ollin County Grant Summary Form

Department Name			Submit comple		vith one electror	nic copy of the	
Sheriff's Office	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the						
Contact Person (Grant Liaiso	Auditor's Office	not less than 1	4 days prior to t	he scheduled			
Marie Chacon		Court meeting.		questions			
Title	Phone / Exten	sion	contact Janna Caponera at (972) 548-4638 .				
Budget Technician	5106						
Buuger reennoun	0100	Grant De	escription				
Grant Title and Funding Year	r	Utant De	-	g Source	Applicat	ion Type	
State Criminal Alien Assistance Program SCAAP FY2023			State View Grant				
Grantor (include sub-grantin			✓ Federal			-	
(.g		Other:		Amendme	nt	
US Dept. of Justice				t Method			
			Cost Reim	ibursement	☑ Other:		
Application/Award Deadline	Requested Co	mm Court	Grant Period				
	-	4, 2024	July 1,	2022 to	lune 3	0, 2023	
Brief Description	Julie 2	+, 2024	July I,	2022 10	Julie J	0, 2023	
This application is submitted ar	anually through t	he Dureeu of J	uctico Accietano	o (PIA) grapto o	water The fun	ding io	
calculated using a formula that							
eligible criminal aliens, as dete	rmined by the De	epartment of Ho	omeland Securit	y (DHS). SCAA	P funding is rest	ricted for	
correctional purposes only.		•			Ŭ		
Grant Categories /				County	In-Kind	T - 4 - 1	
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total	
Personnel						\$-	
Operating						\$-	
Capital Equipment						\$-	
Indirect Costs						\$-	
Total	\$-	\$-	\$-	\$-	\$-	\$-	
# of FTEs						0	
Performance Meas	Current FY Progress to Date				Next FY		
Applicable Outcome M	Q1	Q2	Q3	Q4	Projected		
			1	1			

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/awa
 Electronic copy of the original, completed application/award Memo of request to Commissioner Court for application/award acceptance and approval

Approval to apply Court Order (for award only)

All attachments, back-up documentation or amendments to be submitted to the Grantor

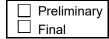
Completed by:

Department Head / Designee Printed Name

Signature

Grant Resource-Benefit Summary

Grant Title			Contact Person	Contact Person (Grant Liaison)		
State Criminal Alien Assis	tance Progra	am SCAAP FY2023	Marie Chacon		□ F	
Grant Period			Phone / Ext	Department		
July 1, 2022	to	June 30, 2023	5106	Sheriff's Office		



COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source	Benefits to County and Citizens
1) Cash	\$ -		SCAAP provides federal payments to states and localities that incurred correctional officer salary costs for incarcerating undocumented criminal
2) In-Kind	\$-		aliens with at least one felony or two misdemeanor convictions for violations of state or local law, and incarcerated for at least four (4) days
\Box No Match Required			during the reporting period of July 1, 2022 through June 30, 2023
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		Identify Motch Source	
Match 1) Voluntary / Donation	Amount	Identify Match Source	
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