**Collin County Grant Summary Form** 

	Commit	Journey Gra				
Department Name			Submit completed form along with one electronic copy of the			
Juvenile Department			grant application and all supporting documentation to the			
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled			
Hiram Lynn Hadnot			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.			
Title	Phone / Exten	sion	Contact Janna	Caponera at (31	2) 340-4030.	
Director	6473					
		Grant De	scription			
Grant Title and Funding Ye	Funding Source Application Type			tion Type		
Juvenile Mental Health Court			✓ State		☐ New Grant	
Grantor (include sub-granting agencies)			☐ Federal		Renewal	
Office of the Governor (OOG		Other:		☐ Amendme	☐ Amendment	
,		Payment Method				
			✓ Cost Reimbursement ☐ Other:			
Application/Award Deadlin	e Requested Co	mm. Court	Grant Period			
February 8, 2024		February 5, 2024		September 1, 2024 to August 31, 2025		
Brief Description		, -, -		, -		
Provide services to Juveniles	s.Diversion progra	m for mentally il	l or intellectual o	defendants that	need services a	ıs an
alternative to subjecting thos		•				
, ,		•	•	•		
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total
Funding Sources			200011 01100	Match	Match	
Personnel		\$ 197,034.00				\$ 197,034.00
Operating		\$ 64,298.00				\$ 64,298.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 261,332.00	\$ -	\$ -	\$ -	\$ 261,332.00
# of FTEs						0
						T
Performance Measures			Current FY Progress to Date			Next FY
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
Provide serivices to Collin Co	ountv					
					<u>                                     </u>	
			<u> </u>			
The Department named about		_			-	
for the management of any f						
forth by the Grantor and its r					financial and a	dministrative
departments. To that end, p		a the following i	tems for initial re	eview:		
Grant Summary Form						
<ul> <li>Memo of request to Commissioner Court for application/award acceptance and approval</li> <li>Electronic copy of the original, completed application/award</li> </ul>						
<ul> <li>☑ Electronic copy of the original, completed application/award</li> <li>☑ Approval to apply Court Order (for award only)</li> </ul>						
✓ All attachments, back			s to be submitte	d to the Grantor	ſ	
Completed by:						
	_					
Department Head / Designee Printed Name Signature		Signature	Date			