**Collin County Grant Summary Form** 

	Oomin C	Journey Gra	la i ii i		***			
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 Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions					
Taylor Burton		contract Janna Caponera at <b>(972)</b> 548-4638.						
Title	Phone / Exten	contact Janna Caponera at (972) 546-4636.						
Healthcare Coordinator	972-548-4464							
		Grant De	scription					
Grant Title and Funding Year Funding Source Application Type								
Immunizations Grant FY 2023		✓ State		☐ New Grant				
Grantor (include sub-grantir		☐ Federal		☑ Renewal				
Texas Department of State He		Other:		☐ Amendment				
· ·				t Method				
		✓ Cost Reimbursement ☐ Other:						
Application/Award Deadline Requested Comm. Co								
March 29, 2022	April 11,		September 1, 2022 to August 31, 2023					
Brief Description	дригт,	2022	Ocpton	11001 1, 2022 (0	August	101, 2020		
The purpose of the Immunizati	ione Program is t	to support local	hoalth donartme	ents in their offer	te to provide im	munization		
services to their communities a	•		•		•			
Hepatitis B.	as well as ellilali	ce epidemiology	riesponse to va	come preventar	ne diseases suc	ii as Feiilialai		
nepatitis b.								
Grant Categories /				County	In-Kind			
Funding Sources	Federal Funds	State Funds	Local Funds	Match	Match	Total		
Personnel		\$ 325,529.00	\$ 784,664.00	Maton	Widton	\$ 1,110,193.00		
Operating	_	\$ 28,533.00	Ψ 7 Ο 1,00 1.00			\$ 28,533.00		
Capital Equipment		Ψ 20,000.00				\$ -		
Indirect Costs						\$ -		
		A 054 000 00		<b>*</b>	£ 704 CC4 00	•		
Total	\$ -	\$ 354,062.00	\$ -	\$ -	\$ 784,664.00	\$ 1,138,726.00		
# of FTEs						0		
Dougla was a Marca		I	0			Nort EV		
Performance Meas				ogress to Date		Next FY		
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	Projected		
Number of Vaccines Provided	ı							
Number of Vaccines Frovided		2,973						
Number of Vaccine Allocated to Providers		61						
Percent of total Vaccine Preventable Disease		100%						
Cases completed within 30 da								
	- <del></del>							
The Department named above	e is applying for t	he Grant Progra	m named above	e and if awarde	d will accept fu	ll 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, ple								
☑ Grant Summary Form		J						
✓ Memo of request to Cor	mmissioner Cour	t for application	/award acceptar	nce and approva	al			
Electronic copy of the o				.,				
Approval to apply Court Order (for award only)								
☑ All attachments, back-up documentation or amendments to be submitted to the Grantor								
Completed by:								
Eric Dickey		Eric Dickey Signature	C Dickey March 23, 2022		2			
Department Head / Designee Printed Name Si		Signature			Date			

## **Grant Resource-Benefit Summary**

Grant Title Contact Pers Immunizations Grant FY 2023 Taylor Burton			Contact Person	(Grant Liaison)			
			Taylor Burton		Final		
Grant Period			Phone / Ext	Department	1		
September 1, 2022 to	August, 2023 9		972-548-4464	Health Care Services			
COUNTY DESCUES DESCUES							
COUNTY RESOURCES REQUIRE Match	שב Amount	Identify	Match Source	Benefits to County and Citizens			
1) Cash	Amount	lacitaly	Water Course				
i) Casii				The Immunizations Program also educates approximately 60 healthcare providers who			
2) In-Kind				Vaccines for Children (TVFC) Program to e			
☐ No Match Required				proper storage and maintenance of state-is	sued vaccines. Collin County		
_				has an admirable history which spans over residents of its community with immunization			
Implementation / Start Up	Amount	De	escription	,			
1) Equipment							
2) Training							
3) Inter-departmental / Other:							
☐ No Implem / Start-up Costs							
Operational / Maintenance	Amount	De	escription				
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							