

**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) | |
| Northern California Coalition to Safeguard Communities (NCCSC) | | | |
| General Description of Grant Work scope | | | |
| NCCSC is comprised of Northern CA Counties impacted by Drug Trafficking Organizations (DTO) who work collaboratively to support safety strategies, reduce criminal activity realted to DTO operations, share resources, increase personnel assigned, and misc equipment and or services through private funding. | | | |
| Granting Agency <input type="checkbox"/> FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> OTHER | | Agency Contact | Phone No. |
| Center to Combat Human Trafficking | | | |
| Responsible Department | | Department Contact | Extension No. |
| Sheriff | | Courtney Greenley | 8326 |
| Board Approval Date | Application Date | Award Date | Est'd Completion Date |
| EST 6/18/24 | 5/6/24 | EST July 1, 2024 | June 30, 2025 |

GRANT COST AND REVENUE SUMMARY

| Program Cost Summary | Total | Grant Portion |
|---|---------|---------------|
| Revenue (Please display with brackets <>) | | -299,998.00 |
| Soft/hard cash match or In kind (<>) | 0.00 | 0.00 |
| Staffing | 0.00 | 217,958.00 |
| Contract Services | 0.00 | 72,300.00 |
| Supplies & Other Operating Expenditures | 0.00 | 9,740.00 |
| Capital Outlay | 0.00 | 0.00 |
| Indirect Cost@ 0 % of Direct Costs | 0.00 | 0.00 |
| TOTAL GRANT COSTS AND REVENUES | \$ 0.00 | \$ 0.00 |
| How Was Grant Portion Determined? | | |
| The Sheriff has identified desired outcomes of additional personnel and the feasibility to hire timely, the equipment needs of such positions, and the immediate influence made by having materials circulating in public areas that victims can utilize. We feel this will launch a program we can continue to develop over time for the communities benefit. All positions report to the Sheriff. | | |

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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 |
| Once awarded, a transfer will be sent to the Auditor-Controller to establish 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: Candace J. Mulvey
Date: 5/16/24

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