

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
Tehama County Health Services Agency:	Behavioral Health Division	Jayne Bottke	(530) 527-8491

TITLE OF GRANT Providing Access and Transferring Health (PATH) Justice Involved Round 3

GRANTOR AGENCY Department of Health Care Services

GRANT OBJECTIVES Capacity building funds to support the Justice-Involved Reentry Initiative to support the planning and implementation of pre-release and reentry services in the 90 days prior to an individual's release into the community.

GRANT I.D. NO. 1480494 Federal Catalog No. _____
(If Applicable)

GRANT PERIOD: FROM: 7/1/25 TO: 6/30/26 Applicable Code and/or _____
Legislative Reference: _____

DATE APPLICATION DATE BOARD ACCEPTED _____
APPROVED BY BOARD: _____ FUNDS OR APPROVED _____
CONTRACT: _____

IS GRANT RENEWABLE?
(Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
	X			

GRANT FUNDING

FISCAL YEAR: 2025-2026

FISCAL YEAR:

FEDERAL		
STATE	\$839,484.00	
OTHER		
1. TOTAL GRANT FUNDS	\$839,484.00	

COUNTY FUNDING

HARD MATCH (dollars)		
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH	\$0	

USE OF FUNDS

PERSONNEL (attach detail)	\$628,618.41	
SERVICES/SUPPLIES		
EQUIPMENT	\$210,865.59	
OTHER CHARGES		
TOTAL FUNDS (must also= 1+2 above)	\$839,484.00	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO X

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

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: _____

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 YES NO X

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

Jayne Bottke 12-16-25
DEPARTMENT HEAD SIGNATURE DATE