

Collin County Grant Summary Form

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| Department Name Teen Court | | Submit completed form along with one <u>electronic copy</u> of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638 . |
| Contact Person (Grant Liaison) Julie Monge | | |
| Title Teen Court Coordinator | Phone/ Extension x4654 | |

| Grant Description | | |
|---|--|--|
| Grant Title and Funding Year FY 2015 Juvenile Justice and Delinquency Prevention | Funding Source State Federal <input type="checkbox"/> Other: . | Application Type New Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment |
| Grantor (include sub-granting agencies) Office of the Governor, Criminal Justice Division | Payment Method Cost Reimbursement <input type="checkbox"/> Other: . | |
| Application/Award Deadline February 28, 2014 | Requested Comm. Court Date February 17, 2014 | Grant Period September 1, 2014 to August 31, 2015 |

Brief Description

Early identification and diagnosis of teens with substance abuse and mental health disorders to provide treatment access, thus improving behavioral outcomes and preventing further involvement with the justice system.

| Grant Categories / Funding Source | Federal Funds | State Funds | Local Funds | County Match | In-Kind | Total |
|-----------------------------------|---------------|-------------|-------------|--------------|---------|----------|
| Personnel | | | | | | |
| Operating | \$38,800 | | | | | \$38,800 |
| Capital Equipment | | | | | | |
| Indirect Costs | | | | | | |
| Total | \$38,800 | | | | | \$38,800 |
| FTEs | | | | | | |

| Performance Measures Applicable Outcome Measures | FY 2013 Progress to Date | | | | FY 2014 Projected |
|--|--------------------------|----|----|----|-------------------|
| | Q1 | Q2 | Q3 | Q4 | |
| Evaluate all Teen Court participants using MAYSI-2 screening tool | | | | | |
| Provide initial substance abuse/mental health evaluation for 20 participants | | | | | |
| Provide 1-hour weekly out-patient treatment for 20 participants for 10 weeks | | | | | |
| Provide monthly drug testing for 20 participants during 3-month program | | | | | |

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 application/award acceptance and approval
- An electronic copy of the original, completed Application/Award
- Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

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|---|-----------|------|
| Completed by: | | |
| Type name here | | |
| Department Head / Designee Printed Name | Signature | Date |