**Collin County Grant Summary Form** 

| - · · · · ·                                                          | Commit                                                                                                              | Journey Gra            |                                                           |                  | 241 1 4            |                    |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|------------------|--------------------|--------------------|
| Department Name                                                      | Submit completed form along with one electronic copy of the                                                         |                        |                                                           |                  |                    |                    |
| Auditor's Office                                                     |                                                                                                                     |                        | grant application and all supporting documentation to the |                  |                    |                    |
| Contact Person (Grant Liaise                                         | Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions |                        |                                                           |                  |                    |                    |
| Janna Caponera                                                       |                                                                                                                     | Caponera at <b>(97</b> |                                                           | y questions      |                    |                    |
| Title                                                                | Phone / Exten                                                                                                       | sion                   | Contact Janna                                             | Caponera at (37  | 2) 340-4030.       |                    |
| Grants and Payroll Manager                                           | X4638                                                                                                               |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     | Grant De               | escription                                                |                  |                    |                    |
| <b>Grant Title and Funding Yea</b>                                   | r                                                                                                                   |                        | Funding                                                   | Source           | Applica            | tion Type          |
| State Criminal Alien Assistance                                      | AP) FY 2020                                                                                                         | ☐ State ☑ New Grar     |                                                           |                  | nt                 |                    |
| Grantor (include sub-granting agencies)                              |                                                                                                                     |                        | ☐ Federal ☐ Renewal                                       |                  |                    |                    |
| , i i i i i i i i i i i i i i i i i i i                              |                                                                                                                     | Other:                 |                                                           | ☐ Amendment      |                    |                    |
| U.S. Department of Justice                                           |                                                                                                                     | <u> </u>               | Paymen                                                    | t Method         |                    |                    |
| C.C. Department of education                                         |                                                                                                                     |                        |                                                           | ✓ Other:         |                    |                    |
| Application/Award Deadline                                           | mm Court                                                                                                            |                        |                                                           |                  |                    |                    |
| 1                                                                    |                                                                                                                     | ary 15, 2021           | July 1, 2018 to June 30, 2019                             |                  |                    | 2010               |
| Priof Description                                                    | reblua                                                                                                              | ary 15, 2021           | July 1,                                                   | 2010 ((          | ) Julie (          | 50, 2019           |
| Brief Description                                                    | nnually through                                                                                                     | the Dureau of 1        | untino Assistana                                          | o (PIA) Cronto   | Managamant C       | victors (CMS)      |
| This application is submitted a<br>The funding is calculated using   |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           | • •              |                    |                    |
| the number of eligible criminal restricted for correctional purports |                                                                                                                     | •                      | •                                                         |                  |                    | •                  |
| is unknown until award issuand                                       | •                                                                                                                   | 1 County has pr        | eviously receive                                          | 0 IN FY 2020 \$2 | 277,219. Amour     | 11 101 FY 2021     |
| is unknown until award issuant                                       | ue.                                                                                                                 |                        |                                                           |                  |                    |                    |
| Grant Categories /                                                   |                                                                                                                     |                        |                                                           | County           | In-Kind            |                    |
| Funding Sources                                                      | Federal Funds                                                                                                       | State Funds            | Local Funds                                               | Match            | Match              | Total              |
| Personnel                                                            |                                                                                                                     |                        |                                                           | maton            | Matori             | \$ -               |
| Operating                                                            |                                                                                                                     |                        |                                                           |                  |                    | \$ -               |
| Capital Equipment                                                    |                                                                                                                     |                        |                                                           |                  |                    | \$ -               |
| Indirect Costs                                                       |                                                                                                                     |                        |                                                           |                  |                    | \$ -               |
|                                                                      |                                                                                                                     | <b>*</b>               | •                                                         | <b>6</b>         |                    | ·                  |
| Total                                                                | \$ -                                                                                                                | \$ -                   | \$ -                                                      | \$ -             | \$ -               | \$ -               |
| # of FTEs                                                            |                                                                                                                     |                        |                                                           |                  |                    | 0                  |
| Dowformana Mass                                                      |                                                                                                                     |                        | Current EV Dr                                             | aureas ta Data   |                    | Nevt FV            |
| Performance Meas                                                     |                                                                                                                     |                        | Current FY Progress to Date                               |                  |                    | Next FY            |
| Applicable Outcome M                                                 | easures                                                                                                             | Q1                     | Q2                                                        | Q3               | Q4                 | Projected          |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
| L                                                                    |                                                                                                                     | 1                      | 1                                                         | 1                | 1                  | 1                  |
| The Department named above                                           | is applying for t                                                                                                   | he Grant Progra        | am named above                                            | e, and if awarde | ed, will accept fu | ıll responsibility |
| for the management of any fur                                        |                                                                                                                     |                        |                                                           |                  |                    |                    |
| forth by the Grantor and its rela                                    | ated agencies or                                                                                                    | agents, as well        | as those of the                                           | County, and its  | financial and a    | dministrative      |
| departments. To that end, plea                                       | ase find enclose                                                                                                    | d the following i      | tems for initial re                                       | eview:           |                    |                    |
| ☐ Grant Summary Form                                                 |                                                                                                                     |                        |                                                           |                  |                    |                    |
| ☐ Memo of request to Cor                                             | nmissioner Cour                                                                                                     | t for application      | /award acceptar                                           | nce and approva  | al                 |                    |
| ☐ Electronic copy of the or                                          |                                                                                                                     |                        |                                                           |                  |                    |                    |
| Approval to apply Court                                              | Order (for award                                                                                                    | d only)                |                                                           |                  |                    |                    |
| All attachments, back-up                                             | p documentation                                                                                                     | or amendment           | s to be submitte                                          | d to the Granto  | r                  |                    |
|                                                                      |                                                                                                                     |                        |                                                           |                  |                    |                    |
| Completed by:                                                        |                                                                                                                     |                        |                                                           |                  |                    |                    |
|                                                                      | <del> </del>                                                                                                        |                        |                                                           |                  |                    |                    |
| Department Head / Designee Printed                                   | 1 Name                                                                                                              | Signature              |                                                           |                  | Date               |                    |

## **Grant Resource-Benefit Summary**

| Grant Title State Criminal Alien Assistance Program (SCAAP) FY 2019 |               |          | Contact Person | ☐ Preliminary                                                                            |                                     |
|---------------------------------------------------------------------|---------------|----------|----------------|------------------------------------------------------------------------------------------|-------------------------------------|
|                                                                     |               |          | Janna Caponera | •                                                                                        | ☐ Final                             |
| Grant Period                                                        |               |          | Phone / Ext    | Department                                                                               |                                     |
| July 1, 2018 to                                                     | June 30, 2019 |          | X4638          | Auditor's Office                                                                         |                                     |
| COUNTY RESOURCES REQUI                                              | RED<br>Amount | Identify | Match Source   | Benefits to County and Citizens                                                          |                                     |
| 1) Cash                                                             | \$ -          |          |                | SCAAP provides federal payments to si correctional officer salry costs for incarc        |                                     |
| 2) In-Kind                                                          | \$ -          |          |                | aliens with at least one felony or two mi<br>of state or local law, and incarcerated for | sdemanor convictions for violations |
| ☐ No Match Required                                                 |               |          |                | reporting period of July 1, 2018 through                                                 |                                     |
| Implementation / Start Up                                           | Amount        | De       | escription     |                                                                                          |                                     |
| 1) Equipment                                                        |               |          |                |                                                                                          |                                     |
| 2) Training                                                         |               |          |                |                                                                                          |                                     |
| 3) Inter-departmental / Other:                                      |               |          |                |                                                                                          |                                     |
| $\hfill \square$ 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 Cost                                        | ts            |          |                |                                                                                          |                                     |
| NON-COUNTY RESOURCES R                                              | EQUIRED       |          |                |                                                                                          |                                     |

Identify Match Source

Amount

Match

1) Voluntary / Donation