

## Collin County Grant Summary Form

<b>Department Name</b> Collin County Juvenile Probation Services		Submit completed form along with one electronic copy 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.
<b>Contact Person (Grant Liaison)</b> Lynn Hadnot		
<b>Title</b> Deputy Director	<b>Phone / Extension</b> x6470	

Grant Description		
<b>Grant Title and Funding Year</b> Juvenile Drug Courts, FY 2016	<b>Funding Source</b> <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Application Type</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies)</b> Office of the Governor (OOG), Criminal Justice Division (CJD)	<b>Payment Method</b> <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
<b>Application/Award Deadline</b> February 27, 2015	<b>Requested Comm. Court</b> February 9, 2015	<b>Grant Period</b> September 1, 2015 to August 31, 2016

**Brief Description**  
Provide in- and out-patient substance abuse treatment services for juvenild SOAR Program participants

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating	\$ 100,020.00					\$ 100,020.00
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	<b>\$ 100,020.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 100,020.00</b>
# of FTEs						<b>0</b>

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Increase program capacity by 100%					
Achieve graduation/program completion rate ≥ 70%					
Demonstrate re-offense rate ≤ 20% for program graduates 6 months post-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 polices 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
- Electronic copy of the original, completed application/award
- Approval to apply Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by: Lynn Hadnot		
Department Head / Designee Printed Name	Signature	Date

## Grant Resource-Benefit Summary

<input type="checkbox"/> Preliminary
<input type="checkbox"/> Final

<b>Grant Title</b> Juvenile Drug Courts, FY 2016		<b>Contact Person (Grant Liaison)</b> Lynn Hadnot	
<b>Grant Period</b> September 1, 2015 to August 31, 2016		<b>Phone / Ext</b> x6470	<b>Department</b> Collin County Juvenile Probation Services

### COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ -	
<input checked="" type="checkbox"/> No Match Required		

Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input checked="" type="checkbox"/> No Implem / Start-up Costs		

Operational / Maintenance	Amount	Description
1) Recurring Maintenance		
2) Salary / Benefits		
3) Continuing Ed / Training		
4) Office / Program Space		
5) Travel		
6) Other:		
<input checked="" type="checkbox"/> No Oper / Maintenance Costs		

### NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		

### Benefits to County and Citizens

<p>\$100,020 to provide in- and/or out-patient substance abuse treatment for juvenile SOAR Program participants</p>
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