



---

Application ID	899776
Submitted	Jun 22, 2023
Status	Approved
Applicant(s)	Shelly Davis (sdavis@co.siskiyou.ca.us) Nathan Keele (nkeele@co.siskiyou.ca.us)
Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	<a href="#">PATH JI Round 3 Initial Application (Michelle Line)</a>

## Application Information

### Applicant Information

**Organization Name \***

Siskiyou County Health and Human Services Agency-  
Public Health Division

**Name of Application Authorized Representative: \*  
(First and Last)**

Shelly Davis

**Telephone Number of Application Authorized  
Representative \***

5308412140

**Mailing Address of Application Authorized  
Representative \***

810 S Main St Yreka CA 96097

**Other County agency responsible for coordinating and  
providing health services for individuals in  
correctional institutions.**

No answer

**If you are a delegate organization, please upload your  
letter of support.**

See Sherriff Letter of Support- Round 3.pdf

**Number of facilities within county  
for adult jails and youth correctional  
facilities. \***

1

**Most recent publicly available  
source confirming average daily  
population (with attachments  
supporting the number they are  
reporting) \***

**Type of Agency \***

County Sheriff's Offices to support county jails

**Title of Application Authorized Representative \***

Director

**Email of Application Authorized Representative \***

sdavis@co.siskiyou.ca.us

**County \***

Siskiyou

**County Agency \***

Correctional Facility

**average daily population attachments**

See ADP Jan-Jun 2022.pdf

Eligible facility will be required to provide DHCS information on their current state and operational needs in order to be eligible for funds tied to the application approval. If a correctional facility has previously completed a DHCS-technical assistance survey ([available here](#)), they have already met this requirement and do not need to send additional information.

**Please confirm you have submitted your DHCS-technical assistance survey.**

True

## Attestation & Certification

### ATTESTATION & CERTIFICATION

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.
- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this initiative within one business day of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:
- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

**Signature of Authorized Representative: \***

Shelly Davis

**Date of Signature: \***

Jun 22, 2023