

**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)	
CalAIM PATH Justice-Involved Reentry Initiative-Round 2			
General Description of Grant Work scope			
This funding is an implementation grant to support pre-release Medi-Cal application, enrollment, and suspension processes to justice-involved populations, with an allocation of \$500,000.00 to County of Siskiyou. Public Health is an authorized designee of the Sheriff's Department as the department is responsible for inmate medical at the jail.			
Granting Agency	<input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER	Agency Contact	Phone No.
CA Department of Healthcare Services			
Responsible Department		Department Contact	Extension No.
Public Health Division		Shelly Davis	530-841-2140
Board Approval Date	Application Date	Award Date	Est'd Completion Date
November, 7, 2023	April 17, 2023	July 20, 2023	June 30, 2025

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-500,000.00	-500,000.00
Soft/hard cash match or In kind (<>)	0.00	0.00
Staffing	288,406.85	288,406.85
Contract Services	0.00	0.00
Supplies & Other Operating Expenditures	3,000.00	3,000.00
Capital Outlay	194,172.81	194,172.81
Indirect Cost@ 5 % of Direct Costs	14,420.34	14,420.34
TOTAL GRANT COSTS AND REVENUES	\$ 0.00	\$ 0.00

How Was Grant Portion Determined?

Allocation is based on the number of Correctional Facilities in Siskiyou County.

Budget Amendment Request Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please attach copy of Budget Appropriation Transfer
Per recommended motion authorizing Auditor to establish budget appropriations and set expenditures.	

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

DocuSigned by:

Prepared By: _____
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Date: 09/29/2023

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