**Collin County Grant Summary Form** 

Department Name	Submit completed form along with one electronic copy of the						
Collin County Sheriff's Office Contact Person (Grant Liaison)			grant application and all supporting documentation to the				
			Auditor's Office not less than 14 days prior to the scheduled				
Marie Chacon			Commissioner Court meeting. If you have any questions				
Title	Phone / Exten	sion	-contact Janna Caponera at <b>(972) 548-4638</b> .				
	•	Grant De	escription				
Grant Title and Funding Yea	ır		Funding Source Application Type				
FY 2023 Justice Assistance Grant (JAG) Program			☐ State ☐ New Grant			nt	
Grantor (include sub-granting agencies)			☑ Federal ☐ Renewal				
Edward Byrne Memorial Justince Assistance Grant (JAG)			☐ Other: ☐ Amendment				
			Payment Method				
	☐ Cost Reimbursement ☐ Other:						
Application/Award Deadline	Requested Co	mm. Court	<b>Grant Period</b>				
	Septembe	r 18, 2023	October 1, 2023 to September 30,			er 30, 2025	
Brief Description	•		•				
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel				IVIALCII	IVIAICII	\$ -	
Operating	\$ 19,073.00					\$ 19,073.00	
Capital Equipment	Ψ 15,075.00					\$ -	
Indirect Costs	_					\$ -	
Total	\$ 19,073.00	\$ -	•	\$ -	6	\$ 19,073.00	
# of FTEs	\$ 19,073.00	<b>Ф</b> -	\$ -	<b>-</b>	\$ -	\$ 19,073.00	
			<u> </u>				
Performance Mea	sures		Current FY Progress to Date Next FY				
Applicable Outcome N	1easures	Q1	Q1 Q2 Q3 Q4			Projected	
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ples Grant Summary Form Memo of request to Coroll Electronic copy of the orange Approval to apply Court All attachments, back-up for the management of the management	nds awarded to the lated agencies or lase find enclosed mmissioner Courriginal, completed Order (for award	ne County under agents, as well d the following in t for application d application/avellonly)	er this grant, and I as those of the items for initial re laward acceptar vard	will adhere to a County, and its eview:	any polices and financial and a	procedures set	
Completed by:							
Department Head / Designee Printe	d Name	Signature			Date		

## **Grant Resource-Benefit Summary**

Grant Title FY 2023 Justice Assistance Grant (JAG) Program				(Grant Liaison)	☐ Preliminary ☐ Final
			Marie Chacon	I Danie antino ant	
Grant Period October 1, 2023 to	September	30 2025	Phone / Ext	Department Collin County Sheriff's Office	
October 1, 2023	Gepterriber	30, 2023	U	Comit County Sherm's Office	_
COUNTY RESOURCES REQUIR	<b>ED</b>				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -				
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	;				
NON-COUNTY RESOURCES RE					
Match	Amount	Identify	Match Source		
1) Voluntary / Donation					