Collin County Grant Summary Form

Department Name	0011111	Journey Gra		•	vith one electro	nic conv of the								
Health Care Services Contact Person (Grant Liaison) Christian Jimenez			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											
								Title	Phone / Extens	sion	contact Janna	Caponera at (97 2	2) 548-4638 .	
								Financial Analyst	972-548-5619	SiOii				
Filiancial Alialyst	972-546-5019	Grant Do	escription											
Grant Title and Funding Y	/oor	Grant De		g Source	Annling	ition Type								
IDCU/COVID-19 Grant FY			y Source	New Gra										
Grantor (include sub-granting agencies)			Federal		Renewal									
Texas Department of State		Other:		✓ Amendment										
Texas Department of State														
		Payment Method ✓ Cost Reimbursement ☐ Other:												
Application/Award Deadli	ne Requested Co	mm Court	Grant Period	ibursement	U Other:									
N/A	=	er 13, 2021			luly S	31, 2023								
Brief Description	Septembe	13, 2021	August 2	20, 2020 to	July 3	01, 2023								
purpose of the grant is to so is required from the county		partification of the	710-13 Surveillar	ice and disease	mugation activ	nics. No mater								
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total								
Personnel		\$ 462,980.00			Widton	\$ 462,980.00								
Operating		\$ 107,368.00				\$ 107,368.00								
Capital Equipment		ψ 101,000.00				\$ -								
Indirect Costs						\$ -								
Total	\$ -	\$ 570,348.00	\$ -	\$ -	\$ -	\$ 570,348.00								
# of FTEs	<u> </u>	+ 0.0,0.000	*	*	<u> </u>	0								
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Performance M	leasures		Current FY Pr	ogress to Date		Next FY								
Applicable Outcome Measures		Q1	Q1 Q2 Q3			Projected								
TBD														
The Department named ab for the management of any forth by the Grantor and its departments. To that end, Grant Summary For Memo of request to Electronic copy of th Approval to apply Co All attachments, bac	funds awarded to the related agencies or please find enclosed m Commissioner Course original, complete ourt Order (for award)	e County under agents, as well a the following ite to the following ite to application/awd only)	this grant, and the cas those of the cas for initial redaydaward acceptareard	will adhere to any County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set								
Completed by:														
Candy Blair		Candy Blair			August 30, 2021									
Department Head / Designee Printed Name Signatu		Signature	nature			Date								

Grant Resource-Benefit Summary

Grant Title			Contact Person (Grant Liaison)		Preliminary
IDCU/COVID-19 Grant FY 2022 Grant Period		Phone	an Jimenez	Department	Final
	to July 31,			Health Care Services	
7 tugust 20, 2020	to 3diy 31, 2023		072 040 0010	Ficulti Gare Corvides	
COUNTY RESOURCES REQUI	IRED Amount	Identify Match Sou	urce	Benefits to County and Citizens	
1) Cash	\$ -			The IDCU/COVID-19 grant is a valuable so County. The IDCU/COVID-19 grant creates	
2) In-Kind	\$ -			prevent spread of communicable diseases,	provide disease surveillance,
☐ No Match Required				and deliver disease guidance to the county This grant amendment will enhance the He	alth Department's capacity to
Implementation / Start Up	Amount	Description		investigate and monitor the spread of COV	•
1) Equipment		·		The funds for this grant are used to offset procurement of response	
2) Training				other related expenses and duties.	Supplied and recoured, and
3) Inter-departmental / Other:					
☐ No Implem / Start-up Costs					
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 Cos	ıts				
NON-COUNTY RESOURCES R	REQUIRED Amount	Identify Match Sou	urce		
1) Voluntary / Donation					