**Collin County Grant Summary Form** 

		carrey or a	iii Gaiiiiia				
Department Name	Submit completed form along with one electronic copy of the						
Sheriff's Office	grant application and all supporting documentation to the						
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled				
Marie Chacon			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Title	Phone / Exten	sion	contact Janna	Caponera at (97	2) 548-4638.		
Budget Technician	X5106						
3		Grant De	scription				
Grant Title and Funding Year	•	9.0		g Source	Applica	tion Type	
State Criminal Alien Assistance Program (SCAAP) FY 2022			☐ State ☑ New Grant				
Grantor (include sub-granting agencies)			✓ Federal				
(			Other:		Amendm	ent	
U.S. Department of Justice			U Other.	Paymon		Ont	
			Payment Method  Cost Reimbursement  Other:				
Application/Assert Deadline	Count						
Application/Award Deadline Requested Co			Grant Period	0000	la company	20. 2024	
01/09/20 Brief Description		023	July 1, 2020 to June 30, 2021			30, 2021	
This application is submitted an calculated using a formula that eligible criminal aliens, as dete correctional purposes only.	provides a relat	ive share of fun	ding to jurisdicti	ons that apply a	and is based on	the number of	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel	139,207.00					<b>\$</b> 139,207.00	
Operating						\$ -	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	<b>\$</b> 139,207.00	\$ -	\$ -	\$ -	\$ -	<b>\$</b> 139,207.00	
# of FTEs	Ψ **, **	Ψ	Ψ -	Ψ		Φ 100,207.00	
# 011 120						<u> </u>	
Performance Meas	ures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome M		Q1	<b>G</b>			Projected	
, ipplicable datesine iii	0404100	Q i	<u> </u>	<u> </u>	I	1 10,000.00	
					1		
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The Department named above for the management of any fun forth by the Grantor and its reladepartments. To that end, pleadepartments. To that end, pleadepartments are under the Grant Summary Form Memo of request to Communication Electronic copy of the ormal Approval to apply Court All attachments, back-up	ds awarded to the detect agencies or ase find enclosed mmissioner Couriginal, complete Order (for award	ne County unde agents, as well d the following in t for application/aw d only)	r this grant, and as those of the tems for initial re //award acceptar	will adhere to a County, and its eview:	ny polices and financial and a	procedures set	
Completed by:							
Department Head / Deciance Printed		Signaturo			Date		

## **Grant Resource-Benefit Summary**

Grant Title State Criminal Alien Assistance Program (SCAAP) FY 2022			Contact Person (Grant Liaison)		
			Marie Chacon		☐ Final
Grant Period			Phone / Ext	Department	<u> </u>
July 1, 2020 to	June 30,	2021			
COUNTY RESOURCES REQUIR Match  1) Cash	Amount	Identify N	Match Source	Benefits to County and Citizens SCAAP provides federal payments to states	
2) In-Kind	\$ -			correctional officer salary costs for incarcera aliens with at least one felony or two misder violations of state or local law, and incarcera	meanor convictions for
☐ No Match Required				during the reporting period of July 1, 2020 th	
Implementation / Start Up	Amount	Des	scription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	scription		
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	OURED				

Identify Match Source

Amount

Match

1) Voluntary / Donation