

## Collin County Grant Summary Form

<b>Department Name/Number:</b> Auditor		Submit completed form along with one <u>original</u> copy of the grant application and supporting documentation to the Auditor's Office not less than 15 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at <b>(972) 548-4638</b> .
<b>Contact Person:</b> Janna Caponera		
<b>Title:</b> State Criminal Alien Assistance Program (SCAAP)	<b>Phone:</b> 4638	

### Grant Description

<b>Grant Title:</b> SCAAP 2013		<b>Funding Source:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Grant Type:</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Continuation <input type="checkbox"/> Amendment	
<b>Grantor:</b> U.S. Department of Justice		<b>Payment Method:</b> <input type="checkbox"/> Cost Reimbursement <input checked="" type="checkbox"/> Other:	<b>Award Type:</b> <input checked="" type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
<b>Application Deadline:</b> 05/13/2013	<b>Court Agenda Date:</b> 05/06/2013	<b>Award Date:</b> unknown	<b>Project Start Date:</b> unknown	<b>Project End Date:</b> unknown

**Purpose:**

This application is submitted annually through the Bureau of Justice Assistance (BJA) Grants Management System (GMS). The funding is calculated using a formula that provides a relative share of funding to jurisdictions that apply and is based on the number of eligible criminal aliens, as determined by Department of Homeland Security (DHS). SCAAP funding is restricted for correctional purposes only. Collin County has received: \$ 102,223 FY 2012; \$277,682 FY 2011; \$410,922.00 FY 2010 application; \$461,705.00 FY 2009 application;

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	<u>Total</u>
Personnel						
Operating						
Capital Equipment						
Indirect Costs						
Total						
FTEs						

Performance Measures  Applicable Outcome Measures	FY 2013 Progress to Date				FY 2014 Projected
	Q1	Q2	Q3	Q4	

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any policies and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- Grant Summary Form
- Memo of request to Commissioner Court for acceptance and approval
- An electronic copy of the original, completed, signed Application
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

Completed by:  _____ Janna Caponera Department Head/Designee Printed Name	_____ Department Head/Designee Signature & Date
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