Collin County Grant Summary Form

Department Name	0011111	Journey Ora	Submit comple		with one electron	nic conv 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					
Contact Person (Grant Liais						
Taylor Burton	Commissioner Court meeting. If you have any questions					
Title	Phone / Exten	sion	contact Janna	Caponera at (97	'2) 548-4638 .	
Healthcare Coordinator	972-548-4464	31011				
Treatment Goordinator	372-340-4404	Grant De	escription			
Grant Title and Funding Ye	ar	Orant De	•	g Source	Annlicat	ion Type
Cities Readiness Initiative (CRI) FY 2023			✓ State	godioc	☐ New Grant	
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal		•	
Texas Department of State Health Services			Other:		Amendme	ent
				ent Method		
		✓ Cost Reimbursement ☐ Other:				
Application/Award Deadling	e Requested Co	mm. Court	Grant Period	ibaroomon.	Culci.	
February 15, 2022		28, 2022	July 1,	2022 to	June 3	0, 2023
Brief Description	1 obtains	20, 2022	July 1,	2022 (0	,	0, 2020
The CRI grant is meant to en	sure the County's	ability to receive	e and dispense	medical counter	measures as de	emonstrated
Grant Categories /	I		I <u>.</u> .	County	In-Kind	
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total
Personnel		\$ 120,704.00			\$ 5,094.00	\$ 125,798.00
Operating		\$ 12,727.00			\$ 8,250.00	\$ 20,977.00
Capital Equipment		·				\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 133,431.00	\$ -	\$ -	\$ 13,344.00	\$ 146,775.00
# of FTEs		·				0
	•		•		•	•
Performance Measures			Current FY Pr	ogress to Date		Next FY
Applicable Outcome	Measures	Q1	Q2	Q3	Q4	Projected
The Department named char	e is applying for t	he Grant Progra	am named show	and if awards	d will accept ful	Il responsibility
The Department named above for the management of any fundament						
forth by the Grantor and its re						
departments. To that end, pl						
☑ Grant Summary Form						
Memo of request to Co				nce and approva	al	
✓ Electronic copy of the			/ard			
Approval to apply CoulAll attachments, back-	`	• /	s to be submitte	d to the Grantor	-	
/ iii attaorimento, back-	ap accumentation		c to be submitte	a to the Granton		
Completed by:						
Candy Blair		Candy Blair			February 10, 20	022
Department Head / Designee Print	ed Name	Signature			Date	 _

Grant Resource-Benefit Summary

Grant Title				Contact Person (Grant Liaison)		Preliminary
Cities Readiness Initiative (CRI) FY 2023				Taylor Burton	- In	☐ Final
Grant Period	_	luna 20	000	Phone / Ext	Department	
July 1, 2022 t	0	June 30), 2023	972-548-4464	Health Care Services]
COUNTY RESOURCES REQUI	IRED					
Match		Amount	Identify I	Match Source	Benefits to County and Citizens	
1) Cash	\$	_			This grant is used to promote and protect th	
2) In-Kind	\$	13,344.00	MRC Volunte	er/personnel	exigent disaster or emergency. These situat natural weather disaster, man-made accider	· · · · · · · · · · · · · · · · · · ·
☐ No Match Required					The primary mechanism for a CRI response	is to use Points of Dispensing
·					(PODs) to conduct mass prophylaxis operat	•
Implementation / Start Up	_	Amount	Des	scription	medications or vaccines to County residents	· · · · · · · · · · · · · · · · · · ·
1) Equipment					and death from a specific disease or health	risk.
2) Training					The funds for this grant are used for person response plans, preparedness exercises, co	•
3) Inter-departmental / Other:					response supplies and resources, training a	•
□ No Implem / Start-up Costs					public health preparedness activities, and of	ther related expenses and
— No implom? Start up Goots					duties.	
Operational / Maintenance		Amount	Des	scription		
1) Recurring Maintenance						
2) Salary / Benefits						
3) Continuing Ed / Training						
4) Office / Program Space						
5) Travel						
6) Other:						
☐ No Oper / Maintenance Cos	ts					
NON-COUNTY RESOURCES R	PEOI II	RED				
Match	LWUI	Amount	Identify I	Match Source		
1) Voluntary / Donation						