1 0

Department Name			Submit comple	/	with one electror	nic conv of the	
Auditor 3001	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the						
Contact Person (Grant Liaiso	Auditor's Office not less than 14 days prior to the scheduled						
Kathy Nagel	Commissioner Court meeting. If you have any questions						
Title Phone / Extension			contact Janna Caponera at (972) 548-4638.				
Auditor 3001	972-548-4646	51011					
	scription						
Grant Title and Funding Year		Grant De	Funding Source Application Type				
Victim Information Notification I	State	Jource		New Grant			
Grantor (include sub-grantin			Federal		Renewal	IL	
Office of Attorney General					at		
Office of Automey General			Other: Amendment Payment Method				
				•			
	Demuse test Co			Ibursement	Other:		
Application/Award Deadline	-		Grant Period	- 1 2021	August	24 2022	
Brief Description	Septembe	er 20, 2021	Septembe	r 1, 2021 to	August	31, 2022	
31, 2022 in the amount of \$30, statewide system that will provi promote public safety and supp	de relevant offe	nder release inf	ormation, notific	ation of relevan	t court settings o		
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel						\$-	
Operating		\$ 30,143.66				\$ 30,143.66	
Capital Equipment						\$-	
Indirect Costs						\$-	
Total	\$-	\$ 30,143.66	\$-	\$-	\$-	\$ 30,143.66	
# of FTEs						0	
Performance Meas			ogress to Date		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:

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 amendments to be submitted to the Grantor

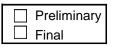
Completed by:

Department Head / Designee Printed Name

Signature

Grant Resource-Benefit Summary

Grant Title			Contact Person (Contact Person (Grant Liaison)		
Victim Information Notification Everyday			Kathy Nagel	Kathy Nagel		
Grant Period			Phone / Ext	Department		
September 1, 2021	to	August 31, 2022	972-548-4646	Auditor 3001		



COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source	Benefits to County and Citizens
1) Cash	\$-		The purpose of the OAG SAVNS grant program is to maintain Texas counties in a statewide system that will provide relevant offender release
2) In-Kind	\$-		information, notification of relevant court setting or events, promote public safety and support the rights of victims of crime.
□ No Match Required			salety and support the rights of victims of crime.
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		
Match	Amount	Identify Match Source	
1) Voluntary / Donation			