# **Collin County Grant Summary Form**

Department Name			Submit complet			
COLLIN COUNTY HEALT					orting document 14 days prior to	
Contact Person (Grant L	iaison)				. If you have an	
JOANN GILBRIDE			contact Janna (	-	-	y quoonono
Title	Phone / Extens	sion				
HC COORDINATOR	972-548-5503					
		Grant De				
Grant Title and Funding	Year		Funding	Source		ation Type
FY2021 IMMUNIZATIONS	S PROGRAM FUNDS	6	State		New Gra	
Grantor (include sub-gra			Federal		Renewal	
DEPARTMENT OF STATE	E HEALTH SERVICE	S	Other:		Amendm	ent
				Payme	nt Method	
			🗹 Cost Reim	bursement	Other:	
Application/Award Dead	line Requested Co	mm. Court	Grant Period			
January 17, 2020	February	10, 2020	September	1, 2020	to Augus	t 31 2021
Providing immunizations s						
<b>Grant Categories /</b> Funding Sources Personnel Operating	Federal Funds	State Funds \$ 332,639.00 \$ 21,423.00 \$ -	Local Funds \$ 720,745.00 \$ 2,000.00	County Match	In-Kind Match	Total ####################################
Grant Categories / Funding Sources Personnel Operating Capital Equipment		\$ 332,639.00	\$ 720,745.00			\$ 23,423.00 \$ -
Grant Categories / Funding Sources Personnel Operating		\$ 332,639.00 \$ 21,423.00	\$ 720,745.00			<b>##########</b> \$ 23,423.00
Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs	Federal Funds	\$ 332,639.00 \$ 21,423.00 \$ -	\$ 720,745.00 \$ 2,000.00	Match	Match	\$ 23,423.00 \$ - \$ -
Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs Total	Federal Funds	\$ 332,639.00 \$ 21,423.00 \$ -	\$ 720,745.00 \$ 2,000.00 \$ 722,745.00	Match \$ -	Match	**************************************
Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs Total # of FTEs Performance	Federal Funds	\$ 332,639.00 \$ 21,423.00 \$ - \$ 354,062.00	\$ 720,745.00 \$ 2,000.00 \$ 722,745.00 Current FY Press	Match \$ -	Match	####################################
Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs Total # of FTEs	Federal Funds \$	\$ 332,639.00 \$ 21,423.00 \$ -	\$ 720,745.00 \$ 2,000.00 \$ 722,745.00 Current FY Pro Q2	Match \$ -	Match	**************************************
Grant Categories / Funding Sources Personnel Operating Capital Equipment Indirect Costs Total # of FTEs Performance M Applicable Outcom # of shots validated and end	Federal Funds Federal Funds S - Measures ne Measures ntered into table Disease cases	\$ 332,639.00 \$ 21,423.00 \$ - <b>\$ 354,062.00</b> Q1 936	\$ 720,745.00 \$ 2,000.00 \$ 722,745.00 Current FY Pro Q2	Match \$ -	Match	####################################

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 polices 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:	//// 0		
CANDY BLAIR	and Blace	January 22, 2020	
Department Head / Designee Printed Name	Signature /	Date	

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person	(Grant Liaison)
FY2021 IMMUNIZATIONS	PROGRA	M FUNDS	JOANN GILBRID	DE
Grant Period			Phone / Ext	Department
September 1, 2020	to	August 31, 2021	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE

Preliminary
Final

#### COUNTY RESOURCES REQUIRED

Match	Amount	Identify Match Source
1) Cash	\$ -	· · · · · · · · · · · · · · · · · · ·
2) In-Kind	\$ -	
No Match Required		
Implementation / Start Up	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
□ No Implem / Start-up Costs		

### **Operational / Maintenance**

- 1) Recurring Maintenance
- 2) Salary / Benefits
- Continuing Ed / Training 3)
- Office / Program Space 4)
- 5) Travel
- 6) Other:

No Oper / Maintenance Costs

### NON-COUNTY RESOURCES REQUIRED

Match

**Identify Match Source** Amount

1) Voluntary / Donation

Amount	Description
5 -	
\$ -	

Amount	Description
	Description

#### **Benefits to County and Citizens**

Renewal application for \$354,062 from the Texas Department of State Health Services for the Immunizations Program. The grant funds will be used toward the salary and fringe benefits of Immunizations Program Staff members who provide immunizations services to our community as well as supplies such as needles and bandaids for providing immunizations. Other budget items include reference materials to be given out as education for healthcare providers, reimbursement for mileage to audits and local trainings offered by DSHS, and travel expenses to mandatory meetings hosted by the state. The services performed by the Immunization Program staff members include administering vaccinations, providing education to the public and healthcare providers regarding immunizations, performing outreach activities, collecting data for school and daycare audits, and entering data into the state's immunizations database for long-term retention of individual vaccination records. The Immunization Program reports grant related activities each quarter to DSHS.