**Collin County Grant Summary Form** 

	9011111	Journey Ore	ant Guinna			5
Department Name				ted form along w		
Homeland Security				on and all suppor		
Contact Person (Grant Liaiso	on)			not less than 14		
Jason Lane				Court meeting. Caponera at (97)		questions
Title	Phone / Extens	sion	- Contact Janna	Caponera at (37)	2) 540-4030.	
Assistant EMC	x4708					
	1	Grant Do	escription			
Grant Title and Funding Year		Orant Di		g Source	Applies	ition Type
UASI DFWA Regular, FY16			□ State	g oource	✓ New Gra	
Grantor (include sub-granting	a cachoica)		☐ State ☐ Federal			IIL
Office of the Governor (OOG),	/	ity Cronto			Renewal	
Division (HSGD)	rioineland Secui	ity Grants	☐ Other:		☐ Amendm	ent
Dividion (NGCD)				-	t Method	
				nbursement	Other:	
Application/Award Deadline	Requested Co		Grant Period			
May 1, 2016	April 18	8, 2016	Septembe	er 1, 2016 to	August	31, 2018
Brief Description						
enhance operational coordinati	<b></b>					
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating					1	\$ -
Capital Equipment	\$ 85,000.00					\$ 85,000.00
Indirect Costs						\$ -
Total	\$ 85,000.00	\$ -	\$ -	\$ -	\$ -	\$ 85,000.00
# of FTEs	<del>+ + + + + + + + + + + + + + + + + + + </del>	<u> </u>	+	*	Ψ	0
=			L		L	
Performance Meas	sures		Current FY Pr	rogress to Date		Next FY
Applicable Outcome M		Q1	Q2	Q3	Q4	Projected
/ Applicable Sateoffic IVI	cacarco	Q I	T		<u> </u>	1 Tojecteu
Configure and install techology					,	
Train end users		***************************************				
Conduct exercise to test capab	ilities					
The Department named above the management of any funds a by the Grantor and its related a departments. To that end, pleased a department because of the end of the pleased and the pleased	awarded to the Cogencies or agents ase find enclosed enmissioner Court iginal, completed Order (for award	ounty under this s, as well as the the following ite for application/a application/awa only)	s grant, and will a ose of the Count ems for initial rev award acceptand ard	adhere to any po y, and its financia view: ce and approval	lices and proce	dures set forth
Completed by:		$\bigcirc$ ( $\cdot$				

Signature

James McCrone

Department Head / Designee Printed Name

## **Grant Resource-Benefit Summary**

Grant Title		Contact Person (Grant Liaison)		Preliminary
UASI DWFA Regular, FY16		Jason Lane	□ Final	jal
Grant Period		Phone / Ext	Department	
September 1, 2016 to	August 31, 2018	x4708	Homeland Security	
COUNTY RESOURCES REQUIRED	0			
Match	Amount	Identify Match Source	Benefits to County and Citizens	
1) Cash \$	ı		\$85,000 to fund technology improvement for Mobile Incident Command Post (MICP)	mand
2) In-Kind				
✓ No Match Required				
Implementation / Start Up	Amount Des	Description		
1) Equipment				
2) Training				
3) Inter-departmental / Other:				
✓ No Implem / Start-up Costs				
Operational / Maintenance	Amount Des	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 Match	unt	Identify Match Source		
1) Voluntary / Donation				