Collin County Grant Summary Form

Department Name		Submit completed form along with one electronic copy of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at **(972) 548-4638**.
COLLIN COUNTY HEALTH CARE SERVICES		
Contact Person (Grant Liaison)		
JOANN GILBRIDE		
Title	**Phone / Extension**	
HC COORDINATOR	972-548-5503	

Grant Description

Grant Title and Funding Year	**Funding Source**	**Application Type**
IMMUNIZATIONS PROGRAM FUNDS	☑ State	☐ New Grant
Grantor (include sub-granting agencies)	☐ Federal	☑ Renewal
DEPARTMENT OF STATE HEALTH SERVICES	☐ Other:	☐ Amendment
	Payment Method	
	☑ Cost Reimbursement	☐ Other:

Application/Award Deadline	**Requested Comm. Court**	**Grant Period**
May 12, 2015	May 11, 2015	September 1, 2015 to August 31, 2016

Brief Description

Providing immunizations services to children and adults at or below the poverty level.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	**County Match**	In-Kind Match	**Total**
Personnel		$ 343,856.00	$ 389,659.00			**$ 733,515.00**
Operating		$ 10,206.00	$ 4,000.00			**$ 14,206.00**
Capital Equipment						**$ -**
Indirect Costs						**$ -**
Total	**$ -**	**$ 354,062.00**	**$ 393,659.00**	**$ -**	**$ -**	**$ 747,721.00**
# of FTEs						**0**

Performance Measures Applicable Outcome Measures	**Current FY Progress to Date** Q1	Q2	Q3	Q4	**Next FY** Projected
# of ahots validated and entered into IMMTRAC	2,325	2,429			9508
# of HBsAg+ pregnant women identified	9	17			52
# VFC Providers under LHD	71	70			70

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 polices 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
- ☑ Electronic copy of the original, completed application/award
- ☐ Approval to apply Court Order (for award only)
- ☑ All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by:		
CANDY BLAIR	Candy Blair	April 27, 2015
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title	Contact Person (Grant Liaison)	
IMMUNIZATIONS PROGRAM FUNDS	JOANN GILBRIDE	
Grant Period	**Phone / Ext**	**Department**
September 1, 2015 to August 31, 2016	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE

☐ Preliminary
☐ Final

COUNTY RESOURCES REQUIRED

Match

	Amount	Identify Match Source
1) Cash	$ -	
2) In-Kind	$ -	
☐ No Match Required		

Implementation / Start Up

	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
☐ No Implem / Start-up Costs		

Operational / Maintenance

	Amount	Description
1) Recurring Maintenance		
2) Salary / Benefits		
3) Continuing Ed / Training		
4) Office / Program Space		
5) Travel		
6) Other:		
☐ No Oper / Maintenance Costs		

NON-COUNTY RESOURCES REQUIRED

Match

	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens

Renewal grant for $354,062 from the Texas Department of State Health Services for the Immunizations Program. The grant funds will be used toward the salary and fringe benefits of Immunizations Program Staff members who provide immunizations services to our community as well as supplies such as needles and thermometers for vaccine storage. The services performed by the Immunization Program staff members include administering vaccinations, providing education to the public and healthcare providers regarding immunizations, performing outreach activities, and entering data into the state's immunizations database for long-term retention of individual vaccination records. The Immunization Program reports grant related activities each quarter to DSHS.