

Collin County Grant Summary Form

Department Name Collin County Health Care Services		Submit completed form along with one <u>electronic copy</u> of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638 .
Contact Person (Grant Liaison) Barbara Beal		
Title WIC Director	Phone/ Extension 972-633-3352	

Grant Description		
Grant Title and Funding Year Special Supplemental Nutrition Program for Women, Infant and Children (WIC)	Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Application 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 (DSHS)	Payment Method <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	

Application/Award Deadline October 1, 2012	Requested Comm. Court Date October 8, 2012	Grant Period October 1, 2012 to March 31, 2013
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Brief Description

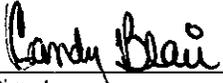
To provide supplemental food instruments, nutrition education, and counseling to enhance good health care at no cost to low-income pregnant and postpartum women, infants and children identified to be at nutritional risk.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel		100%		0		100%
Operating		100%		0		100%
Capital Equipment		100%		0		100%
Indirect Costs						
Total						100%
FTEs						

Performance Measures Applicable Outcome Measures	FY 2012 Progress to Date				FY 2013 Projected
	Q1	Q2	Q3	Q4	
Percentage of families receiving NE/Counseling services at the time of voucher issuance. (an average of 95%)	87.4%	95.4%	96.5%	98.0%	98.5%
Percentage of women in first trimester at certification. (20% per quarter)	39.7%	37.3%	36.2%	32.1%	38.5%
Percentage of enrolled clients receiving vouchers during the report period (no-show rate)	90.5%	90.5%	91.6%	91.1%	92.0%
Percentage of clients having a health care source (HCS) of 00(self/none) and also referred to other than 00	99.0%	99.1%	98.4%	98.3%	98.5%

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 <hr/> Department Head / Designee Printed Name	 <hr/> Signature	9/21/12 <hr/> Date
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