

**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)	
Domestic Cannabis Eradication/Suppression Program (DCESP)		16.585	
General Description of Grant Work scope			
DEA will provide reimbursement for approved expenses to the Siskiyou County Sheriff's Office to assist with costs associated to cannabis eradication (ie. overtime related to eradication, supplies, aerial surveillance, etc). Funding period is October 1st, 2023 through September 30th, 2024.			
Granting Agency <input checked="" type="checkbox"/> FED <input type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
US DOJ - DEA, San Fransisco Division		Michael Moon	571-387-2852
Responsible Department		Department Contact	Extension No.
Siskiyou County Sheriff's Office		Courtney Greenley	530-842-8326
Board Approval Date	Application Date	Award Date	Est'd Completion Date
TBD	8/14/23	TBA	9/30/24

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-348,300.00	
Soft/hard cash match or In kind (<>)		
Staffing	70,000.00	
Contract Services	230,000.00	
Supplies & Other Operating Expenditures	48,300.00	
Capital Outlay		
Indirect Cost@ <sup>0</sup> % of Direct Costs		
<b>TOTAL GRANT COSTS AND REVENUES</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
How Was Grant Portion Determined?		
We estimated overtime based on former grant years and the possibility of a larger future team. Other requests for reimbursement will cover aerial reconnaissance for operations, overhead mapping of environmental changes, misc supplies, State suggested PPE, and testing of seized product.		

Budget Amendment Request Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 

Date 8/24/23

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