

## Collin County Grant Summary Form

<b>Department Name</b> Development Services		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> Misty Brown		
<b>Title</b> Development Services Mgr	<b>Phone / Extension</b> x5593	

Grant Description		
<b>Grant Title and Funding Year</b> Shelter Operations	<b>Funding Source</b> <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other: Private	<b>Application Type</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies)</b> PetSmart Charities	<b>Payment Method</b> <input type="checkbox"/> Cost Reimbursement <input checked="" type="checkbox"/> Other: Advance	
<b>Application/Award Deadline</b> March 28, 2018	<b>Requested Comm. Court</b> April 9, 2018	<b>Grant Period</b> to

**Brief Description**  
Funding for medical / surgical improvements for animal shelter to include purchase of bench top autoclave, portable floor stand surgical light, and v-top surgical table

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating			\$ 12,500.00			\$ 12,500.00
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	\$ -	\$ -	\$ 12,500.00	\$ -	\$ -	\$ 12,500.00
<b># of FTEs</b>						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Acquire new autoclave, surgical light and table for animal shelter					

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:		
_____	_____	_____
Department Head / Designee Printed Name	Signature	Date

## Grant Resource-Benefit Summary

<b>Grant Title</b> Shelter Operations	<b>Contact Person (Grant Liaison)</b> Misty Brown	
<b>Grant Period</b> January 0, 1900 to January 0, 1900	<b>Phone / Ext</b> x5593	<b>Department</b> Development Services

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

### COUNTY RESOURCES REQUIRED

#### Match

	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 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

#### Match

	Amount	Identify Match Source
1) Voluntary / Donation		

#### Benefits to County and Citizens

\$12,500 to purchase autoclave, surgical table, and surgical light to improve animal shelter veterinary care