Department Name	3011111	Journey Gra			vith one electro	nic conv of the	
-	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the						
Collin County Health Care Services Contact Person (Grant Liaison) Toylor Burton			Auditor's Office not less than 14 days prior to the scheduled				
			Commissioner Court meeting. If you have any questions				
Taylor Burton Title Phone / Extension			contact Janna	Caponera at (97	2) 548-4638.		
		sion					
Healthcare Coordinator	972-548-4464	Count Da	Book and the second sec				
0 170		Grant De	escription			-	
Grant Title and Funding Yea					Application Type		
Tuberculosis (TB) State - FY 2023			State New Gr				
Grantor (include sub-granting agencies) Texas Department of State Health Services (DSHS)			☐ Federal		Renewal		
			Other: Amendment				
			Payment Method				
	<u> </u>			nbursement	☐ Other:		
Application/Award Deadline	· ·		Grant Period	4 0000			
February 22, 2022	May 23	3, 2022	September 1, 2022 to August 31, 2023				
Brief Description Reducing the risk of commun							
	_						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 266,585.00		\$ 59,920.00		\$ 326,505.00	
Operating		\$ 33,014.00				\$ 33,014.00	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 299,599.00	\$ -	\$ 59,920.00	\$ -	\$ 359,519.00	
# of FTEs						C	
						T	
Performance Mea				rogress to Date		Next FY	
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
test performed unless there is	documented						
All suspected and confirmed TB patients are							
placed on DOT at the start of treatment.							
newiy-reported suspected and cases of TB are started on the							
drug regimen Newly-reported cases of 15 w							
sputum culture results must h							
The Department named abov for the management of any fur forth by the Grantor and its redepartments. To that end, pley Grant Summary Form Memo of request to Corollogical Electronic copy of the Approval to apply Courollogical All attachments, back-	nds awarded to the lated agencies or ease find enclosed ommissioner Couroriginal, completed to Order (for award	e County under agents, as well a the following ite to the following ite to the for application application and the formula to the following items of the followi	this grant, and as those of the cems for initial redaydaward acceptaryard	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			May 23, 2022		
		Signature		Date			

Grant Resource-Benefit Summary

Grant Title Tuberculosis (TB) State - FY 2023			Contact Person	(Grant Liaison)	☐ Preliminary			
			Taylor Burton					
Grant Period			Phone / Ext	Department	<u> </u>			
September 1, 2022 to	August 3	1, 2023	972-548-4464	Collin County Health Care Services	_			
COUNTY RESOURCES REQUIF	RED							
Match	Amount	Identify N	/latch Source	Benefits to County and Citizens				
1) Cash	\$ 59,920.00			Renewal contract for \$299,599.00 from the T Health Services (DSHS) for Tuberculosis (TE				
2) In-Kind	\$ -	Existing personnel		as required by the contract is 20% of the total contract. Both the awarded renewal grant funds and the county's match funds will be used toward the				
☐ No Match Required				existing salaries of TB clinic staff members a	as part of the effort to provide			
Implementation / Start Up	Amount	Des	scription	TB services for communities in Collin County included in the contract are directed towards				
1) Equipment			1	provide, evaluate, and treat individuals who a or have active TB disease. The TB Elimination				
2) Training				Observed Therapy (DOT) to the patients with their home, place of work, or in the clinic. The	n active, or infectious TB at			
3) Inter-departmental / Other:				of these infected patients from 6 months up their treatment in order to ensure they succe				
☐ No Implem / Start-up Costs				treatment.				
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 Costs	S							
NON-COUNTY RESOURCES REMATCH		Identify A	Match Source					
1) Voluntary / Donation	Amount	identity it	natori Source					
i) voluntary / Donation		1						