

## Collin County Grant Summary Form

|  |                                  |  |
|--|----------------------------------|--|
| <b>Department Name</b><br>Collin County Juvenile Probation |                                  | Submit completed form along with one <u>electronic copy</u> 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 <b>(972) 548-4638</b> . |
| <b>Contact Person (Grant Liaison)</b><br>Pam Huffman       |                                  |  |
| <b>Title</b><br>Director                                   | <b>Phone/ Extension</b><br>x6470 |  |

| Grant Description   |  |  |
|---|--|--|
| <b>Grant Title and Funding Year</b><br>FY 2015 Juvenile Accountability Block Grant                  | <b>Funding Source</b><br><input type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: . | <b>Application Type</b><br>New Grant<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> Amendment |
| <b>Grantor (include sub-granting agencies)</b><br>Office of the Governor, Criminal Justice Division | <b>Payment Method</b><br>Cost Reimbursement <input type="checkbox"/> Other: .  |  |
| <b>Application/Award Deadline</b><br>January 31, 2014   | <b>Requested Comm. Court Date</b><br>January 27, 2013  | <b>Grant Period</b><br>September 1, 2014      to      August 31, 2015  |

**Brief Description**  
Support previously increased program capacity by funding necessary drug and alcohol testing for juvenile drug court participants

| Grant Categories / Funding Source | Federal Funds | State Funds | Local Funds | County Match | In-Kind | Total       |
|-----------------------------------|---------------|-------------|-------------|--------------|---------|-------------|
| Personnel                         |               |             |             |              |         |             |
| Operating                         | \$14,729      |             |             | \$1,636.55   |         | \$16,365.55 |
| Capital Equipment                 |               |             |             |              |         |             |
| Indirect Costs                    |               |             |             |              |         |             |
| <b>Total</b>                      | \$14,729      |             |             | \$1,636.55   |         | \$16,365.55 |
| FTEs                              |               |             |             |              |         |             |

| Performance Measures<br>Applicable Outcome Measures                               | FY 2013 Progress to Date |    |    |    | FY 2014 Projected |
|---|--------------------------|----|----|----|-------------------|
|   | Q1                       | Q2 | Q3 | Q4 |                   |
| Maintain increase in the number of program participants from previous year grants |                          |    |    |    |                   |
| Number of drug and/or alcohol screens provided for drug court participants        |                          |    |    |    |                   |
|   |                          |    |    |    |                   |
|   |                          |    |    |    |                   |

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
- An electronic copy of the original, completed Application/Award
- Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

|   |           |      |
|---|-----------|------|
| Completed by:<br>Pam Huffman            |           |      |
| Department Head / Designee Printed Name | Signature | Date |