**Collin County Grant Summary Form** 

Department Name	Submit completed form along with one electronic copy of the					
Auditor 3001	grant application and all supporting documentation to the					
Contact Person (Grant Liaiso	Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions					
Kathy Nagel			contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion		- aponora at (01-	-, 0 10 1000.	
Auditor 3001	972-548-4646					
		Grant De	scription			
Grant Title and Funding Year	Funding Source Application Type					
Victim Information Notification Everyday			☑ State		☐ New Gran	t
Grantor (include sub-granting agencies)			☐ Federal		☑ Renewal	
Office of Attorney General			☐ Other:		☐ Amendme	ent
			Payment Method			
			☐ Cost Reimbursement ☐ Other:			
Application/Award Deadline Requested Co		mm. Court	Grant Period			
	February	19, 2018	Septembe	r 1, 2017 to	August	31, 2018
Brief Description	•		•			
Requesting approval to enter in	to a grant contra	ct with The Offic	e of the Attorne	y General (OAG)	and Collin Cou	nty for the
Texas Statewide Automated Vic						
2018 in the amount of \$28,546.78. The purpose of the OAG SAVNS grant program is to maintain Texas counties in a						
statewide system that will provide						•
public safety and support the rig delivered to Collin County by the					or expenses reia	ted to services
	T veridor to provi	I OAVI	I	Omit County.	1. 12. 1	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel					Materi	\$ -
Operating		\$ 28,546.78				\$ 28,546.78
Capital Equipment		φ 20,540.76				\$ 20,340.70
Indirect Costs						
	•	<b>*</b> 00.540.70	<b></b>	<b>*</b>	Φ.	\$ -
Total	\$ -	\$ 28,546.78	\$ -	\$ -	\$ -	\$ 28,546.78
# of FTEs						0
Performance Measures Current FY Progress to Date						Next FY
Applicable Outcome Measures Q1		01	Q2	Q3	Q4	Projected
Applicable Guiterine Medeuree		<u> </u>	<u> </u>	I	<u>Q</u> ⊣	1 10,000.00
The Department remail shows	ia anni ina fauth	a Crant Dragge		and if accorded	will accept full w	
The Department named above the management of any funds a		-			•	•
by the Grantor and its related a						
departments. To that end, plea						
<ul> <li>□ Grant Summary Form</li> <li>□ Memo of request to Commissioner Court for application/award acceptance and approval</li> </ul>						
Electronic copy of the original, completed application/award						
☐ Approval to apply Court Order (for award only)						
☐ All attachments, back-up	,	• '	to be submitted	to the Grantor		
Completed by:						
Department Head / Designee Printed	Name	Signature			Date	