

**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 Harm Reduction Initiative			
General Description of Grant Work scope			
The National Harm Reduction Coalition (NHRC) will sub-award funds from the California Department of Public Health Office of AIDS (CDPH-OA) for current California Harm Reductuon Initative recipients to continue work in increase internal capacity, promote racial and health equity, and expand access to harm reduction education and services throughout the county.			
Granting Agency	<input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> OTHER	Agency Contact	Phone No.
CDPH Office of AIDS through NHRC		Laura Guzman	chri@harmreduction.org
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
		05/26/2023	06/30/2025

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-53,801.00
Soft/hard cash match or In kind (<>)		
Staffing	26,142.90	26,142.90
Contract Services		
Supplies & Other Operating Expenditures	22,429.52	22,429.52
Capital Outlay		
Indirect Cost@ 20 % of Direct Costs	5,228.58	5,228.58
<b>TOTAL GRANT COSTS AND REVENUES</b>	\$ 53,801.00	\$ 0.00
How Was Grant Portion Determined?		
Through competitive application		

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:           Jessica Skillen            
Date:           07/13/23          

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