Donoutus out Nove o	Commit	Journey Gra			ed form along w	ith one electro	nia convertha	
Department Name					ed lorni along w n and all suppor			
Health Care Services					not less than 14			
Contact Person (Grant Liaison)			Commissioner Court meeting. If you have any questions					
Taylor Burton	In		contact Ja	nna (	Caponera at <b>(97</b> 2	2) 548-4638.		
Title	Phone / Extens	sion						
Assistant Public Health Directo	r 972-548-4464							
		Grant De	scription				<u>-</u>	
Grant Title and Funding Year				_	Source		ation Type	
IDCU/COVID 2020-2026			☑ State			□ New Gra		
Grantor (include sub-granting agencies) Texas Department of State Health Services			□ Fede			□ Renewa		
			□ Othe	r:			nent	
			Payment Method					
			☑ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co		Grant Per					
December 6, 2023	Novembe	er 4, 2024	Aug	ust 20	0, 2020 to	July 3	31, 2026	
Brief Description								
grant is to support the Health D  Grant Categories /	лерантент 5 еріс	iemiology, surve	mance, and	outh	orean response a			
Funding Sources	Federal Funds	State Funds	Local Fur	nds	County Match	In-Kind Match	Total	
Personnel		\$420,525.00				Widton	\$ 420,525.00	
Operating		\$7,236.00					\$ 7,236.00	
Capital Equipment		\$ -					\$ -	
Indirect Costs		\$ -					\$ -	
Total	\$ -	\$ 427,761.00	\$	_	\$ -	\$ -	\$ 427,761.00	
# of FTEs	<u> </u>	Ψ 427,701.00	Ψ		<del>-</del>	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<i>   011 120</i>							1	
Performance Meas	sures	Current FY Progress to Date Nex					Next FY	
Applicable Outcome M	easures	Q1	Q2		Q3	Q4	Projected	
							-	
l .								
The Department named above	is applying for th	e Grant Progran	n named al	ove,	and if awarded,	will accept full	responsibility fo	
the management of any funds	awarded to the C	ounty under this	grant, and	will a	adhere to any po	lices and proce	edures set forth	
by the Grantor and its related a						al and administ	trative	
departments. To that end, plea	ase find enclosed	tne tollowing ite	ems for initia	al rev	iew:			
☑ Grant Summary Form								
Memo of request to Commissioner Court for application/award acceptance and approval								
<ul> <li>☑ Electronic copy of the original, completed application/award</li> <li>☐ Approval to apply Court Order (for award only)</li> </ul>								
<ul><li>□ Approval to apply Court</li><li>☑ All attachments, back-u</li></ul>			to he cubr	nitter	to the Grantor			
- All attachments, back-u	p documentation	or amenuments	o to be subi	mueo	i to the Grantor			
Completed by:								
Candy Blair		Candy Blair				October 18, 20	024	

Signature

Date

Department Head / Designee Printed Name

## **Grant Resource-Benefit Summary**

Grant Title			ct Person (Grant Liaison)	□ Preliminary				
IDCU/COVID 2020-2026			Burton	☐ Final				
Grant Period		Phone	·					
August 20, 2020 to	o July 31,	2026 972-54	Health Care Services					
COUNTY RESOURCES REQUI	RED Amount	Identify Match So	ource Benefits to County and Citizens					
1) Cash	\$ -	-	The IDCU/COVID grant is a valuable sou This grant supports activities to effective					
2) In-Kind	\$ -	-	diseases, provide disease surveillance, a guidance to the county's stakeholders ar	nd deliver infectious disease				
□ No Match Required								
Implementation / Start Up	Amount	Description		The funds for this grant are used to offset personell and fringe costs, procurement of response supplies and resources, and other related expenses and duties.				
1) Equipment								
2) Training								
3) Inter-departmental / Other:								
□ 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:								
□ No Oper / Maintenance Cost	s							
NON-COUNTY RESOURCES R	EQUIRED							
Match	Amount	Identify Match So	ource					
1) Voluntary / Donation								