

Collin County Grant Summary Form

Department Name 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 (972) 548-4638.
Contact Person (Grant Liaison) Marissa Dunnigan		
Title Managing Attorney	Phone / Extension 4805	

Grant Description		
Grant Title and Funding Year Community Mental Health Grant Program FY 2023/2024	Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Application Type <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies) HSHC	Payment Method	
	<input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline	Requested Comm. Court August 7, 2023	Grant Period September 1, 2023 to August 31, 2024

Brief Description

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						\$ -
Total	\$ -	\$ 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:		
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title Community Mental Health Grant Program FY 2023/2024	Contact Person (Grant Liaison) Marissa Dunnigan	
Grant Period September 1, 2023 to August 31, 2024	Phone / Ext 4805	Department MHMC

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

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ 36,456.00	
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