ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou

GRANT SUMMARY FORM

Grant No.(CFDA)

GENERAL INFORMATION

County Victim Services (XC) Program

General Description of Grant Work scope

Grant Title

To provide direct victim s	services to victims in Sisk	kiyou County with unmet need	ls and gaps in service	S.
The identified unmet nee	ed and gap is child victim	s of crime within the juvenile	dependency and crimi	nal
justice court systems.				
Granting Agency FED STATE OTHER		Agency Contact	Phone No.	
Cal OES		Anna Gastelum	(916)845-8305	
Responsible Department		Department Contact	Extension No.	
District Attorney's Office		Cynthia Billingsley	8225	
Board Approval Date	Application Date	Award Date	Est'd Completion Date	
		January 1, 2024	December 31, 2024	
GRANT COST AND REVENUE SUMMARY				
Program Cost Summary		Total	Grant Portion	
Revenue (Please display with brackets <>)			136	,847.00
Soft/hard cash match or In kind (<>)				
Jord Hara cash materi				
Staffing		41,611.00		
Contract Services				
Supplies & Other Operating Expenditures		95,236.00		
Supplies & Strict Sperating Experiences				
Capital Outlay				
Indirect Cost@ %	of Direct Costs			
TOTAL GRANT COSTS A	ND REVENUES	\$ 136,847.00	\$ 136	,847.00
How Was Grant Portion	Determined?			
Grant portion was deterr	nined by Cal OES, the fu	inding agency. There is no ma	atch required this year	•

Budget Amendment Request Required? Yes V 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				
Trin tino require an autume of grant actions.				
OTHER COMMENTS (note any significant or unusual compliance requirements)				
The DA is applying for and managing this grant as a sub-recipient, with Youth Empowerment Siskiyou				
(YES) (formerly known as CASA) receiving funding through an MOU, as a grant participant with Operating				
Expenditures. Cal OES has approved a match waiver of 100%, no match is required.				
Use reverse side if necessary to provide additional information				
Prepared By:				
Date				
****Please attach a copy of the grant guidelines and all supporting documents that relate to the				

program cost summary section.