

Collin County Grant Summary Form

Department Name Sheriff's Office		Submit completed form along with one electronic copy of the 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.
Contact Person (Grant Liaison) Marie Chacon		
Title Budget Technician	Phone / Extension X5106	

Grant Description		
Grant Title and Funding Year State Criminal Alien Assistance Program (SCAAP) FY 2021	Funding Source <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	Application Type <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies) U.S. Department of Justice	Payment Method	
	<input type="checkbox"/> Cost Reimbursement <input checked="" type="checkbox"/> Other:	
Application/Award Deadline	Requested Comm. Court 3/28/2022	Grant Period July 1, 2019 to June 30, 2020

Brief Description
This application is submitted annually through the Bureau of Justice Assistance (BJA) grants system. The funding is calculated using a formula that provides a relative share of funding to jurisdictions that apply and is based on the number of eligible criminal aliens, as determined by the Department of Homeland Security (DHS). SCAAP funding is restricted for correctional purposes only.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	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 policies 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:		
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title State Criminal Alien Assistance Program (SCAAP) FY 2019		Contact Person (Grant Liaison) Marie Chacon	
Grant Period July 1, 2019 to June 30, 2020		Phone / Ext	Department

<input type="checkbox"/> Preliminary
<input type="checkbox"/> Final

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ -	
<input type="checkbox"/> No Match Required		

Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input type="checkbox"/> 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		
6) Other:		
<input type="checkbox"/> No Oper / Maintenance Costs		

NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens
<p>SCAAP provides federal payments to states and localities that incurred correctional officer salary costs for incarcerating undocumented criminal aliens with at least one felony or two misdemeanor convictions for violations of state or local law, and incarcerated for at least four (4) days during the reporting period of July 1, 2019 through June 30, 2020.</p>