

## Collin County Grant Summary Form

|  |  |   |
|--|--|---|
| <b>Department Name</b><br>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. |
| <b>Contact Person (Grant Liaison)</b><br>Taylor Burton |  |   |
| <b>Title</b><br>Healthcare Coordinator                 | <b>Phone / Extension</b><br>972-548-4464 |   |

| Grant Description   |   |  |
|---|---|--|
| <b>Grant Title and Funding Year</b><br>Disease Intervention Specialist Workforce (DIS)      | <b>Funding Source</b><br><input checked="" type="checkbox"/> State<br><input type="checkbox"/> Federal<br><input type="checkbox"/> Other: | <b>Application Type</b><br><input type="checkbox"/> New Grant<br><input checked="" type="checkbox"/> Renewal<br><input type="checkbox"/> Amendment |
| <b>Grantor (include sub-granting agencies)</b><br>Texas Department of State Health Services | <b>Payment Method</b><br><input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other:                           |  |
| <b>Application/Award Deadline</b><br>October 12, 2023                                       | <b>Requested Comm. Court</b><br>November 6, 2023  | <b>Grant Period</b><br>January 1, 2024 to December 31, 2024  |

**Brief Description**  
The purpose of this contract is to control and prevent the spread of Sexually Transmitted Diseases (STDs), including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), and viral hepatitis.

| Grant Categories / Funding Sources | Federal Funds | State Funds          | Local Funds | County Match | In-Kind Match | Total                |
|------------------------------------|---------------|----------------------|-------------|--------------|---------------|----------------------|
| Personnel                          |               | \$ 562,814.00        |             |              | \$ -          | \$ 562,814.00        |
| Operating                          |               | \$ 141,503.00        |             |              |               | \$ 141,503.00        |
| Capital Equipment                  |               |                      |             |              |               | \$ -                 |
| Indirect Costs                     |               |                      |             |              |               | \$ -                 |
| <b>Total</b>                       | <b>\$ -</b>   | <b>\$ 704,317.00</b> | <b>\$ -</b> | <b>\$ -</b>  | <b>\$ -</b>   | <b>\$ 704,317.00</b> |
| # of FTEs                          |               |                      |             |              |               | 5                    |

| Performance Measures<br>Applicable Outcome Measures | Current FY Progress to Date |    |    |    | Next FY<br>Projected |
|---|-----------------------------|----|----|----|----------------------|
|   | Q1                          | Q2 | Q3 | Q4 |                      |
|   |                             |    |    |    |                      |
|   |                             |    |    |    |                      |
|   |                             |    |    |    |                      |
|   |                             |    |    |    |                      |

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:<br><b>Candy Blair</b>     | <i>Candy Blair</i> | November 7, 2023 |
| Department Head / Designee Printed Name | Signature          | Date             |

## Grant Resource-Benefit Summary

|   |  |   |
|---|--|---|
| <b>Grant Title</b><br>Disease Intervention Specialist Workforce (DIS) | <b>Contact Person (Grant Liaison)</b><br>Taylor Burton |   |
| <b>Grant Period</b><br>January 1, 2024 to December 31, 2024           | <b>Phone / Ext</b><br>972-548-4464                     | <b>Department</b><br>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

The Disease Intervention Specialist (DIS) Workforce grant is a valuable source of funding for Collin County. The DIS grant creates the capacity to effectively prepare and respond to a range of public health threats, infectious diseases that includes STDs, HIV/AIDS, and viral hepatitis.

The funds for this grant are used to offset personnel and fringe costs, program-specific activities, coordination and procurement of response supplies and resources, training and travel associated with grant activities, and other related expenses and duties.