

## Collin County Grant Summary Form

<b>Department Name</b> Sheriff's Office		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> Mark Sanderson		
<b>Title</b> Major	<b>Phone / Extension</b> x - 5109	

Grant Description		
<b>Grant Title and Funding Year</b> ICAC Supplement No. 1 (2013-MC-FX-K036)	<b>Funding Source</b>	<b>Application Type</b>
<b>Grantor (include sub-granting agencies)</b>  City of Dallas	<input type="checkbox"/> State	<input type="checkbox"/> New Grant
	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Amendment
	<b>Payment Method</b>	
	<input checked="" type="checkbox"/> Cost Reimbursement	<input type="checkbox"/> Other:
<b>Application/Award Deadline</b>	<b>Requested Comm. Court</b> February 23, 2015	<b>Grant Period</b> June 30, 2014 to June 30, 2015

**Brief Description**  
This is a supplemental agreement to the original grant (2013-MC-FX-K036) extending the grant period through June 30, 2015 and increasing the funds provided by \$18,000.00. Total funding through the life of the grant would be \$33,000.00

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating	\$ 18,000.00					\$ 18,000.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ 18,000.00	\$ -	\$ -	\$ -	\$ -	\$ 18,000.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
N/A					

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
- 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: <i>Mark Sanderson</i>		2-12-15
Department Head / Designee Printed Name	Signature	Date

## Grant Resource-Benefit Summary

<b>Grant Title</b> ICAC Supplement No. 1 (2013-MC-FX-K036)		<b>Contact Person (Grant Liaison)</b> Mark Sanderson	
<b>Grant Period</b> June 30, 2014 to June 30, 2015		<b>Phone / Ext</b> x - 5109	<b>Department</b> Sheriff's Office

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

### 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		

### Benefits to County and Citizens

### NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		