

## 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> Scotty Morrison		
<b>Title</b> Major	<b>Phone / Extension</b> x - 5109	

Grant Description		
<b>Grant Title and Funding Year</b> DEA Task Force	<b>Funding Source</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Application Type</b> <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies)</b> Drug Enforcement Administration	<b>Payment Method</b> <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
<b>Application/Award Deadline</b> September 30, 2016	<b>Requested Comm. Court</b> August 8, 2016	<b>Grant Period</b> October 1, 2016 to September 30, 2017

**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	\$17,753.00					\$ 17,753.00
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	<b>\$ 17,753.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,753.00</b>
# 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

<b>Completed by:</b> Major Scotty Morrison		7-19-16
Department Head / Designee Printed Name	Signature	Date

# Grant Resource-Benefit Summary

Preliminary  
 Final

<b>Grant Title</b> DEA Task Force	<b>Contact Person (Grant Liaison)</b> Scotty Morrison
<b>Grant Period</b> October 1, 2016 to September 30, 2017	<b>Phone / Ext</b> x - 5109
	<b>Department</b> Sheriff's Office

**COUNTY RESOURCES REQUIRED**

	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**

	Amount	Identify Match Source
1) Voluntary / Donation		

**Benefits to County and Citizens**