Department Name		ounty Gra	Submit comple	ted form along	with one electror			
Health Care Services	grant application and all supporting documentation to the							
Contact Person (Grant Lia		Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions						
Joann Gilbride				Court meeting. Caponera at (97		questions		
Title	Phone / Extens	sion	contact Janna	Caponera at (9)	(Z) 540-4030.			
Healthcare Coordinator	olthcare Coordinator 972-548-5503							
		Grant De	scription					
Grant Title and Funding You		Funding	ion Type					
Cities Readiness Initiative (CRI) FY 2020			✓ State					
Grantor (include sub-granting agencies) Texas Department of State Health Services			☐ Federal ☐ Renewal					
			Other:		✓ Amendment			
			Payment Method					
				bursement	Other:			
Application/Award Deadlin	application/Award Deadline Requested Comm. Court			Grant Period				
August 30, 2019 September 16, 2019			July 1, 2019 to June 30, 2020					
Brief Description								
Stockpile (SNS)/Cities Read	liness Initiative (CR	(i) programs.						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total		
Personnel		\$ 117,510.00			\$ 5,500.00	\$ 123,010.00		
Operating		\$ 15,257.00			\$ 7,777.00	\$ 23,034.00		
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 132,767.00	\$ -	\$ -	\$ 13,277.00	\$ 146,044.00		
# of FTEs								
Darfarra Ma			O	ogress to Date		N-4 FV		
Performance Me		-		Next FY				
Applicable Outcome		Q1	Q2	Q3	Q4	Projected		
Complete and submit the Operation Readiness Review (ORR) to	In progress	In progress	In progress	100%	100%			
Provide updated Point of Distandards data to DSHS by	In progress	In progress	In progress	100%	100%			
SNS operation drills: staff c	In progress	In progress	In progress	100%	100%			
The Department named aborder the management of any forth by the Grantor and its idepartments. To that end, programments of the Grant Summary Form Memo of request to Column Electronic copy of the	funds awarded to the related agencies or oblease find enclose or commissioner Court original, complete	he County under agents, as well d the following in t for application d application/aw	r this grant, and as those of the tems for initial re award accepta	will adhere to a county, and its eview:	any polices and positions and action and action and action actions are actions.	procedures se		
☐ Approval to apply Cou ☐ All attachments, back			s to be submitte	ed to the Granto	r	· · · · · · · · · · · · · · · · · · ·		
			s to be submitte	ed to the Granto	September 3, 2	2010		

Grant Resource-Benefit Summary

Grant Title Cities Readiness Initiative (CRI) FY 2020			Contact Person Joann Gilbride	(Grant Liaison)
Grant Period July 1, 2019 to		P	Phone / Ext 972-548-5503	Department Health Care Services
COUNTY RESOURCES REQUIR	Amount	Identify Mate	tch Source	Benefits to County and Citizens This grant is used to promote and protect the health of citizens in times of
1) Cash 2) In-Kind	\$ - \$ 13,277.00	MRC Volunteer/p	personnel	exigent disaster or emergency. These situations could include a pandemic, natural weather disaster, man-made accident, or terrorist attack.
Implementation / Start Up 1) Equipment	Amount	Descrip	ption	The primary mechanism for a CRI response is to use Points of Dispensing (PODs) to conduct mass prophylaxis operations. This includes dispensing medications or vaccines to County residents to prevent the onset of illness and death from a specific disease or health risk.
2) Training3) Inter-departmental / Other:\(\text{\text{No Implem / Start-up Costs}} \)				The funds for this grant are used for personnel to design/implement response plans, preparedness exercises, coordination and procurement of response supplies and resources, training and travel associated with public health preparedness activities, and other related expenses and duties.
Operational / Maintenance 1) Recurring Maintenance	Amount	Descrip	ption	
2) Salary / Benefits3) Continuing Ed / Training				
4) Office / Program Space5) Travel				
6) Other: No Oper / Maintenance Costs				
NON-COUNTY RESOURCES RE	EQUIRED Amount	Identify Mate	ch Source	
Voluntary / Donation				