

Collin County Grant Summary Form

Department Name/Number: Health Care Services		Submit completed form along with one <u>electronic copy</u> of the grant application and all supporting documentation to the Budget & Finance Office (BFO) not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Benson-Caponea at (972) 548-4638 .
Contact Person: Patsy Morris		
Title: HC Coordinator	Phone: 972-548-5503	

Grant Description		
Grant Title and Funding Year: ILA for TB Prevention and Control for FY2014 State Funds	Funding Source: ☒ State ☐ Federal ☐ Other:	Grant Type: ☐ New Grant ☒ Renewal ☐ Amendment Approval Requested: ☒ Application ☐ Award
Grantor (include sub-granting agencies): Department of State Health Services		

Application/Award Deadline: 7 / 05 / 13	Requested Comm. Cr. Date: 07 / 22 / 13	Grant Period: 09 / 01 / 13 - 08 / 31 / 2014
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Brief Description: Provide TB Services to eligible residents of Collin County

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel	56,453.00	188,563.00	410,480	39,776.00		695,272.00
Operating	21,087.00	34,346.00	0	0		55,433.00
Capital Equipment	0	0	0	0		0
Indirect Costs	0	0	0	0		0
Total	77,540.00	222,909.00	410,480	39,776.00		750,705.00
FTEs	2	4	3.31	.69		10

Performance Measures Applicable Outcome Measures	FY 2013 Progress to Date				FY 2014
	Q1	Q2	Q3	Q4	Projected
Patient Clinic Visits	443	478	487		2,064
Patient DOT Home Visits	641	872	1,083		3,807

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:

- ☒ Grant Summary Form
- ☐ Memo of request to Commissioner Court for application/award acceptance and approval
- ☐ An electronic copy of the original, completed Application/Award
- ☐ Court Order (for award only)
- ☐ All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

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