| Collin County | | | | |
|--|--|---|--|--|
| UP VETERANS' TSIE | ID: R-2023-2018004640 VCSO : No | | Start Date: 2024-07-01 End Date: 2025-06-30 | |
| ONUR (INCE) | Veteran Treat | ment Court Program | Submission Deadline: 2023-12-04 | |
| TEXAS VETERANS COMMISSION | | ed: \$400,000.00 ount: \$400,000.00 | TVC ID: | |
| · cterans o | Grant Officer: | | Award Type: | |
| | | | | |
| Request Status | | | | |
| Draft F | Review | Negotiations - Sent Back | Active Closed | |
| | | | | |
| Negotiations | | | | |
| Feedback | | | | |
| information under Grantee as needed. 3. Budget Tab | e References: http les: create narrat e use of requested | os://tvc.texas.gov/grants/gra ives for each Budget Group | , User Guides, and additional ntees/ 2. Principal Participants: update Expense in appropriate Line Item t Management Documents for guidance | |
| Comments for TVC: | | | | |
| | | | | |
| | | | | |
| Status | | Sent Back for Revisions | | |
| ▼ Table of Contents | | | | |
| Additional Organization In Full Application Summary of Services Marketing and Outreach Financial Information Budget Tables Documents | formation | | | |
| Additional Organizatio | n Information | | | |
| How many organization working on the grant fur veterans?* | | 4 | | |
| On average, how many the organization serve a | | 100 | | |
| On average, how many o organization serve annu | | 100 | | |
| Percentage of clients se organization who are ve | | 100% | | |

| John Roach |
|-----------------------|
| Linda Riggs |
| Patricia Skipper |
| John Roach |
| Janna Benson-Caponera |
| John Roach |
| |
| |
| |

▼ Full Application

| Geographic Service Area(s)* | Collin, Cooke, Fannin, Grayson, Hunt, Kaufman, Rockwall | |
|---|---|--|
| What types of services does the organization currently provide to the community in the proposed service area?* | Does not currently provide services in area | |
| What types of services does the organization currently provide to | Transportation Assistance, Adjustment Disorders, Anxiety | |
| veterans in the proposed geographic | Disorders, Assistive Technology, Beneficiary Documents, | |
| service area?* | Community Integration, Concerns Related to Identity, | |
| | Contractor, Employment Support, Entrepreneurship and | |
| | small-business training , Fuel, Housing Goods, Job Search | |
| | Services and Job Placement Assistance, Job Skills Training | |
| | and Education Programs, Legal Services, Licensed Mental | |
| | Health providers, Life Skills, Marriage/Family/Relationship | |
| | Concerns, Mood Disorders, Mortgage, Other Employment | |
| | Related Services, Other VTC related client services, | |
| | Program/Court Coordinator, Rent, Substance Abuse | |
| | Detection, Substance Abuse Treatment, Substance Use | |
| | Disorders, Suicide Ideation and Behaviors, Tools and | |
| | Uniforms, Tools, Equipment, Software, or other related | |
| | business products, Transition Assistance, Transportation | |
| | Rides, Trauma and Stress Related Disorders, Utilities | |

Who will the organization provide direct services to under the proposed project? Check boxes below.* Veterans: Yes

Number of Unduplicated Veterans* 100

Yes Will your organization ensure that the beneficiaries served, reported monthly to FVA are unduplicated? *

Describe how your organization will ensure that beneficiaries reported to FVA are unduplicated. *

Veterans receive services and are reported based on admit/release dates, data is stored electronically and on a spreadsheet. Services are tracked via invoice/payment records.

Will your organization collect and verify Yes authorized beneficiary eligibility documents as prescribed by the RFA?*

Describe how the eligibility verification documents are securely maintained (example: in locked filing cabinet or electronically on your organization's server).*

Documents will be maintained in digital format (secured in the organization server).

How long does your agency retain grant documentation?*

Records will be retained for three (3) years.

Describe the services that your project will provide with this funding, and the specific veteran beneficiaries who will receive the services*

Services for Veterans will include Evaluation/counseling/consulting guidance, support, and/or clinical therapy sessions from experienced, licensed mental health professionals to address underlying issues and develop coping strategies. Abstinence monitoring and assistance with unexpected needs such as utility, housing and transportation.

What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)*

that your organization will serve with TVC grant funding? (select all that

Choose the veteran discharge

apply)*

National Guard, Reserves, Veteran

Honorable, General Under Honorable Conditions, Other Than status(es) (Characterization of Service) Honorable Conditions, Bad Conduct

Describe any other restrictions on eligibility, if applicable (example: income level, VA disability rating, etc).

Candidates whose criminal cases have been filed in Collin, Fannin, Grayson, Kaufman, Rockwall, Cooke, or Hunt Counties. Veterans can not be charged with crimes in TX Code Criminal Procedure 42.12 (3) (g). Veterans should have a mental health diagnosis. If no diagnosis, Veteran will be evaluated.

At what location(s) will beneficiary intake occur?*

Other Location

At what location(s) will beneficiaries Other Location receive services?*

Can beneficiaries request services over $\ensuremath{\mbox{Yes}}$ the phone?*

If yes, provide phone number for 469-974-7731 beneficiaries' to contact for application and/or client intake?*

Must be formatted as XXX-XXX-XXXX

Can beneficiaries request services or Yes make an appointment online?*

If beneficiaries can make an appointment online, please provide the application link for beneficiaries' to utilize for application and/ or client intake. If awarded a grant, this contact information will be included in FVA's Grantee Directory. *

The application for beneficiaries can be found on: www.northtxveteranscourt.com

| Can beneficiaries apply for services via walk-in? * | Yes | |
|--|--|--|
| Are services provided by appointment only?* | No | |
| How will beneficiaries be evaluated to determine priority of service?* | Demonstrated Need | |
| Once eligibility is determined, how many days will it take for requested services to be provided?* | 2 | |
| Will your organization be providing mental health services as a component of your grant project?* | Yes | |
| If Yes, select the conditions served : Trauma and Stress Related Disorders | | |
| Which individual, manualized trauma-foo organization use to treat mental health c | cused Evidence-Based Practices(EBP) modalities does your onditions? * | |
| Anxiety and Mood Disorders, Suicide Ideati Mental Health concerns. | on and Behaviors, Substance and Drug Use, TBI, PTSD and other | |
| | ganization staff that will be utilized for the scope of this grant.* ed: CBT, Trauma-Focused (CBT), CPT, Narrative Therapy, Art e and Motivational Interviewing. | |
| EBP CERTIFICAT | FIONS - ACCOMPANYING DOCUMENTS | |
| | | |
| EBP Certification Document | | |

Note : These EBP documents are required before grant services begin.

Marketing and Outreach

Will your organization conduct outreach events/ interactions to promote grant-funded services? * Yes

| becombe the organization o outrouon p | Describe the organization's outreach plan.* | | |
|---|---|--|--|
| Plan for outreach but not limited to: News oral presentations, video within County, D | flashes, blogs, websites, fliers, business cards, posters, and istrict Courts and State of Texas. | | |
| How many hours a week, on average, will you conduct outreach with grant funding?* | 100 | | |
| Will your organization conduct marketing to mass audiences promoting grant-funded services?* | Yes | | |
| Describe the organization's marketing | plan.* | | |
| Organization's Marketing Plan: social mec | lia, Flyers and Brochures, Broadcast Media and Presentations. | | |
| What marketing techniques will your organization be using to promote grant funded services ? | Flyers and Brochures, Other | | |
| Will beneficiary satisfaction of grant- funded services be measured? * | Yes | | |
| Will this include a satisfaction survey | Yes | | |
| after all services have been provided? * | | | |
| after all services have been provided? * ▼ Financial Information Does your organization have a maximum allowable amount per client? * | No | | |
| ★ Financial Information Does your organization have a maximum allowable amount per | No | | |
| ★ Financial Information Does your organization have a maximum allowable amount per client? * Does your organization have the ability to sustain this project without | | | |
| ★ Financial Information Does your organization have a maximum allowable amount per client? * Does your organization have the ability to sustain this project without FVA funding?* Does your organization use software to record accounting transactions and | No Yes | | |
| ★ Financial Information Does your organization have a maximum allowable amount per client? * Does your organization have the ability to sustain this project without FVA funding?* Does your organization use software to record accounting transactions and manage financial book keeping?* What is the name, type, and version of the software?* | No Yes | | |
| ★ Financial Information Does your organization have a maximum allowable amount per client? * Does your organization have the ability to sustain this project without FVA funding?* Does your organization use software to record accounting transactions and manage financial book keeping?* What is the name, type, and version of the software?* Note: The values entered for Total Assets, | No Yes Munis | | |
| ★ Financial Information Does your organization have a maximum allowable amount per client? * Does your organization have the ability to sustain this project without FVA funding?* Does your organization use software to record accounting transactions and manage financial book keeping?* What is the name, type, and version of the software?* Note: The values entered for Total Assets, financial documents. | No Yes Munis Total Liabilities, Net Assets should be based on the attached | | |

Budget Tables

Direct Client Services Group

| Category | Unit Cost | Quantity | Amount Requested |
|--|------------|----------|------------------|
| Contracted Staff Program/Court Coordinator | \$5,459.00 | 12 | \$65,508.00 |
| Contracted Staff Mental Health Providers/Counselors | \$5,834.00 | 12 | \$70,008.00 |

| Contracted Staff Mental Health Providers/Counselors | \$3,750.00 | 12 | \$45,000.00 |
|--|------------|-----|--------------|
| Contracted Staff Mental Health Providers/Counselors | \$4,917.00 | 12 | \$59,004.00 |
| Contracted Staff Mental Health Providers/Counselors | \$5,084.00 | 12 | \$61,008.00 |
| Other VTC Related Client Services | \$250.00 | 100 | \$25,000.00 |
| Other VTC Related Client Services | \$2,000.00 | 20 | \$40,000.00 |
| Financial Assistance <i>Rent</i> | \$1,700.00 | 13 | \$22,100.00 |
| Other VTC Related Client Services | \$250.00 | 20 | \$5,000.00 |
| Total | | | \$392,628.00 |

IDC Group

| Amount Requested |
|------------------|
| \$7,372.00 |
| \$7,372.00 |
| 0, |

Total Budget:

\$400,000.00

▼ Documents

Select the financial document that applies to your organization as per the RFA:

POLICY/PROCEDURE DOCUMENTS

Capitalization and Equipment

Cash Management

Payroll

Procurement

Travel

Vendor Payments