## **Collin County Grant Summary Form**

Department Name		Sounty Gra		ted form along v	vith one electror	ic copy of the
Sheriff's Office				n and all suppo		
Contact Person (Grant Liaiso	on)			not less than 1		
Marie Chacon	,			Court meeting.		questions
Title	Phone / Exten	sion	contact Janna (	Caponera at <b>(97</b>	2) 548-4638.	
Budget Technician	X5106					
		Grant De	scription			
Grant Title and Funding Year	•		-	g Source	Applicat	ion Type
State Criminal Alien Assistance		AP) FY 2022	State		New Gran	
Grantor (include sub-grantin	- · ·	,	 ✓ Federal		Renewal	
		□ Other: □ Amendment			nt	
U.S. Department of Justice				Payment		-
			Cost Reim	bursement	✓ Other:	
Application/Award Deadline	Requested Co	mm. Court	Grant Period			
	01/09/2		July 1,	2020 to	June 30	0. 2021
Brief Description						
eligible criminal aliens, as dete correctional purposes only.				, , ,		
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total
Funding Sources		State I unus	Local Turius	Match	Match	
Personnel						\$ -
Operating						\$ -
Capital Equipment						\$-
Indirect Costs						
Total	\$-	\$-	\$-	\$-	\$-	\$-
# of FTEs						\$- \$
						•
Performance Meas						\$ - 0
		<u>.</u>		ogress to Date		\$ - 0 Next FY
Applicable Outcome M		Q1	Current FY Pro	ogress to Date Q3	Q4	\$- 0
		Q1		-	Q4	\$ - 0 Next FY
		Q1		-	Q4	\$ - 0 Next FY
		Q1		-	Q4	\$ - 0 Next FY
		Q1		-	Q4	\$ - 0 Next FY
		Q1		-	Q4	\$ - 0 Next FY

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 polices 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

## Grant Resource-Benefit Summary

Grant Title	Contact Person (Grant Liaison)	
State Criminal Alien Assistance Program (SCAAP) FY 2022	Marie Chacon	
Grant Period	Phone / Ext	Department
July 1, 2020 to June 30, 2021		



## COUNTY RESOURCES REQUIRED

COUNTY RESOURCES REQUIR			
Match	Amount	Identify Match Source	Benefits to County and Citizens SCAAP provides federal payments to states and localities that incur
1) Cash	\$-		correctional officer salary costs for incarcerating undocumented crim
2) In-Kind	\$-		aliens with at least one felony or two misdemeanor convictions for violations of state or local law, and incarcerated for at least four (4) d
No Match Required			during the reporting period of July 1, 2020 through June 30, 2021.
Implementation / Start Up	Amount	Description	
1) Equipment			
2) Training			
3) Inter-departmental / Other:			
No Implem / Start-up Costs			
Onevetienel / Meintenenee		Description	
Operational / Maintenance 1) Recurring Maintenance	Amount	Description	
, c			
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	
1) Voluntary / Donation			