Collin County Grant Summary Form

	- Collini Q	bounty Ora	nt Gamma				
Department Name						onic copy of the	
219th District Court	grant application and all supporting documentation to the						
Contact Person (Grant Liais	Auditor's Office not less than 14 days prior to the scheduled						
Judge Jennifer Edgeworth			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Title	Phone / Exten	sion	contact Janna	Caponera at (9	(2) 548-4638.		
District Judge	4402						
		Grant De	scription				
Grant Title and Funding Yea	ar		•	Source	Applica	ation Type	
Adult Mental Health Court Grant			☑ State		✓ New Gra		
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal				
Office of the Governor (OOG)			☐ Other:		☐ Amendment		
· ·			Paymen	t Method Other:			
			bursement				
Application/Award Deadline	Requested Co	mm. Court	Grant Period				
February 10, 2022	· ·	y 7, 2022	September 1, 2022 to August 31, 2023				
Brief Description		,				,	
The Adult Mental Health Coul	rt Grant will assis	t 50 individuals v	with a mental illr	ness or intellect	ual disability/thi	s will be a pre-	
trial program. This will be a 1					alan angalamiy, am		
Overt Octobering				Country			
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 312,087.00		maton	Widton	\$ 312,087.00	
Operating		\$ 96,959.20				\$ 96,959.20	
Capital Equipment		+				\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 409,046.20	\$ -	\$ -	\$ -	\$ 409,046.20	
# of FTEs	l ·	3	•	¥	l*	3	
6 126	_						
Performance Mea	sures		Current FY Pr	ogress to Date)	Next FY	
Applicable Outcome Measures		Q1	Q2 Q3		Q4	Projected	
Provide Services to Collin Co	unty Residents						
with a mental illness or intelle	ctual disability						
					•		
The Department named abov							
for the management of any fu							
forth by the Grantor and its re					s financial and a	administrative	
departments. To that end, ple	ease iind enclose	a the following i	tems for initial re	eview:			
✓ Grant Summary Form✓ Memo of request to Co	mmissioner Cou	t for application	laward acceptar	ace and approve	al		
☑ Electronic copy of the o				ice and approve	aı		
☐ Approval to apply Cour			G. G				
All attachments, back-			s to be submitte	d to the Granto	r		
Completed by:							
Department Head / Designee Printe	ad Name	Signature			Date		
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Grant Resource-Benefit Summary

Grant Title			Contact Person (Grant Liaison)		☐ Preliminary				
Adult Mental Health Court Grant			Judge Jennifer E	Edgeworth	☐ Final				
Grant Period			Phone / Ext	Department					
September 1, 2022 to	August 3	1, 2023	4402	219th District Court					
COUNTY RESOURCES REQUIR		ldoptifi	Motob Source	Panafita to County and Citizana					
Match	Amount	laeniny	Match Source	Benefits to County and Citizens No match required. The funds will be paid by OOG. The grant will					
1) Cash	\$ -			50 individuals with either a mental illness or					
2) In-Kind	\$ -			of the grant: \$409,046.20.					
☐ No Match Required									
Implementation / Start Up	Amount	D _f	escription						
1) Equipment									
2) Training									
3) Inter-departmental / Other:									
☐ 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 Costs	;								
NON-COUNTY RESOURCES RE									
Match	Amount	Identify	Match Source						
1) Voluntary / Donation									