## **Collin County Grant Summary Form**

Department Name	Submit completed form along with one electronic copy of the					
Health Care Services	grant application and all supporting documentation to the					
Contact Person (Grant Liaiso	Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions					
Sam Grader			contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion			_,	
Healthcare Coordinator	972-548-5503					
		Grant De	scription			
Grant Title and Funding Year			Funding Source Application Type			ion Type
FY2021-2023 Public Health Wo	orkforce Grant		✓ State ✓ New Grant		nt	
Grantor (include sub-granting	J agencies)		E Federal Renewal			
Texas Department of State Hea	Ith Services		Other: Amendm		ent	
			Payment Method			
			Cost Reimbursement Other:			
Application/Award Deadline	<b>Requested Co</b>	mm. Court	Grant Period			
July 14, 2021	August 1	6th, 2021	Upon ex	ecution to	June 3	0, 2023
Brief Description			· ·			
The Centers for Disease Contro	ol and Prevention	n (CDC) awarde	d Texas funding	g to expand, trair	, and sustain th	e public health
workforce. This grant is targeted						revent,
prepare, and respond to a range	e of public healt	h threats such a	s COVID-19 and	d other biologica	l threats.	
Grant Categories /					In-Kind	
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total
Personnel		\$ 756,853.00			Materi	\$ 756,853.00
Operating		\$ 493,147.00				\$ 493,147.00
Capital Equipment		φ 100,111.00				\$ -
Indirect Costs						\$-
Total	\$-	#######################################	\$-	\$-	\$-	······································
# of FTEs	φ -	******	ф -	φ -	<b>р</b> -	_
# OFFIES						0
Performance Meas	ures		Current FY Pr	ogress to Date		Next FY
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
		QI	QZ			Tojecied
TBD						

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 polices 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

Completed by:			
Candy Blair	Candy Blair	July 30, 2021	
Department Head / Designee Printed Name	Signature	Date	

## Grant Resource-Benefit Summary

Grant Title		Contact Person	(Grant Liaison)	Preliminary	
FY2021-2023 Public Health Workforce Grant		Sam Grader	Sam Grader		
Grant Period			Phone / Ext	Department	
Upon execution	to	June 30, 2023	972-548-5503	Health Care Services	

## COUNTY RESOURCES REQUIRED

COUNTY RESOURCES REQUIRE	20		
Match	Amount	Identify Match Source	Benefits to County and Citizens
1) Cash	\$-		This grant is a unique funding opportunity for Collin County's public health infrastructure. The grant enhances the county's ability to effectively provide
2) In-Kind	\$ -		crucial services in various fundamental public health areas such as Public
, 	\$ -		Health Emergency Preparedness (PHEP), Epidemiology, and
☐ No Match Required			Immunizations Services.
Implementation / Start Up	Amount	Description	The funds for this grant are used to offset personell and fringe costs,
1) Equipment			design/implement response plans, conduct disease surveillance and investigations, coordination and procurement of response supplies and
2) Training			resources, training and travel associated with preparedness activities, and other related expenses and duties.
3) Inter-departmental / Other:			
No Implem / Start-up Costs			
Operational / Maintenance	Amount	Description	
Operational / Maintenance	Amount	Description	
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 REC	QUIRED		
Match	Amount	Identify Match Source	
1) Voluntary / Donation			