**Collin County Grant Summary Form** 

Department Name			Submit comple		with one electror	nic copy of the
Health Care Services	grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled					
Contact Person (Grant Liaison)						
Taylor Burton		Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Title	Phone / Exten	sion	contact Janna	Caponera at (9)	(2) 546-4636.	
Healthcare Coordinator	972-548-4464					
		Grant De	escription			
Grant Title and Funding Ye	ear		Funding Source Applicati			ion Type
Cities Readiness Initiative (C		✓ State		New Grant		
Grantor (include sub-grant		☐ Federal		☑ Renewal		
Texas Department of State H		Other:		Amendment		
		Paymen		t Method		
				bursement	Other:	
Application/Award Deadlin	e Requested Co	mm. Court	<b>Grant Period</b>			
February 28, 2023	March 13	3, 2023	July 1,	2023 to	June 3	0, 2024
Brief Description						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 124,296.00			\$ 5,463.90	\$ 129,759.90
Operating		\$ 9,135.00			\$ 7,879.20	\$ 17,014.20
Capital Equipment						\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 133,431.00	\$ -	\$ -	\$ 13,343.10	\$ 146,774.10
# of FTEs						0
		Ī				T
Performance Me				ogress to Date		Next FY
Applicable Outcome	Measures	Q1	Q2	Q3	Q4	Projected
The Department named above for the management of any figure forth by the Grantor and its redepartments. To that end, position of Grant Summary Form Memo of request to Compute Electronic copy of the Approval to apply Court	unds awarded to the lated agencies or lease find enclose ommissioner Cour original, complete art Order (for award	he County unde agents, as well d the following i t for application d application/aw d only)	r this grant, and I as those of the tems for initial re /award acceptar vard	will adhere to a County, and its eview: nce and approve	any polices and p s financial and ac	procedures set
Completed by:						
Candy Blair		Candy Blair			February 24, 20	023
Department Head / Designee Print	ted Name	Signature			Date	

## **Grant Resource-Benefit Summary**

Grant Title Cities Readiness Initiative (CRI) FY 2024				Contact Person (Grant Liaison)		☐ Preliminary
				Taylor Burton		☐ Final
Grant Period				Phone / Ext	Department	
July 1, 2023	to	June 30, 2024		972-548-4464	Health Care Services	
COUNTY RESOURCES REQU	IRED					
Match		Amount	Identify N	Match Source	Benefits to County and Citizens	
1) Cash	\$	_			This grant is used to promote and protect th	
2) In-Kind	\$	13,343.10	MRC Volunte	er/personnel	exigent disaster or emergency. These situat natural weather disaster, man-made acciden	•
☐ No Match Required					The primary mechanism for a CRI response	is to use Points of Dispensing
·			ļ		(PODs) to conduct mass prophylaxis operat	ions. This includes dispensing
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	nd travel associated with
☐ No Implem / Start-up Costs					public health preparedness activities, and of duties.	ther related expenses and
					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 Co	sts					
NON-COUNTY RESOURCES	REQU	IRED				
Match		Amount	Identify N	/latch Source		
1) Voluntary / Donation						