

Collin County Grant Summary Form

Department Name 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.
Contact Person (Grant Liaison) Scotty Morrison		
Title Lieutenant	Phone / Extension x - 5123	

Grant Description		
Grant Title and Funding Year DEA Task Force	Funding Source <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	Application Type <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies) Drug Enforcement Administration	Payment Method	
	<input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline September 30, 2015	Requested Comm. Court August 3, 2015	Grant Period October 1, 2015 to September 30, 2016

Brief Description
Collin County Sheriff's Office continued participation in DEA Task Force, to include reimbursement of employee overtime expenses.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating	\$17,548.00					\$ 17,548.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ 17,548.00	\$ -	\$ -	\$ -	\$ -	\$ 17,548.00
# 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: Major Mark Sanderson		Date 7-20-15
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Preliminary
 Final

Grant Title DEA Task Force	Contact Person (Grant Liaison) Scotty Morrison
Grant Period October 1, 2015 to September 30, 2016	Phone / Ext x - 5123
	Department Sheriff's Office

COUNTY RESOURCES REQUIRED

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

Implementation / Start Up

	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input 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 type="checkbox"/> No Oper / Maintenance Costs		

NON-COUNTY RESOURCES REQUIRED

	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens