Collin County Grant Summary Form

	Collill	Jounty Gra					
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the						
COLLIN COUNTY HEALTH C							
Contact Person (Grant Liaison) Sam Grader			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.				
							Title
HC COORDINATOR	972-548-5503						
		Grant De	escription				
Grant Title and Funding Yea	r		Funding	Source	Applica	ation Type	
IDCU SUR -FY2020 FY 2022		✓ State		☐ New Gra	☐ New Grant		
Grantor (include sub-granting agencies)			- ☐ Federal ☐ Renewal				
DEPARTMENT OF STATE HEALTH SERVICES			Other:			Amendment	
				t Method			
			│ ✓ Cost Reim	nbursement	Other:		
Application/Award Deadline	Requested Co	nmm Court	Grant Period	ibaracinent	Other.		
· · ·							
2/8/2021 (Submitted on Time) April 12, 2021 Brief Description			September 1, 2021 to August 31, 2023				
To sustain the epidmeiological							
Grant Categories /		000 5 11	e	County	In-Kind	T.()	
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total	
Personnel		\$ 342,446.00		\$ -		\$ 342,446.00	
Operating						\$ -	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 342,446.00	\$ -	\$ -	\$ -	\$ 342,446.00	
# of FTEs	<u> </u>	ψ 0 12,1 10100	*	+	+	0	
<i>"</i> 011 120							
Performance Meas	sures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
Complete case investigation procedures, with at least 75% done within 5 BD of initial report.		100%				100%	
Enter case investigation data in NEDSS within 5 BD of completion of investig. of each case		100%				100%	
The Department named above for the management of any fur forth by the Grantor and its reladepartments. To that end, ple Grant Summary Form Memo of request to Cor Electronic copy of the or Approval to apply Court All attachments, back-up	nds awarded to to ated agencies or ase find enclose mmissioner Couriginal, complete Order (for award	he County under agents, as welled the following in the fo	r this grant, and as those of the tems for initial relations for acceptary and	will adhere to a County, and its eview:	any polices and s financial and a	procedures set	
Completed by:							
		Candy Blair	March 25, 2021				
Department Head / Designee Printed Name Signature					Date		