Application must be received by: <u>Friday, August 23, 2024</u>. Late or incomplete applications will not be considered.

| | County Information |)n distant dist | | | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------|--|--|
| County Name | Collin County | | | | |
| Mailing Address: | 2300 Bloomdale Road Suite | 3100 | | | |
| | Street Address | | | | |
| Physical Address: | McKinney | TX | 75071 | | |
| | City | State | Zip Code | | |
| | 2300 Bloomdale Road | | | | |
| | Street Address | | | | |
| | McKinney | TX | 75071 | | |
| | City | State | Zip Code | | |
| | Contact Personne | | STATISTICS STATISTICS | | |
| (1) Name of Primary Program Contact (This person can answer day-to-day questions about the project.) | | | | | |
| (1) I tame of I I mary I togram contact (11115 person can answer day to day questions about the projection | | | | | |
| Full Name: Lacy | / DeHomev | Mr. | Dr. | | |
| First | Last | H Ms. | Other | | |
| Position Title: Development Services Assistant Director | | | | | |
| Email Address: mbrown@co.collin.tx.us | | | | | |
| Phone: (972 | 2 ⁻ 548-7293 ^{Ext.} Alt #: | () - | | | |
| (2) Name of Authorized Official (This person is authorized to enter into legal agreements on behalf of the | | | | | |
| | rized Official (1 his person is authorized to erson's name will appear on the grant agree | | ements on behalf of the | | |
| | | | | | |
| Full Name: Chri | s Hill | Mr. | Dr. | | |
| First | Last | Ms. | Other | | |
| Position Title: | County Judge | | | | |
| Email Address: chill@co.collin.tx.us | | | | | |
| Phone: 972-5 | 948-4632 Ext. Alt #: | () - | | | |
| | · · · · · · · · · · · · · · · · · · · | × / | | | |
| 1 | | | | | |
| | Program Information | on | WE AND ADDRESS FOR THE SALES | | |

| Previous Participation | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| • Has your County previously participated in the feral hog abatement grants? | Yes | No |
| • If yes, what years? | | |
| Has your County previously received a grant through any TDA or Texas A&M AgriLife Extension Service feral hog abatement program? | Yes* | No |
| • If yes, what years? | _ | |
| Quantifiable | | |
| Information and | | |
| Description of | | |
| Activities | | |
| Please provide a narrative describing the feral hog abatement program and | | |
| your use of the funds. Include as much detail as necessary for the reviewers to | | |
| evaluate your proposal against the evaluation criteria. Include budget, past | | |
| final reports and bounty pool commitments as appropriate. | | |

Please refer to attachment: Quantifiable Information and Description of Activities.

(Additional sheets may be attached if more space is needed.)