

Collin County Grant Summary Form

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| Department Name COLLIN COUNTY 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 HC COORDINATOR | Phone / Extension 972-548-5503 | |

| Grant Description | | |
|---|--|---|
| Grant Title and Funding Year RLSS-LPHS FY 9/1/2021-8/31/2023 | Funding Source | Application Type |
| Grantor (include sub-granting agencies) DEPARTMENT OF STATE HEALTH SERVICES | <input checked="" type="checkbox"/> State | <input type="checkbox"/> New Grant |
| | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> Renewal |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> Amendment |
| Payment Method | | |
| | <input checked="" type="checkbox"/> Cost Reimbursement | <input type="checkbox"/> Other: |
| Application/Award Deadline February 28, 2021 | Requested Comm. Court April 5, 2021 | Grant Period September 1, 2021 to August 31, 2023 |

Brief Description
Reducing the risk of communicable disease (TB) in the community as required in Texas Administrative Code Sections 97.2-97.8.

| Grant Categories / Funding Sources | Federal Funds | State Funds | Local Funds | County Match | In-Kind Match | Total |
|------------------------------------|---------------|--------------|-------------|--------------|---------------|--------------|
| Personnel | | \$ 43,278.00 | | | | \$ 43,278.00 |
| Operating | | | | | | \$ - |
| Capital Equipment | | | | | | \$ - |
| Indirect Costs | | | | | | \$ - |
| Total | \$ - | \$ 43,278.00 | \$ - | \$ - | \$ - | \$ 43,278.00 |
| # of FTEs | | | | | | 0 |

| Performance Measures Applicable Outcome Measures | Current FY Progress to Date | | | | Next FY Projected |
|---|-----------------------------|----|----|----|----------------------|
| | Q1 | Q2 | Q3 | Q4 | |
| 1.1 DOT (Directly Observed Therapy) will be provided to all active TB cases | | | | | |
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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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|--|--------------------------|---------------------|
| <small>Completed by:</small> CANDY BLAIR | <i>Candy Blair</i> | March 22, 2021 |
| <small>Department Head / Designee Printed Name</small> | <small>Signature</small> | <small>Date</small> |