**Collin County Grant Summary Form** 

				Submit completed form along with one electronic copy of the					
Auditor's Office				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					
Janna Caponera			contact Janna Caponera at (972) 548-4638.						
Title	Phone / Extens	sion			•	,			
Grants and Payroll Manager	x4638								
Grant Description									
Grant Title and Funding Year			Funding Source Application Type						
State Criminal Alien Assistance Program (SCAAP) FY2018				State		☑ New Gran	t		
Grantor (include sub-granting agencies)			✓	Federal		☐ Renewal			
U.S. Department of Justice				Other:		☐ Amendme	nt		
			Payment Method						
				☐ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm. Court	Gra	nt Period					
October 29, 2018	October	22, 2018	July 1, 2016 to		2016 to	June 3	0, 2017		
Brief Description	•								
SCAAP provides federal payme undocumented crimnial aliens widays during the reporting period that apply and is based on the r SCAAP funding is restricted to (FY15); \$16,102 (FY14); \$134,8	vith at least one following is calculused by the	felony or two mis culated using a fe criminal aliens oses only. Colli	sdem formi , as o n Co	neanor convula that provide termined lunty has pre	icitons and are invides a relative soby the US Depareviously received	ncarcerated for a hare of funding the trent of Homela 1 \$8,418 (FY16);	at least four to jurisdictions and Security. \$3,074		
Grant Categories /	Federal Funds	State Funds	Lo	cal Funds	County Match	In-Kind	Total		
Funding Sources Personnel						Match	\$ -		
Operating							\$ -		
Capital Equipment							\$ -		
Indirect Costs									
	•	•	_		<b>*</b>	•	\$ -		
Total	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -		
# of FTEs							0		
Performance Meas	uros		Cu	rrant EV Dr	ogress to Date		Next FY		
Applicable Outcome Mo		Q1	Cui	Q2	Q3	Q4	Projected		
Applicable Outcome IVI	easures	Qı		QZ	Q3	Q4	Frojected		
							ļ		
The Department named above the management of any funds a by the Grantor and its related a departments. To that end, pleased and the Grant Summary Form Memo of request to Come Electronic copy of the orient Approval to apply Court of All attachments, back-up	warded to the C gencies or agent se find enclosed missioner Court ginal, completed Order (for award	ounty under this s, as well as tho the following ite for application/a application/awa only)	grar se o ms f award	nt, and will a f the County or initial rev d acceptanc	idhere to any pol v, and its financia iew: ee and approval	lices and proced	lures set forth		
Completed by:									
Terry McCraw									
Department Head / Designee Printed Name		Signature			Date				

## **Grant Resource-Benefit Summary**

Grant Title State Criminal Alien Assistance Program (SCAAP) FY2018			Contact Person	☐ Preliminary	
			Janna Caponera		Final
Grant Period			Phone / Ext	Department	
July 1, 2016 to	June 30	2017	x4638	Auditor's Office	
COUNTY RESOURCES REQUIR	RED				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -				
2) In-Kind	\$ -				
☐ No Match Required					
Implementation / Start Up	Amount	De	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 RE					
Match	Amount	Identify	Match Source		
1) Voluntary / Donation					