

**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)	
Project Empowerment			
General Description of Grant Work scope			
Project Empowerment supports the strategic planning and implementation of innovative and culturally responsive programs that reduce health inequities, HIV related stigma, medical mistrust, and barriers to HIV prevention, care, and treatment services. Through trauma-informed care and effective approaches, projects will advance community health and wellness.			
Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
CDPH Office of Aids			
Responsible Department		Department Contact	Extension No.
Public Health Division		Bryan Wheeler	2130
Board Approval Date	Application Date	Award Date	Est'd Completion Date
	06/06/2024	07/10/2024	

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-600,000.00	-600,000.00
Soft/hard cash match or In kind (<>)		
Staffing	452,734.00	452,734.00
Contract Services		
Supplies & Other Operating Expenditures	34,082.00	34,082.00
Capital Outlay		
Indirect Cost@ 25 % of Direct Costs	113,184.00	113,184.00
<b>TOTAL GRANT COSTS AND REVENUES</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
How Was Grant Portion Determined?		
Grant award was determined through a competitive application process.		




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

Per recommended motion authorizing Auditor to establish budget appropriations and set expenditures.

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: 7/18/2024

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

