

Collin County Grant Summary Form

Department Name COLLIN COUNTY HEALTH CARE SERVICES		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.
Contact Person (Grant Liaison) JOANN GILBRIDE		
Title HC COORDINATOR	Phone / Extension 972-548-5503	

Grant Description		
Grant Title and Funding Year IDCU SUR -FY2018 FY 2019	Funding Source ☒ State ☐ Federal ☐ Other:	Application Type ☐ New Grant ☒ Renewal ☐ Amendment
Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES	Payment Method ☒ Cost Reimbursement ☐ Other:	
Application/Award Deadline January 20, 2017	Requested Comm. Court March 6, 2017	Grant Period September 1, 2017 to August 31, 2019

Brief Description To sustain the epidemiological capacity in infectious disease and response for Collin County by maintaining the two existing epidemiologist positions.
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Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 342,445.00		\$ -		\$ 342,445.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 342,445.00	\$ -	\$ -	\$ -	\$ 342,445.00
# of FTEs						0

Performance Measures	Current FY Progress to Date				Next FY Projected
Applicable Outcome Measures	Q1	Q2	Q3	Q4	
Complete case investigation procedures, with at least 75% done within 5 BD of initial report.	100%				100%
Enter case investigation data in NEDSS within 5 BD of completion of investig. of each case	100%				100%

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 policies 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		February 16, 2017
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

☐ Preliminary
 ☐ Final

Grant Title IDCU SUR -FY2018 FY 2019	Contact Person (Grant Liaison) JOANN GILBRIDE
Grant Period September 1, 2017 to August 31, 2019	Department COLLIN COUNTY HEALTH CARE SERVICES

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ -	
☐ No Match Required		

Implementation / Start Up

Amount	Description

Operational / Maintenance

Amount	Description

NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens

Renewal grant for \$342,445 from the Texas Department of State Health Services for Emerging and Acute Infectious Disease Branch (EAIDB) services. FY2018 (\$171,223) and FY2019 (\$171,222) funding combines and renews two existing grant contracts for epidemiology and surveillance activities. The funding is intended to be used to continue to support two Epidemiologist positions, including salary, fringe, and program expenses. Epidemiologists conduct disease investigations, coordinate specimen submissions with local hospitals, and respond to disease outbreaks in our community.