Collin County Grant Summary Form

Auditor 3001			Submit completed form along with one electronic copy of the 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							
Sharon Fitzwater			-contact Janna Caponera at (972) 548-4638.							
Title	Phone / Extens	sion		•	,					
Auditor 3001	972-548-4646									
Grant Description										
Grant Title and Funding Year	Funding Source Application Type									
Victim Information Notification Everyday			✓ State							
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal							
Office of Attorney General			Other: Amendment			nt				
			Payment Method							
			☐ Cost Reimbursement ☐ Other:							
Application/Award Deadline	Requested Co	mm. Court	Grant Period							
	Septembe	r 29, 2025	Septembe	r 1, 2025 to	August	31, 2026				
Brief Description										
Requesting approval to enter into a grant contract with The Office of the Attorney General (OAG) and Collin County for the Texas Statewide Automated Victim Notification Service (SAVNS). The contract period is from September 1, 2025 to August 31, 2026 in the amount of \$65,221.52. The purpose of the OAG SAVNS grant program is to maintain Texas counties in a statewide system that will provide relevant offender release information, notification of relevant court settings or events, promote public safety and support the rights of victims of crime.										
Grant Categories /	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total				
Funding Sources			200411 41140	County materi	Match					
Personnel						\$ -				
Operating		\$ 65,221.52				\$ 65,221.52				
Capital Equipment						\$ -				
Indirect Costs						\$ -				
Total	\$ -	\$ 65,221.52	\$ -	\$ -	\$ -	\$ 65,221.52				
# of FTEs						0				
						-				
Performance Meas			Current FY Pr	ogress to Date		Next FY				
Applicable Outcome Me	easures	Q1	Q2	Q3	Q4	Projected				
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										
Donartment Head / Designed Printed	Nama	Signaturo			Data					

Grant Resource-Benefit Summary

Grant Title Victim Information Notification Everyday			Contact Person (Grant Liaison)		☐ Preliminary
			Sharon Fitzwater		☐ Final
Grant Period	August 2:	1 2026	Phone / Ext 972-548-4646	Department Auditor 3001	
September 1, 2025 to	August 3	1, 2020	972-346-4646	Additor 500 i	J
COUNTY RESOURCES REQUIR		lala matific A	Antoh Course	Donafita to County and Citizana	
Match	Amount	identity i	Match Source	Benefits to County and Citizens The purpose of the OAG SAVNS grant programmer.	ram is to maintain Tevas
1) Cash	\$ -			counties in a statewide system that will prov	
2) In-Kind	\$ -			information, notification of relevant court set safety and support the rights of victims of ci	tting or events, promote public
☐ No Match Required				salety and support the rights of victims of ch	mile.
Implementation / Start Up	Amount	Des	cription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
□ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
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		ldontifi . N	Actob Courses		
Match	Amount	identity i	/latch Source		

1) Voluntary / Donation