Collin County Grant Summary Form

| | | Journey Ord | - Caiiiiia | | | | | | | | | | | | |
|---|-------------------------------|--------------------|---|--------------------|--------------------|----------------------|--|-----------------|-------------------|---|---|-------------------|-------|--|--|
| Department Name Collin County WIC Department Contact Person (Grant Liaison) | | | 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 | | | | | | | | | | | | |
| | | | | | | | | Jannette Sepeda | | | Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638. | | | | |
| | | | | | | | | Title | Phone / Extension | n | Janna Capone | ra at (912) 546-4 | 1030. | | |
| WIC Director | 3357 | | | | | | | | | | | | | | |
| | | Grant De | escription | | | | | | | | | | | | |
| Grant Title and Funding Year | | 0.0 | | g Source | Annlica | ation Type | | | | | | | | | |
| WIC Contract Number HHS000801700001 | | | ☐ State | g cource | □ New Gran | | | | | | | | | | |
| | | | ✓ Federal | | Renewal | | | | | | | | | | |
| Grantor (include sub-granting agencies) Department of State Health Services (DSHS) | | | | | | | | | | | | | | | |
| | | | U Other: | Da | Amendme | erit | | | | | | | | | |
| | | | Payment Method | | | | | | | | | | | | |
| | ✓ Cost Reimbursement ☐ Other: | | | | | | | | | | | | | | |
| Application/Award Deadline | Requested Com | | Grant Period | | | | | | | | | | | | |
| October 1, 2021 | September | 13, 2021 | October | 1, 2023 to | Septemb | per 30, 2024 | | | | | | | | | |
| Brief Description | | | | | | | | | | | | | | | |
| Beginning in FY 21, the WIC co | | | | | | | | | | | | | | | |
| year within the 5 year period. T | | | | | | | | | | | | | | | |
| Human Services (HHSC) Spec | | | | | | | | | | | | | | | |
| food instrument, nutrition education infonts and shildren ide | | | ood nealth at no | o cost to low-inco | ome pregnant ar | nd postpartum | | | | | | | | | |
| women, infants and children ide | enuned to be a nun | ionai risk. | | | | | | | | | | | | | |
| Grant Categories / | 1 | | | | In-Kind | | | | | | | | | | |
| Funding Sources | Federal Funds | State Funds | Local Funds | County Match | Match | Total | | | | | | | | | |
| Personnel | \$ 1,432,000.00 | | | | Iviatori | \$ 1,432,000.00 | | | | | | | | | |
| Operating | \$ 275,811.00 | | | | | \$ 275,811.00 | | | | | | | | | |
| Capital Equipment | Ψ 273,011.00 | | | | | \$ 273,011.00 | | | | | | | | | |
| | | | | | | <u> </u> | | | | | | | | | |
| Indirect Costs | A 4 505 044 00 | • | | | | \$ - | | | | | | | | | |
| Total | \$ 1,707,811.00 | \$ - | \$ - | \$ - | \$ - | \$ 1,707,811.00 | | | | | | | | | |
| # of FTEs | | | | | | 0 | | | | | | | | | |
| Performance Mea | Olivoo | | Current EV D | rograno to Data | | Novt EV | | | | | | | | | |
| | | 0.4 | | rogress to Date | | | | | | | | | | | |
| Applicable Outcome N | /leasures | Q1 | Q2 | Q3 | Q4 | Projected | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | 1 | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | |
| The Department named above | is applying for the | Grant Program | named above, a | and if awarded, w | ill accept full re | sponsibility for the | | | | | | | | | |
| management of any funds awa | rded to the County | under this gran | t, and will adher | e to any polices | and procedures | set forth by the | | | | | | | | | |
| Grantor and its related agencie | | | | s financial and ac | dministrative der | partments. To | | | | | | | | | |
| that end, please find enclosed t | the following items | for initial review | : | | | | | | | | | | | | |
| ☐ Grant Summary Form | | | | | | | | | | | | | | | |
| Memo of request to Con | nmissioner Court fo | or application/av | vard acceptance | e and approval | | | | | | | | | | | |
| Electronic copy of the or | | | d | | | | | | | | | | | | |
| Approval to apply Court | | | | | | | | | | | | | | | |
| All attachments, back-up | p documentation o | amendments to | o be submitted t | to the Grantor | | | | | | | | | | | |
| Completed by: | | | | | | | | | | | | | | | |
| Completed by: | | | | | | | | | | | | | | | |
| Department Head / Designee Printed | Name | Signature | | | Date | | | | | | | | | | |
| i Department nead / Designee Printed | INCILIE | Julialuit | | | Dale | | | | | | | | | | |

Grant Resource-Benefit Summary

| Grant Title | | | | Contact Person (Grant Liaison) | | |
|-------------------------------------|-------------------|----------|-----------------|---------------------------------|-------|--|
| WIC Contract Number HHS000801700001 | | | Jannette Sepeda | | Final | |
| Grant Period | 0 | 00.0004 | Phone / Ext | Department | | |
| October 1, 2023 to | September | 30, 2024 | 3357 | Collin County WIC Department | | |
| COUNTY RESOURCES REQUIR | RED | | | | | |
| Match | Amount | Identify | Match Source | Benefits to County and Citizens | | |
| 1) Cash | \$ - | | | | | |
| 2) In-Kind | \$ - | | | | | |
| ☐ No Match Required | | | | | | |
| Implementation / Start Up | Amount | De | escription | | | |
| 1) Equipment | | | | | | |
| 2) Training | | | | | | |
| 3) Inter-departmental / Other: | | | | | | |
| ☐ 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 Costs | 3 | | | | | |
| | | | | | | |
| NON-COUNTY RESOURCES REMAtch | EQUIRED Amount | Identifv | Match Source | | | |
| 1) Voluntary / Donation | 1 1111 1111 | , | | | | |