

**Department Name/Number:**  
Collin County Health Care Services

**Contact Person:**  
Patsy Morris

**Title:** HC Coordinator      **Phone:** 5503



**Grant Summary Form**

Submit completed form along with one original copy of the grant application along with all supporting documentation to the Budget & Finance Office (BFO) and the Grant Review Committee (GRC), not less than 15 days prior to the scheduled Commissioner Court meeting.

**Phone: (972) 548-4650**

**Grant Description**

**Grant Title:**  
FY2013 Renewal InterLocal Application for TB State Funds

**Grantor:**  
Department of State Health Services

**Funding Source:**  
 State  
 Federal  
 Other:  
**Payment Method:**  
 Cost Reimbursement  
 Other:

**Grant Type:**  
 New Grant  
 Continuation  
 Amendment  
**Award Type:**  
 One-Time  
 Ongoing

<b>Deadline:</b> 6/1/12	<b>Award Date:</b> Sept. 1, 2012	<b>Project Start Date:</b> Sept. 1, 2012	<b>Project End Date:</b> August 31, 2013	<b>Amount:</b> \$182,178
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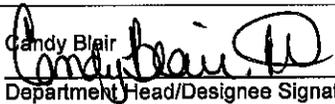
**Purpose:**  
Provide TB Services to eligible residents of Collin County.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel	96,649	\$201,076	413,916			711,641
Operating	39,340	2,741.00	556			42,637
Capital Equipment	0	0	0			0
Indirect Costs	0	0	0			0
<b>Total</b>	<b>135,989</b>	<b>\$203,817</b>	<b>\$414,472</b>			<b>754,278</b>
FTEs						

Performance Measures Applicable Outcome Measures	FY 2012 Progress to Date				FY 2013
	Q1	Q2	Q3	Q4	Projected
Patient Clinic Visits	341	366	---	---	1,450
Patient DOT Home Visits	903	439			2,500

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:

- A copy of the original, completed, signed Application
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application
- Grant Summary Form
- Memo of request to Commissioner Court for acceptance and approval

<p>Completed by: Patsy Morris</p> <hr/> <p>Department Head/Designee Printed Name</p>	<p>Candy Blair  6/1/12</p> <hr/> <p>Department Head/Designee Signature &amp; Date</p>
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**Part II – To be completed by the Grant Review Committee:**

The Budget and Finance Department (BFO), in conjunction with the Grant Review Committee (GRC), has reviewed the application and/or award as detailed above, and the application and/or award is:

- Provisionally Accepted.** The application and/or award may be submitted to Commissioner Court. (See 'Comments' Below)
- Refused.** Further information or amendments are required. (See 'Comments' Below)
- Rejected.** (See 'Comments Below')

Budget and Finance (BFO) Recommendation: Short-term (less than one year) and Long-term (two years and more) Costs?

County Auditor Comments:

Information Technology (IT) Comments:

Purchasing Comments:

Human Resources (HR) Comments:

<p>Completed by:</p> <hr/> <p>GRC Member/Designee Printed Name</p>	<p> _____</p> <hr/> <p>GRC Member/Designee Signature &amp; Date</p>
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