**Collin County Grant Summary Form** Submit completed form along with one electronic copy of the **Department Name** Collin County WIC Department grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Contact Person (Grant Liaison) Commissioner Court meeting. If you have any questions Jannette Sepeda contact Janna Caponera at (972) 548-4638. Title Phone / Extension WIC Director 3357 **Grant Description** Grant Title and Funding Year **Funding Source** Application Type WIC Contract Number 2017-049828-001 ✓ State **New Grant** Grantor (include sub-granting agencies) Federal Renewal 7 Other: Amendment Department of State Health Services (DSHS) **Payment Method** Cost Reimbursement Other: Application/Award Deadline Requested Comm. Court **Grant Period** October 1, 2016 October 24, 2016 October 1, 2016 September 30, 2017 to **Brief Description** Renewal of WIC contract. Amount of contract \$1,526,509.00. Contractor shall administer the Department of State Health Services (DSHS) Special Supplemental Nutrition Program for Women, Infant and Children. (WIC) To provide supplemental food instrument, nutrition education, and counseling to enhance good health at not cost to low-income pregnant and postpartum women, infants and children identified to be a nurtional risk. Grant Categories / County In-Kind Federal Funds State Funds Local Funds Total **Funding Sources** Match Match Personnel \$ 1,526,509.00 \$ \$ \$ Operating \$ \$ \$ Capital Equipment \$ \$ \$ \$ Indirect Costs \$ \$ \$ \$ Total \$ \*\*\*\*\* \$ ########## # of FTEs **Current FY Progress to Date** Performance Measures **Next FY** Applicable Outcome Measures Q1 Q2 Q3 Projected Q4 Percentage or lamilles receiving NE/Counseling services at the time of the 97.1 97.5 97 96.5 97.9 voucher issuance (an average 05%) Percentage of women in first trimester at 33.8 28.8 31.4 29.9 31.6 certification (20% per quarter). Percentage of enrolled clients receving 85.6 84.6 84.6 84.5 86.1 vouchers during the report period Percentage of clients that received a referral because they indicated they have no source 98.9 100 100 99.4 99.8 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)

| Department Head / Designee Printed Name | Signature        | Date             |
|---|------------------|------------------|
| Candy Blair                             | Candy Blair, HCA | October 24, 2016 |
| Completed by:                           |                  |                  |

All attachments, back-up documentation or amendments to be submitted to the Grantor

## **Grant Resource-Benefit Summary**

| Grant Title                                |               |             | Contact Person (Grant Liaison) | Stant Liaison)  |
|--|---------------|-------------|--------------------------------|---|
| <b>NIC Contract Number 2017-049828-001</b> | 828-001       |             | Jannette Sepeda                |   |
| Grant Period                               |               |             | Phone / Ext                    | Department  |
| October 1, 2016 to                         | September 30, | 30, 2017    | 3357                           | Collin County WIC Department  |
| COUNTY RESOURCES REQUIRED                  | RED           |             |                                |   |
| Match                                      | Amount        | Identify M  | Identify Match Source          | Benefits to County and Citizens   |
| I) Cash                                    | €7            |             |                                | Renewal of WIC contract. Contractor shall administer the Department of  |
| 2) In-Kind                                 | · ·           |             |                                | Women, Infant and Children. (WIC) To provide supplemental food  |
| ✓ No Match Required                        |               |             |                                | instrument, nutrition education, and counseling to enhance good health at not cost to low-income pregnant and postpartum women, infants and |
| mplementation / Start Up                   | Amount        | Desc        | Description                    | children identified to be a nurtional risk.   |
| ) Equipment                                |               |             |                                |   |
| 2) Training                                |               |             |                                |   |
| 3) Inter-departmental / Other:             |               |             |                                |   |
| No Implem / Start-up Costs                 |               |             |                                |   |
| Operational / Maintenance                  | Amount        | Desc        | Description                    |   |
| ) Recurring Maintenance                    |               |             |                                |   |
| <ul><li>Salary / Benefits</li></ul>        |               |             |                                |   |
| 3) Continuing Ed / Training                |               |             |                                |   |
| <ol> <li>Office / Program Space</li> </ol> |               |             |                                |   |
| ) Travel                                   |               |             |                                |   |
| 3) Other:                                  |               |             |                                |   |
| ☑ No Oper / Maintenance Costs              | 8             |             |                                |   |
| NON-COLINTY RESOLIRCES REQUIRED            | -OI IIRED     |             |                                |   |
| Match                                      | Amount        | Identify Ma | Identify Match Source          |   |
| ) Voluntary / Donation                     | 0 .           |             |                                |   |
|  |               |             |                                |   |