# **Collin County Grant Summary Form**

•			Submit complet	ted form along v	vith one electror	ic copy of the
Department Name Auditor 3001 Contact Person (Grant Liaison) Kathy Nagel			grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled			
				e / Extensi	ion	contact Janna Caponera at <b>(972) 548-4638</b> .
Auditor 3001 972-54	48-4646					
		Grant De	scription			
Grant Title and Funding Year			-	Source	Applicat	ion Type
Victim Information Notification Everyda	ay		✓ State		New Grant	
Grantor (include sub-granting agen	cies)				Renewal	
Office of Attorney General	-		Other:		Amendme	nt
			Payment Method			
			Cost Reimbursement		Other:	
Application/Award Deadline Reque	ested Com	nm. Court	Grant Period			
September 30, 2016 S	eptember	12, 2016	September	r 1, 2016 to	August 3	31, 2017
Brief Description						
Requesting approval to enter into a gra	ant contra	ct with The Off	ice of the Attorn	ey General (OA	G) and Collin C	ounty for the
Texas Statewide Automated Victim No						
31, 2017 in the amount of \$27,715.32.	. The pur	pose of the OA	AG SAVNS gran	t program is to r	maintain Texas	counties in a
statewide system that will provide relevant	vant offen	der release inf	ormation, notific	ation of relevant	t court settings of	or events,
promote public safety and support the	rights of v	ictims of crime	e. The OAG will	pay Appriss, In	c. directly for ex	penses related
to services delivered to Collin County b	by the ven	dor to provide	certain SAVNS		in County.	
Grant Categories / Federa	al Funds	State Funds	Local Funds	County	In-Kind	Total
Funding Sources			2000. 1 0.100	Match	Match	
Personnel		• • • • • • • • •				\$ -
Operating		\$ 27,715.32				\$ 27,715.32
Capital Equipment						\$-
Indirect Costs						\$ -
Total \$	- 9	\$ 27,715.32	\$-	\$-	\$-	\$ 27,715.32
# of FTEs						0
Performance Measures		Current FY Progress to Date		_	Next FY	
Applicable Outcome Measures	S	Q1	Q2	Q3	Q4	Projected

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 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 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

## **Grant Resource-Benefit Summary**

1	Grant Title			Contact Person	(Grant Liaison)	
1	Victim Information Notification Everyday		Kathy Nagel	Kathy Nagel		
(	Grant Period			Phone / Ext	Department	
	September 1, 2016	to	August 31, 2017	972-548-4646	Auditor 3001	

Preliminary
Final

### COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source	Benefits to County and (
1) Cash	\$-		The purpose of the OAG s counties in a statewide sy
2) In-Kind	\$ -		information, notification of
□ No Match Required			safety and support the rig
Implementation / Start Up	Amount	Description	
1) Equipment			
2) Training			
3) Inter-departmental / Other:			
□ 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:			
No Oper / Maintenance Costs			

#### NON-COUNTY RESOURCES REQUIRED

м	atc	h
	uiu	

1) Voluntary / Donation

Amount	Identify Match Source

### Citizens

SAVNS grant program is to maintain Texas ystem that will provide relevant offender release f relevant court setting or events, promote public hts of victims of crime.