**Collin County Grant Summary Form** 

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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)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions				
Title	Phone / Extens	sion					
Assistant Public Health Director	or 972-548-4464	O					
0 (7)		Grant De	scription				
Grant Title and Funding Yea		Funding Source			Application Type		
RLSS/LPHS FY26-27			☐ State		☐ New Gra	nt	
Grantor (include sub-granting agencies) Texas Department of State Health Services			☑ Federal		☑ Renewal		
			Other: Amendment			ent	
			Payment Method				
Application/Award Deadline Requested Comm. Court			☐ Cost Reimbursement ☐ Other:				
Application/Award Deadline	Requested Co	iiiii. Court	Grant Period	r 1 2025 +-	August	31 2027	
January 28, 2025			Septembe	r 1, 2025 to	August	31, 2027	
Brief Description The purpose of the RLSS/LPF	IC fundo io to com	nont offents built	and bondth starre	ducanta ta adales	aa muhlic baalti	inaura	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 38,950.00			Water	\$ 38,950.00	
Operating	_	ψ 33,533.33				\$ -	
Capital Equipment						\$ -	
Indirect Costs	_	\$ 4,328.00				\$ 4,328.00	
Total	\$ -	\$ 43,278.00	\$ -	\$ -	\$ -	\$ 43,278.00	
# of FTEs	<del>'</del>	Ţ 10,210100	<b>*</b>	<b>*</b>	<u> </u>	0	
		l				-	
Performance Measures		Current FY Progress to Date Next FY					
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
The Department named above the management of any funds by the Grantor and its related a departments. To that end, ple  Grant Summary Form Memo of request to Co Electronic copy of the of Approval to apply Coul All attachments, back-i	awarded to the Cagencies or agent ase find enclosed ommissioner Cour original, complete tt Order (for award	county under this ts, as well as the the following ite the for application deposition application deposition only)	s grant, and will a ose of the Count ems for initial rev award acceptant ard	adhere to any po y, and its financi view: uce and approval	olices and proce al and administr	dures set forth	
Completed by:		<i>a</i> . <b>-</b>					
CANDY BLAIR	111	Candy Blair			May 19, 2025		
Department Head / Designee Printe	ea Name	Signature			Date		

## **Grant Resource-Benefit Summary**

Grant Title			Contact Person	(Grant Liaison)	☐ Preliminary
RLSS/LPHS FY26-27			Taylor Burton		☐ Final
Grant Period			Phone / Ext	Department	
September 1, 2025 t	o August 3	1, 2027	972-548-4464	Health Care Services	
COUNTY RESOURCES REQUI	RED				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -			This renewal grant of \$43,278 from the Texas Services (DSHS) will directly support the sala	
2) In-Kind	\$ -			(Position ID: 300176). This role is essential in provide Tuberculosis (TB) prevention and treating the state of the state	the county's ongoing efforts to
☐ No Match Required				community. The grant will enable continued of	
Implementation / Start Up	Amount	Do	escription	individuals diagnosed with active, infectious I and treatment.	B, ensuring proper monitoring
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 Cost	ts				
NON-COUNTY RESOURCES R	REQUIRED				
Match	Amount	Identify	Match Source		
1) Voluntary / Donation					