

## Collin County Grant Summary Form

<b>Department Name</b> Collin County WIC Department		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 Janna Caponera at <b>(972) 548-4638</b> .
<b>Contact Person (Grant Liaison)</b> Jannette Sepeda		
<b>Title</b> WIC Director	<b>Phone / Extension</b> 3357	

Grant Description		
<b>Grant Title and Funding Year</b> WIC Contract Number HHS000801700001	<b>Funding Source</b>	<b>Application Type</b>
<b>Grantor (include sub-granting agencies)</b> Department of State Health Services (DSHS)	<input checked="" type="checkbox"/> State	<input type="checkbox"/> New Grant
	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> Renewal
	<input type="checkbox"/> Other:	<input type="checkbox"/> Amendment
		<b>Payment Method</b>
		<input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:
<b>Application/Award Deadline</b> October 1, 2021	<b>Requested Comm. Court</b> September 13, 2021	<b>Grant Period</b> October 1, 2021 to September 30, 2022

**Brief Description**  
Beginning in FY 21, the WIC contract was approved for a 5 year period followed by yearly funding letter amounts for each fiscal year within the 5 year period. The funding amount for FY 2022 is a total of \$1,440,468. Contractor shall administer the Health and Human Services (HHSC) Special Supplemental Nutrition Program for Women, Infant and Children(WIC) to provide supplemental food instrument, nutrition education, and counseling to enhance good health at no cost to low-income pregnant and postpartum women, infants and children identified to be a nutritional risk.

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel	\$ -	1,440,468.00	\$ -		\$ -	#####
Operating	\$ -		\$ -		\$ -	\$ -
Capital Equipment	\$ -		\$ -		\$ -	\$ -
Indirect Costs	\$ -		\$ -		\$ -	\$ -
<b>Total</b>	<b>\$ -</b>	<b>#####</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#####</b>
# of FTEs						<b>0</b>

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Percentage of families receiving NE/Counseling services at the time of the voucher issuance (an average 95%)	96.90%	97.60%	97.60%	94.70%	97.80%
Percentage of women in first trimester at certification (20% per quarter).	27.70%	31.10%	31.90%	26.90%	30.50%
Percentage of enrolled clients receiving vouchers during the report period	85.20%	84.60%	85%	85.40%	86.20%
Percentage of clients that received a referral because they indicated they have no source of health care	99.00%	98.30%	98.30%	94.70%	98.60%

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 policies 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		
Department Head / Designee Printed Name	Signature	Date