	Collin C	ounty Gra							
Department Name	Submit completed form along with one electronic copy of the								
COLLIN COUNTY HEALTH	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 Person (Grant Li									
JOANN GILBRIDE				Caponera at (97		iy questions			
Title	Phone / Extens	sion	Contact carma	ouponoru ut (or	_, 0.10 1000.				
HC COORDINATOR	972-548-5503								
		Grant De	scription						
Grant Title and Funding Year			Funding Source			Application Type			
TUBERCULOSIS (TB) STATE - FY 2021			☑ State		☐ New Grant				
Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES			Federal Renewal						
			☐ Other: ☑ Amendment						
				Paymen	t Method				
				nbursement	Other:				
Application/Award Deadl	mm. Court	Grant Period							
October 30, 2019				, 2019 September 1, 2020 to August 31, 2021					
Reducing the risk of comm Administrative Code Section		B) in the commi	unity through the	e IB Elimination	Program as re	equired in Texas			
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total			
Personnel		\$ 172,137.00		\$ 40,531.00		\$ 212,668.00			
Operating		\$ 28,214.00				\$ 28,214.00			
Capital Equipment		+ 10,11100				\$ -			
Indirect Costs						\$ -			
Total	\$ -	\$ 200,351.00	\$ -	\$ 40,531.00	\$ -	\$ 240,882.00			
# of FTEs	•	V 200,00 1100	_		<u> </u>	1			
Performance N	leasures		Current FY Pr	rogress to Date	1	Next FY			
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected			
Newly Reported TB cases shall have an HIV test performed; goal is >=82.9%		96%				100%			
2. TB cases & suspects sl Directly Observed Therapy	96%				100%				
3. Sputum culture reported for new TB cases (pleural/respiratory) >= 12 yrs; goall>=93.5%		100%				100%			
The Department named at for the management of any forth by the Grantor and its departments. To that end, Grant Summary For	y funds awarded to to s related agencies or please find enclose m	he County under agents, as well d the following i	r this grant, and I as those of the tems for initial r	d will adhere to a e County, and its review:	any polices and a financial and	d procedures set			
✓ Memo of request to ✓ Electronic copy of th ✓ Approval to apply Co ✓ All attachments, bac	Commissioner Cour ne original, complete ourt Order (for award	d application/av d only)	vard						
Completed by:		// 1 0	1 0						
CANDY BLAIR		(only D	au		November 15	5, 2019			
Department Head / Designee P	rinted Name	Signature			Date				

Grant Resource-Benefit Summary

Grant Title TUBERCULOSIS (TB) STATE - FY 2021			Contact Person	☐ Preliminary			
			JOANN GILBRIDE		☐ Final		
Grant Period			Phone / Ext	Department			
September 1, 2020 to	August 3	1, 2021	972-548-5503	COLLIN COUNTY HEALTH CARE SERVIC			
COUNTY RESOURCES REQUIR	RED						
Match	Amount	Identify M	atch Source	Benefits to County and Citizens			
1) Cash	\$ 40,531.00	Existing employee salaries		Renewal contract for \$200,351 from the Texas Department of State Health Services for Tuberculosis (TB) services. The county's match as required			
2) In-Kind	\$ -			by the contract is 20% of the total contract. grant funds and the county's match funds wi			
☐ No Match Required				salaries of several TB Clinic staff members			
Implementation / Start Up	Amount	Des	cription	TB services for the community. The perform the contract are directed towards the TB Pro	gram's ability to provide		
1) Equipment				evaluate and treat individuals who are expos germ or have active TB disease. The TB CI			
2) Training				Observed Therapy (DOT) to the patients wit their home, place of work, or in the clinic The	h active, or infectious TB at		
3) Inter-departmental / Other:				of these infected or ill patients from 6 month	s up to 2 years during the		
☐ No Implem / Start-up Costs				course of their treatment in order to ensure their treatment.	they successfully complete		
Operational / Maintenance	Amount	Dec	cription				
	Amount	Des	Cription				
Recurring Maintenance							
2) Salary / Benefits							
3) Continuing Ed / Training							
4) Office / Program Space							
5) Travel							
6) Other:							
☐ No Oper / Maintenance Costs	S						
NON-COUNTY RESOURCES RE	EQUIRED						
Match	Amount	Identify M	atch Source				
1) Voluntary / Donation							