	Collin C	county Gra					
Department Name			Submit completed form along with one electronic copy of the				
COLLIN COUNTY HEALTH	grant application and all supporting documentation to the						
Contact Person (Grant Lia	Auditor's Office not less than 14 days prior to the scheduled						
Samuel Grader			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Title	Phone / Exten	sion	contact Janna	Caponera at (97	2) 548-4638.		
HC COORDINATOR	972-548-5503						
		Grant De	scription				
Grant Title and Funding Y	/ear	010000		g Source	Applica	ation Type	
TUBERCULOSIS (TB) FEDERAL - FY 2022			✓ State				
Grantor (include sub-granting agencies)			Federal		Renewa		
DEPARTMENT OF STATE HEALTH SERVICES			Other: Amendment				
DEL ANTINIENT OF GIATE HEALTH GENVIOLG			Payment Method				
	✓ Cost Reimbursement ☐ Other:						
Application/Award Doodli	ing   Boguested Co	mm Court		ibursement	U Other.		
Application/Award Deadline Requested Com		mmi. Court	Grant Period  January 1, 2022 to December 31, 2022				
July 28, 2021			January	1, 2022 to	) Decemb	Del 31, 2022	
Brief Description Reducing the risk of commu					_		
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 84,571.00		\$ 22,877.00		\$ 107,448.00	
Operating		\$ 29,815.00				\$ 29,815.00	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 114,386.00	\$ -	\$ 22,877.00	\$ -	\$ 137,263.00	
# of FTEs	·	<b>,</b>	-	. ,	<u> </u>	0	
Performance M	easures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome		Q1	Q2	Q3	Q4	Projected	
Newly Reported TB cases shall have an HIV test performed; goal>85.3		100%				100%	
TB cases & suspects shall be placed on Directly Observed Therapy; goal>=93.4%		100%				100%	
3. Patients suspected of having TB disease							
started on 4-drug regimen; goal>=93.4%		100%				100%	
The Department named aborder the management of any forth by the Grantor and its departments. To that end,  Grant Summary Form  Memo of request to 0  Electronic copy of the Approval to apply Co  All attachments, back	funds awarded to the related agencies or please find enclose m Commissioner Course original, complete purt Order (for awards)	he County unde agents, as well d the following i t for application d application/aw d only)	r this grant, and as those of the tems for initial re /award acceptar /ard	will adhere to a County, and its eview: nce and approva	ny polices and financial and a	procedures set	
Completed by:		<b>a</b> . <del>-</del> .					
CANDY BLAIR		Candy Blaur			July 30, 2021		
Department Head / Designee Pri	Department Head / Designee Printed Name Signature				Date		

## **Grant Resource-Benefit Summary**

Grant Title TUBERCULOSIS (TB) FEDERAL - FY 2022			Contact Person	☐ Preliminar	
			Samuel Grader		☐ Final
Grant Period			Phone / Ext	Department	
January 1, 2022 to	December	31, 2022	972-548-5503	COLLIN COUNTY HEALTH CARE SERVICE	
COUNTY RESOURCES REQUIR	<b>ED</b>				
Match	Amount	mount Identify Matc		Benefits to County and Citizens	
1) Cash	\$ 22,877.00	Existing emplo	oyee salaries	Renewal grant for \$114,386 from the Texas Services for Tuberculosis (TB) services. Th	•
2) In-Kind	\$ -			by the contract is \$22,877. Both the awarde county's match funds will be used toward the	ed renewal grant funds and the
☐ No Match Required				TB Clinic staff members as part of the effort	to provide TB services for the
Implementation / Start Up	Amount	Des	cription	community. The performance measures inc directed towards the TB Program's ability to	
1) Equipment	Timodit		onpuen	individuals who are exposed or infected with TB disease. The TB Clinic manages the car	the TB germ or have active
2) Training				patients from 6 months up to 2 years during in order to ensure they successfully complet	the course of their treatment
3) Inter-departmental / Other:				in order to ensure they successfully complete	е шен пеашен.
☐ No Implem / Start-up Costs					
Operational / Maintenance	Amount	Des	cription		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Costs					
NON-COUNTY RESOURCES RE	CUIRED				
Match	Amount	Identify N	latch Source		
1) Voluntary / Donation					