

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-Caponera at (972) 548-4638 .
Contact Person: Patsy Morris		
Title: HC Coordinator	Phone: 5503	

Grant Description

Grant Title and Funding Year: FY2015 ILA for State TB Prevention and Control	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"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies): Department of State Health Services	Payment Method: <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	Approval Requested: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Award

Application/Award Deadline: 05 / 23 / 2014	Requested Comm. Cr. Date: 06 / 16 / 2014	Grant Period: 09 / 01 / 2014 - 08 / 31 / 2015
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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	<u>Total</u>
Personnel	102,414	175,207	458,057	32,243		767,921
Operating	17,208	6,626	0	0		23,834
Capital Equipment	0	0	0	0		0
Indirect Costs	0	0	0	0		0
Total	119,622	181,833	458,057	32,243		791,755
FTEs	2	4	3.75			

Performance Measures Applicable Outcome Measures	FY 2014 Progress to Date				FY 2015
	Q1	Q2	Q3	Q4	Projected
Patient Clinic Visits	368	434			1,800
Patient DOT Home Visits	1002	1084			4,000

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: Candy Blair	<i>Patsy MORRIS</i>	<i>Candy Blair / pm 5-20-14</i>
Department Head/Designee Printed Name	Department Head/Designee Signature & Date	