ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou

GRANT SUMMARY FORM

GENERAL INFORMATION Grant Title

Grant Title	Grant No.(CFDA)					
General Description of Grant Work scope						
Granting Agency FED STATE OTHER		Agency Contact	Phone No.			
Responsible Departmen	it	Department Contact	Extension No.			
Board Approval Date	Application Date	Award Date	Est'd Completion Date			
GRANT COST AND REVENUE SUMMARY						
Program Cost Summary		Total	Grant Portion			
Revenue (Please display	with brackets <>)					
Soft/hard cash match or	r In kind (<>)					
Staffing						
Contract Services						
Supplies & Other Operating Expenditures						
Capital Outlay						
Indirect Cost@ %	of Direct Costs					
TOTAL GRANT COSTS AI		\$	\$			
How Was Grant Portion Determined?						

Budget Amendment Requ Appropriation Transfer	uest Required?	Yes	No	If yes, please attach copy of Budget	
Does this grant allow for Does this grant allow for Mill this grant all	or program incon	ne?	No Yes	No No	
Will this require an advance of grant dollars? Yes No OTHER COMMENTS (note any significant or unusual compliance requirements)					
	Use reverse sid	e if necess	sary to pro	vide additional information	
	OSE TEVETSE SIGN	e ij necess	στη το ριο	vide duditional information	
Prepared By:	Diana Smith				
Date:					
****Please attac	h a copy of the gra	ant guide	lines and	all supporting documents that relate to the	

program cost summary section.