

County of Siskiyou

Notice of Intent (NOI)

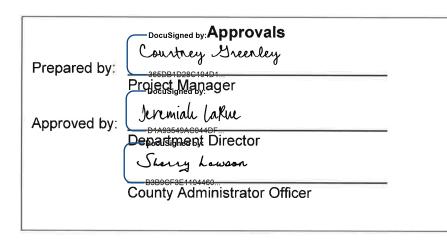
Department:	Sheriff
Project Manager/Contact No.	Courtney Greenley, ASM 530-842-8326
Department Director/Contact No.	Jeremiah LaRue, Sheriff-Coroner 530-842-8310
Project Name:	Domestic Cannabis Eradication/Suppression Program (DCESP)
Amount of Grant:	\$ 141,000.00
Last Updated:	1/8/25

Project Description:

The Siskiyou County Sheriff's Office is requesting grant funding from US DOJ - Drug Enforcement Administration (DEA) for reimbursement of cannabis eradication costs related to aerial reconnaissance, overtime, supplies and or protective gear.

Summary:

This agreement is from October 1, 2024 through September 30th, 2025. Please ratify our application and approve the Sheriff' Office to continue application steps for formal approval by the County.



ATTACHMENT Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou

GRANT SUMMARY FORM

GENERAL INFORMATION

GENERALE IN ORIGINAL	1011		
Grant Title			Grant No.(CFDA)
Domestic Cannabis Eradication/Suppression Program (DCESP)			16.585
General Description of	Grant Work scope		
DEA will provide reimbu	rsement for approved exp	enses to the Siskiyou Cou	nty Sheriff's Office to assist
with costs associated to	cannabis eradication (ie.	overtime related to eradica	ition, supplies, aerial
surveillance, etc). Fundi	ng period is October 1st, 2	2024 through September 3	0th, 2025.
Granting Agency FE	D STATE OTHER	Agency Contact	Phone No.
US DOJ - DEA, San Fransisco Division		Michael Moon	571-387-2852
Responsible Department		Department Contact	Extension No.
Siskiyou County Sheriff's Office		Courtney Greenley	530-842-8326
Board Approval Date	Application Date	Award Date	Est'd Completion Date
TBD	8/23/24	1/8/25	9/30/25
GRANT COST AND RE	VENUE SUMMARY		
Program Cost Summary	/	Total	Grant Portion

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-141,000.00	
Soft/hard cash match or In kind (<>)		
Staffing	25,000.00	
Contract Services	103,000.00	
Supplies & Other Operating Expenditures	13,000.00	
Capital Outlay		
Indirect Cost@ 0 % of Direct Costs		
TOTAL GRANT COSTS AND REVENUES	\$ 0.00	\$ 0.00

How Was Grant Portion Determined?

We estimated overtime based on former grant years and the possibility of a larger future team. Other requests for reimbursement will cover aerial reconnaissance for operations, PPE and supplies, operational textiles, and electronic mapping devices.

program cost summary section.

Budget Amendment Request 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: Courtney K. Greenley
Date 1/8/25

****Please attach a copy of the grant guidelines and all supporting documents that relate to the