Collin County Grant Summary Form

	<u> </u>	Journey Ora							
Department Name	Submit completed form along with one electronic copy of the								
Collin County WIC Department			grant application and all supporting documentation to the						
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled						
Jannette Sepeda			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.						
Title	Phone / Exten	sion	contact Janna	Caponera at (97	(2) 548-4638.				
WIC Director	3357								
		Grant De	scription						
Grant Title and Funding Yea	r	0.10	•	g Source	Applica	tion Type			
WIC Contract Number HHS000801700001			✓ State	, cca.cc	☐ New Gra				
			Federal Renewal						
Grantor (include sub-granting agencies)			☐ Other: ☐ Amendment			ont			
Department of State Health St		U Other.	Dovmon		ent				
Department of State Health Se		Payment Method ✓ Cost Reimbursement							
	T=	•		ibursement	U Other:				
Application/Award Deadline	•		Grant Period						
October 1, 2020	Septembe	r 14, 2020	October	1, 2020 to	Septemb	er 30, 2021			
Brief Description									
Beginning in FY 21, WIC conti									
5 year contract amount for this		The second secon			_				
fiscal year within the 5 year pe					, ,				
Supplemental Nutrition Progra									
education, and counseling to e		aith at no cost to	o low-income pr	egnant and pos	tpartum womei	n, infants and			
children identified to be a nurti Grant Categories /	onai risk.			County	In-Kind				
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total			
Personnel	\$ -	8,925,132.00	\$ -	IVIALCII	\$ -	##########			
Operating	\$ -	0,323,132.00	\$ -		\$ -	\$ -			
Capital Equipment	\$ -		•		\$ -	\$ -			
· · ·									
Indirect Costs	\$ -		\$ -		\$ -	\$ -			
Total	\$ -	##########	\$ -	\$ -	\$ -	#########			
# of FTEs						0			
Doufousson as Man			Comment EV Do	to Data		Novt EV			
Performance Meas				ogress to Date		Next FY			
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	Projected			
NE/Counseling services at the	time of the	96.90%	97.60%	97.60%	94.70%	97.80%			
Percentage of women in first t		07 700	04.4054	04.0007	00.000	00 500/			
certification (20% per quarter)		27.70%	31.10%	31.90%	26.90%	30.50%			
Percentage of enrolled clients receving									
vouchers during the report period		85.20%	84.60%	85%	85.40%	86.20%			
Percentage or clients that rece					 				
because they indicated they have no source		99.00%	98.30%	98.30%	94.70%	98.60%			
of health care				ļ	ļ				
The Department named above	e is applying for the	ne Grant Progra	m named above	e, and if awarde	d, will accept fu	ull responsibility			
for the management of any fur	nds awarded to th	ne County under	this grant, and	will adhere to a	ny polices and	procedures set			
forth by the Grantor and its rel	ated agencies or	agents, as well	as those of the	County, and its	financial and a	dministrative			
departments. To that end, ple	ase find enclose	d the following it	ems for initial re	eview:					
☑ Grant Summary Form									
Memo of request to Cor									
Electronic copy of the original, completed application/award									
Approval to apply Court Order (for award only)									
All attachments, back-u	p documentation	or amendments	s to be submitte	d to the Grantor	r				
Completed by									
Condy Plair									
Candy Blair	d Name a	Cianati			Data				
Department Head / Designee Printe	a iname	Signature			Date				

Grant Resource-Benefit Summary

Grant Title WIC Contract Number HHS000801700001 Grant Period			Contact Person (Grant Liaison)		Preliminar
			Jannette Sepeda Phone / Ext	Department	_
	to September	30. 2021	3357	Collin County WIC Department	
COUNTY RESOURCES REQU Match	IRED Amount	Identify	Match Source	Benefits to County and Citizens	_
1) Cash	\$ -	identily	Water Source	Renewal of WIC contract. Contractor shall a	administer the Department of
2) In-Kind	\$ -			State Health Services (DSHS) Special Supp Women, Infant and Children. (WIC) To provinstrument, nutrition education, and counsel	ride supplemental food
✓ No Match Required				not cost to low-income pregnant and postpa	
Implementation / Start Up 1) Equipment	Amount	D	escription	children identified to be a nurtional risk.	
2) Training					
3) Inter-departmental / Other:					
☑ No Implem / Start-up Costs					
Operational / Maintenance	Amount	D	escription		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
✓ No Oper / Maintenance Cos	sts				
NON-COUNTY RESOURCES F	REQUIRED Amount	Identify	[,] Match Source		
1) Voluntary / Donation	\$ -	0			