

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 Immunizations Grant FY 2024 | Funding Source | Application Type |
| Grantor (include sub-granting agencies) Texas Department of State Health Services (DSHS) | <input checked="" type="checkbox"/> State | <input type="checkbox"/> New Grant |
| | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> Renewal |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> Amendment |
| Payment Method | | |
| | <input checked="" type="checkbox"/> Cost Reimbursement | <input type="checkbox"/> Other: |
| Application/Award Deadline February 1, 2023 | Requested Comm. Court June 5, 2023 | Grant Period September 1, 2023 to August 31, 2024 |

Brief Description
The purpose of the Immunizations program is to support local health departments in their efforts to provide immunization services to their communities as well as enhance epidemiology response to vaccine preventable diseases such as Perinatal Hepatitis B.

| Grant Categories / Funding Sources | Federal Funds | State Funds | Local Funds | County Match | In-Kind Match | Total |
|------------------------------------|---------------|----------------------|-------------|--------------|---------------|----------------------|
| Personnel | | \$ 350,424.00 | | | | \$ 350,424.00 |
| Operating | | \$ 3,638.00 | | | | \$ 3,638.00 |
| Capital Equipment | | | | | | \$ - |
| Indirect Costs | | | | | | \$ - |
| Total | \$ - | \$ 354,062.00 | \$ - | \$ - | \$ - | \$ 354,062.00 |
| # of FTEs | | | | | | 0 |

| Performance Measures Applicable Outcome Measures | Current FY Progress to Date | | | | Next FY Projected |
|---|-----------------------------|------|----|----|----------------------|
| | Q1 | Q2 | Q3 | Q4 | |
| Number of Vaccines Provided | 2888 | 2519 | | | |
| Percent of Total Vaccine Preventable Disease | 100% | 100% | | | |
| Cases completed within 30 days of reporting | 100% | 100% | | | |
| | | | | | |

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> | May 22, 2023 |
| Department Head / Designee Printed Name | Signature | Date |

Grant Resource-Benefit Summary

| | | |
|---|--|---|
| Grant Title Immunizations Grant 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 |

| |
|--------------------------------------|
| <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Final |

COUNTY RESOURCES REQUIRED

| Match | Amount | Identify Match Source |
|--|--------|-----------------------|
| 1) Cash | \$ - | |
| 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

This is a renewal application for \$354,062 from the Texas Department of State Health Services (DSHS) for the Immunizations program. The grant funds will be used toward the salary and fringe benefits of Immunizations Program staff members who provides immunization services to our community as well as funding for related travel and supply costs. The services performed by the Immunization Program staff include administering vaccinations, providing education to the public and local healthcare providers regarding immunizations, performing outreach activities, collecting data for school and daycare audits, and completing data reports into the state's immunization database. The Immunization Program reports grant related activities each quarter to DSHS.