

Collin County Grant Summary Form

Department Name/Number: Health Care Services		Submit completed form along with one <u>electronic copy</u> of the grant application and all supporting documentation to the Budget & Finance Office (BFO) not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Mark Jackson at (972) 548-4672 .
Contact Person: Candy Blair		
Title: Administrator	Phone: 5504	

Grant Description		
Grant Title and Funding Year: FY2012 Renewal of DSHS TB Contract (State)	Funding Source: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Grant Type: <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies): DEPARTMENT OF STATE HEALTH SERVICES (TB Program)	Payment Method: <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	Approval Requested: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Award

Application/Award Deadline: 08 / 03 /2011	Requested Comm. Cr. Date: 08 / 22 /2011	Grant Period: 09 / 01 / 2011 - 08 / 31 /2012
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Brief Description:

FY2012 State Renewal Grant with DSHS for TB Program. The 2012 award represents an increase of \$20,434.00 from the previous award of \$161,744.00. Texas is ranked second in the top five leading U.S. States by number of TB cases. Collin County has outpaced Texas and the nation in population growth over the last 36 years and the demands for TB services in Collin County are likewise increasing. In order to keep up with those demands and to continue to fulfill our assigned public health role, we will use additional funding to purchase supplies, pay for diagnostic studies, and meet other TB clinic needs.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel	55,473.00	188,069.00	445,497.00			689,039.00
Operating	37,083.00	20,824.00	1,000.00			58,907.00
Capital Equipment	3,919.00	0	0			3919.00
Indirect Costs						
Total	96,475.00	208,893.00	446,497.00			751,865.00
FTEs	2	4	3.6			

Performance Measures Applicable Outcome Measures	FY 2010 Progress to Date				FY 2011
	Q1	Q2	Q3	Q4	Projected
Patient Clinic Visits	448	419	535	468	1,885
Patient DOT Home Visits	1196	1116	1150	1199	4,690

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any policies and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- Grant Summary Form
- Memo of request to Commissioner Court for application/award acceptance and approval
- An electronic copy of the original, completed Application/Award
- Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

Completed by:
Candy Blair, Administrator

Department Head/Designee Printed Name

Candy Blair 8-4-11
Department Head/Designee Signature & Date