

AGENDA ITEM 20

Consider approving the JAIBG Substance Abuse Continuation Application and Resolution.

Moved: **Commissioner Boatright**

Seconded: **Commissioner Hays**

Motion: To approve the JAIBG Substance Abuse Continuation Application and Resolution.

Vote: 4 - 0

< Attachment >

RECORDERS MEMORANDUM

All or parts of the text on this page was not clearly legible for satisfactory recordation.

Grant Application Cover Sheet			
1. ENTER Legal Name of the Organization Applying: Williamson County, Texas		2. ENTER Title of the Project: JAIBG Substance Abuse Program	
3. ENTER Division or Unit to Administer the Project: Williamson County Juvenile Services Department		4. ENTER Agency's State Payee Identification Number: 1-74-6000978-4033	
5. a) Is the Applicant Organization Delinquent on State or Federal Debt? (SELECT One): No		5. b) ENTER Date of the Last Audit: 05/14/2000	
6. Funding Source (SELECT One): Juvenile Accountability Incentive Block Grants (federal CFDA-16.923)		7. If Continuation Project, ENTER Current Grant Number (15000-01): 13308-04	
8. ENTER Grant Period (ex: MM/dd/yyyy): From: 08/01/03 To: 07/31/04		9. Budget Information (will auto-fill from budget form)	
		CJD Funds	Cash Match
		\$37,095	\$4,122
		In-Kind	Total
		N/A	\$41,217
10. SELECT the Project's Main Purpose Area from ONE of the FOUR Categories Listed Below Based on "Funding Source": a) Juvenile Justice and Prevention Projects OR Juvenile Crime Officer		c) Law Enforcement Projects OR	
b) Victim Services Projects OR		d) Crime Stoppers Assistance Projects	
11. For VAWA Projects ONLY, ENTER the Appropriate Percentage for Each: a) Prosecution b) Law Enforc. c) Victim Services d) Court			
12. a) LIST the Cities and Counties in the Service Area: Williamson County, Texas		b) SELECT Headquarters County: Williamson	
		c) ENTER Population of HQ Cnty: 235,000	
13. a) ENTER the Contact Person Information: Title (Mr., Ms., Dr., Judge, etc.): Ms Name: Robyn Murray Position: Financial Business Manager Address: 2423 Williams Drive, Suite E City/State/Zip: Georgetown Texas 78628 Telephone: (512) 930-3333 Fax: (512) 930-3329 E-mail: rmurray@wilco.org		13. b) ENTER the Authorized Official Information: Title (Mr., Ms., Dr., Judge, etc.): Judge Name: John Doerfler Position: Williamson County Judge Address: 710 South Main Street City/State/Zip: Georgetown Texas 78626 Telephone: (512) 943-1550 Fax: (512) 943-1662 E-mail: jdoerfler@wilco.org	
13. c) ENTER the Project Director Information: Title (Mr., Ms., Dr., Judge, etc.): Mr. Name: Charles Skaggs Position: Chief Juvenile Probation Officer Address: 2423 Williams Drive, Suite E City/State/Zip: Georgetown Texas 78628 Telephone: (512) 930-3333 Fax: (512) 930-3329 E-mail: cskaggs@wilco.org		13. d) ENTER the Financial Officer Information: Title (Mr., Ms., Dr., Judge, etc.): Mr. Name: David Flores Position: Williamson County Auditor Address: 710 South Main Street City/State/Zip: Georgetown Texas 78626 Telephone: (512) 943-1500 Fax: (512) 943-1567 E-mail: dflores@wilco.org	
14. a) Did the Applicant Attend an Application Workshop? (SELECT One): Yes		14. b) ENTER the Date and City of the Workshop Attended: 10/30/2002 Austin, Texas	
15. a) Is this Application in Response to a Request for Applications (RFA) as Published in the Texas Register? (SELECT One): No		b) If a Local/Regional Project, SELECT the COG to Which the Application Was Submitted: Capital Area Planning Council - 1200	
c) If this is a Project with Statewide Impact, ENTER the Date the Application Was Submitted to the Texas Review and Comment System (TRACS):			
16. FOR COG USE ONLY a) Is this Application Shared with Another COG? (ENTER "Yes" or "No"):			
b) CPTN #:		c) Priority #:	
		d) COG Application ID:	
17. Eligible Applicant Organization Type (SELECT One): County			