Collin County Grant Summary Form

Department Name			Submit complet	ted form along	with one electro	onic 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 Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.						
Contact Person (Grant Liaison) Taylor Burton							
						Title	Phone / Extens
Healthcare Coordinator	972-548-4464	972-548-4464					
		Grant De	scription				
Grant Title and Funding Yea	ar Regional and Loca		-	Source	Applica	ation Type	
(RLSS)/Local Public Health Services (LPHS) FY 2024 - FY 2025			✓ State			ant	
Grantor (include sub-granting agencies) Texas Department of State Health Services			☐ Federal ☑ Renewal				
			☐ Other: ☐ Amend			ment	
			Payment Method				
			✓ Cost Reimbursement ☐ Other:				
Application/Award Deadline	Requested Co	mm. Court	Grant Period				
June 20, 2023	· ·	July 10, 2023		September 1, 2023 to August 31, 2025			
Brief Description	- y - 2,		'	, , ,	<u> </u>	- ,	
including those related to Tube	erculosis (TB).						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 33,938.00				\$ 33,938.00	
Operating		\$ 9,340.00				\$ 9,340.00	
Capital Equipment							
Indirect Costs							
Total		\$ 43,278.00				\$ 43,278.00	
# of FTEs						0.16	
						Next FY	
Performance Mea			Current FY Progress to Date				
Applicable Outcome Measures		Q1	Q2	Q3	Q4		
Applicable Catecine II					Q4 	Projected	
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple Grant Summary Form Memo of request to Core	nds awarded to the ated agencies or ease find enclosed mmissioner Cour	ne County unde agents, as well the following in the formula to the	am named above r this grant, and as those of the tems for initial re	e, and if awarde will adhere to a County, and its eview:	ed, will accept fany polices and a	ull responsibility procedures set	
The Department named above for the management of any fur forth by the Grantor and its reddepartments. To that end, ple Grant Summary Form Memo of request to Corol Electronic copy of the oron Approval to apply Court All attachments, back-up.	nds awarded to the ated agencies or ease find enclosed mmissioner Courriginal, completed Order (for award	ne County unde agents, as well d the following in t for application/ d application/aw d only)	am named above r this grant, and as those of the tems for initial re /award acceptar /ard	e, and if awarde will adhere to a County, and its eview: nce and approv	ed, will accept frany polices and a financial and a	ull responsibility procedures set	
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Grant Resource-Benefit Summary

Grant Title Regional and Local Services System (RLSS)/Local Public Health Services (LPHS) FY 2024 - FY 2025			Contact Person	(Grant Liaison)	☐ Preliminary ☐ Final	
			Taylor Burton			
Grant Period			Phone / Ext	Department		
September 1, 2023 to	August	31, 2025	972-548-4464	Health Care Services		
COUNTY RESOURCES REQUIRE	ED .					
Match	Amount	Identify M	latch Source	Benefits to County and Citizens		
1) Cash				The purpose of the RLSS/LPHS fun		
2) In-Kind				by local health departments in addressissues, including those related to Tu	berculosis (TB). The	
☐ No Match Required				objective to be achieved in using the		
Implementation / Start IIn	A	Dee	- win ti o n	that the TB Program will be able to probe observed therapy (DOT) and Video	•	
Implementation / Start Up	Amount	Des	cription	(VOT) to patients at their home, wor		
1) Equipment				setting. By providing DOT and VOT		
2) Training				striving to reduce the spread of TB,	which is a	
3) Inter-departmental / Other:				communicable disease spread throu	ugh the air.	
☐ No Implem / Start-up Costs						
Operational / Maintenance	Amount	Des	cription			
1) Recurring Maintenance						
2) Salary / Benefits						
3) Continuing Ed / Training						
4) Office / Program Space						
5) Travel						
6) Other:						
☐ No Oper / Maintenance Costs						
NON COUNTY PEOCUPOES SEC	NUDED.					
NON-COUNTY RESOURCES REC	Amount	Identify M	latch Source			
1) Voluntary / Donation		·				