Collin County Grant Summary Form

	= 3			,				
Department Name			Submit completed form along with one electronic copy of the					
Auditor 3001			grant application and all supporting documentation to the					
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions					
Sharon Fitzwater			-contact Janna Caponera at (972) 548-4638.					
Title	Phone / Extens	sion	contact danna c	saponora at (612	., 040 4000.			
Auditor 3001	972-548-4646							
		Grant De	scription					
Grant Title and Funding Year			Funding	Source	Applicat	tion Type		
Victim Information Notification Everyday			☑ State ☐ New Grant					
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal					
Office of Attorney General			Other:		☐ Amendment			
			Payment Method					
			☐ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm. Court	Grant Period					
	Septembe	er 12, 2022	Septembe	r 1, 2022 to	August	31, 2023		
Brief Description								
Requesting approval to enter in	to a grant contra	ct with The Office	e of the Attorne	y General (OAG)	and Collin Cou	inty for the		
Texas Statewide Automated Vic		· ·	·	•	· ·	•		
2022 in the amount of \$30,143.0								
statewide system that will provide			mation, notificat	tion of relevant c	ourt settings or	events,		
promote public safety and supp	ort the rights of v	victims of crime.						
					1 12			
Grant Categories /	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total		
Funding Sources Personnel				-	Match	¢		
		Φ 00 400 40				\$ -		
Operating		\$ 29,403.16				\$ 29,403.16		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 29,403.16	\$ -	\$ -	\$ -	\$ 29,403.16		
# of FTEs						0		
Doct Mana			0 1 F)/ D	t- D-t-		Nort EV		
Performance Meas		0.4	Current FY Progress to Date		0.4	Next FY		
Applicable Outcome Me	easures	Q1	Q2	Q3	Q4	Projected		
The Department named above i		-			•	•		
the management of any funds a								
by the Grantor and its related ag			•		ai and administra	ative		
departments. To that end, plea	se iina enciosea	the following ite	ms ioi iniliai rev	iew.				
☐ Grant Summary Form	maia ai a ma u Cau unt	for oneliantian/a						
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			to be submitted	to the Grantor				
				Oranio				
Completed by:								
Department Head / Designee Printed	Name	Signature			Date	-		

Grant Resource-Benefit Summary

Grant Title Victim Information Notification Everyday			Contact Person	☐ Preliminary	
			Sharon Fitzwater		☐ Final
Grant Period			Phone / Ext	Department	<u> </u>
September 1, 2022 to	August 31	1, 2023	972-548-4646	Auditor 3001	
COUNTY RESOURCES REQUIR Match 1) Cash	Amount \$ -	Identify M	atch Source	Benefits to County and Citizens The purpose of the OAG SAVNS grant programming in a statewide system that will proving the counties in a statewide system that will proving the counties of the county of the count	ide relevant offender release
2) In-Kind	\$ -			information, notification of relevant court set safety and support the rights of victims of cr	
☐ No Match Required				carety and support the rights of violants of si	into.
Implementation / Start Up 1) Equipment	Amount	Des	cription		
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
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		lala mAife - NA	latah Causas		
Match	Amount	identify M	atch Source		

1) Voluntary / Donation