Collin County Grant Summary Form

		Journey Ord	a i u	<u> </u>				
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 Liaise	Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions							
Taylor Burton			contact Janna Caponera at (972) 548-4638.					
Title	Phone / Exten	sion						
Healthcare Coordinator	972-548-4464							
		Grant De	scription					
Grant Title and Funding Yea	r		Funding	g Source	Applica	ation Type		
Public Health Infrastructure Grant FY2023-2027			✓ State		✓ New Gra			
Grantor (include sub-granting agencies)			☐ Federal	☐ Federal ☐ Renewal		I		
Texas Department of State Health Services			☐ Other:		☐ Amendment			
			Payment Method					
			✓ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm Court	Grant Period	ibarserrierit	U Other.			
February 01, 2023	March 27, 2023		Upon Execution to November 30, 2027					
Brief Description	IVIAI CIT Z I	, 2023	Opon LX	ecution to	Noven	ibel 30, 2021		
The Public Health Infrastructur	ro grant is torgets	nd appoifically fo	r loool boolth do	partmente to cur	stain or ovnanc	l the		
workforce that increases a juri								
grant is a unique opportunity a	•	• •		•	•			
No county match is required.	ilid Will be a value	able source or it	inding for Collin	County's public	nealth iilliastit	icture.		
The county mater is required.								
Grant Categories /	Fadaral Funda	Otata Familia	1 1 5 1	County Motob	In-Kind	Total		
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total		
Personnel		\$ 1,625,736.00			\$ -	\$1,625,736.00		
Operating								
Capital Equipment						\$ -		
Indirect Costs						\$ -		
Total	\$ -	\$ 1,625,736.00	\$ -	\$ -	\$ -	\$ 1,625,736.00		
# of FTEs	<u> </u>	ψ 1,023,730.00	<u> </u>	*	<u> </u>	6.0		
# 011 120						0.0		
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY		
Applicable Outcome N	/leasures	Q1	Q2	Q3	Q4	Projected		
		Q i	<u> </u>	1	<u> </u>	1 10,000.00		
Within 60 days of Contract exe proposed work plan to DSHS	ecution, submit a							
	athon rotantian					+		
Retain public health staff, strer incentives, and create promotion								
incentives, and create promotio	orial activities							
		0 15						
The Department named above								
for the management of any fur forth by the Grantor and its rela								
departments. To that end, ple					nanciai and ad	iiiiiisuauve		
	ase illia eliciosec	a the following it	enis ioi inidal le	view.				
Grant Summary Form		t for onnlination	laward accomtant		•			
 ✓ Memo of request to Commissioner Court for application/award acceptance and approval ✓ Electronic copy of the original completed application/award 								
 ✓ Electronic copy of the original, completed application/award ✓ Approval to apply Court Order (for award only) 								
All attachments, back-u			s to be submitte	d to the Grantor				
Completed by:								
Candy Blair		Candy Blair			March 27, 202	23		
Department Head / Designee Printed	d Name	Signature			Date	-		

Grant Resource-Benefit Summary

Grant Title Public Health Infrastructure				Contact Person (Grant Liaison)		
			Taylor Burton	T-	☐ Final	
Grant Period		00 0007	Phone / Ext 972-548-4464	Department		
Upon Execution 1	to Novembe	November 30, 2027		Health Care Services		
COUNTY RESOURCES REQUI	Amount	Identify	Match Source	Benefits to County and Citizens The Public Health Infrastructure grant is		
1) Cash	\$ -			Collin County. The grant sustains the cap		
2) In-Kind	\$ -			respond to a range of public health threa positions ensure a capable workforce to	ts. In addition, the grant funded	
☐ No Match Required				& planning, manage data and information		
Implementation / Start Up	Amount	De	escription	various public health needs.		
1) Equipment				The funds for this grant are used to offse expenses.	t salary, fringe, and other related	
2) Training						
3) Inter-departmental / Other:						
$\hfill \square$ 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	ts					
NON-COUNTY RESOURCES R Match	REQUIRED Amount	Identify	Match Source			
1) Voluntary / Donation						