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
ZIKA FUNDING--FY2017 FY2018	☑ 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
February 6, 2017	March 6, 2017	March 1, 2017 to June 30, 2018

Brief Description

The purpose of the Zika funding is to support local health departments in their timely identification and investigation of Zika cases and potential outbreaks in our community. Additionally, the funding is meant to enhance preparedness, outreach, response, and surveillance activities for public health agencies.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		$ 187,574.00				$ 187,574.00
Operating						$ -
Capital Equipment						$ -
Indirect Costs						$ -
Total	$ -	$ 187,574.00	$ -	$ -	$ -	$ 187,574.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date Q1	Q2	Q3	Q4	Next FY Projected
Statement of Work in development					
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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 16, 2017
Department Head / Designee Printed Name	Signature	Date

Grant Resource-Benefit Summary

Grant Title	Contact Person (Grant Liaison)	
ZIKA FUNDING--FY2017 FY2018	JOANN GILBRIDE	
Grant Period	**Phone / Ext**	**Department**
March 1, 2017 to June 30, 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

New grant for from the Texas Department of State Health Services for Zika preparedness and response activities. Collin County was selected to receive $187,584 due to the county's burden of response for Zika and our epidemiological capacity needs for our jurisdiction. The funding is intended to be used to hire two Epidemiology interns, various environmental health related supplies, public education materials, personal and home kits to protect against Zika, dissemination of information via media outlets, laboratory testing services, and other program needs to better prepare for, identify, investigate, and respond to Zika disease outbreaks in our community.