

Collin County Grant Summary Form

Department Name COLLIN COUNTY HEALTH CARE SERVICES		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.
Contact Person (Grant Liaison) JOANN GILBRIDE		
Title HC COORDINATOR	Phone / Extension 972-548-5503	

Grant Description		
Grant Title and Funding Year RLSS-LOCAL PUBLIC HEALTH SYSTEM (LPHS)	Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Application 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:	
Application/Award Deadline May 15, 2015	Requested Comm. Court May 11, 2015	Grant Period September 1, 2015 to August 31, 2017

Brief Description
Reducing the risk of communicable disease (TB) in the community as required in Texas Administrative Code Sections 97.2-97.8.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 43,278.00				\$ 43,278.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 43,278.00	\$ -	\$ -	\$ -	\$ 43,278.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
1.1 DOT (Directly Observed Therapy) will be provided to all active TB cases	929 Hm visits	762 Hm visits			845 hm visits

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
- 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		April 23, 2015
Department Head / Designee Printed Name	Signature	Date

