**Collin County Grant Summary Form** 

		ounty Ora	- · · · ·			
Department Name	Submit completed form along with one electronic copy of the					
Collin County Juvenile Probati	grant application and all supporting documentation to the					
<b>Contact Person (Grant Liais</b>	Auditor's Office not less than 14 days prior to the scheduled					
Lynn Hadnot			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion	contact Janna	Caponera at (97	2) 546-4636.	
Director	x6470					
		Grant De	scription			
Grant Title and Funding Yea	ır		•	Source	Applica	tion Type
Specialty Court Program, FY 2019			✓ State	,	✓ New Gra	
Grantor (include sub-granting agencies)			Federal Renewal			
Office of the Governor (OOG), Criminal Justice Division (CJE						
Since of the Covernor (Coo), Criminal dustice Division			Payment Method			One
			✓ Cost Reimbursement ☐ Other:			
Application/Award Deadline	Paguastad Ca	mm Court	Grant Period	iburserrierit	U Other.	
	Requested Comm. Court February 5, 2018					24 2040
February 20, 2018	rebluary	7 5, 2016	Septembe	r 1, 2018 to	August	. 31, 2019
<b>Brief Description</b> Provide in-patient and out-pati				"		
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total
Funding Sources				Match	Match	•
Personnel						\$ -
Operating	\$ 50,000.00					\$ 50,000.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -	\$ 50,000.00
# of FTEs						0
						T
Performance Meas			Current FY Progress to Date			Next FY
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
Achieve graduation/program c 70%	ompletion rate ≥					
Demonstrate re-offense rate ≤	20% for					
program graduates 6 months p	oost-program					
Assess 20 juveniles for program eligibility						
Provide counseling / treatment for 10 program						
participants	1 0					
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple  Grant Summary Form Memo of request to Cor Electronic copy of the o Approval to apply Court All attachments, back-u	nds awarded to the ated agencies or ase find enclosed mmissioner Courriginal, completed Order (for award	ne County unde agents, as well d the following in t for application/ d application/aw d only)	r this grant, and as those of the tems for initial re award acceptar ard	will adhere to a County, and its eview:	ny polices and financial and a	procedures set
Commission by:						
Completed by:						
Lynn Hadnot  Department Head / Designee Printer	d Name	Signature			Date	
■ Department Head / Designee Pfinter	u mailie	oignature			Dale	

## **Grant Resource-Benefit Summary**

Grant Title Specialty Court Program, FY 2019			Contact Person	(Grant Liaison)	☐ Preliminary		
			Lynn Hadnot		☐ Final		
Grant Period			Phone / Ext	Department			
September 1, 2018 to	August 31	I, 2019	x6470	Collin County Juvenile Probation Services			
COUNTY RESOURCES REQUIR	<b>ED</b> Amount	Identify I	Match Source	Benefits to County and Citizens			
1) Cash	\$ -			\$50,000 to provide out-patient substance about SOAR Program participants	use treatment for juvenile		
2) In-Kind	\$ -			oor at the second participants			
☑ No Match Required							
Implementation / Start Up	Amount	Des	scription				
1) Equipment							
2) Training							
3) Inter-departmental / Other:							
☑ No Implem / Start-up Costs							
Operational / Maintenance	Amount	Des	scription				
1) Recurring Maintenance							
2) Salary / Benefits							
3) Continuing Ed / Training							
4) Office / Program Space							
5) Travel							
6) Other:							
☑ No Oper / Maintenance Costs							
NON-COUNTY RESOURCES RE	QUIRED						

Identify Match Source

Amount

Match

1) Voluntary / Donation