**Collin County Grant Summary Form Department Name** Submit completed form along with one electronic copy of the grant application and all supporting documentation to the COLLIN COUNTY HEALTH CARE SERVICES Auditor's Office not less than 14 days prior to the scheduled Contact Person (Grant Liaison) Commissioner Court meeting. If you have any questions JOANN GILBRIDE contact Janna Caponera at (972) 548-4638. Title Phone / Extension HC COORDINATOR 972-548-5503 **Grant Description Grant Title and Funding Year Funding Source Application Type** TUBERCULOSIS (TB) FEDERAL - FY 2021 ✓ State New Grant Grantor (include sub-granting agencies) Renewal Federal DEPARTMENT OF STATE HEALTH SERVICES Other: ☐ Amendment **Payment Method** Cost Reimbursement Other: Application/Award Deadline Requested Comm. Court **Grant Period** June 22, 2020 January 1, 2021 to December 31, 2021 **Brief Description** Reducing the risk of communicable disease (TB) in the community through the TB Elimination Program as required in Texas Administrative Code Sections 97,2-97.8. Grant Categories / County In-Kind Federal Funds State Funds Local Funds Total **Funding Sources** Match Match Personnel \$ 83,130.00 22,877.00 \$ 106,007.00 Operating \$ 31,256.00 31,256.00 Capital Equipment \$ **Indirect Costs** \$ Total \$ \$ 114,386.00 \$ 22,877.00 \$ 137,263.00 # of FTEs Performance Measures **Current FY Progress to Date Next FY** Applicable Outcome Measures Q1 Q2 Q3 Q4 Projected 1. Newly Reported TB cases shall have an 100% 100% HIV test performed; goal>85.3 2. TB cases & suspects shall be placed on 100% 100% Directly Observed Therapy: goal>=93.4% 3. Patients suspected of having TB disease 100% 100% started on 4-drug regimen; goal>=93.4% 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)

Completed by:	1 1 0	
CANDY BLAIR	Candy Blan	lelislagan
Department Head / Designee Printed Name	Signature 0	Date

All attachments, back-up documentation or amendments to be submitted to the Grantor

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person (Grant Liaison)	
TUBERCULOSIS (TB) FEDERAL - FY 2021	L - FY 2021		JOANN GILBRIDE	
Grant Period			Phone / Ext	Department
January 1, 2021 to	December 31, 2021	31, 2021	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE
COUNTY RESOURCES REQUIRED	RED			
Match	Amount	Identify Ma	Identify Match Source	Benefits to County and Citizens
1) Cash	\$ 22,877.00	Existing emplo	employee salaries	Renewal grant for \$114,386 from the Texas Department of State Health
2) In-Kind	· ←			by the contract is \$22,877. Both the awarded renewal grant funds and the
☐ No Match Required				county's match funds will be used toward the existing salaries of several TB Clinic staff members as part of the effort to provide TB services for the
Implementation / Start Up	Amount	Desc	Description	community. The performance measures included in the contract are directed towards the TB Program's ability to provide evaluate and treat
1) Equipment				individuals who are exposed or infected with the TB germ or have active
2) Training				patients from 6 months up to 2 years during the course of their treatment
3) Inter-departmental / Other:				In order to ensure they successtully complete their treatment.
☐ No Implem / Start-up Costs				
Operational / Maintenance	Amount	Desc	Description	
1) Recurring Maintenance				
2) Salary / Benefits				
3) Continuing Ed / Training				
4) Office / Program Space				
5) Travel				
6) Other:				
☐ No Oper / Maintenance Costs				
NON-COUNTY RESOURCES REQUIRED Match	EQUIRED Amount	Identify Ma	Identify Match Source	
1) Voluntary / Donation				