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Department Name	00111111	ounty Ora	Submit complete		with one electro	onic copy of the								
Health Care Services  Contact Person (Grant Liaison)  Joann Gilbride			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											
								Title	Phone / Exten	sion	contact Janna	Caponera at (9	172) 548-4638.	
								Healthcare Coordinator						
Trodition of ordinator	972-548-5503	Grant De	scription											
Grant Title and Funding Yea	Funding	Source	Applica	ation Type										
FY2020 COVID-2019  Grantor (include sub-granting agencies)  Texas Department of State Health Services			✓ State ✓ New Grant   ☐ Federal ☐ Renewal   ☐ Other: ✓ Amendment		☐ New Gra									
					☐ Renewal									
					ent									
			Payment Method  ✓ Cost Reimbursement											
							Application/Award Deadline	ne Requested Comm. Court		<b>Grant Period</b>				
April 14, 2020	April 27, 2020		March 1	5, 2020	to March	15, 2021								
Amendment to provide addition including enhancing epidemio develop a community intervent and infrastructure of the community intervent and infrastructure of the community interventage.	logy, surveillance ition implementat	, laboratory test ion plan. COVII	ting, contact trac D-2019 grant is	cting, and repo meant to prote	rting activities a ect the healthcar	s well as re, workforce,								
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County	In-Kind Match	Total								
Personnel		\$ 390,193.00			\$ -	\$ 390,193.00								
Operating		\$ 157,999.00				\$ 157,999.00								
Capital Equipment		\$ 139,270.00				\$ 139,270.00								
Indirect Costs						\$ -								
Total	\$ -	\$ 687,462.00	\$ -	\$ -	\$ -	\$ 687,462.00								
# of FTEs														
Performance Mea	euroe		Current EV De	ograce to Dat	20	Next FY								
Applicable Outcome Measures		Q1	Current FY Progress to Date Q2 Q3 Q4			Projected								
Surveillance, Laboratory Testing, and Reporting		In progress												
Create a Community Intervention Implementation Plan for COVID-2019		In progress												
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, please Grant Summary Form  Memo of request to Co Electronic copy of the company of the company for the c	nds awarded to tillated agencies or ease find enclose mmissioner Couronginal, complete	ne County under agents, as well d the following i t for application d application/aw	r this grant, and las those of the tems for initial re /award acceptar	will adhere to County, and it eview:	any polices and is financial and a	procedures set								
☐ Approval to apply Coun ☐ All attachments, back-t			s to be submitte	d to the Grant	or									
Completed by:		(gno41)	Dan		April 4.4 0000									
Candy Blair		0.091			April 14, 2020									

## **Grant Resource-Benefit Summary**

Grant Title		Contact Person	(Grant Liaison)	☐ Preliminary		
FY2020 COVID-2019		Joann Gilbride		☐ Final		
Grant Period	<del></del>	Phone / Ext	Department			
March 15, 2020 to	March 15, 2	972-548-5503	Health Care Services			
COUNTY RESOURCES REQUI	RED					
Match	Amount	Identify Match Source	Benefits to County and Citizens			
1) Cash	\$ -		The COVID-2019 CoAg grant has been pro Centers for Disease Control and Prevention			
2) In-Kind	\$ -		Coronavirus 2019 response. The COVID-2	019 grant focuses on		
☐ No Match Required			surveillance, laboratory testing, and reportir develoing a Community Intervention Implem			
			activities are meant to enhance public healt			
Implementation / Start Up	nplementation / Start Up Amount Description		report case data, identify contacts, analyze data, perform surveillance, and			
1) Equipment			conduct disease mitigation activities in our of	county.		
2) Training			The Funds for this grant are used for person computer/phone related costs for essential			
3) Inter-departmental / Other:			expenditures for supplies for personal prote	ctive equipment (PPE) and		
☐ No Implem / Start-up Costs			testing of specimens is included. Necessary with grant activities have been budgeted.	training and travel associated		
Operational / Maintenance	Amount	Description	COVID-2019 activities follow the guidance of	of the CDC's capabilities		
1) Recurring Maintenance		- 22	related to this public health event:  Domain 1: Incident Management for Early C	rieie Resnonse		
2) Salary / Benefits			<ul> <li>Emergency Operations and Coordination,</li> </ul>			
3) Continuing Ed / Training			<ul> <li>Identification of Vulnerable Populations Domain 2: Jurisdictional Recovery</li> </ul>			
4) Office / Program Space		· · · · · · · · · · · · · · · · · · ·	Domain 3: Information Management  Information Sharing			
5) Travel			<ul> <li>Emergency Public Information and Warning Domain 4: Countermeasures and Mitigation</li> </ul>	_		
6) Other:			<ul> <li>Nonpharmaceutical Interventions, • Quara</li> <li>Distribution and Use of Medical Materiel</li> </ul>			
☐ No Oper / Maintenance Costs			Domain 5: Surge Management			
			<ul> <li>Surge Staffing, • Public Health Coordinatio</li> <li>Infection Control</li> </ul>	on with Healthcare Systems		
NON-COUNTY RESOURCES R	EQUIRED		Domain 6: Biosurveillance			
Match	Amount	Identify Match Source	Public Health Surveillance and Real-time I			
1) Voluntary / Donation			Public Health Laboratory Testing, Equipmed     Data Management	ent, Supplies, and Shipping		