

Grant Award Claim Form Instructions

Information provided in the Grant Award Claim Form shall reflect the grantee's budgeted amounts as stated in their approved Budget Worksheet.

The information listed below shall be included in the grantee's Grant Award Claim Form.

A. Costs

1. Personnel

- **Total personnel expenditures for county staff and contract staff.** [Line titled: "Personnel"]

2. Evaluation

- **Identify grant expenditures associated with collecting and reporting "process," "encounter based" and "local" evaluation information required by this grant.** [Line titled: "Evaluation"]

3. Direct

- **Identify direct costs associated with this grant.** [Line titled: "Direct"]

4. Indirect

- **Identify indirect costs associated with this grant.** [Line titled: "Indirect"]

5. Administration Expenditures

- **Identify costs for administration.** [Line titled: "Administration"]

6. Subtotal

- **Add Personnel, Evaluation, Direct, Indirect, and Administration Costs.** [Line titled: "Subtotal"]

7. Expected Revenues

- **Identify revenue received from Medi-Cal (FFP only) or other sources.** [Line titled: "Expected Revenues"]

8. Total

- **Subtract Expected Revenues from Subtotal.** [Line titled: "Total (Sub-total minus Expected Revenues)"]

B. Total Allowable Costs

- **Identify total allowable costs. This amount should match your total from above and reflect the “Total Grant Funding Requested” from the approved Budget Worksheet [Line titled: “Total Allowable Costs”]**

C. Certification

- **Signature of county Mental Health or Behavioral Health Director or designated representative to certify all costs reflected on the Grant Award Claim Form are correct and in accordance with the grant provisions, and that the funds were expended or obligated during the project year. Please use blue ink. Also print contact person’s name and phone number. [Section titled “FOR GRANTEE’S USE]**

Please submit a hard copy of the Grant Award Claim Form with a wet signature in blue ink to:

**MHSOAC – Triage Unit
1325 J Street, Suite 1700
Sacramento, CA 95814**