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
RLSS-LPHS FY 2018 FY2019	☑ 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, 2019

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 Q1	Q2	Q3	Q4	Next FY Projected
1.1 DOT (Directly Observed Therapy) will be provided to all active TB cases	802 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 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	Cindy Blair	February 8, 2017
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title	Contact Person (Grant Liaison)	
RLSS-LPHS FY 2018 FY2019	JOANN GILBRIDE	
Grant Period	**Phone / Ext**	**Department**
September 1, 2017 to August 31, 2019	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 $43,278 from the Texas Department of State Health Services for RLSS/Local Public Health Services (LPHS). This is a renewal grant which will be used toward the salary of the Tuberculosis (TB) Program Manager as part of the effort to provide TB services for the community. The main measure of performance is the TB Program's ability to provide Directly Observed Therapy (DOT) to the patients with active, or infectious TB at their home, place of work, or in the clinic setting.