**Collin County Grant Summary Form** 

Department Name		Journey Ora	Submit complet		with and algebra	onic conv of the		
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the							
Health Care Services			Auditor's Office not less than 14 days prior to the scheduled					
Contact Person (Grant Liaison)			Commissioner Court meeting. If you have any questions					
Taylor Burton			contact Janna Caponera at <b>(972) 548-4638</b> .					
Title	Phone / Exten	sion		•	,			
Healthcare Coordinator	972-548-4464							
		Grant De	scription					
Grant Title and Funding Yea			Funding Source Application Type					
Surveillance and Epidemiology Activities (IDCU/SUR) FY 2024 - FY 2025			☑ State ☐ New Grant					
Grantor (include sub-granting agencies) Texas Department of State Health Services			☐ Federal		✓ Renewal			
			☐ Other: ☐ Amendment			ent		
			Payment Method					
			✓ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested C	omm. Court	<b>Grant Period</b>					
May 30, 2023	June 12		September 1, 2023 to August 31, 2025					
Brief Description		,	'	, , ,	<u> </u>	- ,		
The purpose of the IDCU/SUR	R is to support eff	orts by local hea	alth departments	s in addressing r	oublic health is:	sues		
specifically the surveillance an		•	•					
Salmonellosis, E. coli, Campyl								
Campy		prosportations, t	and Cycloopena	0.0.				
Grant Categories /	Federal Funds	State Funds	Local Funds	County	In-Kind	Total		
Funding Sources	- Cuciai i ulius		Local i ulius	Match	Match			
Personnel		\$ 250,815.00				\$ 250,815.00		
Operating		\$ 91,631.00				\$ 91,631.00		
Capital Equipment								
Indirect Costs								
Total		\$ 342,446.00				\$ 342,446.00		
# of FTEs		•				1.15		
Performance Measures			Current FY Progress to Date Next FY					
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected		
The Department nemed shows	o io applying for t	ho Grant Brass	m named share	and if awards	d will accept f	ull rosponsibility		
The Department named above for the management of any fur								
forth by the Grantor and its rel								
departments. To that end, ple	-	-		•	illianolai ana e	administrative		
✓ Grant Summary Form								
	mmissioner Cour	t for application	/award acceptar	nce and approve	al			
<ul> <li>Memo of request to Commissioner Court for application/award acceptance and approval</li> <li>Electronic copy of the original, completed application/award</li> </ul>								
☐ 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	May 30, 2023					
Department Head / Designee Printed Name Signature		Signature	Date					

## **Grant Resource-Benefit Summary**

<b>Grant Title</b> Infectious Disease Control Unit/Surveillance and Epidemiology Activities (IDCU/SUR) FY 2024 - FY 2025			Contact Person (Grant Liaison) Taylor Burton		☐ Preliminary ☐ Final
Grant Period			Phone / Ext	Department	
September 1, 2023 to August 31, 2025		972-548-4464	Health Care Services		
COUNTY RESOURCES REQUIRE	E <b>D</b> Amount	Identify I	Match Source	Benefits to County and Citizens	
1) Cash				The purpose of the IDCU/SUR funds	s is to support efforts by
2) In-Kind				local health departments in addressi specifically the surveillance and epic	demiology activities
☐ No Match Required				associated with foodborne and wate	
Implementation / Start Up  1) Equipment	Amount	De	scription	Salmonellosis, E. coli, Campylobacto Cryptosporidiosis, and Cyclosporias are responsible for the investigation,	is. The Epidemiologists , data entry, and
2) Training				electronic reporting to DSHS of food illnesses as required in the Texas A	
3) Inter-departmental / Other:				97.3 for Collin County. By maintainir surveillance capacity, CCHCS is stri	
☐ No Implem / Start-up Costs				spread of foodborne and waterborne	e illnesses in our
Operational / Maintenance	Amount	De	scription	community.	
Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
☐ No Oper / Maintenance Costs					
NON-COUNTY RESOURCES REC					
Match	Amount	Identify I	Match Source		
1) Voluntary / Donation					