# 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 |
|---|---|---|
| January 13, 2017 | February 27, 2017 | September 1, 2017 to August 31, 2018 |

**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 | | $ 341,958.00 | $ 455,614.00 | | | $ 797,572.00 |
| Operating | | $ 12,104.00 | $ 2,000.00 | | | $ 14,104.00 |
| Capital Equipment | | $ - | | | | $ - |
| Indirect Costs | | | | | | $ - |
| Total | $ - | $ 354,062.00 | $ 457,614.00 | $ - | $ - | $ 811,676.00 |
| # of FTEs | | | | | | 0 |

| Performance Measures<br>Applicable Outcome Measures | Current FY Progress to Date<br>Q1 | Q2 | Q3 | Q4 | Next FY<br>Projected |
|---|---|---|---|---|---|
| # of shots validated and entered into IMMTRAC | 1,521 | | | | 6300 |
| # of HBsAg+ pregnant women identified | 9 | | | | 46 |
| # VFC Providers under LHD | 61 | | | | 64 |
| | | | | | |

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 | February 8, 2017 |
| 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, 2017 to August 31, 2018 | 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 bandaids for providing immunizations. Other budget items include reference materials to be given out as education for healthcare providers, reimbursement for mileage to audits and local trainings offered by DSHS, and travel expenses to mandatory meetings hosted by the state. 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, collecting data for school and daycare audits, 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.