

Collin County Grant Summary Form

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|---|---|---|-------------|--|---------------|---------------|
| Department Name Collin County 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 Janna Caponera at (972) 548-4638. | | | | |
| Contact Person (Grant Liaison) Taylor Burton | | | | | | |
| Title Healthcare Coordinator | Phone / Extension 972-548-4464 | | | | | |
| Grant Description | | | | | | |
| Grant Title and Funding Year Tuberculosis (TB) State - FY 2024 | | Funding Source <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Other: | | Application Type <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Amendment | | |
| Grantor (include sub-granting agencies) Texas Department of State Health Services (DSHS) | | Payment Method <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other: | | | | |
| Application/Award Deadline February 1, 2023 | Requested Comm. Court March 6, 2023 | Grant Period September 1, 2023 to August 31, 2024 | | | | |
| Brief Description Reducing the risk of communicable disease (TB) in the community through the TB Elimination program as required in Texas Administrative Code Sections 97.2 - 97.8. | | | | | | |
| Grant Categories / Funding Sources | Federal Funds | State Funds | Local Funds | County Match | In-Kind Match | Total |
| Personnel | | \$ 296,607.00 | | \$ 59,949.00 | | \$ 356,556.00 |
| Operating | | \$ 3,140.00 | | | | \$ 3,140.00 |
| Capital Equipment | | | | | | \$ - |
| Indirect Costs | | | | | | \$ - |
| Total | \$ - | \$ 299,747.00 | \$ - | \$ 59,949.00 | \$ - | \$ 359,696.00 |
| # of FTEs | | | | | | 0 |

| Performance Measures | Current FY Progress to Date | | | | Next FY Projected |
|---|-----------------------------|----|----|----|-------------------|
| Applicable Outcome Measures | Q1 | Q2 | Q3 | Q4 | |
| Newly-reported TB cases must have an HIV test performed unless there is documented evidence of an HIV-positive result or the | | | | | |
| All suspected and confirmed TB patients are placed on DOT at the start of treatment. | | | | | |
| Newly-reported confirmed cases of TB are started on the appropriate drug regimen | | | | | |
| Newly-reported cases of TB with AFB-positive sputum culture results must have documented conversion to sputum culture-negative within | | | | | |

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any policies 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, please find enclosed the following items for initial review:

- ☒ Grant Summary Form
- ☒ Memo of request to Commissioner Court for application/award acceptance and approval
- ☒ Electronic copy of the original, completed application/award
- ☐ Approval to apply Court Order (for award only)
- ☒ All attachments, back-up documentation or amendments to be submitted to the Grantor

| | | |
|---|--------------------|---------------|
| Completed by: | | |
| Candy Blair | <i>Candy Blair</i> | March 6, 2023 |
| Department Head / Designee Printed Name | Signature | Date |

Grant Resource-Benefit Summary

| | | |
|---|--|---|
| Grant Title Tuberculosis (TB) State - FY 2024 | Contact Person (Grant Liaison) Taylor Burton | |
| Grant Period September 1, 2023 to August 31, 2024 | Phone / Ext 972-548-4464 | Department Collin County Health Care Services |

☐ Preliminary
☐ Final

COUNTY RESOURCES REQUIRED

| Match | Amount | Identify Match Source |
|--|--------------|-----------------------|
| 1) Cash | \$ 59,949.00 | Existing personnel |
| 2) In-Kind | \$ - | - |
| <input type="checkbox"/> No Match Required | | |

Implementation / Start Up

| | Amount | Description |
|---|--------|-------------|
| 1) Equipment | | |
| 2) Training | | |
| 3) Inter-departmental / Other: | | |
| <input type="checkbox"/> 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: | | |
| <input type="checkbox"/> No Oper / Maintenance Costs | | |

NON-COUNTY RESOURCES REQUIRED

| Match | Amount | Identify Match Source |
|-------------------------|--------|-----------------------|
| 1) Voluntary / Donation | | |

Benefits to County and Citizens

Renewal contract for \$299,747.00 from the Texas Department of State Health Services (DSHS) for Tuberculosis (TB) services. The county's match as required by the contract is 20% of the total contract to equal \$59,949.00. Both the awarded renewal grant funds and the county's match funds will be used toward the existing salaries of TB clinic staff members as part of the effort to provide TB services for communities in Collin County. The performance measures that will be included in the contract are directed towards the TB Program's ability to provide, evaluate, and treat individuals who are exposed or infected with TB or have active TB disease. The TB Elimination clinic provides Directly Observed Therapy (DOT) to the patients with active, or infectious TB at their home, place of work, or in the clinic. The TB clinic manages the care of these infected patients from 6 months up to 2 years during the course of their treatment in order to ensure they successfully complete their treatment. This grant supports the prevention and elimination of TB in our communities.