**Collin County Grant Summary Form** 

Daniel Manage	0011111	Journey Gra		•	:4114	-:
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the					
COLLIN COUNTY HEALTH C	Auditor's Office not less than 14 days prior to the scheduled					
Contact Person (Grant Liais	Commissioner Court meeting. If you have any questions					
Taylor Burton				Caponera at <b>(97</b> 2		•
Title	Phone / Extens	sion				
Healthcare Coordinator	972-548-4464	0t D.				
0 17:11		Grant De	scription			. <u>-</u>
Grant Title and Funding Yea			g Source	Application Type  New Grant		
TUBERCULOSIS (TB) FEDER	State 5					
Grantor (include sub-granting TEXAS DEPARTMENT OF STATE O	TDV//OFFO	Federal				
TEXAS DEPARTMENT OF S	ERVICES	☐ Other:		Amendment		
		Payment Method  ✓ Cost Reimbursement				
Application/Award Doodling	Beguested Co	mm Caust	Grant Period	ibursement	U Other:	
Application/Award Deadline	-			vr 1 2024 to	August	24 2025
January 22, 2024 Brief Description	April 2.	2, 2024	September 1, 2024 to August 31, 2025			
Reducing the risk of communi		SV 1 11		TD Ellering room		
Grant Categories /	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Funding Sources	rederal rullus		Local Funds	· ·	Match	
Personnel		\$ 82,321.00		\$ 16,914.00		\$ 99,235.00
Operating		\$ 2,251.00				\$ 2,251.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 84,572.00	\$ -	\$ 16,914.00	\$ -	\$ 101,486.00
# of FTEs						
Dorformanaa Maa	CITAC		Current EV Dr	ogress to Date		Next FY
Performance Measures Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
Newly-reported 15 cases must	st nave an Hiv	Qı	Q2	Q3 T	Q <del>4</del>	Projected
test performed unless there is documented evidence of an HIV-positive result or the		100%	100%			
All suspected and confirmed TB patients are placed on DOT at the start of treatment.		100%	100%			
cases of TB are started on an appropriate drug		100%	100%			
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, pleater Grant Summary Form Memo of request to Correct Electronic copy of the Approval to apply Courther All attachments, back-	nds awarded to the lated agencies or ease find enclosed ommissioner Cour original, completed to Order (for award	e County under agents, as well a the following ite to for application/ad application/awd only)	this grant, and the eas those of the eas for initial redays	will adhere to any County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set
Completed by:						
CANDY BLAIR		Candy Blaur			April 5, 2024	
Department Head / Designee Printed Name Signatur		Signature	ature		Date	

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person (Grant Liaison)		☐ Preliminary
TUBERCULOSIS (TB) FEDERA	L - FY 2025		or Burton		☐ Final
Grant Period			ne / Ext	Department	
September 1, 2024 t	o August 3	1, 2025 972-5	548-4464	COLLIN COUNTY HEALTH CARE SERVICE	
COUNTY RESOURCES REQUI	RED				
Match	Amount	Identify Match S	Source	Benefits to County and Citizens	
1) Cash	\$ 16,914.00	Existing staff salary/f	ringe	This is a renewal grant amounting to \$84,572 Department of State Health Services for FY20	
2) In-Kind	\$ -			program funding. The county's match as requ	uired by the contract is
☐ No Match Required				\$16,914.00. Both the awarded renewal grant funds will be used toward the existing salaries	s of several TB program staff
Implementation / Start Up	Amount	Description		members as part of the effort to provide TB so The performance measures included in the co	
1) Equipment	Amount	Description	<u>.</u>	the TB program's ability to provide, evaluate,	and treat individuals who are
i) Equipment				exposed or infected with TB or have active TI manages the care of these infected or ill patie	
2) Training				years during the course of their treatment in c	
3) Inter-departmental / Other:				successfully complete their treatment.	
$\hfill \square$ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Description	<u>1</u>		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Cos	ts				
NON-COUNTY RESOURCES R Match	REQUIRED Amount	Identify Match S	Source		
1) Voluntary / Donation	Amount	identity iviatori d	Jouroe		
i, voluntary / Donation					