
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 V No

## OTHER COMMENTS (note any significant or unusual compliance requirements)

Use reverse side if necessary to provide additional information

July ODA Prepared By: Date:

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

## 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)	
California Overdose Prevention and Harm Reduction Initiative				
General Description of	Grant Work scope			
Siskiyou County Health	and Human Services- Pub	lic Health Division will utilize	grant funding to increase	
internal capacity, suppor	t core harm reduction serv	vices, and expand overdose	prevention access and	
education to ultimately re	educe the incidence of fata	al and nonfatal overdoses w	ithin the county.	
Granting Agency FE	D STATE OTHER	Agency Contact	Phone No.	
The Center at Sierra Health Foundation		mcurtis@sierrahealth.org	916-928-8527	
Responsible Department		Department Contact	Extension No.	
HHSA - Public Health Division		Shelly Davis	530.841.2140	
Board Approval Date	Application Date	Award Date	Est'd Completion Date	
	02/27/2024	02/27/2024	06/30/2027	
CRANT COST AND DE		-		

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-630,000.00
Soft/hard cash match or In kind (<>)		
Staffing	512,487.00	512,487.00
Contract Services		
Supplies & Other Operating Expenditures	54,534.00	54,534.00
Capital Outlay		
Indirect Cost@ 10 % of Direct Costs	62,979.00	62,979.00
TOTAL GRANT COSTS AND REVENUES	\$ 630,000.00	\$ 0.00
How Was Grant Portion Determined?		
Award was determined by the state by allocation	formula	