



Search this site

[Home](#)[Facilities](#)[Financial](#)[Personnel](#)[My Pages](#)[Tech Update](#)

BACKGROUND INFORMATION

Grants Management Request Questionnaire

Please note: The county's acceptance of a grant will generally form a contract and; therefore, the application for a grant must be considered and approved by the Commissioners Court prior to making such application.

DIRECTIONS

Please complete the answers to the best of your ability. If a question does not relate to your request, please mark it N/A (Not Applicable). If your answer requires further research, please mark it as N/R (Needing Research) and give an estimated date such information will be obtained. When finished, please print and upload the form to the Agenda.

Grant Title/Project Name: *

Williamson County Juvenile Services Residential Attorney Advocate

Department: *

Juvenile Services

Requestor: *

Scott Matthew x

Contact Email: *

smatthew@wilco.org

Contact Phone Number: *

5129433206

Start Date: *

10/1/2019



End Date: *

9/30/2020



Please select request category: *

☐ Asset☐ Personnel☒ Specify your own value:

Contract Personnel

If other, please specify category

Describe the request category in detail to include all requirements.

Williamson County Juvenile Services requests \$75,000 in grant funding to appoint Attorney Advocates to represent youth in residential treatment in Williamson County post-adjudication secure residential facility (CORE). Attorney's will be appointed by the Juvenile Judge immediately upon a youth's placement in CORE and will be involved in the youth's case throughout their time in placement in an effort provide a holistic defense model. Attorney Advocates through developing a longer-term relationship with the youth, parent and treatment team will address obstacles to successful completion of the program as well as obstacles interfering with their successful transition back to the community. Ultimately this legal assistance will reduce stressors on the entire family and allow the family and child to focus on their probation conditions and their child's treatment. We believe this model will reduce recidivism and increase engagement by youth and family in treatment by giving them a greater voice and advocacy in navigating the justice system.

Select the type of grant your department is applying for:

☐ Federal☒ State☐ Local☐ Federal Pass-thru

What is the amount of the grant?

75,000

Please provide a breakdown of the total cost above.

Profession Services Contract w/ Attorney Advocate - 75,000 / Cash match (20% first year) - 15,000 / Total amount requested - 90,000

Is there a match requirement?

☒ Yes☐ No

If yes, describe the type and source of match.

This grants requires a 20% cash match for the first year. The cash match required increases each additional year the grant in operation. 2nd year - 40%, 3rd year - 60%, 4th year -80%.

Juvenile Services will use placement either professional services and/or placement funds to fund the match.

Does the grant cover the cost of the request 100%?

- ☐ Yes
- ☒ No

If not, how much is left unpaid?

15,000

What is the plan to obtain grants/funds for the remaining amount?

Juvenile Services will use placement either professional services and/or placement funds to fund the match.

OTHER REQUEST QUESTIONS ONLY

List other similar items in the County and/or region and if they 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?

The contracted attorney advocate will assist with sealings, expunctions, class C misdemeanors, natrualization/immigration issues, evictions. Theses services are not currently offered to youth in our care withouth them having to hire their own attorney to represent them.

Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?

0

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?

N/A

What is the useful life of the item?

N/A

Will a replacement be requested from general funds when useful life has been exhausted? (OR)

☐ Yes

☒ No

OR = category Other Request

Does this item require insurance coverage?

☐ Yes

☒ No

Will this item require any form of licensing?

☐ Yes

☒ No

Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?

N/A

How will this item be funded when the grant ends?

County funds

BUDGETARY IMPACT

What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)

Ultimately, the goal is to reduce a youth's length of stay in placement by allowing them to focus on treatment needs. The shorter stay should result in costs savings and/or availability of beds for other youth.

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?

Assistance from the County Auditor's will be necessary for tracking of grant funds and reporting data to the Indigent Defense Commission

Save

Cancel

When finished, please print and upload the form to the Agenda.

©2014 Williamson County, Texas
Williamson County > Apps