

## Collin County Grant Summary Form

<b>Department Name/Number:</b> 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 Janna Benson-Caponera at <b>(972) 548-4638</b> .
<b>Contact Person:</b> Patsy Morris		
<b>Title:</b> HC Coordinator	<b>Phone:</b> 5503	

### Grant Description

<b>Grant Title and Funding Year:</b> FY2015 Immunization ILA	<b>Funding Source:</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Grant Type:</b> <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies):</b> DSHS	<b>Payment Method:</b> <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	<b>Approval Requested:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Award

<b>Application/Award Deadline:</b> 05 / 30 /2014	<b>Requested Comm. Cr. Date:</b> / /	<b>Grant Period:</b> 09 / 01 / 2014 - 08 / 31 /2015
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**Brief Description:**  
Immunizations are required by the Texas Administrative Code §97.63 for children attending schools in Texas.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel		344,890	270,178			615,068
Operating		9,172	4,000			13,172
Capital Equipment		0	0			0
Indirect Costs		0	0			0
<b>Total</b>		354,062	274,178			628,240
FTEs		10				

Performance Measures  Applicable Outcome Measures	FY 2014 Progress to Date				FY 2015
	Q1	Q2	Q3	Q4	Projected
Complete 14,500 Immunizations	4571	3645			14,000

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 Department Head/Designee Printed Name	Department Head/Designee Signature & Date 5-20-14
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