Collin County Grant Summary Form

<u> </u>	Collill	Journey Gra	ini Summa	<i></i>				
Department Name				ted form along w				
Sheriff's Office		on and all suppor on not less than 14						
Contact Person (Grant Lia								
Tami McCullough	Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638 .							
Title	Phone / Extens	sion			_, 0.0 .000.			
Captain	5209							
		Grant De	escription					
Grant Title and Funding Ye	ear		Funding	ation Type				
Law Enforcement Mental He	☐ State		✓ New Grant					
Grantor (include sub-grant	✓ Federal		Renewal					
Department of Justice Comr	Other:		☐ Amendment					
= ====================================			Payment Method					
		✓ Cost Reimbursement ☐ Other:						
Application/Award Deadlin	Paguastad Co	mm Court	Grant Period	ibar 30 mont	U Other.			
April 24, 2024	· ·			October 1, 2024 to September 30, 2026				
Brief Description	April 13	5, 2024	October	1, 2024	Septemi	Jei 30, 2020		
The Collin County Sheriff's C								
critical incidents. To minimiz								
Support Program (PSP) com								
non-sworn, and civilian) and								
after a traumatic incident. The Program, not to replace it.	ie PSP is meant to	be used in cond	ert with the curr	ent Collin County	y Employee As	sistance		
					ابد الأندما			
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total		
Personnel					IVIALCIT	\$ -		
Operating	\$ 71,740.00					\$ 71,740.00		
*	φ /1,/40.00					\$ 71,740.00		
Capital Equipment								
Indirect Costs	2 74 742 22	•		•		\$ -		
Total	\$ 71,740.00	\$ -	\$ -	\$ -	\$ -	\$ 71,740.00		
# of FTEs						0		
Performance Me	2011800		Current EV Dr	rogrado to Doto		Next FY		
		0.4	Current FY Progress to Date					
Applicable Outcome		Q1	Q2	Q3	Q4	Projected		
Provide serivices to Collin C	ounty Sheriff							
Officers/families.								
			<u> </u>			<u> </u>		
The Department named abo								
for the management of any f								
forth by the Grantor and its r					nancial and ad	ministrative		
departments. To that end, p		i the following it	erns for initial re	view:				
				_				
✓ Memo of request to C				nce and approval				
Electronic copy of the			rard					
			s to he submitte	d to the Grantor				
	-up uocumentation		s to be sublititle	u to the Grantol				
Completed by:								
Sheriff Jim Skinner								
Department Head / Designee Prin	ited Name	Signature			Date			

Grant Resource-Benefit Summary

Grant Title				Contact Person	7	Prelimina	
Law Enforcement Mental Health and Wellness Grant				Tami McCullough	1		Final
Grant Period				Phone / Ext	Department		
October 1, 2024 to	0	September 30, 2026		5209	Sheriff's Office		
COUNTY RESOURCES REQUI		Amount	Identify I	Match Source	Benefits to County and Citizens		
1) Cash	\$	-			Grant does not require a match. It's a two y \$35,345.00Second year: \$36,395.00 Total:		
2) In-Kind	\$	-			, , , , , , , , , , , , , , , , , , , ,	, ,	•
☑ No Match Required							
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 Cost	ts						
NON-COUNTY RESOURCES R	EQUIR	RED					

Identify Match Source

Amount

Match

1) Voluntary / Donation