**Collin County Grant Summary Form** 

D ( )	Collill	Journey Gra			20 1 6		
Department Name	Submit completed form along with one electronic copy of the						
Collin County Health Care Services Contact Person (Grant Liaison)			grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled				
			Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.				
Taylor Burton							
Title	Phone / Exten	sion			,		
Assistant Public Health Direct	or 972-548-4464						
		Grant De	scription				
<b>Grant Title and Funding Yea</b>	r		Funding	g Source	Applica	tion Type	
Tuberculosis (TB) State - FY 2026			☑ State		☐ New Grai	☐ New Grant	
Grantor (include sub-granting agencies)			☐ Federal ☑ Renewal				
Texas Department of State Health Services (DSHS)			☐ Other:		☐ Amendm	ent	
		,		Payment Method			
			✓ Cost Reimbursement ☐ Other:				
Application/Award Deadline	Requested Co	mm. Court	Grant Period				
March 21, 2025	-	2, 2025	Septembe	r 1, 2025 to	August	31, 2026	
Brief Description	ourio 2	-, 2020	Coptombo	11, 2020	7 tagaot	01, 2020	
This grant aims to reduce the	enroad of tubores	ulocie (TR) in the	community by	supporting the TI	R Elimination Dr	rogram ac	
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 262,143.00		\$ 59,949.00		\$ 322,092.00	
Operating		\$ 7,629.00				\$ 7,629.00	
Capital Equipment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				\$ -	
Indirect Costs		\$ 29,975.00				\$ 29,975.00	
Total	\$ -	\$ 299,747.00	\$ -	\$ 59,949.00	\$ -	\$ 359,696.00	
# of FTEs	<del> </del>	Ψ 233,141.00	-	Ψ 00,040.00	- 	0	
# 011 123							
Performance Mea	sures		Current FY Pr	ogress to Date		Next FY	
Applicable Outcome Measures		Q1	Q2	Q3	Q4	Projected	
Newly-reported 16 cases must have an fire		Q i	<u> </u>	I	I G	1 Tojootou	
test performed unless there is							
evidence of an HIV-positive result or the All suspected and confirmed TB patients are							
placed on DOT at the start of							
newry-reported suspected and							
cases of TB are started on an							
regimen							
				<u> </u>		<u> </u>	
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple  Grant Summary Form Memo of request to Co Electronic copy of the o Approval to apply Cour All attachments, back-to	nds awarded to the ated agencies or ease find enclosed emmissioner Courbriginal, complete to Order (for award	e County under agents, as well a the following ite to the following ite to application/awd only)	this grant, and was those of the Gems for initial revieward acceptant	will adhere to an County, and its fi view: nce and approval	y polices and pr nancial and adr	ocedures set	
Completed by:					L 0. 0007		
Candy Blair	d Manage	Candy Blair			June 2, 2025	_	
Department Head / Designee Printe	u Name	Signature			Date	ļ.	

## **Grant Resource-Benefit Summary**

Grant Title			rson (Grant Liaison)	Preliminary	
Tuberculosis (TB) State - FY 20	26	Taylor Burto	,	Final	
Grant Period		Phone / Ex			
	o August 3				
				<u></u>	
COUNTY RESOURCES REQUI	RED Amount	Identify Match Source	Benefits to County and Citizens		
			The Texas Department of State Health S	ervices (DSHS) has awarded a	
1) Cash	\$ 59,949.00	Existing staff salary/fringe	\$299,747 renewal contract for TB service	es. The county's match as required	
2) In-Kind	\$ -	-	by the contract is 20% of the total contract county match funds will support existing		
☐ No Match Required			as part of the effort to provide TB service		
Implementation / Start Up	Amount	Description	The performance measures that will be in		
1) Equipment			towards the TB Program's ability to provi who are exposed or infected with TB or h		
2) Training			clinic manages the care of these infected during the course of their treatment in ord	patients from 6 months to 2 years	
3) Inter-departmental / Other:			completion of treatment and reducing TB	transmission risks.	
$\hfill \square$ 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	ts				
NON-COUNTY RESOURCES R Match	EQUIRED Amount	Identify Match Source			
1) Voluntary / Donation		·			