Collin County Grant Summary Form

Department Name			Submit comple	ted form along w	ith one electron	ic copy of the	
Auditor				on and all suppor			
Contact Person (Grant Liaiso	n)			e not less than 14			
Janna Caponera	,			Court meeting.		questions	
Title Phone / Extension			contact Janna Caponera at (972) 548-4638 .				
Grant Accounting and Reportin							
	y	Grant De	escription				
Grant Title and Funding Year	Funding Source Application Type						
Indigent Defense Formula Gran	nt FY 2021		✓ State	-	New Grant		
Grantor (include sub-granting	g agencies)		E Federal		Renewal	Renewal	
			Other: Amendment			ent	
Texas Indigent Defense Comm	ission - Office of	the Governor					
	·		🗌 Cost Rein	nbursement	Other:		
Application/Award Deadline	Requested Co	mm. Court	Grant Period				
October 20, 2021	October	4, 2021	October	1, 2021 to	Septembe	September 30,2022	
Brief Description							
Grant Categories /					In-Kind		
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total	
Personnel						\$-	
Operating						\$-	
Capital Equipment						\$-	
Indirect Costs						\$-	
Total	\$-	\$-	\$-	\$-	\$-	\$-	
# of FTEs							
Performance Meas	ures		Current FY Pr	rogross to Data		0	
Applicable Outcome Measures						-	
		Q1		•	Q4	Next FY	
	casures	Q1	Q2	Q3	Q4		
		Q1		•	Q4	Next FY	
		Q1		•	Q4		

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: Linda Riggs

Department Head / Designee Printed Name

Signature

Grant Resource-Benefit Summary

Grant Title		Contact Person	Contact Person (Grant Liaison)			Preliminary	
Indigent Defense Formula	e Formula Grant FY 2021 Janna Ca		Janna Caponera	ponera			Final
Grant Period			Phone / Ext	Department		_	
October 1, 2021	to	September 30,2022	4638	Auditor			

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source	Benefits to County and Citizens
1) Cash	\$-		State defense for indigent defendants.
2) In-Kind	\$-		
✓ No Match Required			
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			
Cher:	Unknown	Defense Costs	
No Oper / Maintenance Costs			
NON-COUNTY RESOURCES REG	QUIRED Amount	Identify Match Source	
1) Voluntary / Donation			