Collin County Grant Summary Form

Department Name	3011111	Journey Gra			ith one electron	ic 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 Commissioner Court meeting. If you have any questions						
Contact Person (Grant Liais							
Taylor Burton							
Title	Phone / Extens	sion	contact Janna	Caponera at (97)	2) 548-4638.		
Healthcare Coordinator	972-548-4464	51011					
Treattricare Coordinator	912-340-4404	Grant Do	escription				
Grant Title and Funding Yea	\ <u>\</u>	Grant De		a Source	Applicat	tion Type	
Disease Intervention Specialis	Funding Source State			Application Type New Grant			
-)	Federal		☑ Renewal			
Grantor (include sub-granting agencies) Texas Department of State Health Services			Other:		Amendment		
Texas Department of State Tie				t Method			
		│ ☑ Cost Reim	-				
Application/Award Deadline	Requested Comm. Court		✓ Cost Reimbursement				
August 26, 2022		· ·					
Brief Description	October 10, 2022 January 1, 2023 to December 31, 202				Del 31, 2023		
The purpose of this contract is	s to control and pr	ovent the enres	d of Sovually Tr	anemitted Disease	os (STDs) incl	udina	
Grant Categories /					In-Kind		
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total	
Personnel		\$ 500,311.00			\$ -	\$ 500,311.00	
Operating		\$ 204,006.00				\$ 204,006.00	
Capital Equipment						\$ -	
Indirect Costs						\$ -	
Total	\$ -	\$ 704,317.00	\$ -	\$ -	\$ -	\$ 704,317.00	
# of FTEs		,				0	
						•	
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome Measures		Q1	Q1 Q2 Q3			Projected	
TBD							
						<u> </u>	
The Department named above for the management of any fur forth by the Grantor and its redepartments. To that end, ples Grant Summary Form Memo of request to Compart Summary Form Electronic copy of the Approval to apply Court All attachments, back-	nds awarded to the lated agencies or ease find enclosed ommissioner Cour original, complete rt Order (for award	e County under agents, as well a the following ite to the following ite to application/awd only)	this grant, and as those of the cems for initial redaydaward acceptaryard	will adhere to ang County, and its fi view: nce and approval	y polices and pr nancial and adn	ocedures set	
Completed by:							
Completed by: Candy Blair		Candy Blair			September 27, 2022		
		Signature				Date	

Grant Resource-Benefit Summary

Grant Title Disease Intervention Specialist Workforce (DIS)				Contact Person (Grant Liaison)				
			Taylor Burton		☐ Final			
Grant Period			Phone / Ext 972-548-4464	Department				
January 1, 2023	to Decem	December 31, 2023		Health Care Services				
COUNTY RESOURCES REQU Match	IRED Amount	Identify	Match Source	Benefits to County and Citizens				
1) Cash	\$ -			The Disease Intervention Specialist (DIS) source of funding for Collin County. The D				
2) In-Kind	\$ -			effectively prepare and respond to a range infectious diseases that includes STDs, HI	of public health threats,			
☐ No Match Required				T. C. I. C. III.	1. 16:			
Implementation / Start Up 1) Equipment	Amount	De	escription	The funds for this grant are used to offset personnel and fringe costs, program-specific activities, coordination and procurement of response supplies and resources, training and travel associated with grant activities, and other related expenses and duties.				
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 Cos	sts							
NON-COUNTY RESOURCES F Match	REQUIRED Amount	Identify	Match Source					
1) Voluntary / Donation								