

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 TUBERCULOSIS (TB) STATE - FY 2018	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 15, 2017	Requested Comm. Court March 6, 2017	Grant Period September 1, 2017 to August 31, 2018

Brief Description Reducing the risk of communicable disease (TB) in the community through the TB Elimination Program 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		\$ 152,828.00		\$ 30,566.00		\$ 183,394.00
Operating						\$ -
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 152,828.00	\$ -	\$ 30,566.00	\$ -	\$ 183,394.00
# of FTEs						0

Performance Measures	Current FY Progress to Date				Next FY Projected
Applicable Outcome Measures	Q1	Q2	Q3	Q4	
1. Newly Reported TB cases shall have an HIV test performed; goal is >=82.9%	100%				100%
2. TB cases & suspects shall be placed on Directly Observed Therapy; goal>=91.6%	100%				100%
3. Patients suspected of having TB disease started on 4-drug regimen; goal>=93.4%	94%				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 TUBERCULOSIS (TB) STATE - FY 2018	Contact Person (Grant Liaison) JOANN GILBRIDE
Grant Period September 1, 2017 to August 31, 2018	Department COLLIN COUNTY HEALTH CARE SERVICE

COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ 30,566.00	Existing employee salaries
2) In-Kind	\$ -	
☐ No Match Required		

Implementation / Start Up

Amount	Description
☐ No Implem / Start-up Costs	

Operational / Maintenance

Amount	Description
☐ No Oper / Maintenance Costs	

Benefits to County and Citizens

Renewal grant for \$152,828 from the Texas Department of State Health Services for Tuberculosis (TB) services. The county's match as required by the contract is \$30,566. Both the awarded renewal grant funds and the county's match funds will be used toward the existing salaries of several TB Clinic staff members as part of the effort to provide TB services for the community. The performance measures included in the contract are directed towards the TB Program's ability to provide evaluate and treat individuals who are exposed or infected with the TB germ or have active TB disease. The TB Clinic provides Directly Observed Therapy (DOT) to the patients with active, or infectious TB at their home, place of work, or in the clinic. The TB Clinic manages the care of these infected or ill patients from 6 months up to 2 years during the course of their treatment in order to ensure they successfully complete their treatment.

NON-COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Voluntary / Donation		