Collin County Grant Summary Form

| Department Name Collin County Sheriff's Office | | | | | Submit completed form along with one electronic copy of the grant application and all supporting documentation to the | | | | | |
|---|------|--------------|--------|---|---|-----------------|--------------|--------|-------------|--|
| | | | | | | | | | | |
| Contact Person (Grant Liaison) ROBERT LANGWELL | | | | | Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions | | | | | |
| Title Phone / Extens | | | sion | contact Janna Caponera at (972) 548-4638. | | | 2) 548-4638. | | | |
| LIEUTENANT X-5100 | | | | | | | | | | |
| | | 10 - 00 - 00 | | Grant De | escription | | | | | |
| Grant Title and Funding Year | , | | | | Funding | g Source | Applica | ation | Туре | |
| FY 2024 ICAC Interlocal Agreement | | | | | State | | New Grant | | | |
| Grantor (include sub-granting agencies) | | | | | Federal | 🗹 Renewa | Renewal | | | |
| | | | Other: | | | Amendment | | | | |
| City of Dallas | | | | | Payment Method | | | | | |
| | | | | Cost Reimbursement | | | Other: | | | |
| Application/Award Deadline | Req | uested Co | mm. C | ourt | Grant Period | | | | | |
| | | March 1 | 1, 202 | 24 | October | 1, 2023 to | Septemb | ber 30 | er 30, 2024 | |
| Brief Description | | | | | | | | | | |
| Grant Categories / | Fed | eral Funds | Stat | e Funds | Local Funds | County Match | In-Kind | | Total | |
| Funding Sources | | Sidi i dilao | Otat | c i dildo | Local I dilus | County materi | Match | | Total | |
| Personnel | | | _ | _ | | | | \$ | - | |
| Operating | \$ | 7,500.00 | | | | | | \$ | 7,500.00 | |
| Capital Equipment | - | | | | | | | \$ | - | |
| Indirect Costs | - | | | | | | | \$ | | |
| Total | \$ | 7,500.00 | \$ | - | \$ - | \$ - | \$ - | \$ | 7,500.00 | |
| # of FTEs | | | _ | | | | | | C | |
| Performance Meas | ures | | | - | Current FY Pr | rogress to Date | | | Next FY | |
| Applicable Outcome Measures | | | Q1 | | Q2 Q3 | | Q4 | | Projected | |
| | | | | | | | | | | |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | 1 | | I | | | |

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any polices and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- Grant Summary Form
- Memo of request to Commissioner Court for application/award acceptance and approval
- Electronic copy of the original, completed application/award
 Approval to apply Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor

| Completed by: | r et . | 1 1 | |
|---|-----------|---------|--|
| Jim Skinner, Sheriff | inour | 2/27/24 | |
| Department Head / Designee Printed Name | Signature | Date | |
| | | | |

Grant Resource-Benefit Summary

| Grant Title | | | Contact Person | | |
|-----------------------------------|----|--------------------|-----------------|--------------------------------|--|
| FY 2024 ICAC Interlocal Agreement | | | ROBERT LANGWELL | | |
| Grant Period | | | Phone / Ext | Department | |
| October 1, 2023 | to | September 30, 2024 | X-5100 | Collin County Sheriff's Office | |

| Prelim inary |
|--------------|
| Firal |

COUNTY RESOURCES REQUIRED

| Match | Amount | Identify Match Source | Benefits to County and Citizens |
|----------------------------------|------------------|-----------------------|--|
| 1) Cash | \$ - | | The grant provides funds to be used to combat internet-based crimes against children with no county match |
| 2) In-Kind | \$- | | |
| No Match Required | | | |
| Implementation / Start Up | Amount | Description | |
| 1) Equipment | | | |
| 2) Training | | | |
| 3) Inter-departmental / Other: | | | |
| No Implem / Start-up Costs | | | |
| Operational / Maintenance | Amount | Description | |
| 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 | QUIRED Amount | Identify Match Source | |
| 1) Voluntary / Donation | | | |