Collin County Grant Summary Form

<u> </u>		Journey Ord					
Department Name	Submit completed form along with one electronic copy of the						
Juvenile Department			grant application and all supporting documentation to the				
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled				
Hiram Lynn Hadnot			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Title	Phone / Exten	sion	Contact Janna	Caponera at (3	12) 540-4050.		
Director	6473						
		Grant De	scription				
Grant Title and Funding Ye	ar		Funding	g Source	Applica	tion Type	
Juvenile Mental Health Court			✓ State			nt	
Grantor (include sub-granting agencies)			☐ Federal ☑ Renewal				
Office of the Governor (OOG), Specilty Court			Other:		☐ Amendm	ent	
			Payment Method				
			✓ Cost Reimbursement ☐ Other:				
Application/Award Deadling	e Requested Co	mm. Court	Grant Period				
February 13, 2024	•	y 3, 2024				31, 2026	
Brief Description	<u> </u>	, -, -	'	, , , , , ,	<u> </u>	, , ,	
Provide services to Juveniles	Diversion progra	m for mentally il	l or intellectual c	defendants that	need services :	as an	
alternative to subjecting those	e defendants to th	e criminal justic	e system. This	will be a 1 year	grant period.		
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 215,204.00		Water	IVIALOTI	\$ 215,204.00	
Operating		Ψ 210,204.00				\$ -	
Capital Equipment						\$ -	
Indirect Costs					_	\$ -	
Total	\$ -	£ 045 004 00	•	\$ -	•	\$ 215,204.00	
	\$ -	\$ 215,204.00	\$ -	Φ -	\$ -	<u> </u>	
# of FTEs						0	
Performance Mea	acurae		Current FY Pr	ogress to Date	<u> </u>	Next FY	
Applicable Outcome		Q1	Q2	Q3	, Q4	Projected	
Applicable Outcome	WCd3d1C3	Qı	QZ	I	Q+	Trojected	
Provide serivices to Collin Co	ounty						
					+		
					+		
			l	<u> </u>	1	1	
The Department named above	e is applying for t	he Grant Progra	am named above	e and if awarde	ed will accept fu	ıll responsibility	
for the management of any fu							
forth by the Grantor and its re							
departments. To that end, pl	ease find enclose	d the following i	tems for initial re	eview:			
Grant Summary Form							
Memo of request to Co				nce and approv	al		
☑ Electronic copy of the			/ard				
Approval to apply Cou			- 4- be 2 - 20	-1 4- 41- C ·	_		
✓ All attachments, back-	up documentation	or amendment	s to be submitte	a to the Granto	PΓ		
Completed by:							
1 -J.							
Department Head / Designee Print	ed Name	Signature			Date	_	

Grant Resource-Benefit Summary

			Contact Person	(Grant Liaison)	☐ Preliminary
			Hiram Lynn Hadnot		Final
Grant Period		Phone / Ext	Department		
September 1, 2025 to	August 31, 2026		6473	Juvenile Department	
COUNTY RESOURCES REQUIR	RED Amount	Identify N	Match Source	Benefits to County and Citizens	
		racritity i	viateri Gource	Provide services to Juveniles. Divers	ion program for mentally ill or
1) Cash	\$ -			intellectual defendants that need ser	
2) In-Kind	\$ -			alternative to subjecting those defen	
✓ No Match Required				This will be a 1 year grant period. No	o materi needed.
Implementation / Start Up	Amount	Des	scription		
1) Equipment	7				
2) Training					
3) Inter-departmental / Other:					
☑ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	scription		
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 REMatch	EQUIRED Amount	Identify N	Match Source		
1) Voluntary / Donation					