

Grant Title/Project Name:	FY2025 Edward Byrne Memorial JAG Program, Local Solicitation
Department:	Sheriff's Office
Requestor:	Dana Foster
Contact Email:	dana.foster@wilcotx.gov
Contact Phone Number:	512.943.1168
Start Date:	5/1/2026
End Date:	4/30/2027
Please select request category:	Community Affairs Unit
Describe the purpose of the grant in detail to include all requirements.	This grant will provide funding for the Community Affairs Unit's programs and trainings, including Junior Deputy Academy (JDA), Drug Abuse Resistance Education (DARE), Adult Citizens Academy, Youth and Young Adult Academy, National Night Out, Citizens Response to Active Shooter Events (CRASE), Take 10, and Stop the Bleed.
Select the type of grant your department is applying for:	Federal
What is the amount of the grant?	\$15,073.00
Please provide a breakdown of the total cost above.	\$3,780 will provide transportation for those attending JDA, \$1,179 for CRASE supplies, \$1,377 for the Youth and Young Adult Academy, \$8,737 for supplies used in multiple programs and trainings held by the unit
Is there a match requirement?	No
What is the source of the match?	
Does the grant cover the cost of the request 100%?	Yes
If not, how much is left unpaid?	
What is the plan to obtain grants/funds for the remaining amount?	
List other similar assets in the County and/or region and if they are available for use?	
How is this asset request different from any similar assets currently in the County and/or region?	
What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset?	
How often do these events occur?	
Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel?	
Where will the asset be stored?	
What is the useful life of the asset?	
Will a replacement be requested from general funds when useful life has been exhausted?	

Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this asset require insurance coverage?	
If yes, what is the estimate of asset insurance coverage?	
Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs.	
How will this asset be funded when the grant ends?	
What is the impact if the grant is not received?	
New Personnel position is:	
Where will this position office?	
Who will this position report to?	
What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function.	
Will this position take over tasks from current County employee?	
If yes, please explain the impact to current employee.	
How will this position be funded when the grant ends?	
Does this position or a similar position currently exist within the department?	
If yes, how many of these similar positions exist?	
Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice).	
Describe how workload will be accomplished/re-allocated should grant not be approved.	
List other similar items in the County and/or region and if they are available for use?	N/A
How is this item request different from any similar assets currently in the County and/or region?	N/A
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?	Items funded with this grant are consumables replenished each year, new supplies to expand current programs, or general use items.
Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	N/A
Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	N/A
Where will the item be stored?	Community Affairs Unit's offices

What is the useful life of the item?	The consumable items will be expended during the project period. Remaining items have a useful life of up to 5 years.
Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this item require insurance coverage?	No
Will this item require any form of licensing?	No
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	No
How will this item be funded when the grant ends?	Grant funds will be pursued.
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	N/A
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	N/A
What is the cost and frequency to maintain/update the additional equipment?	N/A
What is the impact of this grant application on other internal/county departments?	Required reporting and tracking normally associated with grants.
If yes, what is the estimate of that license fee?	
If yes, what is the estimate of insurance coverage?	
Will a replacement be requested from general funds when useful life has been exhausted? (OR)	No
If yes, how much is the match amount?	
Please identify any known decrease in funding at this time.	N/A
Is this a new program to your department/office?	Yes
Please provide data points to be collected to show program success	Statistics on participation in the unit's programs will be tracked.
Please show historical data points or performance measures, statistics, services provided, etc. or any/all updates for re-application	
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