Department Name COLLIN COUNTY HEALTH CA Contact Person (Grant Liaisc			nt Summa						
			Submit completed form along with one electronic copy of the						
Contact Person (Grant Liaiso	COLLIN COUNTY HEALTH CARE SERVICES				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.								
Sam Grader									
Title	Phone / Extens	sion	contact Janna	Caponera at (97	2) 548-4638.				
HC COORDINATOR	972-548-5503								
	None of Assessment	Grant De	scription		5 (00)				
Grant Title and Funding Yea	r			Source	Applica	ation Type			
TUBERCULOSIS (TB) STATE	☑ State	,							
Grantor (include sub-grantin	☐ Federal			Renewal					
DEPARTMENT OF STATE HE	Other:								
DEFAITMENT OF STATE HE	Payment Method								
			Coat Daim	•					
	In			bursement	Other:				
Application/Award Deadline	Requested Co		Grant Period						
Submitted on Time Brief Description	April 28	, 2021	September 1,	2021 to	Augus	t 31, 2022			
Administrative Code Sections	91.2-91.0.								
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total			
Personnel		\$ 173,524.00		\$ 40,460.00		\$ 213,984.00			
Operating		\$ 28,776.00				\$ 28,776.00			
Capital Equipment						\$ -			
Indirect Costs						s -			
Total	\$ -	\$ 200,300.00	\$ -	\$ 40,460.00	\$ -	\$ 242,760.00			
	l-	<b>\$</b> 200,000.00		100100	_	<b>V</b> = 12,1 co.cc			
			+7	1		Ş			
	sures		Current FY Pr	ogress to Date		Next FY			
# of FTEs		Q1		ogress to Date	Q4				
# of FTEs  Performance Meas Applicable Outcome M  1. Newly Reported TB cases	leasures shall have an	Q1 96%	Current FY Pr Q2	•		Next FY Projected			
# of FTEs  Performance Meas Applicable Outcome M  1. Newly Reported TB cases s HIV test performed; goal is >= 2. TB cases & suspects shall	leasures shall have an 82.9% be placed on			•		Projected			
# of FTEs  Performance Meas Applicable Outcome M  1. Newly Reported TB cases s HIV test performed; goal is >=	leasures shall have an 82.9% be placed on pal>=91.6% r new TB cases	96%		•		Projected 100%			
# of FTEs  Performance Meas Applicable Outcome M  1. Newly Reported TB cases s HIV test performed; goal is >= 2. TB cases & suspects shall Directly Observed Therapy; go 3. Sputum culture reported for	leasures shall have an 82.9% be placed on pal>=91.6% r new TB cases	96%		•		100% 100%			
# of FTEs  Performance Meas Applicable Outcome M  1. Newly Reported TB cases s HIV test performed; goal is >= 2. TB cases & suspects shall Directly Observed Therapy; go 3. Sputum culture reported for	leasures shall have an 82.9% be placed on pal>=91.6% r new TB cases goall>=93.5% e is applying for the add agencies or ase find enclose mmissioner Cour riginal, complete Order (for aware	96% 96% 100% he Grant Prograte County under agents, as well the following in the following	m named abover this grant, and as those of the tems for initial relations and acceptants and	Q3  e, and if awarde will adhere to a c County, and its eview:	d, will accept to any polices and financial and a	100% 100% 100% 100% full responsibility procedures se administrative			

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person Grant Liaison)		:	☐ Preliminary			
TUBERCULOSIS (TB) STATE -FY 2022			Sam Grader			☐ Final			
Grant Period			Phone / Ext	Department					
September 1, 2021 to	August 3	1, 2022	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE					
COUNTY RESOURCES REQUIR									
Match	Amount Identify Ma		atch Source	Benefits to County and Citizens	D to	-4 -6 04-4- 1114			
1) Cash	\$ 40,460.00	Existing employee salaries		Renewal contract for \$202,300 from the Texas Department of State Health Services for Tuberculosis (TB) services. The county's match as required					
2) In-Kind	\$ -			by the contract is 20% of the total contract. grant funds and the county's match funds will	Both the awa	rded renewal			
☐ No Match Required				salaries of several TB Clinic staff members a		_			
				TB services for the community. The perform					
Implementation / Start Up	Amount	Desc	cription	the contract are directed towards the TB Pro	-	•			
1) Equipment				evaluate and treat individuals who are expos germ or have active TB disease. The TB Cli					
2) Training				Observed Therapy (DOT) to the patients with their home, place of work, or in the clinic The	n active, or in	fectious TB at			
3) Inter-departmental / Other:				of these infected or ill patients from 6 months					
☐ No Implem / Start-up Costs				course of their treatment in order to ensure t their treatment.	hey successf	ully complete			
Operational / Maintenance	Amount	Desc	cription						
Recurring Maintenance									
2) Salary / Benefits									
3) Continuing Ed / Training									
4) Office / Program Space									
5) Travel									
6) Other:									
☐ No Oper / Maintenance Costs									
NON-COUNTY RESOURCES REQUIRED									
Match	Amount	Identify M	atch Source						
1) Voluntary / Donation									