

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)	
California Home Visiting Program (CHVP) State General Fund (SGF) 2026-2029			
General Description of Grant Work scope			
Funding will be utilized to continue implementation activities that support current home visiting services and support efforts to serve more families in Siskiyou County.			
Granting Agency ☐ FED ☒ STATE ☐ OTHER	Agency Contact	Phone No.	
California Department of Public Health (CDPH)	MCAH Division	(916) 650-0300	
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
	05/29/2026	07/01/2026	06/30/2029

GRANT COST AND REVENUE SUMMARY

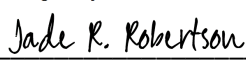
Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		-1,289,091.00
Soft/hard cash match or In kind (<>)		
Staffing	910,809.00	910,809.00
Contract Services		
Supplies & Other Operating Expenditures	150,582.00	150,582.00
Capital Outlay		
Indirect Cost@ 25 % of Direct Costs	227,700.00	227,700.00
TOTAL GRANT COSTS AND REVENUES	\$ 1,289,091.00	\$ 0.00
How Was Grant Portion Determined?		
Grant funding was predetermined by CDPH. The annual allocation for Siskiyou County will be \$429,697 for 2026-2029.		

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: Jade Robertson Signed by:
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 Date: 05/14/2026

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