_	Collin	Journey Gra	nt Summa			
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the					
Collin County Health Care Serv						
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions			
Taylor Burton				Caponera at (97		4455454
Title Phone / Extension					,	
Assistant Public Health Director 972-548-4464						
		Grant De	scription			
Grant Title and Funding Year			Funding	g Source	Applica	tion Type
Immunizations Grant FY 2026			☑ State		☐ New Grant	
Grantor (include sub-granting agencies)			☐ Federal ☑ Renewa			
Texas Department of State Health Services (DSHS)			□ Other:		☐ Amendm	ent
			Payment Method			
Application/Award Deadline	Deadline Requested Comr		Grant Period			
January 13, 2025	June 2, 2025		September 1, 2025 to August			31, 2026
Brief Description The purpose of the Immunization services to their communities a Hepatitis B.						
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel		\$ 310,749.00		\$ 21,706.00		\$ 332,455.00
Operating		\$ 7,907.00				\$ 7,907.00
Capital Equipment						\$ -
Indirect Costs		\$ 35,406.00				\$ 35,406.00
Total	\$ -	\$ 354,062.00	\$ -	\$ 21,706.00	\$ -	\$ 375,768.00
# of FTEs		,		,		0
		<u>I</u>	<u>I</u>			1
Performance Measures			Current FY Progress to Date Next			Next FY
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected
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	is applying for th	e Grant Program	n named above	and if awarded	will accept full r	responsibility for
the management of any funds a by the Grantor and its related a departments. To that end, pleated a departments. To that end, pleated a Grant Summary Form Grant Summary Form Memo of request to Cor Electronic copy of the of Approval to apply Court All attachments, back-u	awarded to the Cogencies or agent ase find enclosed mmissioner Court riginal, completed Order (for award	ounty under this is, as well as tho the following ite tfor application/ad application/award only)	grant, and will a se of the County ms for initial rev award acceptan ard	adhere to any po y, and its financi riew: ce and approval	lices and proce al and administr	dures set forth
Completed by: Candy Blair		Candy Blair			June 2, 2025	

Signature

Date

Department Head / Designee Printed Name