Collin County Grant Summary Form

Department Name		bounty or a	Submit comple	tod form along w	ith one electro	nic conv of the
<u> </u>			Submit completed form along with one electronic copy of the grant application and all supporting documentation to the			
Juvenile Probation Department Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions			
Title		sion				
Director	6473					
		Grant De	scription			. –
Grant Title and Funding	Funding Source Application Type					
Grant R - Diversion Alternative Plan			☑ State		New Grai	nt
Grantor (include sub-granting agencies)			Federal Renewal			
			☐ Other:		Amendment	
Texas Juvenile Justice Department			Payment Method			
Application/Award Deadline			✓ Cost Reimbursement			
Application/Award Deadli	-	Requested Comm. Court				
NA	August	August 7, 2017		, 2017 to	January	y 13, 2018
Brief Description						
Grant Categories /	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Funding Sources		#20 570 00			Match	\$ 20 F76 00
Personnel		\$30,576.00				\$ 30,576.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 30,576.00	\$ -	\$ -	\$ -	\$ 30,576.00
# of FTEs						0
D. (• • • • • • • •		0			No. (FV
Performance M		0.4	Current FY Progress to Date		0.4	Next FY
Applicable Outcom	e Measures	Q1	Q2	Q3	Q4	Projected
						+
						1
The Department named ab for the management of any forth by the Grantor and its departments. To that end, Grant Summary Form Memo of request to Electronic copy of th Approval to apply Co	r funds awarded to the related agencies or please find enclosed m Commissioner Court e original, completed ourt Order (for award)	ne County under agents, as well d the following it t for application/ d application/aw l only)	this grant, and as those of the ems for initial re award acceptar ard	will adhere to an County, and its f eview: nce and approval	y polices and p inancial and ac	procedures set
Completed by:						
H. Lynn Hadnot						
Department Head / Designee Pr	rinted Name	Signature			Date	

Grant Resource-Benefit Summary

Grant Title			Contact Person	(Grant Liaison)	☐ Preliminary ☐ Final
Grant R - Diversion Alternative Pl	an		H. Lynn Hadnot		
Grant Period		January 13, 2018		Department	
July 17, 2017 to	January 1			Juvenile Probation Department	
COUNTY RESOURCES REQUIR	RED Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -	idoritiny	Water Course	Bononic to County and Okizone	
,					
2) In-Kind	\$ -				
☐ No Match Required					
Implementation / Start Up	Amount	D€	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 RI	EQUIRED Amount	Identify	Match Source		
1) Voluntary / Donation		,			