	Collill	Journey Gra			201	
Department Name	Submit completed form along with one electronic copy of the					
Collin County Health Care Services			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			
Taylor Burton			contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion	oontaot danna	Caponera at (51)	2) 040-4000.	
Healthcare Coordinator	972-548-4464					
		Grant De	scription			
Grant Title and Funding Yea	ır		Funding	g Source	Applica	ation Type
Tuberculosis (TB) State - FY 2		✓ State		☐ New Gra		
Grantor (include sub-granting agencies)			☐ Federal ☑ Renewal			I
Texas Department of State Health Services (DSHS)			Other:		Amendment	
	,,,,	Payment Me				
			✓ Cost Reim	nbursement	Other:	
Application/Award Deadline	Requested Co	mm Court	Grant Period	ibursement	U Otilei.	
••	· ·			vr 1 2024 to	Augus	+ 24 2025
January 22, 2024	April 2	2, 2024	24 September 1, 2024 to August 31, 2025			
Brief Description Reducing the risk of communi						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 297,677.00		\$ 59,949.00		\$ 357,626.00
Operating		\$ 2,070.00				\$ 2,070.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 299,747.00	\$ -	\$ 59,949.00	\$ -	\$ 359,696.00
# of FTEs	<u> </u>	<del>+ 200,1 11100</del>	<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
test performed unless there is documented		100%	100%			
evidence of an HIV-nositive result or the All suspected and confirmed TB patients are placed on DOT at the start of treatment.		100%	100%			
rvewiy-reported suspected and confirmed cases of TB are started on an appropriate drug		100%	100%			
regimen						
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 Co  Electronic copy of the of Approval to apply Cour  All attachments, back-to	nds awarded to the lated agencies or ease find enclosed ommissioner Courbriginal, completed to Order (for award	e County under agents, as well a lithe following ite to for application/d application/aw donly)	this grant, and the cas those of the cas for initial recassion acceptare	will adhere to ang County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set
Completed by:						
Candy Blair		Candy Blair			April 5, 2024	
Department Head / Designee Printed Name		Signature			Date	

## **Grant Resource-Benefit Summary**

Grant Title		Contact Pers	son (Grant Liaison)	☐ Preliminary
Tuberculosis (TB) State - FY 202	5	Taylor Burtor		
Grant Period		Phone / Ext	Department	
September 1, 2024 to	August 3	1, 2025 972-548-4464	Collin County Health Care Services	
COUNTY RESOURCES REQUIF	RED			
Match	Amount	Identify Match Source	Benefits to County and Citizens	
1) Cash	\$ 59,949.00	Existing staff salary/fringe	Renewal contract for \$299,747.00 from the Health Services (DSHS) for Tuberculosis (	
2) In-Kind	\$ -	-	as required by the contract is 20% of the to Both the awarded renewal grant funds and	otal contract to equal \$59,949.00.
☐ No Match Required			used toward the existing salaries of TB clir	nic staff members as part of the
Implementation / Start Up	Amount	Description	effort to provide TB services for communiti performance measures that will be include	d in the contract are directed
1) Equipment			towards the TB Program's ability to provide who are exposed or infected with TB or ha	
2) Training			Elimination clinic provides Directly Observe with active, or infectious TB at their home,	
3) Inter-departmental / Other:			The TB clinic manages the care of these in up to 2 years during the course of their tree.	nfected patients from 6 months
☐ No Implem / Start-up Costs			successfully complete their treatment. This and elimination of TB in the our communiti	grant supports the prevention
Operational / Maintenance	Amount	Description		<b>.</b>
1) Recurring Maintenance				
2) Salary / Benefits				
3) Continuing Ed / Training				
4) Office / Program Space				
5) Travel				
6) Other:				
☐ No Oper / Maintenance Costs	S			
NON-COUNTY RESOURCES RE	EQUIRED			
Match	Amount	Identify Match Source	_	
1) Voluntary / Donation				