Collin County Grant Summary Form

Department Name		Journey Gra	Submit comple		ith one electro	nio conv of the		
296th District Court			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					
								Contact Person (Grant Liaison)
John R. Roach			contact Janna Caponera at (972) 548-4638.					
Title	Phone / Extens	sion						
Judge	4409							
		Grant De	scription					
Grant Title and Funding Year			Funding Source Application Type					
FY 23-24 VALOR Mental Healt	n	☑ State		New Grant				
Grantor (include sub-granting agencies)			☐ Federal		✓ Renewal			
Texas Veterans Commission		Other:		☐ Amendm	nent			
			Payment	Method	Method			
			☐ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm. Court	Grant Period					
August 1, 2023	August			June 30, 2024				
Brief Description		,		,		,		
VALOR program extension ap	plication to exten	d the grant to the	e end of the gra	nt year.				
				•				
Grant Categories /	Federal Funds	Ctata Funda	Local Funds	County Motob	In-Kind	Total		
Funding Sources	rederal runds	State Funds	Local Funds	County Match	Match	lotai		
Personnel						\$ -		
Operating		\$ 175,000.00				\$ 175,000.00		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 175,000.00	\$ -	\$ -	\$ -	\$ 175,000.00		
# of FTEs	·	+ 110,000.00	*		T	0		
Performance Meas	sures		Current FY Pr	ogress to Date		Next FY		
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected		
						,		
Provide services to Texas Vete	erans							
The December of the Control of the C		0 + 0				1		
The Department named above for the management of any fur								
forth by the Grantor and its rela								
departments. To that end, plea	•	•		•	nanciai and ad	mmstative		
	add iiria drididdd	a the fellowing it		V10V1.				
Grant Summary Form	mmissioner Cour	t for application	/award accentar	nce and approval	l			
 ✓ 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-u			s to be submitte	d to the Grantor				
Completed by:								
Judge Roach								
Department Head / Designee Printed	d Name	Signature			Date	ļ		

Grant Resource-Benefit Summary

FY 23-24 VALOR Mental Health Grant Extension				ı (Grant Liaison)	☐ Preliminar
			John R. Roach		☐ Final
Grant Period			Phone / Ext 4409	Department	
December 1, 2023 to	June 30	June 30, 2024		296th District Court	
COUNTY RESOURCES REQUIR	en.				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -			Mo Match Required.	
2) In-Kind	\$ -				
☐ No Match Required					
Implementation / Start Up	Amount	De	escription		
1) Equipment					
2) 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 Costs	S				
NON-COUNTY RESOURCES RI Match	EQUIRED Amount	Identify	Match Source		
1) Voluntary / Donation					