Collin County Grant Summary Form

Department Name	Submit comple	ted form along w	ith one electro	nic copy of the										
Juvenile Department Contact Person (Grant Liaison) Hiram 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											
								Title	Phone / Extens	sion	-contact Janna Caponera at (972) 548-4638 .			
								Director	6899					
		Grant De	escription											
Grant Title and Funding Year	r			g Source	Applica	ation Type								
Juvenile Mental Health Court		☑ State	9											
Grantor (include sub-granting agencies)														
Office of the Governor (OOG)			Other:		Amendment									
()		Payment Method												
			Cost Reimbursement Other:											
Application/Award Deadline	Requested Co	mm. Court	Grant Period											
February 10, 2022	1 -	y 7, 2022				t 31, 2023								
Brief Description		<i>y</i> ., ====	3500000	.,,	7.0.900	,								
Provide services to Juveniles.I	Diversion program	n for mentally ill	or intellectual d	efendants that no	eed services a	s an								
Grant Categories /	Federal Funds	State Funde	Local Fundo	County Match	In-Kind	Total								
Funding Sources	rederal Funds	State Funds	Local Funds	County Match	Match	Total								
Personnel		\$ 151,750.00				\$ 151,750.00								
Operating		\$ 64,405.00				\$ 64,405.00								
Capital Equipment						\$ -								
Indirect Costs						\$ -								
Total	\$ -	\$ 216,155.00	\$ -	\$ -	\$ -	\$ 216,155.00								
# of FTEs														
		Τ				T								
Performance Measures			Current FY Progress to Date			Next FY								
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected								
Provide Services to Juveniles														
			1		L									
The Department named above	e is applying for th	ne Grant Program	m named above	and if awarded	will accept ful	l responsibility								
for the management of any fur														
forth by the Grantor and its rela	-	-			nancial and ad	ministrative								
departments. To that end, plea	ase find enclosed	the following ite	ems for initial re	view:										
Grant Summary Form			_											
✓ Memo of request to Co				nce and approval										
✓ Electronic copy of the o			ard											
☑ Approval to apply Court☑ All attachments, back-u			s to be submitte	d to the Grantor										
/ iii attaorimonto, back-u	'r accamonation	or amonamona	o lo bo odbillille											
Completed by:														
-														
Department Head / Designee Printer	d Name	Signature		_	Date									

Grant Resource-Benefit Summary

Grant Title				(Grant Liaison)	☐ Preliminary		
Juvenile Mental Health Court Grant Period			Phone / Ext	Department Department	Final		
September 1,2022 to	022 to August 31, 2023		6899	Juvenile Department			
00 / Magast 01, 2020				_			
COUNTY RESOURCES REQUIR		1.1416	Matala Carra	Danafita ta Carreta and Citizana			
Match	Amount	Identify	Match Source	Benefits to County and Citizens Provide:Counseling, Intensive and Supportive Outpatient Services and			
1) Cash	\$ -			Inpatient Residential Treatment for the total			
2) In-Kind	\$ -			match required.			
☐ No Match Required							
Implementation / Start Up	Amount	De	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	QUIRED						
Match	Amount	Identify	Match Source				
 Voluntary / Donation 	1						