**Collin County Grant Summary Form** 

Department Name			Submit completed form along with one electronic copy of the										
Collin County Animal Services			grant application and all supporting documentation to the										
Contact Person (Grant Liais	Auditor's Office not less than 14 days prior to the scheduled												
, , , , , , , , , , , , , , , , , , ,			Commissioner Court meeting. If you have any questions										
Lacy DeHorney			contact Janna Caponera at (972) 548-4638.										
Title	Phone / Exten	sion	, , , , , , , , , , , , , , , , , , , ,										
Manager	7293												
	Grant Description												
Grant Title and Funding Yea	Funding Source Application Type												
Empty the Shelters			State New Grant										
Grantor (include sub-granting agencies)			Federal Renewal										
		Other:		☐ Amendm	☐ Amendment								
Bissell Pet Foundation			Payment Method										
			☐ Cost Reimbursement ☐ Other:										
Application/Award Deadline Requested Comm. Court			Grant Period										
April 16, 2025	April 14, 2025					30, 2025							
Brief Description		-,	, .,			,							
Funding from Bissell Pet Foun	dation's Empty tl	he Shelters will	be used for an a	adoption event.									
Grant Categories /	Cadanal Curda	Otata Familia	L I F I .	County	In-Kind	Total							
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total							
Personnel						\$ -							
Operating						\$ -							
Capital Equipment						\$ -							
Indirect Costs						\$ -							
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -							
# of FTEs	<u> </u>	Ψ -	Ψ -	<b>V</b>	<u> </u>	0							
# 011 1E3													
Performance Meas	sures		Current FY Pr	ogress to Date		Next FY							
Applicable Outcome M		Q1	<u> </u>			Q4 Projected							
Applicable Outcome Measures		Q i	I QZ	I	T G	1 10,000.00							
			ļ		ļ								
					<u> </u>								
The Department named above		_			-	•							
for the management of any fur													
forth by the Grantor and its rel					financial and a	dministrative							
departments. To that end, ple	ase find enclose	d the following i	tems for initial re	eview:									
Grant Summary Form													
<ul> <li>Memo of request to Commissioner Court for application/award acceptance and approval</li> <li>Electronic copy of the original, completed application/award</li> </ul>													
			vard										
<ul><li></li></ul>			s to be submitte	d to the Granto	r								
	p accumentation	o amenument	s to be submitte	u to the Granton									
Completed by:													
Lacy DeHorney													
Department Head / Designee Printer	d Name	Signature			Date								

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person	ı (Grant Liaison)	<b>✓</b>	Preliminary
Empty the Shelters			Lacy DeHorney			Final
Grant Period			Phone / Ext	Department	7	
May 1, 2025 to	o June 30	0, 2025	7293	Collin County Animal Services		
COUNTY RESOURCES REQUI	RED Amount	Identify	Match Source	Benefits to County and Citizens		
1) Cash	\$ -			No match required.		
2) In-Kind  No Match Required	\$ -					
Implementation / Start Up	Amount	De	escription			
1) Equipment						
2) Training						
3) Inter-departmental / Other:						
No Implem / Start-up Costs						
Operational / Maintenance	Amount	De	escription			
1) Recurring Maintenance	<u> </u>	<u></u>				
2) Salary / Benefits						
3) Continuing Ed / Training						
4) Office / Program Space						
5) Travel						
Other:	Unknown	Costs				
No Oper / Maintenance Cost	ts					
NON-COUNTY RESOURCES R	REQUIRED Amount	Identify	Match Source			
1) Voluntary / Donation						