

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd By: _____

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
Division of Animal Services	Christine McClintock	(530) 527-3439	2078

TITLE OF GRANT The McConnell Fund 2025

GRANTOR AGENCY The McConnell Fund of The Community Foundation of the North State

GRANT OBJECTIVES For the purchase of durable equipment or building-related projects. To build better communities through philanthropy.

GRANT I.D. NO. _____

GRANT PERIOD From: Grant receipt To: 12 months

Federal Catalog # (if applicable): N/A

Applicable Code and/or Legislative Reference: N/A

DATE APPLICATION APPROVED BY BOARD: 06/24/25

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: 6/24/25

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
	X			

GRANT FUNDING	Fiscal Year: 2025/26	Fiscal Year:
FEDERAL		
STATE		
OTHER	\$50,000.00	
1. TOTAL GRANT FUNDS	\$50,000.00	

COUNTY FUNDING		
HARD MATCH (dollars)		
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH	\$0.00	

USE OF FUNDS		
PERSONNEL (attach detail)		
SERVICES/SUPPLIES		
EQUIPMENT/VEHICLE	\$50,000.00	
OTHER CHARGES		
TOTAL FUNDS (must also = 1+2 above)	\$50,000.00	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes ☐ No **X**

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse ☐ Advance **X**

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: After July 1, 2025

EXPENDITURE DEADLINE: 6/30/26

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes ☐ No **X**

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes ☐ No **X**

_____ N/A

Vanessa Swafford
DEPARTMENT HEAD SIGNATURE

6/12/2025
DATE

Form A-135 (Rev 8-21-07)