Collin County Grant Summary Form

Department Name	Submit completed form along with one electronic copy of the					
Juvenile Department Contact Person (Grant Liaison)			grant application and all supporting documentation to the			
			Auditor's Office not less than 14 days prior to the scheduled			
Hiram Lynn Hadnot			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion	contact Janna	Caponera at (97 2	2) 548-4638.	
Director	6899					
		Grant De	escription			
Grant Title and Funding Yea	nr			g Source	Applica	ition Type
Girls Empowerment Mentoring Program			State New Gra			
Grantor (include sub-granting agencies)						
OJJDP			Other:			
			Payment Method			
			✓ Cost Reimbursement ☐ Other:			
Application/Award Deadline	Requested Co	mm. Court	Grant Period	ibaroomon.		
April 10, 2023		3, 2023	October	1, 2023 to	Septemb	er 30, 2026
Brief Description	7,61110	, 2020	0010201	1, 2020	Coptonia	0. 00, 2020
system and at-risk girls with the development.	ne skills needed to	olower engagem	ent in risky beha	aviors, and furthe	er their own pei	rsonl
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel	\$ 245,580.00				Iviatori	\$ 245,580.00
Operating	\$ 278,598.94					\$ 278,598.94
Capital Equipment	Ψ 27 0,000.01					\$ -
Indirect Costs						\$ -
Total	\$ 524,178.94	\$ -	\$ -	\$ -	\$ -	\$ 524,178.94
# of FTEs	+ + + + + + + + + + + + + + + + + + + 	Ψ -		—		(
,, 5,, 1, 25					<u> </u>	1
Performance Mea	sures		Current FY Progress to Date Next FY			
Applicable Outcome I	Measures	Q1	_		Q4	Projected
Provide serivines to Collin Co.	unty iuwniloo					
Provide serivices to Collin Col	unty juvniles					
			1			
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, pleating Grant Summary Form Memo of request to Corollary Electronic copy of the Approval to apply Cour	nds awarded to the lated agencies or ease find enclosed ommissioner Courbriginal, completed to Order (for award	e County under agents, as well the following it t for application/ d application/aw d only)	this grant, and the cast hose of the cast hose of the cast hose of the cast hose for initial reduced award acceptants	will adhere to any County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set
Completed by:						
Denartment Head / Designee Prints	nd Name	Signature			Date	

Grant Resource-Benefit Summary

Grant Title Girls Empowerment Mentoring Program Grant Period				(Grant Liaison)	Preliminary			
			Hiram Lynn Had Phone / Ext		Final			
	o September	30 2026	6899	Department Juvenile Department				
October 1, 2020	o oeptember	September 30, 2026 6899		ouvernie Department				
COUNTY RESOURCES REQUI	RED Amount	Identify	Match Source	Benefits to County and Citizens				
1) Cash	\$ -			No match is needed. The program will reduce recidivism and improve public safety by helping reinvest resouces that empower girls in the				
2) In-Kind	\$ -			juvenilie system and at-risk girls with the in risky behaviors, and further their ow	ne skills needed tolower engagement			
✓ No Match Required				,				
Implementation / Start Up	Amount	D	escription					
 Equipment Training 								
3) Inter-departmental / Other:								
☑ No Implem / Start-up Costs								
Operational / Maintenance	Amount	De	escription					
1) Recurring Maintenance								
2) Salary / Benefits								
3) Continuing Ed / Training								
4) Office / Program Space								
5) Travel								
6) Other:								
☑ No Oper / Maintenance Cost	s							
NON-COUNTY RESOURCES R Match	EQUIRED Amount	Identify	Match Source					
1) Voluntary / Donation								