

**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)	
Medication-Assisted Treatment (MAT)			
General Description of Grant Work scope			
Siskiyou County Public Health/Correctional Health Services in collaboration with Modoc County will utilize funds to enhance the current activities being completed by the MAT Expansion grant. Funds with support dedicated staff including nursing and counseling, allow collaboration with Modoc County, and data collection and evaluation to see program outcomes.			
Granting Agency	<input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER	Agency Contact	Phone No.
Board of State and and Community Corrections		Timothy Polasik	916-621-2853
Responsible Department		Department Contact	Extension No.
HHSA - Public Health Division		Shelly Davis	530-841-2140
Board Approval Date	Application Date	Award Date	Est'd Completion Date
	02/16/2024	4/22/2024	12/31/2027

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-2,455,652.00
Soft/hard cash match or In kind (<=>)		
Staffing	682,500.00	682,500.00
Contract Services	25,000.00	25,000.00
Supplies & Other Operating Expenditures	1,524,911.00	1,524,911.00
Capital Outlay		
Indirect Cost@ 10 % of Direct Costs	223,241.00	223,241.00
TOTAL GRANT COSTS AND REVENUES	\$ 2,455,652.00	\$ 0.00
How Was Grant Portion Determined?		
Award was determined by amount needed to completed grant activities. As a collaborative Siskiyou County was awarded \$1,250,000 and Modoc County \$1,205,652. All funds will be funneled through Siskiyou County.		

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)

Use reverse side if necessary to provide additional information

Prepared By: 

Date: 4/24/24

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