**Collin County Grant Summary Form** 

Department Name		Journey Gra		ted form along w	ith one electro	nic copy of the								
Juvenile Probation Department  Contact Person (Grant Liaison)  H. Lynn Hadnot			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 contact Janna Caponera at (972) 548-4638.											
								Title	Phone / Extens	sion	contact Janna	Caponera at (97)	2) 548-4638.	
								Director	6473					
		Grant De	scription											
Grant Title and Funding Ye	ar		Fundin	g Source	Applica	ation Type								
Juvenile Drug Court			✓ State ✓ New		✓ New Gra	ant								
Grantor (include sub-granting agencies)			☐ Federal		☐ Renewal									
Office of Governor, Criminal Justice Division			Other:		☐ Amendment									
			Payment Method											
			☐ Cost Reimbursement ☐ Other:											
Application/Award Deadlin	e Requested Co	mm. Court	Grant Period											
NA	Novembe	er 8, 2021	2021 September 1, 2021 to		August 31, 2022									
Brief Description	•		•											
Grant Categories /	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total								
Funding Sources Personnel				,	Match									
		ф 45 000 00				\$ -								
Operating Capital Equipment		\$ 45,000.00				\$ 45,000.00 \$ -								
Capital Equipment Indirect Costs						\$ - \$ -								
Total	\$ -	\$ 45,000.00	\$ -	\$ -	\$ -	\$ 45,000.00								
# of FTEs	<u> </u>	\$ 45,000.00	-	Ψ -	Ψ -	43,000.00								
# 011 1L3														
Performance Me	asures		Current FY Pr	rogress to Date		Next FY								
Applicable Outcome	Measures	Q1	Q2 Q3		Q4	Projected								
The Department named abo	ve is applying for th	ne Grant Progra	m named above	and if awarded	will accept ful	l responsibility								
for the management of any for forth by the Grantor and its re	unds awarded to th	e County under	this grant, and	will adhere to an	y polices and p	rocedures set								
departments. To that end, pl	lease find enclosed	the following ite	ems for initial re	view:										
<ul> <li>✓ Grant Summary Form</li> <li>✓ Memo of request to C</li> <li>✓ Electronic copy of the</li> <li>✓ Approval to apply Cot</li> <li>✓ All attachments, back</li> </ul>	Commissioner Cour original, complete urt Order (for award	d application/aw d only)	ard		I									
Completed by:														
H. Lynn Hadnot, Director					October 25, 2	021								
Department Head / Designee Print	ted Name	Signature			Date	<del></del>								

## **Grant Resource-Benefit Summary**

Grant Title Juvenile Drug Court			Contact Person	☐ Preliminar	
			H. Lynn Hadnot		☐ Final
Grant Period		Phone / Ext	Department		
September 1, 2021 to	August 31, 2022		6473	Juvenile Probation Department	
COUNTY RESOURCES REQUIRE	FD				
Match	Amount	Identify I	Match Source	Benefits to County and Citizens	
1) Cash	\$ -				
2) In-Kind	\$ -				
✓ No Match Required					
Implementation / Start Up	Amount	De	scription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	De	scription		
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 REMARKS	<b>QUIRED</b> Amount	Identify I	Match Source		
1) Voluntary / Donation	, anount	idontiny i			