

## Collin County Grant Summary Form

<b>Department Name</b> COLLIN COUNTY HEALTH CARE SERVICES		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.
<b>Contact Person (Grant Liaison)</b> JOANN GILBRIDE		
<b>Title</b> HC COORDINATOR	<b>Phone / Extension</b> 972-548-5503	

Grant Description		
<b>Grant Title and Funding Year</b> TUBERCULOSIS (TB) STATE - FY 2016	<b>Funding Source</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Application Type</b> <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment
<b>Grantor (include sub-granting agencies)</b> DEPARTMENT OF STATE HEALTH SERVICES	<b>Payment Method</b> <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
<b>Application/Award Deadline</b> June 29, 2015	<b>Requested Comm. Court</b> July 6, 2015	<b>Grant Period</b> September 1, 2015 to August 31, 2016

**Brief Description**  
Reducing the risk of communicable disease (TB) in the community through the TB Elimination Program as required in Texas Administrative Code Sections 97.2-97.8.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 152,828.00		\$ 30,566.00		\$ 183,394.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	<b>\$ -</b>	<b>\$ 152,828.00</b>	<b>\$ -</b>	<b>\$ 30,566.00</b>	<b>\$ -</b>	<b>\$ 183,394.00</b>
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
1. Newly Reported TB cases shall have an HIV test performed; the 2014 goal is >=82%	100%	100%			100%
2. TB cases & suspects shall be placed on Directly Observed Therapy; goal>=90%	100%	100%			100%
3. Patients suspected of having TB disease started on 4-drug regimen; goal>=93.4%	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 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
- 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: CANDY BLAIR		June 17, 2015
Department Head / Designee Printed Name	Signature	Date

# Grant Resource-Benefit Summary

<input type="checkbox"/> Preliminary
<input type="checkbox"/> Final

<b>Grant Title</b> TUBERCULOSIS (TB) STATE - FY 2016	<b>Contact Person (Grant Liaison)</b> JOANN GILBRIDE
<b>Grant Period</b> September 1, 2015 to August 31, 2016	<b>Department</b> COLLIN COUNTY HEALTH CARE SERVICES
	<b>Phone / Ext</b> 972-548-5503

**COUNTY RESOURCES REQUIRED**

	Amount	Identify Match Source
1) Cash	\$ 30,566.00	Existing employee salaries
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 \$152,828 from the Texas Department of State Health Services for Tuberculosis (TB) services. The county's match as required by the contract is \$30,566. Both the awarded renewal grant funds and the county's match funds will be used toward the existing salaries of several TB Clinic staff members as part of the effort to provide TB services for the community. The performance measures included in the contract are directed towards the TB Program's ability to provide evaluate and treat individuals who are exposed or infected with the TB germ or have active TB disease. The TB Clinic provides Directly Observed Therapy (DOT) to the patients with active, or infectious TB at their home, place of work, or in the clinic. The TB Clinic manages the care of these infected or ill patients from 6 months up to 2 years during the course of their treatment in order to ensure they successfully complete their treatment.

**NON-COUNTY RESOURCES REQUIRED**

	Amount	Identify Match Source
1) Voluntary / Donation		