	Collin C	County Gra	int Summa	ary Form			
Department Name	Submit completed form along with one electronic copy of the						
Collin County Health Care Serv	grant application and all supporting documentation to the						
Contact Person (Grant Liaiso	Auditor's Office not less than 14 days prior to the scheduled						
Taylor Burton	Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.						
Title	Phone / Extens	sion	oontaot valilla Oaponola at (V12) 340-4030.				
Healthcare Coordinator	972-548-4464						
		Grant De	escription				
Grant Title and Funding Year	Funding Source Application Type						
Immunizations Grant FY 2025	State	•	□ New Grant				
Grantor (include sub-granting	□X Federal		☑ Renewal				
Texas Department of State Health Services (DSHS)			□ Other:		□ Amendment		
resace Department of State Flor		Payment Method			OTIL		
		1					
Application/Assert Deadline	Requested Cor	mm Count		IIDUISEIIIEIII	□ Other:		
Application/Award Deadline	-		Grant Period			24 2025	
January 17, 2024 Brief Description	March 1	1, 2024	Septemb	September 1, 2024 to August 31, 2025			
services to their communities a Hepatitis B.	s well as enhanc	e epidemiology	response to va	ccine preventable	e diseases such	as Perinatal	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel	352,562.00	\$			Waton	\$ 352,562.00	
Operating	1,500.00	\$				\$ 1,500.00	
Capital Equipment	1,500.00	Ψ				\$ -	
Indirect Costs						\$ -	
Total	\$ 254,000,00	¢	\$ -	\$ -	<u> </u>	\$ 354,062.00	
# of FTEs	\$ 354,062.00	Ð	Φ -	Ψ -	\$ -	0	
# 01 F 1 E 5			<u> </u>			U	
Performance Measures			Current FY P	rogress to Date		Next FY	
Applicable Outcome M		Q1	Q2	Q3	Q4	Projected	
Applicable Outcome Measures		Qı	QZ T	T Q5	I Q4	Trojected	
Number of Vaccines Provided		4195	3046				
Percent of Total Vaccine Preventable Disease		100%	100%				
Cases completed within 30 days of reporting		100%	100%				
The Department named above the management of any funds a by the Grantor and its related a departments. To that end, please Grant Summary Form Memo of request to Cor	awarded to the Congencies or agent ase find enclosed	ounty under this s, as well as tho the following ite	s grant, and will ose of the Coun ems for initial re	adhere to any po ity, and its financi eview:	olices and proce al and administr	dures set forth	

1

Completed by:

Candy Blair

Department Head / Designee Printed Name

Electronic copy of the original, completed application/award

All attachments, back-up documentation or amendments to be submitted to the Grantor

Signature

Candy Blair

February 20, 2024

Date

Approval to apply Court Order (for award only)

Grant Resource-Benefit Summary

Grant Title Immunizations Grant FY 2025			Contact Person	(Grant Liaison)	□ Preliminary		
			Taylor Burton			□ Final	
Grant Period			Phone / Ext	Department]		
September 1, 2024 to August 31, 2025		972-548-4464	Collin County Health Care Services				
COUNTY RESOURCES REQUIR	ED						
		Match Source	Benefits to County and Citizens				
1) Cash	\$ -			This is a renewal application for \$354,062 fro State Health Services (DSHS) for the Immur			
2) In-Kind	\$ -			funds will be used toward the salary and fring Program staff members who provides immur	ge benefits of	f Immunizations	
□ No Match Required				community as well as funding for related trav	vel costs. The	services	
Implementation / Start Up	Amount	De	scription	performed by the Immunization Program star vaccinations, providing education to the publi	lic and local h	ealthcare	
1) Equipment	7 uno ant			providers regarding immunizations, performidata for school and daycare audits, and com			
2) Training				state's immunization database. The Immuniz related activities each quarter to DSHS.	ation Prograr	n reports grant	
3) Inter-departmental / Other:							
□ No Implem / Start-up Costs							
Operational / Maintenance	Amount	De	scription				
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	QUIRED						
Match	Amount	Identify I	Match Source				
1) Voluntary / Donation							