Collin County Grant Summary Form

Department Name Juvenile Department	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at **(972) 548-4638**.
Contact Person (Grant Liaison) Cyndi Gore	
Title Director	**Phone / Extension** 6473

Grant Description

Grant Title and Funding Year Juvenile Mental Health Court	**Funding Source** ☑ State ☐ Federal ☐ Other:	**Application Type** ☑ New Grant ☐ Renewal ☐ Amendment
Grantor (include sub-granting agencies) TJJ DSA Community Grant	**Payment Method** ☑ Cost Reimbursement ☐ Other:	
Application/Award Deadline August 19, 2025	**Requested Comm. Court** September 8, 2025	**Grant Period** September 1, 2025 to August 31, 2026

Brief Description
Case Managers will provide services to Juveniles. 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		$ 221,537.00				**$ 221,537.00**
Operating						**$ -**
Capital Equipment						**$ -**
Indirect Costs						**$ -**
Total	**$ -**	**$ 221,537.00**	**$ -**	**$ -**	**$ -**	**$ 221,537.00**
# of FTEs						**0**

Performance Measures Applicable Outcome Measures	**Current FY Progress to Date** Q1	Q2	Q3	Q4	**Next FY** Projected
Provide serivices to Collin County					

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any polices and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- ☑ Grant Summary Form
- ☑ Memo of request to Commissioner Court for application/award acceptance and approval
- ☑ Electronic copy of the original, completed application/award
- ☐ Approval to apply Court Order (for award only)
- ☑ All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by:

Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title	Contact Person (Grant Liaison)	
Juvenile Mental Health Court	Cyndi Gore	
Grant Period	**Phone / Ext**	**Department**
September 1, 2025 to August 31, 2026	6473	Juvenile Department

☐ Preliminary
☐ Final

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	$ -	
2) In-Kind	$ -	
☑ No Match Required		

Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
☑ No Implem / Start-up Costs		

Operational / Maintenance	Amount	Description
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 REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens

Case Managers (2) will provide services to Juveniles. This will be a 1 year grant period. No match needed.