Collin County Grant Summary Form

	0011111	bounty Ora	nt Gannina						
Department Name	Submit completed form along with one electronic copy of the								
Auditor 3001			grant application and all supporting documentation to the						
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled						
Kathy Nagel			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.						
Title	Phone / Exten	sion	contact Janna	Caponera at (97	2) 548-4638.				
Auditor 3001	972-548-4646								
		Grant De	scription						
Grant Title and Funding Year Funding Source Application Type									
Victim Information Notification Everyday			✓ State						
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal						
Office of Attorney General			Other: Amendment						
Office of Attorney General						ii t			
			Payment Method ☐ Cost Reimbursement ☐ Other:						
4 1: 4: 44 15 11:	la			ibursement	U Other:				
Application/Award Deadline	Requested Co		Grant Period	4 0047		04 0040			
	February	19, 2018	Septembe	r 1, 2017 to	August	31, 2018			
Brief Description									
Requesting approval to enter in									
Texas Statewide Automated Vi									
31, 2018 in the amount of \$28,									
statewide system that will provi	ide relevant offe	nder release inf	ormation, notific	ation of relevant	t court settings of	or events,			
promote public safety and supp	oort the rights of	victims of crime	e. The OAG will	pay Appriss, Inc	c. directly for ex	penses related			
to services delivered to Collin C	County by the ve	endor to provide	certain SAVNS		in County.				
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total			
Funding Sources	- Cacrair and	Clato i ando	Local Fallac	Match	Match				
Personnel						\$ -			
Operating		\$ 28,546.78				\$ 28,546.78			
Capital Equipment						\$ -			
Indirect Costs						\$ -			
Total	\$ -	\$ 28,546.78	\$ -	\$ -	\$ -	\$ 28,546.78			
# of FTEs						0			
Performance Meas	ures		Current FY Pr	ogress to Date		Next FY			
Applicable Outcome Mo	easures	Q1	Q2 Q3 Q4		Q4	Projected			
T. D				1.7					
The Department named above									
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				1					
	o documentation	or amendments	s to be submitte	d to the Grantor					
Completed by:						ı			
Completed by.									
Department Head / Designed Printed	I Nome	Signature			Data				

Grant Resource-Benefit Summary

Grant Title Victim Information Notification Everyday			Contact Person	(Grant Liaison)	☐ Preliminary
			Kathy Nagel		☐ Final
Grant Period			Phone / Ext	Department	
September 1, 2017 to August 31, 2018		972-548-4646	Auditor 3001		
COUNTY RESOURCES REQUIR	ED				
Match	Amount	Identify I	Match Source	Benefits to County and Citizens	
1) Cash	\$ -			The purpose of the OAG SAVNS grar counties in a statewide system that w	
2) In-Kind	\$ -			information, notification of relevant co safety and support the rights of victim	ourt setting or events, promote public
☐ No Match Required				salety and support the rights of victim	s or crime.
Implementation / Start Up	Amount	De	scription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	De	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