## 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)			
General Description of 0	Grant Work scope			
<del> </del>				
Granting Agoncy FE	D STATE OTHER	Agency Contact	Phone No.	
Granting Agency FED STATE OTHER		Agency Contact	PHONE NO.	
Responsible Departmer	nt	Department Contact	Extension No.	
Board Approval Date	Application Date	Award Date	Est'd Completion Date	
GRANT COST AND RE				
Program Cost Summary		Total	Grant Portion	
Revenue (Please display	/ with brackets <>)			
Soft/hard cash match o	r In kind (<>)			
Staffing				
Contract Services				
Supplies & Other Operating Expenditures				
Capital Outlay				
Indirect Cost@ %	of Direct Costs			
TOTAL GRANT COSTS A	ND REVENUES	\$	\$	
How Was Grant Portion	Determined?			

Budget Amendment Request Required? Appropriation Transfer	Yes	No	If yes, please attach copy of Budget		
Does this grant allow for supplanting?	Yes	No			
Does this grant allow for program incom	No				
Will this require an advance of grant do		Yes	No		
OTHER COMMENTS (note any significant or unusual compliance requirements)					
Use reverse side if necessary to provide additional information					
Prepared By: Maddelyn Bryan					
Deter					
Date:					
****Please attach a copy of the gra	ınt guide	elines and	all supporting documents that relate to the		

program cost summary section.