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)
Northern California Coalition to Safeguard Communities (NCCSC)			
General Description of Grant Work scope			
NCCSC is comprised of Northern CA Counties impacted by Drug Trafficking Organizations (DTO) who work collaboratively to support safety strategies, reduce criminal activity realted to DTO operations, share resources, increase personnel assigned, and misc equipment and or services through private funding. The Sheriff's Office has submitted a five (5) year application and plan for program execution (26/27-30/31).			
Granting Agency ☐FED ☐STATE ☑OTHER		Agency Contact	Phone No.
Center to Combat Human Trafficking		Ashley Smith	707-268-3624
Responsible Department		Department Contact	Extension No.
Sheriff		Courtney Greenley	8326
Board Approval Date	Application Date	Award Date	Est'd Completion Date
EST 7/14/26	2/23/26	EST 8/1/2026	7/31/31

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)	-3,942,729.00	
Soft/hard cash match or In kind (<>)	0.00	0.00
Staffing	3,487,248.00	3,487,248.00
Contract Services	147,650.00	147,650.00
Supplies & Other Operating Expenditures/Travel	145,650.00	145,650.00
Capital Outlay	146,000.00	146,000.00
Indirect Cost@ 15 % of Direct Costs	16,181.00	16,181.00
TOTAL GRANT COSTS AND REVENUES	$ 0.00	$ 3,942,729.00

How Was Grant Portion Determined?

The Sheriff has identified desired outcomes of additional personnel and the feasibility to hire timely, the equipment needs of such positions, and the immediate influence made by having materials circulating in public areas that victims can utilize. We feel this will launch a program we can continue to develop over time for the communities benefit. All positions report to the Sheriff.

Budget Amendment Request Required? ☑ Yes ☐ No If yes, please attach copy of Budget Appropriation Transfer
Once awarded, a transfer will be sent to the Auditor-Controller to establish budget as needed.

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: Cynthia Gutierrez

Date: 4/25/24

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