

**FORT BEND COUNTY
GRANT INFORMATION AND ASSESSMENT FORM**

County departments requesting funding must upload the Grant Information and Assessment Form and supporting documentation to eCivis in order to be approved. Additionally, the completed form will need to be uploaded to AgendaQuick once E-Civis review is completed with all of supporting documents. When adding the Grant Information and Assessment Form to AgendaQuick - departments will mark it as confidential.

DEPARTMENT/OFFICE APPLYING FOR GRANT:		APPLICATION DEADLINE:
Community Supervision and Corrections Dept		February 12, 2026
GRANT/PROGRAM TITLE:		GRANTING AGENCY:
Felony and Midemeanor Drug Court Program		Office of the Governor/ Criminal Justice Division
PROPOSED PERIOD OF PERFORMANCE IF AWARDED:		TOTAL PROJECT COSTS BEING REQUESTED:
September 1, 2026-August 31, 2027		\$104,975
UNIQUE ENTITY IDENTIFIER (UEI FROM SAM.GOV):		
MJG8N8EPN2L3		
DEPARTMENT HEAD/SUPERVISOR:		GRANT COORDINATOR/PROJECT LEAD:
Reginald Robinson, CSCD Director		Stanford Polk
PROJECT CONSIDERATIONS		
Is there a County cost share/match requirement? If yes, how much?		No
Has the department/office/agency received this grant or a similar grant previously?		Yes
Does the department/office/agency have the capacity to meet financial administration and program management requirements?		Yes
Does the grant project require partner agency participation? (MOU development)		No
Is this grant for the construction or expansion of a County facility? If so, have you confirmed with Facilities the project is allowable?		No
Is this grant for the purchase of IT equipment/software? If so, have you confirmed with IT the purchase is allowable?		No
Is project monitoring required? Who is conducting the monitoring?		Performance measures tracked by the CSCD
Are there any special requirements or conditions? (i.e. legal requirements, prohibitions, agreements, etc.)		Please see the attached (specific requirements)
PROJECT COSTS		
Costs Included in the Project:	Costs:	"Bold" the Documentation Included in the Application to Substantiate Costs (if Applicable):
Employee Labor	0 \$ 00.00	<i>Timesheets, payroll records, employee policies, written justifications, work descriptions, pay checks</i>
Contracted Services/Labor	0 \$ 104,975	<i>Quotes, bidding procedures, invoices, contracts</i>
Land, facilities, or equipment individually valued over \$5,000	0 \$	<i>Permits, quotes, invoices, narrative description</i>
Materials/Supplies	0 \$	<i>Invoices, proof of payment, receipts, narrative description</i>

Technology/Training	0	\$	Invoices, proof of payment, receipts, narrative description
Other	0	\$	Budget Plan, administrative costs, indirect costs, rate determination
TOTAL PROJECT COST:		\$ \$104,975	
COST DETAILS			
If there are labor costs, how many employees are being funded?			No
Are the employees permanent County employees or temporary grant hires?			N/A
For newly established positions, what will happen after the completion of the grant program? (i.e. temporary position absolved, permanently hired and funded by the County Budget)			N/A
List any future costs related to the grant project, including administration, contractual costs, operating costs, monitoring, and County budgeted costs.			N/A
Will the project generate income? If so, how much?			No
PROGRAMMATIC INFORMATION			
Briefly describe the goals and objectives with the use of the grant funds.			Provide outpatient substance abuse treatment.
Describe how the grant project goals align with the strategic priorities of the County.			Reduce crime related to substance abuse.
Was the project designed with any of the following factors: community outreach, evidenced-based interventions, data analysis, or needs assessment? Please explain and provide proof if necessary.			Adult Treatment Court Best Practice Standards
What specific key performance indicators will be implemented to measure the progress and objectives of the program?			Participants' completion and recidivism rate.
Are there are noncompliance risks or concerns while operating this program?			No
Will this project or engagement continue after all project funds have been expended? Please explain.			Yes. Additional state and local funds.
SUBMITTING DEPARTMENT SIGNATURE			
Preparer Name and Title: Stanford Polk		Department/Agency Name: CSCD	Date: 01/05/2026
Department Head/Elected Official Signature:			