

## General Instructions for Completing Budget Forms

*(Instructions for completing the budget category templates and examples are in a separate Excel file.)*

In preparing the budget, you should budget for all costs that your organization will incur in carrying out the DSHS program. After you have identified all costs in each budget category on the respective budget category forms, the total for each budget category form will automatically populate the budget summary page; giving you a total budget. Next, you will need to determine how much of the total budget will be funded by your organization and other funding sources. For example, if the total budget is \$200,000 and your organization plans to fund \$100,000, then on the Budget Summary page, place 50% in column 2 (DSHS Funds Requested) and 50% in column 5 (Local Funding Sources).

DSHS does not view specific items in a budget category as either being funded by DSHS or the contractor; we look at the total costs of the program as a whole and the percentage of the total (across all budget categories) to be funded by DSHS and other funding sources. When contractors report costs to DSHS on the Financial Status Report (FSR), they are not required to break out costs by funding source; costs are reported in total by budget category. Likewise, contractors are not required to budget specific costs within a budget category by funding source. We understand that under some contractor's accounting systems, specific costs (i.e., salary/wages of specific personnel) allocable to the DSHS program are budgeted in (for example) the general fund or restricted funds may be used. In this case, to arrive at the percentage of "Local Funding", isolate the total amount to be funded by the general fund or restricted fund and use this amount to calculate the percentage being funded by your organization. For example, if the total of all costs funded by the general fund is \$100,000 and the total DSHS program costs are \$200,000, then the percentage to be placed in the "Local Funding Sources" column on "Form I – Budget Summary" is 50% (\$100,000 divided by \$200,000).

Although funds may be budgeted in several funds (i.e., cost centers), actual costs charged to a non-DSHS program fund/cost center that benefit the DSHS program must either be reclassified to the DSHS program cost center or be isolated in a unique series of accounts within the non-DSHS program cost center (i.e. general fund). Both federal and state regulations applicable to grants require that costs incurred in support of a grant funded activity be identified and be traceable. Costs recorded in the general ledger must be based on actual costs and cannot be based on budgets or estimates.

Other guidance:

- Be sure to read the instructions for each budget template (separate Excel file)
- Look at the examples before completing the forms
- Enter the name of your organization once on the Budget Summary Page; it will populate all of the other forms.

## FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County

Cost Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
<b>Percentage of Funding</b>	100%	100%				
A. Personnel	\$129,086	\$129,086	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$24,746	\$24,746	\$0	\$0	\$0	\$0
C. Travel	\$1,100	\$1,100	\$0	\$0	\$0	\$0
D. Equipment	\$2,700	\$2,700				
E. Supplies	\$16,578	\$16,578	\$0	\$0	\$0	\$0
F. Contractual	\$509,200	\$509,200	\$0	\$0	\$0	\$0
G. Other	\$23,899	\$23,899	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$707,309	\$707,309	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0					
J. Total (Sum of H and I)	\$707,309	\$707,309	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings		\$0	\$0	\$0	\$0	\$0

**NOTE: The "Total Budget" amount for the Equipment and Indirect Costs Categories will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Total Budget" amount (column 1) equals the "Check Total" below.**

**Check Total For:                      Equipment =                      \$2,700                      Indirect Costs =                      \$0**

\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

## FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
PHER Program Manager (P)	Y	Provide programmatic oversight and accountability	1	NA	\$2,500.00	10	\$25,000
Public Outreach Educator (P)	Y	Provide outreach, public information/education services	1	NA	\$3,694.00	6	\$22,164
Surveillance Coordinator (P)	Y	Provide surveillance and investigation services	1	NA	\$3,694.00	10	\$36,940
Novel Influenza A (H1N1) Operations and Logistics Coordinator	Y	Provide opporational and logistical functions through planning and execution of the H1N1 response to include mass vaccination efforts	1	NA	\$4,498.20	10	\$44,982
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS</b>							\$0
						<b>SalaryWage Total</b>	<b>\$129,086</b>

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:						
PHER Program Manager: FICA/MEDICARE Public Outreach Educator: FICA/MEDICARE Coordinator: FICA/MEDICARE (H1N1) Operations and Logistics Coordinator: FICA/MEDICARE, EMPLOYEE INSURANCE PREMIUMS, LONG TERM DISABILITY, SHORT TERM DISABILITY, RETIREMENT, SUPPLIMENTAL DEATH BENEFIT, UNEMPLOYMENT INSURANCE	Surveillance Novel Influenza A						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Fringe Benefit Rate %</b></td> <td style="text-align: center;">19.17%</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Fringe Benefits Total</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>\$24,746</b></td> </tr> </table>	<b>Fringe Benefit Rate %</b>	19.17%	<b>Fringe Benefits Total</b>		<b>\$24,746</b>	
<b>Fringe Benefit Rate %</b>	19.17%						
<b>Fringe Benefits Total</b>							
<b>\$24,746</b>							

**FORM I-2: TRAVEL Budget Category Detail Form**

Legal Name of Respondent:

**Collin County**

Conference / Workshop Travel Costs																	
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs												
			Days	Employees													
					<table border="1"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td align="right"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																	
Airfare																	
Meals																	
Lodging																	
Other Costs																	
<b>Total</b>	<b>\$0</b>																
					<table border="1"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td align="right"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																	
Airfare																	
Meals																	
Lodging																	
Other Costs																	
<b>Total</b>	<b>\$0</b>																
					<table border="1"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td align="right"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																	
Airfare																	
Meals																	
Lodging																	
Other Costs																	
<b>Total</b>	<b>\$0</b>																
					<table border="1"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td align="right"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																	
Airfare																	
Meals																	
Lodging																	
Other Costs																	
<b>Total</b>	<b>\$0</b>																
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					<b>\$0</b>												

Total for Conference / Workshop Travel

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for vaccine/resource distribution and administration, case work	2000	\$0.550	\$1,100		\$1,100
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy



**Vendor Certification for Computer Equipment purchased by DSHS Contractor**

(Please attach to Vendor's computer equipment quote and specifications.)

- 1.) All equipment components shall be new at time of purchase, of current production, and shall include the manufacturer's standard equipment, accessories (power cords, cables, etc.) and component documentation.
- 2.) All equipment components shall be one hundred percent (100%) IBM-compatible microcomputers, capable of running the same software, and capable of operating with add-on/options cards designed to run in IBM-compatible microcomputers.
- 3.) All equipment shall be certified 100% compatible with Microsoft Windows 2003 or higher. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2003 Advanced Server or higher and Novell-certified to operate as a Netware 6.5 server or higher.
- 4.) DSHS is aware problems may develop in computer equipment due to heat generated by the components. The vendor must certify its computer system is designed in such a manner to allow for adequate heat dissipation and the vendor shall repair, replace, or add additional components to systems which have problems which are determined to be heat-related.
- 5.) DSHS expects systems and equipment purchased by DSHS contractors will be quality merchandise. Further, we expect the equipment will operate properly at the time of initial installation. DSHS hereby establishes and defines Excessive Failure as a failure rate greater than one percent (1%) of the items specified and provided to a DSHS contractor by the vendor which becomes non-operational and/or unusable during the course of normal operation. All problems must be repaired or replaced at the vendor's expense, including parts, labor, and any necessary freight or handling charges. If the vendor does not repair and/or replace the defective system(s)/component(s) within twenty-four (24) business hours of notification, the DSHS and/or its contractor shall have the right to take whatever reasonable actions are necessary to repair and/or replace the defective system(s)/components(s), and shall have the right to recover from the vendor all expenses incurred from these actions. Intentional or accidental damage of any system(s) and/or component(s) caused by employees and/or clients and/or acts of nature to the equipment shall not be construed as failure for the purpose

Authorized Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

## FORM I-4: SUPPLIES Budget Category Detail Form

**Legal Name of Respondent:**

**Collin County**

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[[if applicable, provide estimated quantity and cost (i.e. # of boxes &amp; cost/box)]]</small>	Purpose & Justification	Total Cost
Office (clip boards, paper, etc.) and program (N-95 masks, gloves, crowd control posts, etc.) supplies for mass H1N1 vaccination activities	Program supplies for H1N1 response and Office Supplies	\$16,578
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

**Total Amount Requested for Supplies:**

\$16,578
----------

## FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost per unit)]</small>	Purpose & Justification	Total Cost
Outreach	Outreach and advertising costs associated with public education including multi-media costs	\$15,000
Printing	Documents, forms, letters and literature pertaining to program activities	\$8,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$899

**Total Amount Requested for Other:**

<b>\$23,899</b>
-----------------

**FORM I - 7 Indirect Costs**

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount:

[Empty box for amount]

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:

BASE:

***Applies only to governmental entities***. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:

TYPE:

BASE:

**Note:** Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

**GO TO PAGE 2 (below)**

## Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**