria.gonzales@cdph.ca.g
Responsible Department		Department Contact	Extension No.
Siskiyou County Public Health		Shelly Davis	530 841-2140
Board Approval Date	Application Date	Award Date	Est'd Completion Date
	03/15/2023	04/28/2023	06/30/2025

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-580,000.00
Soft/hard cash match or In kind (<>)		
Staffing	350,226.00	350,226.00
Contract Services	126,000.00	126,000.00
Supplies & Other Operating Expenditures	16,217.50	16,217.50
Capital Outlay		
Indirect Cost@ 25 % of Direct Costs	87,556.50	87,556.50
<b>TOTAL GRANT COSTS AND REVENUES</b>	<b>\$ 580,000.00</b>	<b>\$ 0.00</b>
How Was Grant Portion Determined?		
Through competitive application		

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:           Jessica Miller            
Date:           05/04/2023          

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