

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 Home Visiting Program (CHVP) State General Funds (SGF) 2024-25 | | | |
| General Description of Grant Work scope | | | |
| Funding will be utilized to continue implementation activities that support current home visiting services and support efforts to serve more families in Siskiyou County. | | | |
| | | | |
| Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER | | Agency Contact | Phone No. |
| California Department of Public Health (CDPH) | | | |
| Responsible Department | | Department Contact | Extension No. |
| Siskiyou County Public Health Division | | Shelly Davis | 530-841-2140 |
| Board Approval Date | Application Date | Award Date | Est'd Completion Date |
| | | 03/11/2024 | 06/30/2025 |

GRANT COST AND REVENUE SUMMARY

| Program Cost Summary | Total | Grant Portion |
|---|----------------------|----------------|
| Revenue (Please display with brackets <>) | | -429,697.00 |
| Soft/hard cash match or In kind (<>) | | |
| Staffing | 163,500.00 | 163,500.00 |
| Contract Services | | |
| Supplies & Other Operating Expenditures | 190,837.00 | 190,837.00 |
| Capital Outlay | | |
| Indirect Cost@ % of Direct Costs | 75,360.00 | 75,360.00 |
| TOTAL GRANT COSTS AND REVENUES | \$ 429,697.00 | \$ 0.00 |
| How Was Grant Portion Determined? | | |
| Grant funding was predetermined by CDPH. | | |
| | | |
| | | |
| | | |

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|--|---|
| 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)

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Use reverse side if necessary to provide additional information

Prepared By: Jade R. Robertson

Date: 04/04/2024

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