

**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) | | | |
| | | | | | | |
| General Description of Grant Work scope | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Granting Agency | | FED | STATE | OTHER | Agency Contact | Phone No. |
| | | | | | | |
| Responsible Department | | | | 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 In kind (<>) | | |
| Staffing | | |
| Contract Services | | |
| Supplies & Other Operating Expenditures | | |
| Capital Outlay | | |
| Indirect Cost@ % of Direct Costs | | |
| TOTAL GRANT COSTS AND REVENUES | \$ | \$ |
| How Was Grant Portion Determined? | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|--|-----|----|--------------------------------------|
| Budget Amendment Request Required? Appropriation Transfer | Yes | No | If yes, please attach copy of Budget |
| | | | |

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)

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| |

Use reverse side if necessary to provide additional information

Prepared By: Maddelyn Bryan

Date: _____

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