## **Grant Resource-Benefit Summary**

			act Person	(Grant Liaison)	☐ Preliminary			
			n Gilbride		☐ Final			
Grant Period		Phor	ne / Ext	Department	1			
July 1, 2020 t	to June 30	972-5	548-5503	Health Care Services	]			
COUNTY RESOURCES REQU	IRED							
Match	Amount	Identify Match S	Source	Benefits to County and Citizens				
1) Cash	\$ -			Public Health Emergency Preparedness is a Collin County. The Hazards grant creates the				
2) In-Kind	\$ 56,280.00	Existing personnel		prepare and respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear,				
☐ No Match Required				and radiological events.	lological, chemical, nuclear,			
Implementation / Start Up	Amount	Description	1	The Funds for this grant are used to offset p				
1) Equipment				design/implement response plans, prepared and procurement of response supplies and r				
2) Training				associated with public health preparedness expenses and duties.	activities, and other related			
3) Inter-departmental / Other:								
$\hfill \square$ No Implem / Start-up Costs				PHEP activities follow the guidance of the C capabilities:	DC's fifteen public health			
Operational / Maintenance	Amount	Description	1	Community Preparedness				
1) Recurring Maintenance				2. Community Recovery				
2) Salary / Benefits				<ol> <li>Emergency Operations Coordination</li> <li>Emergency Public Information and Warning</li> </ol>	na			
2) Salary / Deficition				5. Fatality Management	"9			
3) Continuing Ed / Training				6. Information Sharing				
4) Office / Program Space				<ul><li>7. Mass Care</li><li>8. Medical Countermeasures</li></ul>				
5) Travel				<ol> <li>Medical Material Management Distribution</li> <li>Medical Surge</li> </ol>	1			
6) Other:				<ul><li>11. Non-Pharmaceutical Interventions</li><li>12. Public Health Laboratory Testing</li></ul>				
☐ No Oper / Maintenance Cos	ts			13. Public Health Surveillance and Epidemic	ological Investigation			
				<ul><li>14. Responder Health and Safety</li><li>15. Volunteer Management</li></ul>				
NON-COUNTY RESOURCES F	REQUIRED			3				
Match	Amount	Identify Match S	Source					
1) Voluntary / Donation								

	Collin C	ounty Gra	nt Summa	-		
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the					
Health Care Services			•			
Contact Person (Grant Li	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 (972) 548-4638.					
Title	Phone / Extens	sion			-, -, -, -, -, -, -, -, -, -, -, -, -, -	
Healthcare Coordinator	972-548-5503					
		Grant De	scription			
Grant Title and Funding				ion Type		
Hazards/PHEP Grant FY 2	✓ State  ☐ Federal		New Grant			
Grantor (include sub-gra			☑ Renewal			
Texas Department of State Health Services			Other: Amendment			
				Paymer	nt Method	
				nbursement	Other:	
Application/Award Deadli	ine Requested Co	mm. Court	Grant Period			
February 18, 2020	2, 2020	July 1, 2020 to June 30, 2021				
place, and shelters, pander activities in Collin County.	me na response, me	oo iddiity, diid	erre responde.	THE GIGHTS	mount to suppor	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 512,869.00			\$ 56,280.00	\$ 569,149.00
Operating		\$ 49,917.00				\$ 49,917.00
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 562,786.00	\$ -	\$ -	\$ 56,280.00	\$ 619,066.00
# of FTEs						(
Performance M	leasures		Current FY Pr	ogress to Date	)	Next FY
Applicable Outcom	e Measures	Q1	Q2	Q3	Q4	Projected
Submit a Mid Year Report		In progress	Completed 2/12/2020			
Attend two PHEP Quarterly Meetings in Austin, TX		In progress	Completed 1/29/2020			
The Department named ab for the management of any forth by the Grantor and its departments. To that end,  Grant Summary Form Memo of request to Electronic copy of th Approval to apply Co All attachments, bac	r funds awarded to the related agencies or please find enclosed m Commissioner Course original, complete out Order (for award)	ne County under agents, as well d the following in t for application d application/awd d only)	er this grant, and I as those of the Items for initial r /award accepta vard	I will adhere to a County, and its eview: nce and approv	any polices and positions and action and action and action	procedures set
Completed by:		/// 2	20.			
Candy Blair		Cardy Dl	au		February 18, 2	020
Department Head / Designee Pr	rinted Name	Signature			Date	