**Collin County Grant Summary Form** 

Department Name	3011111	Journey Ora	Submit comple		ith one electro	nic conv of the							
Health Care Services  Contact Person (Grant Liaison)  Sam Grader			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										
							Title	Phone / Extens	sion	contact Janna	Caponera at <b>(97</b> )	2) 548-4638.	
							Healthcare Coordinator	972-548-5503	51011				
Treattricare Coordinator	972-340-3303	Grant Do	escription										
Grant Title and Funding Yea	ı <del>r</del>	Grant De	· -	g Source	Applica	tion Type							
FY 2022 Immunization Program Grant			State	y Source	New Gra								
Grantor (include sub-grantii		Federal		Renewal									
Texas Department of State He		Other:		Amendment									
Texas Department of State Re	U Other.		Dovmon	Payment Method									
			Cost Reim	•									
Application/Assaud Doodling	Degreeated Co	mana Carret		nbursement	Other:								
Application/Award Deadline	Requested Comm. Court April 5, 2021		Grant Period September 1, 2021 to August 31, 2022										
Received 3/17/2021  Brief Description	April o	0, 2021	Septembe	r 1, 2021 to	August	. 31, 2022							
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total							
Personnel		\$ 337,794.00	\$ 784,664.00		Water	#########							
Operating		\$ 16,268.00	Ψ 7 0 1,00 1.00			\$ 16,268.00							
Capital Equipment		Ψ 10,200.00				\$ -							
Indirect Costs						\$ -							
Total	\$ -	\$ 354,062.00	\$ 784,664.00	\$ -	\$ -	##########							
# of FTEs	*	7 00 1,002100	<b>+</b> 10 1,00 1100	•	<u> </u>	(							
						<u> </u>							
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY							
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected							
Number of vaccine provided													
Number of vaccine allocated t	o providers												
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, pleating of Grant Summary Form Memo of request to Compart Electronic copy of the Approval to apply Court	nds awarded to the lated agencies or ease find enclosed ommissioner Courbriginal, completed to Order (for award	e County under agents, as well a little following ite to for application/ad application/awd only)	this grant, and vas those of the 0 ems for initial re award acceptar	will adhere to any County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set							
Completed by:													
Candy Blair		Candy Blair			March 19, 2021								
Department Head / Designee Printed Name		Signature			Date								