Collin County Grant Summary Form

Department Name	partment Name Submit completed form along with one electronic copy of the					
Auditor's Office				eted form along v on and all suppo		
	1			e not less than 1		
Contact Person (Grant Liais	on)			Court meeting.		
Janna Caponera	In	•		Caponera at (97		
Title	Phone / Exten	sion				
Grants & Payroll Manager	x4638		7.000.000.000.000.000.000	WE THE STORY THE STATE OF STREET	all Model of the Control of the Cont	EAST DOCUMENT OF STREET AND THE PROPERTY OF STREET
		Grant Do	escription			
Grant Title and Funding Yea			The second second second	g Source		ation Type
FY 2017 Bulletproof Vest Part			∐ State		✓ New Gra	
Grantor (include sub-grantin			✓ Federal		☐ Renewa	7.70
US Department of Justice, Bu	reau of Justice A	ssistance	U Other:		Amendn	nent
				10 5	t Method	
A	In			nbursement	☐ Other:	
Application/Award Deadline	Requested Co		Grant Period			
June 28, 2017	June 1	2, 2017	April 1	, 2017 to	Septemb	per 30, 2019
Brief Description Federal grant from the US Jus						
Collin County.						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating	\$ 214,556.63			\$ 214,556.62		\$ 429,113.25
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ 214,556.63	\$ -	\$ -	\$ 214,556.62	\$ -	\$ 429,113.25
# of FTEs						0
Performance Meas				ogress to Date		Next FY
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	Projected
The Department named above for the management of any fun forth by the Grantor and its reladepartments. To that end, pleased Grant Summary Form Memo of request to Cor Electronic copy of the or Approval to apply Court All attachments, back-up	ds awarded to the sted agencies or a see find enclosed nmissioner Court riginal, completed Order (for award	e County under agents, as well a the following ite for application/awonly)	this grant, and vas those of the (ems for initial revaward acceptants	will adhere to any County, and its fir view: ice and approval	polices and p	rocedures set
Completed by:						
Linda Riggs		Jun Sa 1	3:50		5/26/	2017
Department Head / Designee Printed	Name	Signature	17		Date	

Grant Resource-Benefit Summary

Grant Title		Contact Person (Grant Liaison)	ant Liaison)	Proliminan
FY 2017 Bulletproof Vest Partnership		Janna Caponera		Final
Grant Period		Phone / Ext	Department	<u> </u>
April 1, 2017 to	September 30, 2019	x4638	Auditor's Office	
COUNTY RESOURCES REQUIRED				
Match	Amount Identify Ma	Identify Match Source	Benefits to County and Citizens	
1) Cash \$ 2	214,556.62 County funds		Up to \$214556.63 to purchase body armor	
2) In-Kind \$	i			
☐ No Match Required	8-2			
Implementation / Start Up 1) Equipment	Amount Desc	Description		
2) Training				
3) Inter-departmental / Other:				
✓ No Implem / Start-up Costs				
Operational / Maintenance	Amount Desc	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	ount	Identify Match Source		
1) Voluntary / Donation				