

Grant Resource-Benefit Summary

Grant Title District Attorney Victim Assistance Coordinator VOCA Grant		Contact Person (Grant Liaison) Deborah F. Harrison	
Grant Period October 1, 2025 to September 30, 2026		Phone / Ext 4326	Department Collin County District Attorney's Office

<input type="checkbox"/> Preliminary
<input type="checkbox"/> Final

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ 23,168.50	
2) In-Kind	\$ -	
<input checked="" type="checkbox"/> No Match Required		

Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input checked="" type="checkbox"/> 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:		
<input checked="" type="checkbox"/> No Oper / Maintenance Costs		

NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens

The purpose of this program is to provide services and assistance directly to victims of crime to speed their recovery and aid them through the criminal justice process. This will be a 1 year grant period. OOG will pay: \$69,505.50 and cash match will come from DA General Fund: \$23,168.50.

Collin County Grant Summary Form

Department Name Collin County District Attorney's Office		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) Deborah F. Harrison		
Title Chief Felony Prosecutor	Phone / Extension 4326	

Grant Description		
Grant Title and Funding Year District Attorney Victim Assistance Coordinator VOCA Grant	Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Application Type <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies) Office of the Governor (OOG), Victim Assistance, General Vic	Payment Method <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline February 13, 2025	Requested Comm. Court January 27, 2025	Grant Period October 1, 2025 to September 30, 2026

Brief Description
The purpose of this program is to provide services and assistance directly to victims of crime to speed their recovery and aid them through the criminal justice process. 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		\$ 69,505.50		\$ 23,168.50		\$ 92,674.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 69,505.50	\$ -	\$ 23,168.50	\$ -	\$ 92,674.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Provide services 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 policies 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: <u>Deborah F. Harrison</u>	<u>Deborah F. Harrison</u>	<u>January 21, 2025</u>
Department Head / Designee Printed Name	Signature	Date