Collin County Grant Summary Form

Damanton and Name		Journey Cru	Submit completed form along with one electronic copy of the				
Department Name							
Collin County Animal Shelter			grant application and all supporting documentation to the				
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions				
Misty Brown			contact Janna Caponera at (972) 548-4638 .				
Title	Phone / Extens	sion	oomaa oama	caponora at (C)	_, 0 10 1000.		
Assitant Director	5593						
		Grant De	scription				
Grant Title and Funding Yea	ar		Funding	g Source	Applica	tion Type	
Subaru Loves Pet in Partnership with ASPCA			☐ State ☑ New Gr		int		
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal			1	
Subaru Loves Pet in Partners		✓ Other:		☐ Amendment			
			Paymen	t Method			
		✓ Cost Reimbursement ☐ Other:					
Application/Award Deadline	e Requested Co	mm Court	Grant Period	ib di Goirioin			
March 31, 2025		March 31, 2025		September 1, 2025 to August 31, 2026			
Brief Description	Water	71, 2020	Осртство	11, 2020	August	101, 2020	
Will provide events for adopti	ione and will not fo	r miorochia	noinne adentica	o and yet fee			
Grant Categories /					In Kind		
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel					Iviatori	\$ -	
Operating		\$ 5,950.00				\$ 5,950.00	
Capital Equipment		\$ 3,930.00				\$ -	
Indirect Costs	_					\$ -	
		ф ГОГО ОО	.	6	•		
Total	\$ -	\$ 5,950.00	\$ -	\$ -	\$ -	\$ 5,950.00	
# of FTEs						0	
Performance Me	acurec		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome Measures		Q1	Current FY Progress to Date Q2 Q3		Q4	Projected	
Applicable Outcome Measures		Qı	QZ I	T Q5	Q 4	1 Tojecteu	
Provide serivices to Collin Co	ounty						
				 		+	
			l	I .	l		
The Department named above	e is applying for th	ne Grant Progran	m named above	, and if awarded	, will accept ful	l responsibility	
for the management of any fu							
forth by the Grantor and its re					nancial and ad	ministrative	
departments. To that end, pl		the following ite	ems for initial re	view:			
Grant Summary Form			, , ,				
✓ Memo of request to C ✓ Electronic copy of the				nce and approval	I		
✓ Electronic copy of the✓ Approval to apply Cou			aiu				
✓ All attachments, back-	•	• /	s to be submitte	d to the Grantor			
Completed by:							
Department Head / Designee Printed Name Signature			·		Date		