Collin County Grant Summary Form

	0011111	Journey Ore	ant Summa	9			
Department Name				ted form along w			
Office of Emergency Manager	ment			on and all support			
Contact Person (Grant Liais	on)			e not less than 14 Court meeting. I			
Lynnette Hudson				Caponera at (972			questions
Title	Phone / Extens	sion			,		
PHEP Planner	214-491-6855						
		Grant De	escription				
Grant Title and Funding Yea	r		Fundin	g Source	Π	Applicat	ion Type
Cities Readiness Initiative (CF	RI) FY 2018		□ State		V	New Gran	t
Grantor (include sub-grantir	ng agencies)		☑ Federal			Renewal	
Texas Department of State He			☐ Other:			Amendme	nt
				Payment	t Me		
			☑ Cost Rein	nbursement		Other:	
Application/Award Deadline	Requested Cor	nm. Court	Grant Period				
January 13, 2017	1 .	9, 2017	July 1	2017 to		June 3	0, 2018
Brief Description	bandary	0, 2017	outy 1,	12017 (0		- Odiic o	0, 2010
Ensure ability to receive and d	liananna madical a	ountermoonure	a aa damanatrat	ed through accor	2012	ant by the C	rotogio
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match		In-Kind Match	Total
Personnel	\$ 102,030.00			ACMIAN CONTROL OF	\$	4,726.00	\$ 106,756.00
Operating	\$ 26,620.00				\$	8,136.00	\$ 34,756.00
Capital Equipment	Ψ 20,020.00				۳	0,100.00	\$ -
Indirect Costs					\vdash		\$ -
Total	\$ 128,650.00	\$ -	\$ -	\$ -	\$	12,862.00	\$ 141,512.00
# of FTEs	\$ 120,030.00	Φ -	\$ -	Make and service and service	P	12,002.00	\$ 141,512.00
# 011 123					<u> </u>		
Performance Mea	sures		Current FY P	rogress to Date			Next FY
Applicable Outcome I		Q1	Q2	Q3		Q4	Projected
Develop/augment plans to pro prophylaxis to all of County wit	vide mass						
Recruit staff/volunteers to carroperations and POD functions							
Recruit three additional Closed Dispensing organizations	d Points of						
Coordinate with other jurisdict							
communication messaging ac	ross the area						
The Department named above the management of any funds by the Grantor and its related departments. To that end, ples Grant Summary Form Memo of request to Co Electronic copy of the Conference Approval to apply Cour All attachments, back-to-	awarded to the Coagencies or agentees ease find enclosed mmissioner Court original, completed t Order (for award	ounty under this s, as well as the the following ite for application/ application/awa only)	s grant, and will ose of the Count ems for initial rev award acceptan ard	adhere to any po y, and its financia view: ce and approval	lices	and proced	ures set forth
O							
Completed by: James McCrone		(1) m	Micha		Dec	cember 13, 2	2016
Department Head / Designee Printe	ed Name	Signature	,	~	Date		

Grant Resource-Benefit Summary

Grant Title			Contact Person (Grant Liaison)	Grant Liaison)
Cities Readiness Initiative (CRI) FY 2018	FY 2018		Lynnette Hudson	
Grant Period			Phone / Ext	Department
July 1, 2017 to	June 30,	, 2018	214-491-6855	Office of Emergency Management
COUNTY RESOURCES REQUIRED	ŒD			
Match	Amount	Identify Ma	Identify Match Source	Benefits to County and Citizens
1) Cash	. ↔			This grant is used to promote and protect the health of citizens in times of exigent disaster or emergency. These situations could include a pandemic,
2) In-Kind	\$ 12,862.00	MRC Volunteer/personnel	r/personnel	natural weather disaster, man-made accident, or terrorist attack.
☐ No Match Required				The primary mechanism for a CRI response is to use Points of Dispensing
Implementation / Start Up	Amount	Desc	Description	(PODs) to conduct mass prophylaxis operations. This includes dispensing medications or vaccines to County residents to prevent the onset of illness
1) Equipment				and death from a specific disease of neath fisk.
2) Training				The funds for this grant are used for personnel to design/implement response plans, preparedness exercises, coordination and procurement of
3) Inter-departmental / Other:				response supplies and resources, training and travel associated with public health preparedness activities, and other related expenses and
☐ No Implem / Start-up Costs				duties.
Operational / Maintenance	Amount	Desc	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	EQUIRED Amount	Identify M	Identify Match Source	
1) Voluntary / Donation				