

Grant Resource-Benefit Summary

Grant Title FY2021 FY2022 COVID-2019 (Supplemental)	Contact Person (Grant Liaison) Joann Gilbride	
Grant Period August 1, 2020 to April 30, 2022	Phone / Ext 972-548-5503	Department Health Care Services

☐ Preliminary
☐ Final

COUNTY RESOURCES REQUIRED

Match

	Amount	Identify Match Source
1) Cash	\$ -	
2) In-Kind	\$ -	
<input type="checkbox"/> No Match Required		

Implementation / Start Up

	Amount	Description
1) Equipment		
2) Training		
3) Inter-departmental / Other:		
<input type="checkbox"/> No Implem / Start-up Costs		

Operational / Maintenance

	Amount	Description
1) Recurring Maintenance		
2) Salary / Benefits		
3) Continuing Ed / Training		
4) Office / Program Space		
5) Travel		
6) Other:		
<input type="checkbox"/> No Oper / Maintenance Costs		

NON-COUNTY RESOURCES REQUIRED

Match

	Amount	Identify Match Source
1) Voluntary / Donation		

Benefits to County and Citizens

The new FY2021 FY2022 COVID-2019 has been provided by DSHS as part of the Coronavirus-2019 response. The COVID-2019 grant focuses on seven goals as described in the draft Statement of Work provided by DSHS:

- Establishing or enhancing contact tracing capabilities
- Improve morbidity and mortality surveillance
- Enhance laboratory testing and reporting capacity
- Prevent and control COVID-19 in healthcare settings and protect other vulnerable or high risk populations
- Monitor and mitigate COVID-19 introductions from connected jurisdictions
- Work with healthcare systems to manage and monitor system capacity
- Improve understanding of jurisdictional communities with respect to COVID-19 risk

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Funds for this grant are used for personnel, fringe, software, and computer/phone related costs for essential employees. Additionally, a COVID-2019 preparedness needs assessment has been included as a strategic planning tool and to fulfill the requirements described in the Statement of Work. Necessary office supplies and local travel associated with grant activities have been budgeted.

Collin County Grant Summary Form

Department Name Health Care Services		Submit completed form along with one electronic copy of the 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 Janna Caponera at (972) 548-4638.
Contact Person (Grant Liaison) Joann Gilbride		
Title Healthcare Coordinator	Phone / Extension 972-548-5503	

Grant Description		
Grant Title and Funding Year FY2021 FY2022 COVID-2019 (Supplemental)	Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other:	Application Type <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment
Grantor (include sub-granting agencies) Texas Department of State Health Services	Payment Method <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:	
Application/Award Deadline June 18, 2020	Requested Comm. Court July 13, 2020	Grant Period August 1, 2020 to April 30, 2022

Brief Description
 Supplemental funding for Novel coronavirus (COVID-2019) response - including enhancing epidemiology, surveillance, laboratory testing, contact tracing, and reporting activities. Includes request for preparedness needs assessment for COVID-2019. The supplemental COVID-2019 grant is designed to bolster public health efforts in protecting the healthcare, workforce, vulnerable populations, and preventing the spread of COVID-19 in our community.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 313,116.00			\$ -	\$ 313,116.00
Operating		\$ 143,162.00				\$ 143,162.00
Capital Equipment		\$ -				\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 456,278.00	\$ -	\$ -	\$ -	\$ 456,278.00
# of FTEs						0

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Monthly Report due 15th of the month					

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 policies 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: Candy Blair		June 29, 2020
Department Head / Designee Printed Name	Signature	Date