Collin County Grant Summary Form

| Daniel and Name | Commit | Journey Gre | Cubacit comale | | معددات مسم ملاند | min namu of the |
|---|---|--|--|---|-----------------------------------|------------------|
| Department Name | Submit completed form along with one electronic copy of the grant application and all supporting documentation to the | | | | | |
| Collin County Sheriff's Office | Auditor's Office not less than 14 days prior to the scheduled | | | | | |
| Contact Person (Grant Liais | Commissioner Court meeting. If you have any questions | | | | | |
| Frank Bundick | | | contact Janna Caponera at (972) 548-4638. | | | |
| Title | Phone / Extens | sion | | | | |
| Lieutenant | 5120 | | | | | |
| | | Grant De | escription | | | |
| Grant Title and Funding Yea | | | | | ation Type | |
| General Victim Assistance, F | | State | | | ant | |
| Grantor (include sub-granti | | Federal Renewal | | | I | |
| Office of the Governor (OOG) | | | Other: Amendment | | | |
| Criminal Justice Division (CJI | | Payment Method | | | | |
| | | | | nbursement | Other: | |
| Application/Award Deadline | Requested Co | mm. Court | Grant Period | | | |
| February 11, 2022 | February 7, 2022 | | October 1, 2022 to September 30, 202 | | | per 30, 2023 |
| Brief Description | | | | | | |
| victims and their families as re | equired by the Tea | cas code of chi | minai Procedure | Chapter 56. Th | is will be a Tye | ear grant penou. |
| Grant Categories / Funding Sources | Federal Funds | State Funds | Local Funds | County Match | In-Kind Match | Total |
| Personnel | \$ 75,726.00 | | | \$ 3,888.00 | Widton | \$ 79,614.00 |
| Operating | 4 (0). | | | | | \$ - |
| Capital Equipment | | | | | | \$ - |
| Indirect Costs | | | | | | \$ - |
| Total | \$ 75,726.00 | \$ - | 6 | \$ 3,888.00 | \$ - | \$ 79,614.00 |
| # of FTEs | \$ 75,726.00 | \$ - | \$ - | \$ 3,000.00 | \$ - | \$ 79,014.00 |
| #OIFIES | | L | | | | |
| Performance Measures | | 0.4 | Current FY Progress to Date | | | Next FY |
| Applicable Outcome Measures Provide Victim Assistance Services to 1,000 victims | | Q1 | Q2 | Q3 | Q4 | Projected |
| Provide referrals for 1,050 victims/survivors | | | | | | |
| Assist 200 victims with developing safety plans | | | | | | |
| | | | | | | |
| The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, please Grant Summary Form Memo of request to Corollary Electronic copy of the Approval to apply Courollary All attachments, back- | nds awarded to the lated agencies or ease find enclosed ommissioner Couroriginal, completed to Order (for award | ne County under agents, as well if the following it the for application dispolication/awdisonly) | this grant, and vas those of the of t | will adhere to any County, and its fi view: nce and approval | y polices and p nancial and ad | rocedures set |
| Completed by: | | 11/ | | | | |
| MITCH SELMAN, ASSISTAL | NT CHIEF | MLS | | | January 25, 2 | 022 |
| Department Head / Designee Printe | ed Name | Signature | | | Date | |

Grant Resource-Benefit Summary

| Grant Title | | | Contact Person (Grant Liaison) | | |
|---|-------------------|-----------------|--------------------------------|--|------------|
| General Victim Assistance, FY 2023 | | | Frank Bundick | | |
| Grant Period | | | Phone / Ext | Department | |
| October 1, 2022 to | September | 30, 2023 | 5120 | Collin County Sheriff's Office | |
| COUNTY RESOURCES REQUIRE | E D Amount | Identify I | Match Source | Benefits to County and Citizens | |
| 1) Cash | \$ 3,888.00 | | | \$75,726.00 will be paid by OOG funds the re | |
| | | | | from Sheriff's Office to fund salary and bene \$79,614.00 SO Victim Advocate - 1 year gra | |
| 2) In-Kind | \$ - | Sheriff's Offic | e | \$79,014.00 SO VICIIII Advocate - 1 year gra | int period |
| ☐ No Match Required | | | | | |
| Implementation / Start Up 1) Equipment | Amount | Des | scription | | |
| 2) Training | | | | | |
| 3) Inter-departmental / Other: | | | | | |
| ☐ No Implem / Start-up Costs | | | | | |
| Operational / Maintenance | Amount | Des | scription | | |
| 1) Recurring Maintenance | | | | | |
| 2) Salary / Benefits | | | | | |
| 3) Continuing Ed / Training | 9 | | | | |
| 4) Office / Program Space | | | | | |
| 5) Travel | | | | | |
| 6) Other: | | | | | |
| ☐ No Oper / Maintenance Costs | | | | | |
| NON-COUNTY RESOURCES REG | QUIRED Amount | Identify I | Match Source | | |
| 1) Voluntary / Donation | | | | | |