


Department Name/Number: Collin County Health Care Services		 Grant Summary Form Submit completed form along with one <u>original</u> copy of the grant application along with all supporting documentation to the Budget & Finance Office (BFO) and the Grant Review Committee (GRC), not less than 15 days prior to the scheduled Commissioner Court meeting. Phone: (972) 548-4650
Contact Person: Patsy Morris		
Title: HC Coordinator	Phone: 5503	

Grant Description

Grant Title: FY2014 Renewal Local Public Health Services (LPHS)	Funding Source: <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Grant Type: <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Amendment
Grantor: Department of State Health Services	Payment Method: <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	Award Type: <input type="checkbox"/> One-Time <input checked="" type="checkbox"/> Ongoing

Deadline: 4/05/13	Award Date: Sept. 1, 2013	Project Start Date: Sept. 1, 2013	Project End Date: August 31, 2014	Amount: \$21,639.00
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Purpose:
Provide DOT (Direct Observation Therapy) Services to eligible clients in the TB Program.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel		21,639.00				21,639.00
Operating		0				
Capital Equipment		0				
Indirect Costs		0				
Total		\$21,639.00				21,639.00
FTEs						

Performance Measures Applicable Outcome Measures	FY 2013 Progress to Date				FY 2014
	Q1	Q2	Q3	Q4	Projected
Patient DOT and Clinic Visits	507	479	---	---	1,971
Patient DOT Home Visits	713	746			2,918

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 policies 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:

- A copy of the original, completed, signed Application
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application
- Grant Summary Form
- Memo of request to Commissioner Court for acceptance and approval

Completed by: Patsy Morris	Candy Blair
_____	_____
Department Head/Designee Printed Name	Department Head/Designee Signature & Date

Part II – To be completed by the Grant Review Committee:

The Budget and Finance Department (BFO), in conjunction with the Grant Review Committee (GRC), has reviewed the application and/or award as detailed above, and the application and/or award is:

- Provisionally Accepted.** The application and/or award may be submitted to Commissioner Court. (See 'Comments' Below)
- Refused.** Further information or amendments are required. (See 'Comments' Below)
- Rejected.** (See 'Comments Below')

Budget and Finance (BFO) Recommendation: Short-term (less than one year) and Long-term (two years and more) Costs?

County Auditor Comments:

Information Technology (IT) Comments:

Purchasing Comments:

Human Resources (HR) Comments:

Completed by:	
_____	_____
GRC Member/Designee Printed Name	GRC Member/Designee Signature & Date

