**Collin County Grant Summary Form** 

D ( N		Collin C	ounty Gra			سند و المناب		
Department Name			Submit completed form along with one electronic copy of the					
296th District Court			grant application and all supporting documentation to the					
Contact Person (Grant	)		Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.					
John Roach								
Title Phone / Extension						,		
Judge	4409							
			Grant De	scription				
Grant Title and Funding				Funding Source Application Type				
2019 - 2020 Veterans Mo			State New Grant					
Grantor (include sub-g	agencies)		Federal Renewal					
Texas Veterans Commis			Other:					
Fund for Veterans' Assis			Payment Method					
	1_				nbursement	U Other:		
Application/Award Dea		equested Co	mm. Court	Grant Period				
November 16, 2018			July 1, 2019 to June 30, 2020					
Brief Description The VALOR program wil								
operational supplies, cou	ınseling a	and treatment	services, and c	ontractual team			nt programming.	
Grant Categories / Funding Sources Personnel	F	ederal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
	_		<b>#</b> 450,000,00				\$ -	
Operating	_		\$ 150,000.00				\$ 150,000.00	
Capital Equipment	_						\$ -	
Indirect Costs	<u> </u>	*	<b>A</b> 450 000 00	•	<b>^</b>		\$ -	
Total	-	-	\$ 150,000.00	\$ -	\$ -	\$ -	\$ 150,000.00	
# of FTEs							0	
Performance	Measur	es		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome Measures			Q1	Q2	Q3	Q4	Projected	
Number of participants a			<u> </u>	Q2			110,000.00	
Number of posticionate u	مطر	e e e fe elle e						
Number of participants w complete the program	mo succe	essiully						
complete the program								
					1		+	
<u> </u>					1	1	<u> </u>	
The Department named for the management of a forth by the Grantor and departments. To that en  Grant Summary F  Memo of request to Electronic copy of  Approval to apply  All attachments, b	ny funds its related, please orm to Comm the origin Court Or	awarded to the dagencies or efind enclosed assignment Courtails, completed der (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 ro award acceptal ard	I will adhere to a County, and its eview: nce and approva	ny polices and financial and a	procedures set	
Completed by:								
John Roach								
Department Head / Designee	Printed Na	ame .	Signature			Date		

## **Grant Resource-Benefit Summary**

Grant Title					Preliminary
2019 - 2020 Veterans Mental He	alth Grant		John Roach		Final
Grant Period			Phone / Ext	Department	
July 1, 2019 to June 30, 2020			x4409	296th District Court	
COUNTY RESOURCES REQUIR	RED				
Match	Amount	Identify M	latch Source	Benefits to County and Citizens	
1) Cash	\$ -	NA		Application for \$150,000 for VALOR program for 35 participa - Consumable office supplies (\$300)	nts
2) In-Kind	\$ -	NA		Art supplies (\$1,000)	-
✓ No Match Required	*			<ul> <li>Treatment workbooks (\$490) and facilitator manuals (\$210)</li> <li>Journals / folders (\$525)</li> </ul>	ı
INO Match required				Library books (\$600)	-
Implementation / Start Up	Amount	Des	cription	- Handbooks (\$450)	
1) Equipment	\$ -			- Web-based clinical database (\$399) - Graduation materials (\$900)	
2) Training	\$ -			Client Services for participants to include	
,				- Counseling / treatment (\$27,051) Program Coordinator (\$25,060)	-
3) Inter-departmental / Other:	\$ -			- Clinical Director (\$15,000)	_
✓ No Implem / Start-up Costs				Lead Clinician (\$78,015)	
Operational / Maintenance	Amount	Des	cription		
1) Recurring Maintenance	\$ -				
2) Salary / Benefits	\$ -				
3) Continuing Ed / Training	\$ -				
4) Office / Program Space	\$ -				
5) Travel	\$ -				
6) Other:	\$ 150,000.00	See detail			
☐ No Oper / Maintenance Costs	s				

Identify Match Source

NON-COUNTY RESOURCES REQUIRED

Amount

NA

\$

Match

1) Voluntary / Donation