**Collin County Grant Summary Form** 

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Department Name			Submit completed form along with one electronic copy of the			
Teen Court			grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled			
Contact Person (Grant Liaison)			Commissioner Court meeting. If you have any questions			
Julie Monge			contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extension		contact carrie	Caponora at (C)	2,040 4000.	
Teen Court Coordinator	x4654					
Grant Description						
Grant Title and Funding Yea	Funding	g Source	Applica	ition Type		
Juvenile Justice & Delinquency Prevention (JJDP), FY 2019			☑ State ☑ New Grant			nt
Grantor (include sub-granting agencies)			Federal		☐ Renewal	
Office of the Governor (OOG), Criminal Justice Division (CJD			Other:		☐ Amendm	ent
			Payment Method			
			☑ Cost Reimbursement ☐ Other:			
Application/Award Deadline	Requested Co	mm. Court	Grant Period			
February 20, 2018	-	January 22, 2018		1, 2018 to	Septemb	er 30, 2019
Brief Description	,	,	-	, , , ,		,
Early identification and diagno	sis of teens with	substance abus	se and mental h	ealth disorders t	o provide treat	ment access
thus improving behavioral out	comes and preve	nung lurther inv	oivement with t	ne justice syster	П	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel				Widton	Widton	\$ -
Operating	\$ 31,800.00					\$ 31,800.00
Capital Equipment	Ψ 01,000.00					\$ -
Indirect Costs						\$ -
Total	\$ 31,800.00	•	•	¢	•	т
# of FTEs	\$ 31,800.00	\$ -	\$ -	\$ -	\$ -	\$ 31,800.00
# OFFIES						U
Performance Mea	SIIros		Current FY Pr	ogress to Date		Next FY
Applicable Outcome Measures		Q1	_		Q4	Projected
Evaluate all Teen Court participants using MAYSI-2 screening tool		<u> </u>	- Q2	Q0	Q+ 	1 Tojecteu
Provide initial substance abus						
evaluation for 20 participants						
Provide 1-hour weekly out-patient treatment for 20 participants for up to 12 weeks						
Provide drug testing for 20 participants during						
3-month program						
The Department named above for the management of any fur forth by the Grantor and its redepartments. To that end, plewing Grant Summary Form Memo of request to Co Electronic copy of the Capproval to apply Courtain All attachments, back-to	nds awarded to the lated agencies or ease find enclosed mmissioner Courbriginal, completed to Order (for award	ne County unde 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 acceptal ard	will adhere to a County, and its eview: nce and approva	ny polices and financial and a	procedures set
Completed by:						
Department Head / Designee Printe	d Name	Signature			Date	