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)
Domestic Cannabis Eradication/Suppression Program (DCESP)	16.585

General Description of Grant Work scope
DEA will provide reimbursement for approved expenses to the Siskiyou County Sheriff's Office to assist
with costs associated to cannabis eradication (ie. overtime related to eradication, supplies, aerial
surveillance, etc). Funding period is October 1st, 2025 through September 30th, 2026.

Granting Agency ☑FED ☐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
EST 12/2/25	9/5/25	TBA	9/30/26

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-138,000.00	
Soft/hard cash match or In kind (<>)		
Staffing	30,000.00	
Contract Services	95,000.00	
Supplies & Other Operating Expenditures	8,000.00	
Capital Outlay	5,000.00	
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 a team almost doubled in size from a yea ago. Our
requests for reimbursement will cover aerial reconnaissance for operations, PPE and supplies, operational
textiles, and electronic mapping devices.

Budget Amendment Request Required? ☑ Yes ☐ No   If yes, please attach copy of Budget Appropriation Transfer
The Sheriff's Office will submit a budget transfer to the Auditor following BOS approval and formal award.

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 10/10/25

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