Collin County Grant Summary Form Department Name Submit completed form along with one electronic copy of the Collin County WIC Department grant application and all supporting documentation to the Contact Person (Grant Liaison) Auditor's Office not less than 14 days prior to the scheduled 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 [7] Renewal Other: V Amendment Department of State Health Services (DSHS) **Payment Method** Other: Application/Award Deadline Requested Comm. Court **Grant Period** October 1, 2019 June 24, 2019 October 1, 2019 to September 30, 2020 **Brief Description** WIC Contract FY19 Amendment and FY 20 Renewal. FY19 Amendment amount to \$1,489,617.00 and FY20 renewal amount of \$1,491,377.00. Contractor shall administer the Health and Human Services (HHSC) Special Supplemental Nutrition Program for Women, Infant and Children(WIC) to provide supplemental food instrument, nutrition education, and counseling to enhance good health at no 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 **Funding Sources** Total Match Match Personnel \$ 1,491,377.00 \$ \$ ************ Operating \$ \$ \$ \$ Capital Equipment \$ \$ \$ \$ Indirect Costs \$ \$ w \$ \$ Total \$ ****** \$ * \$ ########### # of FTEs **Performance Measures Current FY Progress to Date Next FY** Applicable Outcome Measures Q1 Q2 Q3 Q4 **Projected** rercemaģė or iamilies receiving NE/Counseling services at the time of the 96.90% 97.60% 97.60% 94 70% 97.80% voucher issuance (an average 95%) Percentage of women in first trimester at 27.70% 31.10% 31.90% 26 90% certification (20% per quarter) 30.50% Percentage of enrolled clients receving 85.20% 84.60% 85% vouchers during the report period 85.40% 86 20% Percentage of cherits that received a l because they indicated they have no source 99.00% 98 30% 98.30% 94.70% 98.60% 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) All attachments, back-up documentation or amendments to be submitted to the Grantor Completed by: Candy Blair 13/2019

Department Head / Designee Printed Name