Daniel Maria	00111111	ounty Gra	nt Summa		with and alastra	nie conv of the
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					
COLLIN COUNTY HEALTH C						
Contact Person (Grant Liaise		Commissioner Court meeting. If you have any questions—contact Janna Caponera at (972) 548-4638.				
JOANN GILBRIDE						
Title	Phone / Extension 972-548-5503			,	,	
HC COORDINATOR						
		Grant De	scription			
Grant Title and Funding Yea					tion Type	
TUBERCULOSIS (TB) FEDERAL - FY 2019					New Gra	nt
Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES			☐ Federal ☐ Renewal			
			Other: Amendment			
				Paymen	t Method	
				bursement	Other:	
Application/Award Deadline	Requested Co	mm. Court	Grant Period			
June 12, 2018	June 25, 2018		January 1, 2019 to December 31, 20			er 31, 2019
Brief Description						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 114,386.00		\$ 22,877.00		\$ 137,263.00
Operating		<del>+</del>				\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 114,386.00	\$ -	\$ 22,877.00	\$ -	\$ 137,263.00
# of FTEs		<b>¥</b> 1.1.1,000.00			-	
			L			
Performance Meas	sures	20	Current FY Progress to Date			
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	Projected
Newly Reported TB cases shall have an HIV test performed; goal>85.3		100%				100%
2. TB cases & suspects shall be placed on Directly Observed Therapy; goal>=93.4%		100%				100%
3. Patients suspected of having TB disease started on 4-drug regimen; goal>=93.4%		100%				100%
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple  Grant Summary Form  Memo of request to Cor  Electronic copy of the o	nds awarded to the ated agencies or ease find enclose mmissioner Courriginal, complete: Order (for award	ne County under agents, as well d the following in t for application d application/avellonly)	r this grant, and I as those of the tems for initial r /award accepta vard	I will adhere to a County, and its eview: nce and approva	iny polices and a financial and a	procedures se
Completed by: CANDY BLAIR	p documentation	or amendment	s to be submitte	ed to the Granto	June 12, 2018	

Signature

Date

Department Head / Designee Printed Name

## **Grant Resource-Benefit Summary**

Grant Title TUBERCULOSIS (TB) FEDERAL - FY 2019			Contact Person (Grant Liaison) JOANN GILBRIDE		☐ Prelimina
					Final
Grant Period			Phone / Ext	Department	
January 1, 2019 to	December	31, 2019	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE	
COUNTY RESOURCES REQUIR	ED				
Match	Amount	Identify N	Match Source	Benefits to County and Citizens	
1) Cash	\$ 22,877.00	Existing emple	oyee salaries	Renewal grant for \$114,386 from the Texas Services for Tuberculosis (TB) services. Th	•
2) In-Kind	\$ -			by the contract is \$22,877. Both the awarde county's match funds will be used toward the	ed renewal grant funds and t
☐ No Match Required				TB Clinic staff members as part of the effort	to provide TB services for the
Implementation / Start Up	Amount	Des	scription	community. The performance measures inc directed towards the TB Program's ability to	
1) Equipment			•	individuals who are exposed or infected with TB disease. The TB Clinic manages the car	the TB germ or have active
2) Training				patients from 6 months up to 2 years during in order to ensure they successfully complet	the course of their treatmen
3) Inter-departmental / Other:				in order to endure they successfully complete	o their treatment.
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	scription		
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 Match	QUIRED Amount	Identify N	Match Source		
1) Voluntary / Donation					