Collin County Grant Summary Form

			Submit comple	tad form along w	ith one cleatron	ic copy of the
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the					
Health Care Services Contact Person (Grant Liaison) Toylor Burton			Auditor's Office not less than 14 days prior to the scheduled			
			Commissioner Court meeting. If you have any questions			
Taylor Burton Phone / Extension			contact Janna	Caponera at (97 2	2) 548-4638.	
Healthcare Coordinator	Phone / Extension 972-548-4464					
Healthcare Coordinator	972-340-4404	Grant Do	scription			
Grant Title and Funding Voc	•	Grant De	-	g Source	Applicat	ion Type
Grant Title and Funding Year Disease Intervention Specialist Workforce (DIS)			✓ State	y Source	New Gran	* -
. , ,			Federal		☐ New Gran	ıı
Grantor (include sub-granting agencies) Texas Department of State Health Services			Other:		Amendme	nnt .
			U Other.	Payment		#III
		✓ Cost Reim	rayınıenı ıbursement	Other:		
Application/Award Deadline	Poguested Co	mm Court		ibursement	U Other:	
	Requested Comm. Court October 28, 2024		Grant Period January 1, 2025 to July 31, 2025			2025
September 25, 2024	October	20, 2024	January	1, 2025 to	July 31,	2025
Brief Description The purpose of this contract is	to control and ar	ovent the enress	of Sovuelly Tr	anemitted Discos	oc (STDc) incl	ıdina
Grant Categories /					In-Kind	
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total
Personnel		\$ 360,665.00			\$ -	\$ 360,665.00
Operating		\$ 50,187.00			-	\$ 50,187.00
Capital Equipment		, , , , , , , , , , , , , , , , , , , ,				\$ -
Indirect Costs						\$ -
Total	\$ -	\$ 410,852.00	\$ -	\$ -	\$ -	\$ 410,852.00
# of FTEs		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		•	5
Performance Meas	sures		Current FY Pr	ogress to Date		Next FY
Applicable Outcome Measures				-		INCALL
Applicable Outcome N	leasures	Q1	Q2	Q3	Q4	Projected
Applicable Outcome N	leasures	Q1	Q2	Q3	Q4	
Applicable Outcome M	leasures	Q1	Q2	Q3	Q4	
Applicable Outcome M	Measures	Q1	Q2	Q3	Q4	
Applicable Outcome N	Measures	Q1	Q2	Q3	Q4	
Applicable Outcome M	1easures	Q1	Q2	Q3	Q4	
Applicable Outcome M	Measures	Q1	Q2	Q3	Q4	
Applicable Outcome M	Measures	Q1	Q2	Q3	Q4	
Applicable Outcome M	Measures	Q1	Q2	Q3	Q4	
The Department named above for the management of any fur forth by the Grantor and its reladepartments. To that end, ple Grant Summary Form Memo of request to Co Electronic copy of the co Approval to apply Cour All attachments, back-u	e is applying for the desawarded to the ated agencies or ase find enclosed mmissioner Courbriginal, complete torder (for award	ne Grant Programe County under agents, as well at the following ite of the following ite of application/awd only)	m named above this grant, and vas those of the e ems for initial re award acceptar	e, and if awarded, will adhere to any County, and its fi view:	, will accept full y polices and pr nancial and adn	Projected responsibility ocedures set
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Grant Resource-Benefit Summary

Grant Title Contact Person			on (Grant Liaison)	☐ Preliminary		
Disease Intervention Specialist Wo	orkforce (DIS)	Taylor Burton		☐ Final		
Grant Period		Phone / Ext	Department			
January 1, 2025 to	July 31, 2	2025 972-548-4464	Health Care Services			
COUNTY RESOURCES REQUIRE	ED Amount	Identify Match Source	Benefits to County and Citizens			
1) Cash	\$ -		The Disease Intervention Specialist	(DIS) Workforce grant is a valuable		
,	Ψ -			The DIS grant creates the capacity to		
2) In-Kind	\$ -		effectively prepare and respond to a infectious diseases that includes ST			
☐ No Match Required			inicollous diseases that includes of	bs, Thv/Aibo, and viral hopatitis.		
Implementation / Start Up 1) Equipment	Amount	Description	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.			
2) Training			and other related expenses and dut	ics.		
3) Inter-departmental / Other:			7			
☐ No Implem / Start-up Costs			▋			
Operational / Maintenance	Amount	Description	_			
Recurring Maintenance						
2) Salary / Benefits			7			
3) Continuing Ed / Training]			
4) Office / Program Space						
5) Travel						
6) Other:						
☐ No Oper / Maintenance Costs						
NON-COUNTY RESOURCES REC Match 1) Voluntary / Donation	QUIRED Amount	Identify Match Source	7			