COLIN COUNTY HEALTH CARE SERVICES Contact Person (Grant Liaison) JOANN GILBRIDE Title Phone / Extension 972-548-5503 Grant Title and Funding Year RESSLPHS FY 2018 FY2019 Grant Of Incert Control (Include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES For Description Grant Title and Funding Year Reducing the risk of communicable disease (TB) in the community as required in Texas Administrative Code Sections 978. Grant Categories / Funding Source Payment Method September 1, 2017 to August 31, 2019 Brief Description Grant Categories / Funding Source Payment Method September 1, 2017 to August 31, 2019 Brief Description Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs Total February 27, 2010 February 28, 2010 February 28, 2010 February 28, 2010 February 29, 2017 February 29, 2017 February 29, 2017 February 2017 Fe		Collin (County Gra				
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DEPARTMENT OF STATE HEALTH SERVICES Other:	Grantor (include sub-grant	ing agencies)		-			
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CANDY BLAIR February 8, 2017	forth by the Grantor and its re departments. To that end, ple Grant Summary Form Memo of request to Co Electronic copy of the of Approval to apply Court	nds awarded to the lated agencies or ease find enclosed mmissioner Court riginal, completed to Order (for award	e County under agents, as well the following it for application/awonly)	this grant, and as those of the ems for initial re award acceptar ard	will adhere to a County, and its eview: nce and approva	any polices and a financial and a al	procedures set
CANDY BLAIR (mQ, M) (1) February 8, 2017	Completed by:		1			****	
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Department Head / Designee Printed Name Signature Date		d Name	Signature	yuu)1/

Grant Resource-Benefit Summary

Grant Title		0	Contact Person (Grant Liaison)		Preliminary
RLSS-LPHS FY 2018 FY2019		Ĭ	JOANN GILBRIDE		Final
Grant Period		<u>a</u>	Phone / Ext	Department	
September 1, 2017 to	August 31, 2019		972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE	
COUNTY RESOURCES REQUIRED	ŒD				
Match	Amount	Identify Match Source	th Source	Benefits to County and Citizens	
1) Cash	· •			Renewal grant for \$43,278 from the Texas Department of State Health	Health
2) In-Kind	· •			grant which will be used toward the salary of the Tuberculosis (TB)	s a renewal
☐ No Match Required				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	r the
Implementation / Start Up	Amount	Description	tion	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.	active, or
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Description	tion		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					Professional And
☐ No Oper / Maintenance Costs					

Identify Match Source

Amount

NON-COUNTY RESOURCES REQUIRED Match

1) Voluntary / Donation