Collin County Grant Summary Form

| B ((N) | 9011111 | bounty Ora | lockerite country i orini | | | | | |
|--|---|-------------------|---|----------------------------|------------------|--------------------|--|--|
| Department Name | Submit completed form along with one electronic copy of the | | | | | | | |
| Auditor | 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 | | | | | |
| Janna Benson | | | contact Janna Caponera at (972) 548-4638. | | | | | |
| Title | Phone / Exten | sion | sontact dalilla Capolicia at (312) 340-4030. | | | | | |
| Grant Accounting and Reportin | rant Accounting and Reportin 4638 | | | | | | | |
| | | Grant De | scription | | | | | |
| Grant Title and Funding Year | r | | Funding Source Application Type | | | | | |
| Indigent Defense Formula Grant FY 2026 | | | ✓ State | | | nt | | |
| Grantor (include sub-granting agencies) | | | ☐ Federal | | ☑ Renewal | | | |
| | | | Other: | | ☐ Amendm | ☐ Amendment | | |
| Texas Indigent Defense Comm | nission - Office o | f the Governor | | | | | | |
| The state of the s | | | Cost Reimbursement Other: | | | | | |
| Application/Award Deadline | Requested Co | mm. Court | Grant Period | | | | | |
| November 15, 2025 | | October 13, 2025 | | October 1, 2025 to Septemb | | | | |
| Brief Description | Cotobol | 10, 2020 | Cotobol | 1, 2020 | Coptomic | 00,2020 | | |
| Reimburse for the state approv | od defense sen | vices for indigen | t defendante A | mount of award | has not been o | valculated vet | | |
| The amount received in FY 202 | 25 was \$534,859 | 9. | | | | | | |
| Grant Categories / | Federal Funds | State Funds | Local Funds | County | In-Kind | Total | | |
| Funding Sources | | | | Match | Match | | | |
| Personnel | | | | | | \$ - | | |
| Operating | | \$ 534,859.00 | | | | \$ 534,859.00 | | |
| Capital Equipment | | | | | | \$ - | | |
| Indirect Costs | | | | | | \$ - | | |
| Total | \$ - | \$ 534,859.00 | \$ - | \$ - | \$ - | \$ 534,859.00 | | |
| # of FTEs | | | | | | 0 | | |
| | | | | | | | | |
| Performance Meas | ures | | Current FY Progress to Date Next FY | | | | | |
| Applicable Outcome Measures | | Q1 | Q2 Q3 | | Q4 Projected | | | |
| | | | | | | | | |
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| L | | l | | l . | 1 | 1 | | |
| The Department named above | is applying for t | he Grant Progra | ım named ahove | e and if awarde | d will accept fo | ıll responsibility | | |
| for the management of any fun | | | | | | | | |
| forth by the Grantor and its rela | | | | | | | | |
| departments. To that end, plea | • | • | | • | | | | |
| ☐ Grant Summary Form | | • | | | | | | |
| ☐ Memo of request to Con | nmissioner Cour | t for application | award acceptar | nce and approva | al | | | |
| ☐ Electronic copy of the or | | | | • • | | | | |
| Approval to apply Court | | | | | | | | |
| ☐ All attachments, back-up | o documentation | or amendments | s to be submitte | d to the Grantor | - | | | |
| Commissional by the | | | | | | | | |
| Completed by: | | | | | | | | |
| Robert D. Cone | I Nama | Cignoti | | | Data | | | |
| Department Head / Designee Printed | inalle | Signature | | | Date | | | |

Grant Resource-Benefit Summary

| Grant Title Indigent Defense Formula Grant FY 2026 | | | | ı (Grant Liaison) | | Preliminary |
|--|-----------|-------------|--------------|--|-------|-------------|
| | | | Janna Benson | | ▎ └└ | Final |
| Grant Period | | Phone / Ext | Department | | | |
| October 1, 2025 to | September | 30,2026 | 4638 | Auditor | J | |
| COUNTY RESOURCES REQUI | RED | | | | | |
| Match | Amount | Identify | Match Source | Benefits to County and Citizens | | |
| Ind Cash | \$ - | | | State defense for indigent defendants. | | |
| 2) In-Kind | \$ - | | | | | |
| No Match Required | | | | | | |
| Implementation / Start Up | Amount | De | escription | | | |
| 1) Equipment | | | | | | |
| ## Training | | | | | | |
| 3) Inter-departmental / Other: | | | | | | |
| Rei No Implem / Start-up Costs | | | | | | |
| Operational / Maintenance | Amount | De | escription | | | |
| 1) Recurring Maintenance | | | | | | |
| 2) Salary / Benefits | | | | | | |
| 3) Continuing Ed / Training | | | | | | |
| 4) Office / Program Space | | | | | | |
| 5) Travel | | | | | | |
| Other: | | | | | | |
| No Oper / Maintenance Cost | S | | | | | |
| | | | | | | |
| NON-COUNTY RESOURCES R | | | | | | |
| Match | Amount | Identify | Match Source | | | |
| 1) Voluntary / Donation | | | | | | |