

## Collin County Grant Summary Form

<b>Department Name</b> MHMC		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 <b>(972) 548-4638</b> .
<b>Contact Person (Grant Liaison)</b> Alyse Ferguson		
<b>Title</b> Managing Attorney	<b>Phone / Extension</b> 4805	

Grant Description		
<b>Grant Title and Funding Year</b> Community Mental Health Grant Program FY 2022	<b>Funding Source</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Application Type</b> <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies)</b> HSHC	<b>Payment Method</b>	
	<input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
<b>Application/Award Deadline</b> June 27, 2022	<b>Requested Comm. Court</b> June 27, 2022	<b>Grant Period</b> September 1, 2022 to August 31, 2023

<b>Brief Description</b>
--------------------------

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 36,456.00			\$ 36,456.00	\$ 72,912.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	\$ -	\$ 36,456.00	\$ -	\$ -	\$ 36,456.00	\$ 72,912.00
# 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:		
	Signature	Date
Department Head / Designee Printed Name		

## Grant Resource-Benefit Summary

<b>Grant Title</b> Community Mental Health Grant Program FY 2022	<b>Contact Person (Grant Liaison)</b> Alyse Ferguson	
<b>Grant Period</b> September 1, 2022 to August 31, 2023	<b>Phone / Ext</b> 4805	<b>Department</b> MHMC

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

### COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ 36,456.00	
<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