	Collin C	Jounty Gra	int Summa	9	•••		6.0
Department Name				ted form along won and all suppor			
Office of Emergency Managen				not less than 14			
Contact Person (Grant Liaise	on)			Court meeting.			
Lynnette Hudson	T-: :-		contact Janna	Caponera at (97 2	2) 54	18-4638.	
Title	Phone / Extens	sion					
PHEP Planner	214-491-6855						
		Grant De	escription				
Grant Title and Funding Yea			2000	g Source	_	• •	ion Type
Public Health Emergency Prep		8	☐ State			New Gran	t
Grantor (include sub-grantin			☑ Federal			Renewal	
Texas Department of State He	ealth Services		☐ Other:			Amendme	nt
				Paymen			
				nbursement		Other:	
Application/Award Deadline	Requested Cor		Grant Period				
January 13, 2017	January	9 ,2017	July 1,	2017 to)	June 3	0, 2018
Brief Description							
shelters, pandemic flu respons	se, mass fatality, a	ina SNS respor	se.				
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match		In-Kind Match	Total
Personnel	\$ 460,469.00	30131 (111030) (1830-28-14, 1111-1111) (1830-1111)			\$	54,515.00	\$ 514,984.00
Operating	\$ 84,858.00						\$ 84,858.00
Capital Equipment					Г		\$ -
Indirect Costs							\$ -
Total	\$ 545,327.00	\$ -	\$ -	\$ -	\$	54,515.00	\$ 599,842.00
# of FTEs							C
	y no. 1			- Language and the state of the	1		
Performance Mea	sures		Current FY Pi	rogress to Date			Next FY
Applicable Outcome N	/leasures	Q1	Q2	Q3		Q4	Projected
Develop/augment health and r component of local EM plan ar							
Epidemiological surveilance. F	Receive, evaluate						
& respond to urgent disease re	eports.						
Identify at-risk populations, coof mass care to shelters.	ordinate delivery						
Conduct/participate in regular							
The Department named above the management of any funds	e is applying for the	e Grant Prograi	m named above	, and if awarded,	will	accept full re	esponsibility for
by the Grantor and its related a departments. To that end, ple	agencies or agent	s, as well as the	ose of the Count	y, and its financia	al an	d administra	ative
 ☑ Grant Summary Form ☑ Memo of request to Co ☑ Electronic copy of the o ☑ Approval to apply Courl ☑ All attachments, back-u 	riginal, completed t Order (for award	application/awonly)	ard				
		$\overline{}$					
Completed by:		XG	11,00		D -	20mb==40 (2016
James McCrone		Jums	meco	·		cember 13, 2	2010
Department Head / Designee Printe	a Name	Signature			Date	;	

Grant Resource-Benefit Summary

Grant Title		Col	Contact Person (Grant Liaison)	rant Liaison)
Public Health Emergency Preparedness FY 2018	edness FY 2018	Lyn	Lynnette Hudson	
Grant Period		Phc	Phone / Ext	Department
July 1, 2017 to	June 30, 2018		214-491-6855	Office of Emergency Management
COUNTY RESOURCES REQUIRED	ED			
Match	Amount	Identify Match Source	Source	Benefits to County and Citizens
1) Cash	· · · · · · · · · · · · · · · · · · ·			This grant is used to protect and promote the health of the citizens in times of exigent disaster or emergency. These situations could include a
2) In-Kind	\$ 54,515.00 Per	Personnel Match		pandemic, natural weather disaster, man-made accident, or terrorism
□ No Match Required				
Implementation / Start Up	Amount	Description	on	The funds for this grant are used for personnel to design/implement response plans, preparedness exercises, coordination and procurment of
1) Equipment			2	response supplies and resources, training and travel associated with public health preparedness activities, and other related expenses and
2) Training				duties.
3) Inter-departmental / Other:				
☐ No Implem / Start-up Costs				
Operational / Maintenance	Amount	Description	on	
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	EQUIRED			
Match	Amount	Identify Match Source	Source	
1) Voluntary / Donation				