	Collin	County Gra	ant Summa				
Department Name	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						
COLLIN COUNTY HEALTH CARE SERVICES							
Contact Person (Grant Liaison)							
JOANN GILBRIDE							
Title	Phone / Exten	sion	contact Janna Caponera at (972) 548-4638.				
HC COORDINATOR	972-548-5503	3					
		Grant De	escription				
Grant Title and Funding Year			Fundin	g Source	Applic	ation Type	
IDCU SUR FUNDINGFY 2017			The state of the s		☐ New Gra		
Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES			☐ Federal		Renewal		
			Other:		✓ Amendment		
			Payment Method				
			✓ Cost Reimbursement ☐ Other:				
Application/Award Deadline	e Requested Co	mm. Court	<b>Grant Period</b>				
May 23, 2016	June 6	5, 2016	Septembe	er 1 2015 +	o Augus	st 31, 2017	
Brief Description		MANUFACTURE 1. STATE OF THE STA			, rugus	101, 2017	
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind		
Funding Sources Personnel		1000	Local Turius	Match	Match	Total	
		\$ 78,475.00				\$ 78,475.00	
Operating						\$ -	
Capital Equipment				100		\$ -	
Indirect Costs						\$ -	
Total # of FTEs	\$ -	\$ 78,475.00	\$ -	\$ -	\$ -	\$ 78,475.00	
# UIFIES						0	
Performance Mea	sures		Current FV Pr	ogress to Date		Nové EV	
Applicable Outcome Measures		Q1	Q2	Q3	; Q4	Next FY	
Complete case investigation particular to the complete case in the case in	procedures, with	100%	100%	<u> </u>	<u>Q4</u>	Projected 100%	
Enter case investigation data					<del> </del>		
5 BD of completion of investig	of each case	100%	100%			100%	
The Department named above for the management of any full forth by the Grantor and its re	nds awarded to th	e County under	r this grant, and	will adhere to a	any polices and	procedures set	
forth by the Grantor and its rel departments. To that end, ple Grant Summary Form Memo of request to Col Electronic copy of the o Approval to apply Court All attachments, back-u	ease find enclosed mmissioner Court original, completed t Order (for award	I the following it for application/ I application/aw only)	ems for initial re award acceptar ard	eview: nce and approva	al	administrative	
Completed by:		( a d D	1 - *				
CANDY BLAIR		CONCLAID	au		May 23, 2016		
Department Head / Designee Printer	d Name	Signature		and the second s	Date		

## **Grant Resource-Benefit Summary**

Grant Title IDCU SUR FUNDINGFY 2017			Person (Grant Liaison)	☐ Preliminary
			GILBRIDE	Final
Grant Period		Phone /	Ext Department	
September 1, 2015 to	August 31	1, 2017 972-548-	5503 COLLIN COUNTY HEALTH CARE SERVI	CE
COUNTY RESOURCES REQUIR	RED			
Match	Amount	Identify Match Sour	Benefits to County and Citizens	
1) Cash	\$ -		Grant extension/amendment for \$78,475 f State Health Services for Infectious Dieas	• • • • • • • • • • • • • • • • • • •
2) In-Kind	\$ -		Epidemiology Activitities (IDCU/SUR) purp	oses. The county was notified
☐ No Match Required			funding for an additional year which would	
	_		8/31/2017. The funding is intended to be	used primarily for the salary,
Implementation / Start Up	Amount	Description	fringe, and travel costs for an existing Epidemiologist will perform surveillance fo	•
1) Equipment			in Texas Administrative Code RULE 97.3	•
2) Training			investigations, coordinate specimen submrespond to disease outbreaks in our comn	
3) Inter-departmental / Other:				
☐ 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:				
☐ No Oper / Maintenance Costs				
NON-COUNTY RESOURCES RE	EQUIRED			
Match	Amount	Identify Match Sour	ce	
1) Voluntary / Donation				