# **Collin County Grant Summary Form**

Department Name			Submit comple		with one electro	nic copy of the						
Auditor's Office Contact Person (Grant Liaison) Janna Caponera			Submit completed form along with one electronic copy of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions									
							Title	sion	contact Janna Caponera at <b>(972) 548-4638</b> .			
							Grants and Payroll Manager	X4638	51011			
Grants and r dyron Manager	74000	Grant De	escription									
Grant Title and Funding Year	•			g Source	Applica	tion Type						
State Criminal Alien Assistance Program (SCAAP) FY 2019			State		✓ New Graph	••						
Grantor (include sub-granting agencies)			 ✓ Federal		Renewal							
			Other:		Amendm	ent						
U.S. Department of Justice			Payment Method									
			Cost Reimbursement  Other:									
Application/Award Deadline	Requested Co	mm. Court	Grant Period									
May 23, 2019	-	3, 2019	July 1,	2017 t	o June 3	30, 2018						
Brief Description					-							
This application is submitted an	nually through t	the Bureau of Ju	istice Assistanc	e (B.IA) Grants	Management S	System (GMS)						
The funding is calculated using												
the number of eligible criminal												
restricted for correctional purpo												
FY 2015; \$16,102 FY2014; \$1; 2009.	34,801 FY2013;	\$102,223 FY 20	012; \$277,682 F	Y 2011; \$410,9	922 FY 2010; \$4	61,705 FY						
Grant Categories /				County	In-Kind							
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total						
Personnel				matori		\$ -						
Operating						\$-						
Capital Equipment						\$-						
Indirect Costs						\$-						
Total	\$-	\$-	\$-	\$-	\$ -	\$-						
# of FTEs		•	•	•	· ·	0						
Performance Measures		Current FY Progress to Date			e	Next FY						
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected						

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any polices and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

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Grant Summary Form

Memo of request to Commissioner Court for application/award acceptance and approval

Electronic copy of the original, completed application/award

Approval to apply Court Order (for award only)
All attachments, back-up documentation or am

All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by:

Department Head / Designee Printed Name

Signature

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person	Contact Person (Grant Liaison)		
State Criminal Alien Assistance Program (SCAAP) FY 2019		Janna Caponera	Janna Caponera			
Grant Period			Phone / Ext	Department		
July 1, 2017	to	June 30, 2018	X4638	Auditor's Office		



#### COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source	Benefits to Coun
1) Cash	\$-		SCAAP provides f
2) In-Kind	\$-		aliens with at leas
No Match Required			of state or local la reporting period of
Implementation / Start Up	Amount	Description	_
1) Equipment			
2) Training			
3) Inter-departmental / Other:			
□ No Implem / Start-up Costs			
Operational / Maintenance	Amount	Description	_
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		

1) Voluntary / Donation

Amount	Identify Match Source

### ty and Citizens

federal payments to states and localities that incurred r salry costs for incarcerating undocumented criminal t one felony or two misdemanor convictions for violations aw, and incarcerated for at least four (4) days during the of July 1, 2015 through June 30, 2016.