

Collin County Grant Summary Form

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| 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) Sam Grader | | |
| Title Healthcare Coordinator | Phone / Extension 972-548-5503 | |

| Grant Description | | |
|--|---|--|
| Grant Title and Funding Year FY 2021 Immunization Program Grant-Additional Funding | Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: | Application Type <input type="checkbox"/> New Grant <input checked="" 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 Received 3/17/2021 | Requested Comm. Court April 5, 2021 | Grant Period April 1, 2021 to August 31, 2021 |

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| Brief Description COVID-19 vaccine activities. |
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| Grant Categories / Funding Sources | Federal Funds | State Funds | Local Funds | County Match | In-Kind Match | Total |
|------------------------------------|---------------|---------------------|-------------|--------------|---------------|---------------------|
| Personnel | | \$ 36,280.00 | \$ - | | | \$ 36,280.00 |
| Operating | | \$ 26,322.00 | | | | \$ 26,322.00 |
| Capital Equipment | | | | | | \$ - |
| Indirect Costs | | | | | | \$ - |
| Total | \$ - | \$ 62,602.00 | \$ - | \$ - | \$ - | \$ 62,602.00 |
| # of FTEs | | | | | | 0 |

| Performance Measures Applicable Outcome Measures | Current FY Progress to Date | | | | Next FY Projected |
|---|-----------------------------|----|----|----|----------------------|
| | Q1 | Q2 | Q3 | Q4 | |
| Number of vaccine provided | | | | | |
| Number of vaccine allocated to providers | | | | | |
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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

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|---|--------------------|----------------|
| Completed by: Candy Blair | <i>Candy Blair</i> | March 19, 2021 |
| Department Head / Designee Printed Name | Signature | Date |

Grant Resource-Benefit Summary

| | | |
|---|---|---|
| Grant Title FY 2021 Immunization Program Grant-Additional Funding | Contact Person (Grant Liaison) Sam Grader | |
| Grant Period April 1, 2021 to August 31, 2021 | Phone / Ext 972-548-5503 | Department Health Care Services |

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|--------------------------------------|
| <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Final |

COUNTY RESOURCES REQUIRED

| Match | Amount | Identify Match Source |
|--|--------|-----------------------|
| 1) Cash | \$ - | |
| 2) In-Kind | \$ - | Existing personnel |
| <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 |
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