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
TCHSA: Behavioral Health	Natalie Shepard	(530) 527-8491 ext. 3026	

TITLE OF GRANT: Proposition 36

GRANTOR AGENCY: Sierra Health Foundation: Center for Health Program Management ("The Center")

GRANT OBJECTIVES: Deliver 75 non-Medi-Cal reimbursable behavioral health evaluations for Prop 36 clients by March 2028. Coordinate treatment placement and engagement for Prop 36 clients who are not covered by Medi-Cal or commercial insurance. Track and report treatment progress and completion outcomes for all Prop 36 clients quarterly.

GRANT I.D. NO.: #25-50425

Federal Catalog No. *(If Applicable)*: _____

GRANT PERIOD: FROM: 3/1/26 TO: 3/31/28

Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
	X			2 years, 1 month

GRANT FUNDING	FISCAL YEAR:	FISCAL YEAR:
FEDERAL	See attached for FY Cycle	
STATE	$330,282.54	
OTHER		
1. TOTAL GRANT FUNDS	**$330,282.54**	

COUNTY FUNDING		
HARD MATCH (dollars)		
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH	**$41,254.75 (opioid settlement funds)**	

USE OF FUNDS		
PERSONNEL (attach detail)	**$205,875.54**	
SERVICES/SUPPLIES	**$99,703.00**	
EQUIPMENT		
OTHER CHARGES	**$24,705 (indirect costs)**	
TOTAL FUNDS (must also= 1+2 above)	$371,537.29	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES X NO

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE: X

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: As soon as contract is executed and insurance requirements are met.

EXPENDITURE DEADLINE: 3/31/2028

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO X

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER YES NO X

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) _____

Michelle Dodds 7/9/26

DEPARTMENT HEAD SIGNATURE DATE

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

	Year 1 FY ending 6/30/26	Year 2 FY ending 6/30/27	Year 3 FY ending 6/30/28 (Spend ends 3/31/28)	Total All Years
Personnel and Benefits	$30,693	$100,104	$75,078	**$205,875**
Operating	$12,651	$50,280	$36,772	**$99,703**
Subcontracts	$0	$0	$0	**$0**
Total Direct Costs	**$43,344**	**$150,384**	**$111,850**	**$305,578**
Indirect Costs	$3,683	$12,012	$9,009	$24,705
Total Expenses	**$47,027**	**$162,397**	**$120,859**	**$330,282.54**