	Collin C	county Gra					
Department Name			Submit completed form along with one electronic copy of the				
COLLIN COUNTY HEALTH	grant application and all supporting documentation to the						
Contact Person (Grant Liais			14 days prior to				
JOANN GILBRIDE	Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.						
Title	Phone / Extens	Phone / Extension 972-548-5503		Caponera at (9	72) 548-4638.		
HC COORDINATOR	972-548-5503						
	The state of the s	Grant De	scription				
Grant Title and Funding Ye		Funding Source Application Type					
RLSS-LPHS FY 2020 FY2021			✓ State		int		
Grantor (include sub-grant	☐ Federal ☑ □		☑ Renewal	Renewal			
DEPARTMENT OF STATE HEALTH SERVICES			Other: Am		☐ Amendm	nendment	
			Payment Method				
			☑ Cost Reim	bursement	Other:		
Application/Award Deadling	e Requested Co	mm. Court	Grant Period				
February 28, 2019	March 11, 2019		September 1, 2019 to August 31, 2021			t 31, 2021	
Brief Description		.,, = 0.10		,			
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total	
Funding Sources	reuerai runus		Local Fullos	Match	Match		
Personnel		\$ 43,278.00				\$ 43,278.00	
Operating						\$ -	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 43,278.00	\$ -	\$ -	\$ -	\$ 43,278.00	
# of FTEs							
			0 1577	1 5 1		N - 4 5 1	
Performance Measures				gress to Date		Next FY	
Applicable Outcome		Q1	Q2	Q3	Q4	Projected	
1.1 DOT (Directly Observed provided to all active TB case		498 home visits	;			534 hm visits	
provided to all active 15 case			Γ		-		
					1		
The Department named above	e is applying for t	he Grant Progra	m named abov	e and if award	ed will accept t	full responsibility	
for the management of any fu							
forth by the Grantor and its re							
departments. To that end, pl	ease find enclose	d the following i	tems for initial r	eview:			
Grant Summary Form							
Memo of request to Co				nce and approv	al al		
Electronic copy of the			/ard				
Approval to apply CouAll attachments, back-			s to be submitte	nd to the Grant	or.		
All attachments, Dack-	up documentation		s to be submitte	to the Grant	Л		
Completed by:		/) 10	^ ~				
CANDY BLAIR		(andu D	Dev		February 20,	2019	
Department Head / Designee Print	ed Name	Signature (Date		

Grant Resource-Benefit Summary

Grant Title			Contact Person	☐ Preliminary	
RLSS-LPHS FY 2020 FY2021			JOANN GILBRIDE		Final
Grant Period	-		Phone / Ext	Department	
September 1, 2019 to	August 3	1, 2021	972-548-5503	COLLIN COUNTY HEALTH CARE SERVIC	E
COUNTY RESOURCES REQUIR Match 1) Cash 2) In-Kind No Match Required Implementation / Start Up 1) Equipment		Identify I	Match Source	Benefits to County and Citizens Renewal grant for \$43,278 from the Texas I Services for RLSS/Local Public Health Services grant which will be used toward the salary of Program Manager as part of the effort to procommunity. The main measure of performat to provide Directly Observed Therapy (DOT) (VOT) to the patients with active, or infection work, or in the clinic setting.	Department of State Health ices (LPHS). This is a renewal f the Tuberculosis (TB) ovide TB services for the nce is the TB Program's ability and Video Observed Therapy
 2) Training 3) Inter-departmental / Other: No Implem / Start-up Costs 					
Operational / Maintenance	Amount	Des	scription		
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 REMatch 1) Voluntary / Donation	EQUIRED Amount	Identify I	Match Source		