

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) | |
| State General Fund Innovation 3.0 Project | | | |
| General Description of Grant Work scope | | | |
| Funding will be utilized to strengthen system coordination and expand access to early identification, referral, and support services for families across Siskiyou County. | | | |
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| | | | |
| Granting Agency <input type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER | Agency Contact | Phone No. | |
| California Department of Public Health (CDPH) | | | |
| Responsible Department | Department Contact | Extension No. | |
| Siskiyou County Public Health Division | Shelly Davis | 530-841-2140 | |
| Board Approval Date | Application Date | Award Date | Est'd Completion Date |
| | 10/21/2025 | July 1, 2026 | June 30, 2029 |

GRANT COST AND REVENUE SUMMARY

| Program Cost Summary | Total | Grant Portion |
|---|------------------------|----------------|
| Revenue (Please display with brackets <>) | | -1,648,815.00 |
| Soft/hard cash match or In kind (<>) | | |
| Staffing | 1,108,740.00 | 1,108,740.00 |
| Contract Services | 75,000.00 | 75,000.00 |
| Supplies & Other Operating Expenditures | 187,890.00 | 187,890.00 |
| Capital Outlay | | |
| Indirect Cost@ 25 % of Direct Costs | 277,185.00 | 277,185.00 |
| TOTAL GRANT COSTS AND REVENUES | \$ 1,648,815.00 | \$ 0.00 |
| How Was Grant Portion Determined? | | |
| The total was developed based on the anticipated staffing, operational, and programmatic needs required to fully implement the proposed three-year CHVP SGF Innovation 3.0 Project. | | |
| Estimated annual budget of \$549,605. | | |
| | | |

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|---|
| 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)

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Use reverse side if necessary to provide additional information

Prepared By: Jade R. Robertson
 Date: 10/21/2025

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