

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) Chris Perepiczka		
Title Commander, jail operations	Phone / Extension 5216	

Grant Description		
Grant Title and Funding Year Covid 19 Detection and Mitigation in Confinement Facilities	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) TX HHSC	Payment Method <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline	Requested Comm. Court November 21, 2022	Grant Period Execution date to July 31, 2024

Brief Description Provide continued and additional Covid 19 testing and mitigation support in confinement facilities.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel	\$ 483,226.00					\$ 483,226.00
Operating	\$ 654,805.00					\$ 654,805.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ 1,138,031.00	\$ -	\$ -	\$ -	\$ -	\$ 1,138,031.00
# of FTEs						0

Performance Measures	Current FY Progress to Date				Next FY
Applicable Outcome Measures	Q1	Q2	Q3	Q4	Projected

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 Covid 19 Detection and Mitigation in Confinement Facilities		Contact Person (Grant Liaison) Chris Perepiczka	
Grant Period Execution date to July 31, 2024		Phone / Ext 5216	Department Sheriff's Office

☐ Preliminary
☐ 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