Collin County Grant Summary Form

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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 / Extension		contact Janna	Caponera at (97	(2) 548-4638.		
Director	6473						
		Grant De	scription				
Grant Title and Funding Yea	ar	010000		g Source	Applica	tion Type	
Grant R - Diversion Alterantive Plan			✓ State ✓ New Grant				
Grantor (include sub-granting agencies)			Federal Renewal				
Texas Juvenile Justice Department			Other: Amendment			ent	
Texas suverille sustice Department			Payment Method				
			l <u> </u>				
Application/Award Deadline Requested Comm. Court			✓ Cost Reimbursement				
1				Grant Period April 13, 2017 to October 12, 2017			
NA NA	April 1	April 17, 2017		, 2017 to	October	12, 2017	
Brief Description To provide residential service							
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total	
Funding Sources		Ф 00 044 00		Match	Match	£ 20 24 4 00	
Personnel		\$ 29,214.00				\$ 29,214.00	
Operating						\$ -	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 29,214.00	\$ -	\$ -	\$ -	\$ 29,214.00	
# of FTEs						0	
Danis and a Mari		T	O EV D	1 - D-1-		Nort EV	
Performance Mea			Current FY Progress to Date			Next FY	
Applicable Outcome N	vieasures	Q1	Q2	Q3	Q4	Projected	
The Department named abov		•			•		
for the management of any fu forth by the Grantor and its re							
departments. To that end, ple	•	•		•			
✓ Grant Summary Form		a					
	mmissioner Cour	t for application	award acceptar	nce and approva	al		
 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-u	up documentation	or amendment	s to be submitte	d to the Granto	r		
Completed by:							
H. Lynn Hadnot, Director Department Head / Designee Printe	ad Nama	Cignoture			Data		
Department Head / Designee Printe	ou inailie	Signature			Date		

Grant Resource-Benefit Summary

Grant Title			Contact Person	☐ Preliminary	
Grant R - Diversion Alterantive Plant	an		H. Lynn Hadnot		☐ Final
Grant Period			Phone / Ext	Department	
April 13, 2017 to	October 12, 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	escription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	De	escription		
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 RE Match	EQUIRED Amount	Identify	Match Source		
1) Voluntary / Donation					