Collin County Grant Summary Form

Department Name		bounity Ora	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							
Auditor								
Contact Person (Grant Liais	Commissioner Court meeting. If you have any questions							
	Janna Caponera			contact Janna Caponera at (972) 548-4638.				
Title	Phone / Extens	sion						
Grant Accounting and Reporting	n(4638							
		Grant De	scription					
Grant Title and Funding Yea			Funding Source Application					
Indigent Defense Formula Grant FY 2024			✓ State			nt		
Grantor (include sub-granting agencies)			Federal		✓ Renewal			
Texas Indigent Defense Commission - Office of the Governor			Other:		Amendm	ent		
			Payment Method					
			☐ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm. Court	Grant Period					
November 15, 2023	10/1232023		October 1, 2023 to Septemb			er 30,2024		
Brief Description	•		•					
Reimburse for the state appro-	ved defense serv	ices for indigent	defendants. An	nount of award h	as not been ca	lculated yet. The		
Grant Categories /					In-Kind			
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total		
Personnel					Maton	\$ -		
Operating						\$ -		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
# of FTEs		•	•		•	0		
			ı					
Performance Mea	sures		Current FY Progress to Date			Next FY		
Applicable Outcome N	/leasures	Q1	Q1 Q2 Q3		Q4	Projected		
						<u> </u>		
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple Grant Summary Form Memo of request to Co Electronic copy of the of Approval to apply Cour All attachments, back-to	nds awarded to the ated agencies or ase find enclosed ammissioner Courbriginal, completed torder (for award	e County under agents, as well a little following ite to for application/awd only)	this grant, and vas those of the 0 ems for initial re award acceptar	will adhere to any County, and its fi view: nce and approval	y polices and properties and adden	rocedures set		
Completed by:								
Linda Riggs								
Department Head / Designee Printe	d Name	Signature			Date			

Grant Resource-Benefit Summary

Grant Title Indigent Defense Formula Grant FY 2024 Grant Period			Contact Person (Grant Liaison)			Preliminary
			Janna Caponera Phone / Ext		_	Final
October 1, 2023 to	Sentembe	er 30,2024	4638	Department Auditor		
COUNTY RESOURCES REQUIR Match 1) Cash 2) In-Kind			Match Source	Benefits to County and Citizens State defense for indigent defendants.		
No Match Required						
Implementation / Start Up 1) Equipment 2) Training 3) Inter-departmental / Other: No Implem / Start-up Costs	Amount	De	escription			
Operational / Maintenance 1) Recurring Maintenance	Amount	De	escription			
2) Salary / Benefits						
3) Continuing Ed / Training						
4) Office / Program Space						
5) Travel						
Other:	Unknown	Defense Cos	sts			
No Oper / Maintenance Costs						
NON-COUNTY RESOURCES RE Match 1) Voluntary / Donation	QUIRED Amount	Identify	Match Source			
1) Voluntary / Donation		ĺ				