

**California Department of Public Health
CalFresh Healthy Living
Grantee Information Form**

Organization	This is the information that will appear on your grant agreement cover.	
	Federal Tax ID #	94-6000537 Contract/Grant #
	Name	Siskiyou County Health and Human Services Agency, Public Health Division
	Mailing Address	810 S. Main, Yreka, CA 96097
	Street Address (If Different)	
	County	Siskiyou
	Phone	530-841-2134 Fax 530-841-4094
	Website	www.co.siskiyou.ca.us
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.	
	Name	Ed Valenzuela
	Title	Siskiyou County Board of Supervisors Chair
	<i>If address is the same as above, check this box</i> <input type="checkbox"/>	
	Mailing Address	1312 Fairlane Road, Suite 1, Yreka, CA 96097
	Street Address (If Different)	
	Phone	530-926-1733 Fax
	Email	evalenzuela@co.siskiyou.ca.us
Project Director	The Project Director is responsible for the day-to-day activities of project implementation and seeing that all grant requirements are met. This person will be in contact with State CFHL staff, will receive all programmatic and budgetary information for the project, and will be responsible for the proper dissemination of program information.	
	Name	Diana Smith
	Title	Project Director
	<i>If address is the same as above, check this box</i> <input type="checkbox"/>	
	Mailing Address	810 S. Main Street, Yreka, CA 96097
	Street Address (If Different)	
	Phone	530-841-2161 Fax 530-841-4094
	Email	dsmith@co.siskiyou.ca.us

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	<p>The Fiscal Contact prepares invoices, maintains fiscal documentation, serves as the primary contact for all related questions, and has signature authority for invoices and all fiscal documentation. All payments are sent to the attention of this person at the designated address.</p>	
Fiscal Contact	Name	<u>Dawn Walton</u>
	Title	<u>PH Department Fiscal Officer</u>
	<i>If address is the same as above, check this box</i> <input checked="" type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone	<u>530-841-2184</u> Fax _____
	Email	<u>dwalton@co.siskiyou.ca.us</u>
Other Contact	Contact description: <u>Fiscal Signatory</u>	
	Name	<u>Shelly Davis</u>
	Title	<u>Director, Public Health Division</u>
	<i>If address is the same as above, check this box</i> <input checked="" type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone	<u>530-841-2140</u> Fax _____
Email	<u>sdavis@co.siskiyou.ca.us</u>	