ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou

GRANT SUMMARY FORM

Grant No.(CFDA)

GENERAL INFORMATION

Victim Witness Assistance Program

Grant Title

General Description of Grant Work scope					
To provide comprehensive assistance for victims and witnesses of crime and to establish a center to					
handle trauma experienced by victims and witnesses thereby allowing for faster and more complete					
recovery from the effects of crime victimization in Siskiyou County.					
Granting Agency FED STATE OTHER		Agency Contact	Phone No.		
Cal OES		Aaron Ching	(916) 845-8303		
Responsible Department		Department Contact	Extension No.		
District Attorney's Office		Cynthia Billingsley	(530)842-8225		
Board Approval Date	Application Date	Award Date	Est'd Completion Date		
September 3, 2024	July 15, 2024	October 1, 2024	September 30,	2025	
GRANT COST AND REVENUE SUMMARY					
Program Cost Summary		Total	Grant Por		
Revenue (Please display with brackets <>)			,	313,605.00	
Soft/hard cash match or In kind (<>)					
Staffing		250,545.00			
Contract Services					
Supplies & Other Operating Expenditures		63,060.00			
Capital Outlay					
Indirect Cost@ %	of Direct Costs			# ·	
		\$ 313,605.00	\$	313,605.00	
How Was Grant Portion Determined?					
Grant portion was determined by Cal OES, the funding agency. There is no match required this year.					
	· · ·				

Budget Amendment Required? Yes 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: Cy Biolingsley
Date: 8(12)2024

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