Department Name	Commi	Journey Gra			ith one cleatre	nio conv of the	
Department Name Collin County Health Care Services Contact Person (Grant Liaison) Taylor Burton			Submit completed form along with one electronic copy of the 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				
Assistant Public Health Direct		SiOii					
Assistant Fublic Health Direct	101 972-340-4404	Grant Do	escription				
Grant Title and Funding Yea		Grant De		a Source	Applica	tion Type	
_		Funding Source State		New Grant			
Tuberculosis (TB) Federal - FY 2026 Grantor (include sub-granting agencies)			4 =				
Grantor (include sub-granting agencies) Texas Department of State Health Services			Other:		Amendment		
			Payment Method				
			☐ Cost Rein	nbursement	Other:		
Application/Award Deadline	Requested Co	mm Court	Grant Period	iburscriterit	U Other.		
March 21, 2025	-	2, 2025	September 1, 2025 to August 31, 2026			31 2026	
Brief Description	ouric 2	-, 2020	Соргонис	, 2020 10	/ tagast		
This grant aims to reduce the	spread of tuberou	llosis (TR) in the	community by	supporting the TI	3 Flimination P	rogram as	
Overt Octoberine							
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total	
Personnel		\$ 71,890.00		\$ 16,914.00		\$ 88,804.00	
Operating		\$ 4,225.00				\$ 4,225.00	
Capital Equipment						\$ -	
Indirect Costs		\$ 8,457.00				\$ 8,457.00	
Total	\$ -	\$ 84,572.00	\$ -	\$ 16,914.00	\$ -	\$ 101,486.00	
# of FTEs						C	
		_	0 (5)(0				
Performance Mea			Current FY Progress to Date		0.4	Next FY	
Applicable Outcome I	Measures striave an Filv	Q1	Q2	Q3	Q4	Projected	
test performed unless there is	documented						
All suspected and confirmed	TB patients are						
placed on DOT at the start of treatment.							
newry-reported suspected an cases of TB are started on the							
drug regiment							
sputum culture results must h							
conversion to sputum culture-	negative within						
The Department named above for the management of any further forth by the Grantor and its redepartments. To that end, pleating Grant Summary Form Memo of request to Complete Electronic copy of the Approval to apply County All attachments, back-	ands awarded to the lated agencies or ease find enclosed ommissioner Cour original, complete ort Order (for award	e County under agents, as well a the following ite to the following ite to the for application application and the formula to the following items of the followi	this grant, and the das those of the dems for initial redaydaward acceptared	will adhere to any County, and its fi view: nce and approval	y polices and p nancial and ad	rocedures set	
O mare laste al leve							
Completed by: CANDY BLAIR		Candy Blaur			June 2, 2025		
Department Head / Designee Printe	ad Nama	Signature			Date		

Grant Resource-Benefit Summary

Grant Title		Contact Perso	on (Grant Liaison)	
Tuberculosis (TB) Federal - FY	2026	Taylor Burton	,	
Grant Period		Phone / Ext	Department	
September 1, 2025	to August	31, 2026 972-548-4464	Collin County Health Care Services	
COUNTY RESOURCES REQU	IIRED			
Match	Amount	Identify Match Source	Benefits to County and Citizens	
1) Cash	\$ 16,914.00	Existing staff salary/fringe	The Texas Department of State Health S	
2) In-Kind	\$ -		renewal grant of \$84,572 for the FY26 T county's match as required by the contra	
☐ No Match Required			funds and county match funds will support program staff as part of the effort to pro	
Implementation / Start Up	Amount	Description	community.	
1) Equipment			The program's performance measures for treating individuals exposed to, infected	
2) Training			disease. The TB clinic manages patient 2 years during the course of their treatm	
3) Inter-departmental / Other:			completion of treatment and reducing Th	
☐ No Implem / Start-up Costs				
Operational / Maintenance	Amount	Description	_	
1) Recurring Maintenance				
2) Salary / Benefits			7	
3) Continuing Ed / Training				
4) Office / Program Space				
5) Travel				
6) Other:				
☐ No Oper / Maintenance Cos	sts			
NON-COUNTY RESOURCES I Match	REQUIRED Amount	Identify Match Source		
1) Voluntary / Donation			7	