Grant Resource-Benefit Summary

Grant Title			Contact Person	(Grant Liaison)	□ Prelimii	reliminary
Grant R - Diversion Alternative Pla	an		H. Lynn Hadnot		☐ Final	
Grant Period			Phone / Ext	Department		
November 8, 2024 to	November	8, 2025	6473	Juvenile Probation Department		
COUNTY RESOURCES REQUIR	ED Amount	Identify	Match Source	Benefits to County and Citizens		
1) Cash	\$ -					
2) In-Kind	\$ -					
☑ No Match Required						
Implementation / Start Up 1) Equipment	Amount	De	scription			
2) Training						
3) Inter-departmental / Other:						
□ No Implem / Start-up Costs						
Operational / Maintenance	Amount	De	scription	1		
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	QUIRED					
Match	Amount	Identify	Match Source	.		
1) Voluntary / Donation						

Collin County Grant Summary Form

Department Name		Journey Ora	Submit completed form along with one electronic copy of the						
·	grant application and all supporting documentation to the								
Juvenile Probation Department				Auditor's Office not less than 14 days prior to the scheduled					
Contact Person (Grant Liaison)				Commissioner Court meeting. If you have any questions					
H. Lynn Hadnot			contact Janna Caponera at (972) 548-4638.						
Title	Phone / Extens	sion							
Director	6473								
		Grant De	scri	otion					
Grant Title and Funding Y		Funding Source Application Type							
Grant R - Diversion Alternat		V	State		☑ New Grar	nt			
Grantor (include sub-gran			Federal		□ Renewal				
		□ Other:			□ Amendment				
Texas Juvenile Justice Dep				Paymen	t Method	Method			
			□ Cost Reimbursement □ Other:						
Application/Award Deadlin	ne Requested Co	mm. Court	Grant Period						
NA NA	Decembe			November 8, 2024 to November 8, 2025					
Brief Description		. 0, _0			. 0, 202 : 10		,		
To provide residential service	ses for a juvenile off	ender who is he	sina (diverted fro	m T LID (state) c	commitment			
							_		
Grant Categories / Funding Sources	Federal Funds	State Funds	Lo	cal Funds	County Match	In-Kind Match	Total		
Personnel							\$ -		
Operating		\$ 58,500.00					\$ 58,500.00		
Capital Equipment							\$ -		
Indirect Costs							\$ -		
Total	\$ -	\$ 58,500.00	\$	-	\$ -	\$ -	\$ 58,500.00		
# of FTEs		· · · · · · · · · · · · · · · · · · ·					0		
						l .	L		
Performance Mo	easures		Cur	rent FY Pr	ogress to Date		Next FY		
Applicable Outcome Measures		Q1	Q2 Q3			Q4	Projected		
					1				
			<u> </u>		1	l			
The Department named aborder the management of any forth by the Grantor and its departments. To that end, p	funds awarded to the related agencies or	e County under agents, as well	r this as th	grant, and nose of the	will adhere to an County, and its	ny polices and p	procedures set		
☐ Grant Summary Forn		3							
☑ Grant Summary Form☑ Memo of request to 0		for application/	awaı	rd accentar	nce and approva	ı			
•				_ assopiai	and approva	•			
 ☑ Electronic copy of the original, completed application/award ☐ Approval to apply Court Order (for award only) 									
☐ All attachments, back	•	• •	s to b	e submitte	d to the Grantor				
Completed by:									
H. Lynn Hadnot, Director						November 18,	2024		
Department Head / Designee Pri	nted Name	Signature				Date			