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)
Healthy Brain Initiative R			
General Description of	Grant Work scope		
The HBI Road Map Strat	egist grant will provide tr	aining and technical support	to train one part-time
HBI Road Map Stategist	to advance population he	ealth approaches related to o	lementia and provide local
leadership in integrating	brain health,dementia,or	caregiving into organization	and community activities
for sustained action.			
Granting Agency FED STATE OTHER		Agency Contact	Phone No.
Alzheimer's Association			
Responsible Department		Department Contact	Extension No.
Public Health Division		Shelly Davis	530-841-2140
Board Approval Date	Application Date	Award Date	Est'd Completion Date
GRANT COST AND RE	VENUE SUMMARY		VA =
Program Cost Summary		Total	Grant Portion
Revenue (Please display with brackets <>)		-50,000.00	-50,000.00
Soft/hard cash match or	r In kind (<>)		

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-50,000.00	-50,000.00
Soft/hard cash match or In kind (<>)		
Staffing	50,000.00	50,000.00
Contract Services		
Supplies & Other Operating Expenditures	25	
Capital Outlay		
Indirect Cost@ % of Direct Costs	0.00	
TOTAL GRANT COSTS AND REVENUES	\$ 0.00	\$ 0.00
How Was Grant Portion Determined?		
Grant has no indirect costs or continuation cos	ts. Staffing minimum 20% FTE.	
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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)					
Funds may not be used for lobbying or equipment purchases.					
Prepared By: 10-28-2025					
Date: 10-28-2025					

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