

**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:
CSCD Victim Services Program		Office of the Governor/ Criminal Justice Division
PROPOSED PERIOD OF PERFORMANCE IF AWARDED:		TOTAL PROJECT COSTS BEING REQUESTED:
10/01/2026-09/30/2027		\$82,020.50
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?		CSCD State Fund Match of \$16,404.11
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?		Software is required and purchase is allowable
Is project monitoring required? Who is conducting the monitoring?		Performance Measures monitored 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 \$ 79,728.32	<i>Timesheets, payroll records, employee policies, written justifications, work descriptions, pay checks</i>
Contracted Services/Labor	0 \$ 00.00	<i>Quotes, bidding procedures, invoices, contracts</i>
Land, facilities, or equipment individually valued over \$5,000	0 \$ 00.00	<i>Permits, quotes, invoices, narrative description</i>
Materials/Supplies	0 \$ 1284.12	<i>Invoices, proof of payment, receipts, narrative description</i>

Technology/Training	0	\$ 1,008.06	Invoices, proof of payment, receipts, narrative description
Other	0	\$	Budget Plan, administrative costs, indirect costs, rate determination
TOTAL PROJECT COST:		\$ 82,020.50	
COST DETAILS			
If there are labor costs, how many employees are being funded?	One		
Are the employees permanent County employees or temporary grant hires?	Permanent CSCD employee		
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.	Assist victims of offenders placed on probation		
Describe how the grant project goals align with the strategic priorities of the County.	Assist Victims of crime		
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.	Evidenced Based supervision of offenders		
What specific key performance indicators will be implemented to measure the progress and objectives of the program?	Number of victims served/collected restitution		
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. CSCD state funds will support the project.		
SUBMITTING DEPARTMENT SIGNATURE			
Preparer Name and Title: Stanford polk	Department/Agency Name: CSCD	Date: 01/05/2026	
Department Head/Elected Official Signature:			