Collin County Grant Summary Form

		Journey Ora						
Department Name	Submit completed form along with one electronic copy of the							
Juvenile Probation Department			grant application and all supporting documentation to the					
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled					
H. Lynn Hadnot			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.					
Title	Phone / Exten	sion	contact Janna	Caponera at (97	2) 548-4638.			
Director	6473							
		Grant De	scription					
Grant Title and Funding Year Funding Source Application Type								
Grant R: Regionalization Program			✓ State					
Grantor (include sub-granting agencies)			Federal		Renewal			
Texas Juvenile Justice Department			Other: Amendment		ent			
. State Surveying Guerra Bopartinon			Payment Method					
			✓ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Deguested Co	mm Court	Grant Period	ibursement	U Other.			
· ·	Requested Comm. Court December 5, 2016					24 2047		
October 27, 2016	Decembe	31 5, 2016	Septembe	r 1, 2015 to	August	31, 2017		
Brief Description Grant funding will be used to p								
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total		
Personnel		•				\$ -		
Operating		\$ 3,338.00				\$ 3,338.00		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 3,338.00	\$ -	\$ -	\$ -	\$ 3,338.00		
# of FTEs						0		
Performance Meas	sures		Current FY Pr	Next FY				
Applicable Outcome M	easures	Q1	Q2 Q3		Q4	Projected		
The Department named above for the management of any fur forth by the Grantor and its relidepartments. To that end, ple Grant Summary Form Memo of request to Cor Electronic copy of the o	nds awarded to the ated agencies or ase find enclose mmissioner Courriginal, complete Order (for award	the County under agents, as well d the following in t for application/ d application/aw 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: nce and approva	ny polices and financial and a	procedures set		
All attachments, back-u	p documentation	i or amendments	s to be submitte	a to the Grantor				
Completed by:								
H. Lynn Hadnot					November 14,	2016		
Department Head / Decignoe Printer	d Name	Signature			Date	 J		

Grant Resource-Benefit Summary

Grant Title			Contact Person	☐ Preliminary	
Grant R: Regionalization Program			H. Lynn Hadnot		☐ Final
Grant Period			Phone / Ext	Department	
September 1, 2015 to	August 31	1, 2017	6473	Juvenile Probation Department	
COUNTY RESOURCES REQUIR	ED				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -	-			
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 Costs					
NON-COUNTY RESOURCES REMatch	QUIRED Amount	Identify	Match Source		
1) Voluntary / Donation					