Collin County Grant Summary Form

Department Name		Journey Gra			ith one electron	ic copy of the				
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 Person (Grant Liaiso										
Sam Grader										
Title	Phone / Extens	sion	contact Janna (Caponera at (97 2	2) 548-4638.					
Healthcare Coordinator	972-548-5503									
Treattricate Coordinator	972-340-3303	Grant Do	scription	crintion						
Grant Title and Funding Year		Grant De		a Source	Applicat	tion Type				
FY2021-2023 COVID-19 Health	_	Funding Source Application Type State ☑ New Grant								
	□ Federal □ Renewal									
Grantor (include sub-granting agencies)				Other:						
Texas Department of State Health Services			U Other.	0.1.6.1						
	Payment Method									
Amplication/Assaud Deadline	Damusatad Ca			Reimbursement						
Application/Award Deadline	Requested Co		Grant Period	1 2022						
July 23, 2021 Brief Description	August 1	6th, 2021	Upon ex	ecution to	iviay 3	1, 2023				
coordinate with local stakeholde disproportionately impacted by increases Collin County's public	COVID-19. The	COVID-19 Healt	h Disparities gra	ant is targeted to	expand the wor	kforce that				
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total				
Personnel		\$ 464,594.00				\$ 464,594.00				
Operating		\$ 35,406.00				\$ 35,406.00				
Capital Equipment						\$ -				
Indirect Costs						\$ -				
Total	\$ -	\$ 500,000.00	\$ -	\$ -	\$ -	\$ 500,000.00				
# of FTEs						0				
		_				_				
Performance Meas			Current FY Progress to Date			Next FY				
Applicable Outcome M	easures	Q1	Q2	Q3	Q4	Projected				
TBD										
The Department named above the management of any funds a										
by the Grantor and its related a departments. To that end, plea	gencies or agen	ts, as well as tho	se of the Count	y, and its financi	•					
 ☑ Grant Summary Form ☑ Memo of request to Cor ☑ Electronic copy of the or ☐ Approval to apply Court ☑ All attachments, back-up 	iginal, complete Order (for award	d application/awa d only)	ard							
Completed by: Candy Blair		Candy Blair			July 30, 2021					

Signature

Date

Department Head / Designee Printed Name

Grant Resource-Benefit Summary

Grant Title FY2021-2023 COVID-19 Health Disparities Grant			Contact Person (Grant Liaison) Sam Grader				Preliminary
							Final
Grant Period		Pho	ne / Ext	Department			
Upon execution to	May 31	, 2023 972-	-548-5503	Health Care Services			
COUNTY RESOURCES REQUIR	RED						
•		Identify Match					
1) Cash	\$ -			This grant is a unique funding opportunity to e serve all Collin County residents disproportion			
2) In-Kind	\$ -			and other public health threats. The grant enh to coordinate with local stakeholders, increase			
□ No Match Required				barriers to accessing public health services, a preparedness for all Collin County residents.			
Implementation / Start Up	Amount	Descriptio	on	The funds for this grant are used to offset per	sonell and fri	nae c	osts.
1) Equipment				coordination and procurement of resources at associated with public health activities, and of	nd supplies, t	rainin	ng and travel
2) Training				duties.	IIIO TOTALOG O	хроги	ses and
3) Inter-departmental / Other:							
□ No Implem / Start-up Costs							
Operational / Maintenance	Amount	Descriptio	on				
1) Recurring Maintenance							
2) Salary / Benefits							
3) Continuing Ed / Training							
4) Office / Program Space							
5) Travel							
6) Other:							
□ No Oper / Maintenance Costs	3						
NON-COUNTY RESOURCES RI	FOLLIDED						
Match	Amount	Identify Match	Source				
1) Voluntary / Donation							