FORM G: Federal Funding Accountability and Transparency Act (FFATA)

Personnel Activity Detail Form for Local Health Department

Immunization Staff

Legal Name of Applicant: COLLIN COUNTY HEALTH CARE SERVICES

	ı	ı		ı	ı			
List Personnel	I. Program & Contract Manageme nt	II. Facility Immunizati on Assessmen ts	III. Managing TVFC and ASN Providers	IV. Epidemiolo gy and Surveillanc e	V. Providing a Vaccine Safety Net	VI. Increasing Use of the Texas Immunizati on Registry	VII. Education and Partnership S	Total equals 100%
Functional Title + Code E=Existing or P=Proposed	% Time	% Time	% Time	% Time	% Time	% Time	% Time	100% Time
Program Manager-RN-E	20	30	5		15		30	100%
Immunizations – LVN-E		30	10		20		40	100%
Immunizations – LVN-E		30	10		20		40	100%
Immunizations – RN-E		30	10		20		40	100%
Immunizations – RN-E		30	10		20		40	100%
IPOS/ImmTrac Outreach-E			10		10	50	30	100%
IPOS/ImmTrac Outreach-E			10		10	50	30	100%
Primary VFC Coordinator (Community Health Specialist) – E			80		10		10	100%
Support Tech – E		10	30		10	10	40	100%
Support Tech - E		20			20	20	40	100%
Health Care Analyst – E				90			10	100%
HC Coordinator-E	80				10		10	100%