Collin County Grant Summary Form

Donardmont Name		Journey Cru	Cubmit comple	<u> </u>	ith and alastron	is sony of the		
Department Name	Submit completed form along with one electronic copy of the grant application and all supporting documentation to the							
Health Care Services			Auditor's Office not less than 14 days prior to the scheduled					
Contact Person (Grant Liaison)			Commissioner Court meeting. If you have any questions					
Taylor Burton			contact Janna Caponera at (972) 548-4638.					
Title	Phone / Extens	sion						
Assistant Public Health Directo	r 972-548-4464							
		Grant De	scription					
Grant Title and Funding Year			Funding Source Application Type					
MRC-ASPR STTRONG, 2025-2026			☐ State ☐ New Grant		nt			
Grantor (include sub-granting agencies)			✓ Federal		✓ Renewal			
Texas Department of State Health Services			Other:		☐ Amendment			
			Payment Method					
			☐ Cost Reimbursement ☐ Other:					
Application/Award Deadline	Requested Co	mm. Court	Grant Period					
July 3, 2025	-	3D	Upon Ex	ecution to	May 3	0, 2026		
Brief Description					, -	., .		
Medical Reserve Corps (MRC)	 Administration 	for Preparedne	ess and Respon	se (ASPR) State	. Territory and T	Tribal Nations		
Representative Organizations f		•	•	,	•			
capacity and capability at the lo			, g	papada .a ta a				
capacity and capacity at the								
Grant Categories /	Cadaval Cunda	Otata Funda	Land Funda	County Motob	In-Kind	Total		
Funding Sources	Federal Funds	State Funds	Local Funds	County Match	Match	Total		
Personnel						\$ -		
Operating	\$ 12,809.20					\$ 12,809.20		
Capital Equipment						\$ -		
Indirect Costs	\$ 1,280.00					\$ 1,280.00		
Total	\$ 14,089.20	\$ -	\$ -	\$ -	\$ -	\$ 14,089.20		
# of FTEs	+ 11,000.20	Ψ -	-	T	Ψ -	0		
# 011 123								
Performance Meas	ures		Current FY Pr	ogress to Date		Next FY		
Applicable Outcome M		Q1	Q2	Q3	Q4	Projected		
Applicable editorne W	Casares	۷ .	l QZ	T	Q+	Trojected		
			•	•		•		
The Department named above	is applying for th	e Grant Progra	m named above	, and if awarded	, will accept full	responsibility		
for the management of any fun	ds awarded to th	e County under	this grant, and	will adhere to an	y polices and pr	ocedures set		
forth by the Grantor and its rela					nancial and adr	ministrative		
departments. To that end, plea	ase find enclosed	I the following it	ems for initial re	view:				
Grant Summary Form								
Memo of request to Cor				nce and approval				
Electronic copy of the original, completed application/award								
Approval to apply Court Order (for award only)								
All attachments, back-up	p documentation	or amendments	s to be submitte	d to the Grantor				
Completed by								
Completed by:		Tanh	A Bustan		August 10, 202	05		
Taylor Burton	Nama	Signature /	r Burton	·	August 19, 202			
Department Head / Designee Printed	ivame	Signature //			Date			

Grant Resource-Benefit Summary

Grant Title			Contact Person (Grant Liaison)		☐ Preliminary			
MRC-ASPR STTRONG, 2025-20)26		Taylor Burton		☐ Final			
Grant Period			Phone / Ext	Department				
Upon Execution to	o May 30	0, 2026	972-548-4464	Health Care Services				
COUNTY RESOURCES REQUI	RED							
Match	Amount	Identify Match Source		Benefits to County and Citizens				
1) Cash	\$ -	Existing staff s	salary/fringe	Medical Reserve Corps (MRC) - Administrati Response (ASPR) State, Territory and Triba				
2) In-Kind	\$ -	-		Organizations for Next Generation (STTRON strengthening MRC Volunteer capacity and of				
☐ No Match Required				community be prepared for, respond to, and	recover from disasters. Day-to-			
Implementation / Start Up	Amount	Des	cription	day, this takes the form of providing technical and resources, providing trainining opportunity				
1) Equipment				efforts.				
2) Training								
3) Inter-departmental / Other:								
☐ No Implem / Start-up Costs								
Operational / Maintenance	Amount	Des	cription					
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		11 00 -	4.1.0					
Match	Amount	Identify N	latch Source					
1) Voluntary / Donation								