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	Collin C	Jounty Gra					
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 Commissioner Court meeting. If you have any questions				
H. Lynn Hadnot			contact Janna Caponera at <b>(972) 548-4638</b> .				
Title	Phone / Exten	sion	oomaat oama	оцронона ат <b>(о</b> .	_, 0 .0 .000.		
Director	X6473						
		Grant De	scription				
Grant Title and Funding Year			_			ation Type	
Grant R-RDA Services FY18 Grantor (include sub-granting agencies)			State				
			☐ Federal		Renewal		
			Other: Amendment				
			Payment Method				
			✓ Cost Reimbursement				
	Requested Comm. Court		Grant Period				
NA	May 2	1, 2018	May 8,	2018 to	) Janua	ry 7, 2019	
Brief Description Grant funding to pay for reside							
Grant Categories /	<u> </u>			County	In-Kind		
Funding Sources Personnel	Federal Funds	State Funds	Local Funds	Match	Match	Total	
Operating		\$ 45,261.00				\$ 45,261.00	
Capital Equipment		Ψ 43,201.00				\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 45,261.00	\$ -	\$ -	\$ -	\$ 45,261.00	
# of FTEs	Ψ -	Ψ 43,201.00	Ψ -	Ψ -	Ψ -	φ 43,201.00	
# 011 1E3							
Performance Mea	sures		Current FY Pr	ogress to Date	)	Next FY	
Applicable Outcome N	Measures	Q1	•		Q4	Projected	
				<u> </u>			
The Department named above							
for the management of any fu forth by the Grantor and its re		•	-			•	
departments. To that end, ple	-	-		-		administrative	
✓ Grant Summary Form		a					
✓ Memo of request to Co	mmissioner Cour	t for application	/award acceptai	nce and approva	al		
Electronic copy of the c							
Approval to apply Cour	t Order (for award	d only)					
	up documentation	or amendments	s to be submitte	ed to the Granto	r		
Completed by:							
H. Lynn Hadnot, Director					May 1, 2018		
Department Head / Designee Printe	ad Name	Signature			Date		

## **Grant Resource-Benefit Summary**

Grant Title Grant R-RDA Services FY18 Grant Period			Contact Person	(Grant Liaison)	☐ Preliminary
			H. Lynn Hadnot		Final
			Phone / Ext	Department	
May 8, 2018 to	January 7	, 2019	X6473	Juvenile Probation Department	
COUNTY RESOURCES REQUIR	RED Amount	Identify N	Natch Source	Benefits to County and Citizens	
1) Cash	\$ -				
2) In-Kind	\$ -				
✓ No Match Required					
Implementation / Start Up	Amount	Des	scription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
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	QUIRED				

Identify Match Source

Amount

Match

1) Voluntary / Donation