

Collin County Grant Summary Form

Department Name Collin County Health Care Grant Summary Form		Submit completed form along with one electronic copy 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) JoAnn Gilbride		
Title HD Coordinator	Phone / Extension 972-548-4707	

Grant Description		
Grant Title and Funding Year IDCU/FDBN (Foodborne Illness Program)	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	Payment Method <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline April 1, 2015	Requested Comm. Court April 9, 2015	Grant Period September 1, 2015 to August 31, 2016

Brief Description
Renewal for Epidemiologist that will perform surveillance for all foodborne and waterborne illnesses are required in Texas Administrative Code.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel	\$ -	\$ 76,541.00				\$ 76,541.00
Operating	\$ -	\$ 1,934.00				\$ 1,934.00
Capital Equipment	\$ -					\$ -
Indirect Costs	\$ -					\$ -
Total	\$ -	\$ 78,475.00	\$ -	\$ -	\$ -	\$ 78,475.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Complete at least 75% of interviews within 5 business days after assignment by DSHS	100%	90%			90%
Enter all foodborne and waterborne illness cases correctly and completely in the (NEDSS) within 5 business days of	100%	100%			100%
Send laboratory specimens for at least 90% of cases of E. Coli, Listeria, Vibrio, and Salmonellas from hospital and clinic	90%	90%			90%
Submit completed interviews to DSHS within 24 hours after completion of interview.	100%	100%			100%

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 polices 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
- Electronic copy of the original, completed application/award
- Approval to apply Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by: <i>Candy Blair</i>	<i>Candy Blair</i>	<i>3/25/2015</i>
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title IDCU/FDBN (Foodborne Illness Program)	Contact Person (Grant Liaison) JoAnn Gilbride	
Grant Period September 1, 2015 to August 31, 2016	Phone / Ext 972-548-4707	Department Collin County Health Care Grant Summary F

<input type="checkbox"/> Preliminary <input type="checkbox"/> Final
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COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ -	
<input type="checkbox"/> No Match Required		

Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input type="checkbox"/> No Implem / Start-up Costs		

Operational / Maintenance	Amount	Description
1) Recurring Maintenance		
2) Salary / Benefits		
3) Continuing Ed / Training		
4) Office / Program Space		
5) Travel		
6) Other:		
<input type="checkbox"/> No Oper / Maintenance Costs		

Benefits to County and Citizens

Renewal grant for \$78,475.00 from Department of State Health Services for Emerging and Acute Infectious Diseases. This is a renewal grant which will be used for the salary, fringe benefits, and travel of an Epidemiologist as well as the program costs associated with the program to investigate and provide surveillance for foodborne illness.

NON-COUNTY RESOURCES REQUIRED

Match

Amount	Identify Match Source
1) Voluntary / Donation	

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