Collin County Grant Summary Form

		ounty Gra	Cubrait cample	ted form along w	ith or	a alastrani	o copy of the
Department Name				n and all suppor			
Health Care Services	Li comi calcanta de la comita de			not less than 14	_		
Contact Person (Grant Liaise	on)			Court meeting.	-	-	1
Joann Gilbride				Caponera at (972	-	_	'
Title	Phone / Extens	sion			•		
Healthcare Coordinator	972-548-5503						
		Grant De		(1975) 1975)			
Grant Title and Funding Yea	r		Funding	g Source		Applicati	
Cities Readiness Initiative (CR	RI) FY 2019					New Grant	
Grantor (include sub-grantir	g agencies)		Federal		~	Renewal	
Texas Department of State He	ealth Services		Other:			Amendme	nt
î de la companya de				Payment	Met	hod	
			☑ Cost Reim	bursement		Other:	
Application/Award Deadline	Requested Co	mm. Court	Grant Period				
February 6, 2018	April 2		July 1,	2018 to	ı	June 30	0, 2019
Brief Description		,	,			ARTON CONTRACTOR OF THE STATE	
The CRI grant is meant to ens	ure the County's	ability to receive	and dispense	medical counterr	measi	ures as dei	monstrated
Grant Categories /		(A-1020-11-				n-Kind	
Funding Sources	Federal Funds	State Funds	Local Funds	County Match		Match	Total
Personnel		\$ 119,268.00			\$	5,238.00	\$ 124,506.00
Operating		\$ 9,382.00			\$	7,620.00	\$ 17,002.00
Capital Equipment		Ψ 0,002.00			Ť		\$ -
					-		\$ -
Indirect Costs		£ 429 650 00	\$ -	\$ -	\$	12,858.00	\$ 141,508.00
Total	\$ -	\$ 128,650.00	3 -	-	۳	12,030.00	0
# of FTEs		CANADA MATERIAL DI MATANCA MAT					
Performance Mea Applicable Outcome Mea		Q1	Current FY Pr	ogress to Date		Q4	Next FY Projected
Complete and submit the Ope Readiness Review (ORR) to I		In progress	In progress	Submitted 2-16-18		è	
Provide updated Point of Disp standards data to DSHS by 4/	1/2018	In progress	In progress	Submitted 2-16-18			
SNS operation drills: staff cal		In progress	In progress	In progress			
Submit a current multi-year tra exercise plan that covers FY1	aining and 8 through FY23	In progress	Submitted 12-15-18				
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, please Grant Summary Form Memo of request to Co Electronic copy of the Capproval to apply Cour All attachments, back-to Completed by:	nds awarded to the lated agencies or ease find enclosed mmissioner Courbriginal, completed torder (for award	ne County under agents, as well the following it t for application. d application/aw d only)	r this grant, and as those of the tems for initial re /award acceptar /ard	will adhere to ar County, and its t eview: nce and approva	ny pol financ	lices and p	rocedures set
Candy Blair		(moly PX	aux		Mar	ch 14, 2018	3
Department Head / Designee Printe	ed Name	Signature	-TT		Date		479-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

Grant Resource-Benefit Summary

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Grant Title			Contact Person (Grant Liaison)		_
Cities Readiness Initiative (CRI) FY 2019	FY 2019		Joann Gilbride	Final	\neg
Grant Period			Phone / Ext	Department	
July 1, 2018 to	June 30, 2019		972-548-5503	Health Care Services	
COLINTY BESOLIBER	SED				
Match	Amount	Identify Ma	Identify Match Source	Benefits to County and Citizens	Г
1) Cash	€			This grant is used to promote and protect the health of citizens in times of eximent disaster or emergency. These situations could include a pandemic.	
2) In-Kind	\$ 12,858.00	MRC Volunteer/personnel	personnel	natural weather disaster, man-made accident, or terrorist attack.	
☐ No Match Required				The primary mechanism for a CRI response is to use Points of Dispensing	
Implementation / Start Up	Amount	Desci	Description	(PODs) to conduct mass prophylaxis operations. This includes dispensing medications or vaccines to County residents to prevent the onset of illness	
1) Equipment				and death from a specific disease or health risk.	
2) Training				The funds for this grant are used for personnel to design/implement response plans, preparedness exercises, coordination and procurement of	
3) Inter-departmental / Other:				response supplies and resources, training and travel associated with public	
☐ No Implem / Start-up Costs				nealth preparedness activities, and other related expenses and duries.	
Operational / Maintenance	Amount	Desc	Description		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Costs	S		Wife		
NON-COUNTY RESOURCES REQUIRED Match	EQUIRED Amount	Identify Ma	Identify Match Source		

1) Voluntary / Donation