Collin County Grant Summary Form

-	Commit	Journey Gra	III Sullillia				
Department Name		Submit completed form along with one electronic copy of the					
Contact Person (Grant Liaison)			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.				
Title	Phone / Exten	sion					
Director	x6470						
		Grant De	scription				
Grant Title and Funding Yea	ar		Funding	Source	Applica	ation Type	
Specialty Court Program, FY 2020			✓ State ✓ New Grant			nt	
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal				
Office of the Governor (OOG), Criminal Justice Division (CJ			☐ Other: ☐ Amendment				
			Payment Method				
		✓ Cost Reim	bursement	Other:			
Application/Award Deadline	Poguested Co	mm Court	Grant Period	burscriterit	□ Otrier.		
February 28, 2019	Requested Comm. Court January 28, 2019					t 31, 2020	
	January	26, 2019	Septembe	11,2019 (Augusi	131, 2020	
Brief Description Provide in-patient and out-pat				wile COAD Day		4-	
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total	
Funding Sources	r cacrair ands	State i unus	Local Fullus	Match	Match		
Personnel						\$ -	
Operating	\$ 50,000.00					\$ 50,000.00	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ 50,000.00	\$ -	\$ -	\$ -	\$ -	\$ 50,000.00	
# of FTEs						0	
						•	
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome N	/leasures	Q1	Q2	Q3	Q4	Projected	
Achieve graduation/program o	completion rate ≥						
Demonstrate re-offense rate ≤	≤ 20% for						
program graduates 6 months	post-program						
Provide counseling / treatment for 10 program participants							
The Department named above for the management of any fur forth by the Grantor and its redepartments. To that end, please Grant Summary Form Memo of request to Co Electronic copy of the Capproval to apply Count All attachments, back-uncompleted by:	nds awarded to the lated agencies or ease find enclose mmissioner Courbriginal, complete to Order (for award	ne County under agents, as well d the following i t for application, d application/awd 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	
Lynn Hadnot							
Department Head / Designee Printe	nd Name	Signature			Date		

Grant Resource-Benefit Summary

Grant Title Specialty Court Program, FY 2020			Contact Person	☐ Preliminary	
			Lynn Hadnot		☐ Final
Grant Period			Phone / Ext	Department	
September 1, 2019 to	August 31, 2020		x6470	Collin County Juvenile Probation Services	
COUNTY RESOURCES REQUIR	ED Amount	Identify N	latch Source	Benefits to County and Citizens	
1) Cash	\$ -			\$50,000 to provide out-patient substance ab SOAR Program participants	use treatment for juvenile
2) In-Kind	\$ -				
☑ No Match Required					
Implementation / Start Up	Amount	Des	cription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☑ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
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