Collin County Grant Summary Form

	0011111	Journey Oru			***	
Department Name	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					
Auditor 3001						
Contact Person (Grant Liaison)						
Sharon Fitzwater		contact Janna Caponera at (972) 548-4638.				
Title	Phone / Extension			(·	_,	
Auditor 3001	972-548-4646					
		Grant De	scription			
Grant Title and Funding Year	•		Funding	g Source	Applica	tion Type
Victim Information Notification Everyday			☑ State ☐ New Gra			nt
Grantor (include sub-granting agencies)			☐ Federal ☑ Renewal			
Office of Attorney General			☐ Other:		☐ Amendment	
•					t Method	
		Cost Reim	nbursement	Other:		
Application/Award Deadline	Requested Co	mm. Court	Grant Period			
· · ·		9, 2023	September 1, 2023 to		August 31, 2024	
Brief Description	October	3, 2020	Осртстве	11,2020 10	7 tagast	01, 2024
Requesting approval to enter in	ato a grant contra	act with The Offi	co of the Attorne	ov Conoral (OAC	c) and Callin Co	unty for the
Texas Statewide Automated Vi						
31, 2024 in the amount of \$30,						
statewide system that will provi						
promote public safety and supp						, , , , , , , , , , , , , , , , , , , ,
Grant Categories /	Federal Funds	Ctata Funda	Local Funds	County Match	In-Kind	Total
Funding Sources	rederal Funds	State Funds	Local Funds	County Match	Match	lotai
Personnel						\$ -
Operating		\$ 30,285.26				\$ 30,285.26
Capital Equipment		,				\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 30,285.26	\$ -	\$ -	\$ -	\$ 30,285.26
# of FTEs	l'	+	<u> </u>	Ť	*	0
,, 611 126			Į			
Performance Meas	sures		Current FY Pr	ogress to Date		Next FY
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	Projected
4.1		~ .	<u> </u>			,
		0 15				
The Department named above						
for the management of any fun forth by the Grantor and its rela						
departments. To that end, plea	•	•		•	nanciai and adi	IIIIIStrative
_	ase iiila eriolosee	a the following it		VICW.		
Grant Summary Form	mmissioner Cour	t for application	laward acceptan	see and approval		
Memo of request to CorElectronic copy of the o				ice and approvai		
Approval to apply Court			aru			
All attachments, back-u			s to be submitte	d to the Grantor		
Completed by:						
Department Head / Designee Printed	l Name	Signature			Date	

Grant Resource-Benefit Summary

Grant Title Victim Information Notification Everyday			Contact Person		naı
			Sharon Fitzwater		
Grant Period			Phone / Ext 972-548-4646	Department Auditor 3001	
September 1, 2023 to	August 31, 2024		972-548-4646	Additor 5001	
COUNTY RESOURCES REQUIR Match	ED Amount	Identify N	Match Source	Benefits to County and Citizens	
1) Cash	\$ -			The purpose of the OAG SAVNS grant program is to maintain Texas counties in a statewide system that will provide relevant offender release	
2) In-Kind	\$ -			information, notification of relevant court setting or events, promote publ safety and support the rights of victims of crime.	
☐ No Match Required					
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	OUIRED				

Identify Match Source

Amount

Match

1) Voluntary / Donation