



Application ID	990840
Submitted	Not submitted
Status	Draft
Applicant(s)	Carol Ulloa (culloa@co.shasta.ca.us) 2684 Radio Lane Redding, CA, 96001, US 5302456082
Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	PATH JI Round 3 Initial Application

Application Information

Applicant Information

Organization Name *

Shasta County Probation Department

Name of Application Authorized Representative: *
(First and Last)

Carol Ulloa

Telephone Number of Application Authorized Representative *

(530) 245-6082

Mailing Address of Application Authorized Representative *2684 Radio Lane
Redding, CA 96001**Other County agency responsible for coordinating and providing health services for individuals in correctional institutions.**Shasta County Health and Human Services Agency,
Shasta County Sheriff's Department, and Shasta
Community Health**If you are a delegate organization, please upload your letter of support.**

No file uploaded

Type of Agency *

County Probation Offices to support youth correctional facilities

Title of Application Authorized Representative *

Division Director

Email of Application Authorized Representative *

culloa@co.shasta.ca.us

County *

Shasta

County Agency *

Correctional Facility

Number of facilities within county for adult jails and youth correctional facilities. *

2

average daily population attachments

No file uploaded

Most recent publicly available source confirming average daily population (with attachments

supporting the number they are reporting) *

no answer

Eligible facility will be required to provide DHCS information on their current state and operational needs in order to be eligible for funds tied to the application approval. If a correctional facility has previously completed a DHCS-technical assistance survey (**available [here](#)**), they have already met this requirement and do not need to send additional information.

Please confirm you have submitted your DHCS-technical assistance survey.

True

Attestation & Certification

ATTESTATION & CERTIFICATION

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.
- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this initiative within one business day of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:
- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

Signature of Authorized Representative: *

Carol j Ulloa

Date of Signature: *

Jul 27, 2023