Damant Name	0011111	Outity Gra	nt Summai	ed form along v	vith one electron	nic copy of the	
Department Name COLLIN COUNTY HEALTH CA		n and all suppor					
Contact Person (Grant Liaiso	Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions						
JOANN GILBRIDE			contact Janna (Caponera at (97	2) 548-4638.		
Title	Phone / Extens	sion					
HC COORDINATOR	972-548-5503	72-548-5503 Grant Description					
		Grant De			A1 :/	· - T	
Grant Title and Funding Year		Funding Source Application Type State New Grant					
TUBERCULOSIS (TB) FEDERAL - FY 2018			1 ·				
Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES			Federal Renewal				
			Other: Amendment				
			Payment Method				
		☑ Cost Reimbursement ☐ Other:					
Application/Award Deadline Requested Comm. Co.			Grant Period				
May 17, 2017 Brief Description	Septembe	r 18, 2017	January 1	1, 2018 to	Decembe	er 31, 2018	
Administrative Code Sections 9							
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	in-Kind Match	Total	
Personnel		\$ 114,386.00		\$ 22,877.00		\$ 137,263.00	
Operating				33.8		\$ -	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 114,386.00	\$ -	\$ 22,877.00	\$ -	\$ 137,263.00	
# of FTEs						0	
Performance Meas				ogress to Date		Next FY	
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
Newly Reported TB cases s HIV test performed; 2017 goal		100%	100%			100%	
2. TB cases & suspects shall be placed on Directly Observed Therapy; goal>=93.4%		100%	100%			100%	
3. Patients suspected of having TB disease started on 4-drug regimen; goal>=93.4%		100%	100%			100%	
			·				
The Department named above for the management of any fun forth by the Grantor and its related departments. To that end, pleated Grant Summary Form Memo of request to Com Electronic copy of the or Approval to apply Court All attachments, back-up	ds awarded to the steel agencies or ase find enclosed namissioner Couriginal, completed Order (for award	ne County under agents, as well d the following in t for application d application/avellonly)	er this grant, and I as those of the tems for initial re /award acceptal vard	will adhere to a County, and its eview: nce and approva	iny polices and financial and a	procedures set	
Completed by: CANDY BLAIR		Caroly	42.9		Santambar 11	2017	
Department Head / Designee Printed		Signature	JULU		September 11.	, 2011	

Grant Resource-Benefit Summary

Grant Title			Contact Person (Grant Liaison)		☐ Preliminary
TUBERCULOSIS (TB) FEDERAL - FY 2018			JOANN GILBRID	E	☐ Final
Grant Period			Phone / Ext	Department	
January 1, 2018 to	December	31, 2018	972-548-5503	COLLIN COUNTY HEALTH CARE SERVIC	8
COUNTY RESOURCES REQUIR		lalamátú í Ná	latab Cauraa	Panalita to County and Citizana	
Match	Amount Identify Ma			Benefits to County and Citizens Application for \$114,386 from the Texas De	nartment of State Health
1) Cash	\$ 22,877.00	Existing emplo	yee salaries	Services for Tuberculosis (TB) services. Th	-
2) In-Kind	\$ -			by the DSHS is \$22,877. All funds will be us salaries of several TB Clinic staff members	sed toward the existing
☐ No Match Required		igna gran ignation		TB services for the community. The perform	nance measures included in
Implementation / Start Up	Amount	Des.	cription	the contract are directed towards the TB Pro evaluate and treat individuals who are expo- germ or have active TB disease. The TB Cl	sed or infected with the TB
 Equipment Training 				infected or ill patients from 6 months up to 2 their treatment in order to ensure they succe	years during the course of
Inter-departmental / Other:				treatment.	
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Costs	\$				
NON-COUNTY RESOURCES RE	EQUIRED			·	
Match	Amount	Identify M	atch Source		
1) Voluntary / Donation					