	Collin	<b>5</b> 00	ility Gra									
Department Name					Submit completed form along with one electronic copy of the							
COLLIN COUNTY HEALTH CARE SERVICES				grant application and all supporting documentation to the								
Contact Person (Grant Liaison)				Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions								
Taylor Burton						Caponera at <b>(97</b> 2	•	•	questions			
Title	Phone / Extension				aot danna '	ouponoru ut (012	-,	0 4000.				
Healthcare Coordinator	972-548-4464											
			scription									
Grant Title and Funding Year						g Source		Applicat	tion Type			
TUBERCULOSIS (TB) FEDERAL - FY 2024					State	•		New Grai				
Grantor (include sub-granting agencies)					Federal		V	Renewal				
TEXAS DEPARTMENT OF STATE HEALTH SERVICES					Other:			Amendment				
TEXAS DEPARTIMENT OF STATE HEALTH SERVICES				Other.	Paymont			CIII				
				Payment Method  ☑ Cost Reimbursement □ Other:								
A	In			5								
Application/Award Deadline	Requested Comm. Court			Grant Period								
June 16, 2023 Brief Description	August	August 14, 2023				September 1, 2023 to August 31, 2024						
Grant Categories / Funding Sources	Federal Funds	St	ate Funds	Lo	cal Funds	County Match		In-Kind Match	Total			
Personnel		\$	84,100.00			\$ 16,914.00		Maton	\$ 101,014.00			
Operating		\$	472.00			ψ 10,011.00			\$ 472.00			
Capital Equipment		Ψ	472.00						\$ -			
Indirect Costs									\$ -			
Total	\$ -	•	04 570 00	•		\$ 16,914.00	\$		\$ 101,486.00			
# of FTEs	<u> </u>	\$	84,572.00	\$	-	ψ 10,314.00	Ą	-	0			
# OI F I ES												
Performance Meas	sures			Cui	rrent FY Pr	ogress to Date			Next FY			
Applicable Outcome M	leasures		Q1		Q2	Q3		Q4	Projected			
Newly-reported 1B cases must			<u> </u>			1			,			
test performed unless there is												
evidence of an HIV-positive res All suspected and confirmed TI												
placed on DOT at the start of tr												
newly-reported suspected and												
cases of TB are started on the												
drug regimen Newly-reported cases of TB wil	tn AFB-positive											
sputum culture results must ha	ve documented											
conversion to sputum culture-n	egative within											
The Department named above the management of any funds by the Grantor and its related a departments. To that end, pleated a departments. To that end, pleated a departments. To the end, pleated a department of the end, pleated a department of the end of the e	awarded to the Cagencies or agent ase find enclosed mmissioner Cour riginal, completed Order (for award	ts, as the t for d ap	ty under this s well as the following ite application/ plication/aw y)	grai ese o ems f awai ard	nt, and will a f the Count for initial rev	adhere to any po y, and its financia /iew: ce and approval	lices al an	and proce	dures set forth			
Completed by:												

Candy Blaur

Signature

August 14, 2023

Date

**CANDY BLAIR** 

Department Head / Designee Printed Name

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person (Grant Liaison)				Preliminary			
TUBERCULOSIS (TB) FEDERAL - FY 2024			Taylor Burton				Final			
Grant Period			one / Ext	Department			Tilla			
September 1, 2023 to	August 3	972	2-548-4464	COLLIN COUNTY HEALTH CARE SERVICE						
COUNTY RESOURCES REQUIR	ED									
Match	Amount	Identify Match	Source	Benefits to County and Citizens						
1) Cash	\$ 16,914.00	Existing staff salary	//fringe	This is a renewal grant amounting to \$84,572.00 from the Texas  Department of State Health Services for FY2024 Tuberculosis (TB) program						
2) In-Kind	\$ -			funding. The county's match as required by the Both the awarded renewal grant funds and the						
□ No Match Required				used toward the existing salaries of several T	B program st	taff m	embers as			
Implementation / Start Up	Amount	Descripti	ion	part of the effort to provide TB services for the performance measures included in the contra	ct are directe	ed tov	vards the TB			
1) Equipment				program's ability to provide, evaluate, and trea or infected with TB or have active TB disease	.The TB clini	c mai	nages the			
2) Training				care of these infected or ill patients from 6 mc course of their treatment in order to ensure the						
3) Inter-departmental / Other:				treatment.						
□ No Implem / Start-up Costs										
Operational / Maintenance	Amount	Descripti	ion							
1) Recurring Maintenance										
2) Salary / Benefits										
3) Continuing Ed / Training										
4) Office / Program Space										
5) Travel										
6) Other:										
□ No Oper / Maintenance Costs										
NON-COUNTY RESOURCES RE Match	QUIRED Amount	Identify Match	Source							
Voluntary / Donation	Amount	Identity Materi								