



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION

1) **LEGAL BUSINESS NAME:** Collin County Health Care Services

2) **MAILING Address Information** (include mailing address, street, city, county, state and zip code): Check if address change
 825 N. McDonald, Ste. 130
 McKinney, Texas 75069

3) **PAYEE Name and Mailing Address** (if different from above): Check if address change
 Collin County Auditor's Office
 2300 Bloomdale Rd. Suite 3100 McKinney, Texas 75071

4) **Federal Tax ID No.** (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) or 75-6000873
Social Security Number (9 digit):

**The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.*

5) **TYPE OF ENTITY** (check all that apply):

<input type="checkbox"/> City	<input checked="" type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

6) **PROPOSED BUDGET PERIOD:** **Start Date:** September 1, 2009 **End Date:** August 31, 2010

7) **COUNTIES SERVED BY PROJECT:**
 Collin

8) **AMOUNT OF FUNDING REQUESTED:** \$353,632.00

9) **PROJECTED EXPENDITURES**
 Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **
 Yes No

***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.*

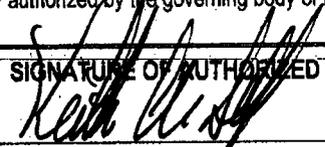
10) **PROJECT CONTACT PERSON**
 Name: Patsy Morris
 Phone: 972-548-5503
 Fax: 975-548-5550
 E-mail: pmorris@co.collin.tx.us

11) **FINANCIAL OFFICER**
 Name: Don Cozad
 Phone: 972-548-4641
 Fax: 972-548-4696
 E-mail: pmorris@co.collin.tx.us

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

12) **AUTHORIZED REPRESENTATIVE** Check if change

Name: Keith Self
 Title: County Judge
 Phone: (972) 548-4635
 Fax: (972) 548-4699
 E-mail: Keith.self@co.collin.tx.us

13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE**

 14) **DATE** 4/29/09

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from FORM I: BUDGET SUMMARY.

- 9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.

- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
 - 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
 - 14) **DATE** - Enter the date the authorized representative signed this form.
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FORM B: CONTACT PERSON INFORMATION

**Legal Business Name
of Respondent:**

Collin County Health Care Services

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

<p>Contact: <u>Candy Blair</u></p> <p>Title: <u>Program Director</u></p> <p>Phone: <u>972-548</u> <u>Ext.5504</u></p> <p>Fax: <u>972-548-5550</u></p> <p>E-mail: <u>cblair@co.collin.tx.us</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>825 N. McDonald Street, Ste. 130</u></p> <p><u>McKinney</u></p> <p><u>Collin</u></p> <p><u>Texas 75069</u></p>
<p>Contact: <u>Patsy Morris</u></p> <p>Title: <u>Immunization Project Contact</u></p> <p>Phone: <u>972-548</u> <u>Ext. 5503</u></p> <p>Fax: <u>972-548-5550</u></p> <p>E-mail: <u>pmorris@co.collin.tx.us</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>825 N. McDonald Street, Ste. 130</u></p> <p><u>McKinney</u></p> <p><u>Collin</u></p> <p><u>Texas 75069</u></p>
<p>Contact: <u>Linda Riggs</u></p> <p>Title: <u>Project Financial Contact</u></p> <p>Phone: <u>972-548</u> <u>Ext. 4643</u></p> <p>Fax: <u>972-548-4751</u></p> <p>E-mail: <u>lriggs@co.collin.tx.us</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>2300 Bloomdale Rd., Suite 3100</u></p> <p><u>McKinney</u></p> <p><u>Collin</u></p> <p><u>Texas 75071</u></p>
<p>Contact: <u>Janna Caponera</u></p> <p>Title: <u>Project Administrative Assistant</u></p> <p>Phone: <u>972-548</u> <u>Ext. 4638</u></p> <p>Fax: <u>972-548-4751</u></p> <p>E-mail: <u>jcaponera@co.collin.tx.us</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>2300 Bloomdale Rd., Suite 3100</u></p> <p><u>McKinney</u></p> <p><u>Collin</u></p> <p><u>Texas 75071</u></p>
<p>Contact: <u>Christie Hix</u></p> <p>Title: <u>Clinical Contact</u></p> <p>Phone: <u>972-548</u> <u>Ext. 5549</u></p> <p>Fax: <u>972-548-5550</u></p> <p>E-mail: <u>chix@co.collin.tx.us</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>825 N. McDonald Street, Ste. 130</u></p> <p><u>McKinney</u></p> <p><u>Collin</u></p> <p><u>Texas 75069</u></p>

FORM C: ADMINISTRATIVE INFORMATION

Please respond to the following questions. This information will assist the Immunization Branch in determining the extent to which each Local health Department provides medical care.

1. Does your local health department perform well child exams?

No.

2. Is your local health department a Texas Health Steps provider? If yes, list the names and location of the clinics.

No.

FORM D: WORK PLAN

Contractors are required to perform all activities of the annual Work Plan in compliance with all documents referenced in this Work Plan.

1. PROGRAM PLANNING AND EVALUATION

General Requirement 1A: Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 1A:

- Adhere to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* found at:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf> and
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-adult.pdf>.
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them available to Contractor's staff.
- Maintain staffing levels to meet required activities of the contract.
- Lapse no more than 5% of total funded amount of the contract.
- Submit required tri-annual reports by January 30, May 30, and September 30 of each contract term.

2. VACCINE MANAGEMENT

(http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtml)

General Requirement 2A: Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

Activity 2A:

- Maintain storage and handling policies and procedures according to the *TVFC Operations Manual*.

General Requirement 2B: Assist all other TVFC providers in local jurisdiction with maintaining appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

Activities 2B:

- Evaluate maximum vaccine stock levels twice a year in all TVFC provider clinics under Contractor's jurisdiction and assess providers' inventories when visiting clinics.
- Review 100% of all vaccine orders, monthly biological reports, and monthly temperature logs for accuracy and to ensure that the vaccine supply requested is within established guidelines.

3. REGISTRIES

(<http://www.dshs.state.tx.us/immunize/providers.shtm> and
<http://dshs.state.tx.us/immunize/immtrac/default.shtm>)

General Requirement 3A: Effectively utilize ImmTrac (the DSHS on-line immunization registry) in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3A:

- Search for the client's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Report to ImmTrac all immunizations administered in Contractor's clinics, either directly into ImmTrac online or through TWICES.
- Update demographic information as needed.
- Follow recommended guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf.
- Implement changes to the consent process as directed by DSHS.
- Offer updated *Immunization History Report* to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated patient-held records, clinic medical record) and enter into ImmTrac or TWICES any historical immunizations not in ImmTrac.

General Requirement 3B: Work in good faith, and as described herein, to increase the number of children less than six years of age who participate in ImmTrac. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activity 3B:

- Verbally, and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.

General Requirement 3C: Work in good faith, and as specified herein, to ensure ImmTrac-registered private providers use ImmTrac effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3C:

- Provide orientation to all ImmTrac providers at least once a year and maintain documentation of all technical assistance provided (e.g. telephone logs).
- Explain and demonstrate the effective use of ImmTrac according to the instructions located in the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Explain guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf.
- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.

General Requirement 3D: Ensure that ImmTrac data, entered by Contractor's staff, is complete, current, and accurate. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3D:

- Train Contractor's staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.

4. PROVIDER QUALITY ASSURANCE

(http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtml)

General Requirement 4: Complete 100% of follow-up site visits assigned by DSHS Austin or Health Service Region staff. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 4:

- Conduct follow-up visits and submit results within deadlines established in the *TVFC Operations Manual*.
- Conduct site visits in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department WIC immunization clinics, if applicable.

5. PERINATAL HEPATITIS B PREVENTION

(http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/)

General Requirement 5A: 100% of the number of HBsAg-positive pregnant women identified (through contacts by prenatal health care providers, hospitals, electronic laboratory reporting, regional and Local Health Departments) will be reported to DSHS. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5A: Contractor's staff nurses will participate in targeted training to providers and delivery hospitals.

General Requirement 5B: Work in good faith, and as described herein, to ensure that 100% of the number of infants born to HBsAg-positive women will receive appropriate and required immunoprophylaxis including hepatitis B immune globulin (HBIG), the hepatitis B vaccine birth dose and will complete the Hepatitis B vaccine series. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5B: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5C: Work in good faith, and as described herein, to ensure that 100% of the number of identified infants born to HBsAg-positive women will complete post-vaccination serology testing or staff will document appropriately if lost to follow-up. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5C: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5D: 100% of the number of household and sexual contacts to HBsAg-positive women will be identified. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5D: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5E: 100% of the number of household and sexual contacts to HBsAg-positive women will complete the Hepatitis B vaccine series or staff will document appropriately if lost to follow-up. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5E: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

General Requirement 5F: 100% of the number of susceptible sexual contacts to HBsAg-positive women will complete post vaccine serology testing or staff will document appropriately if lost to follow-up. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5F: Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

6. **EDUCATION, INFORMATION, TRAINING, AND COLLABORATIONS**
(<http://www.dshs.state.tx.us/immunize/providers.shtm>)

General Requirement 6A: Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6A:

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the ACIP Recommended Immunization Schedule(s) and the importance of not missing any vaccines.
- Inform and educate parents of infants, children, adolescents, adults (men and women), grandparents, seniors, and healthcare providers and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location(s) of community vaccination clinics.
- Conduct at least one monthly immunization education activity targeting one of the target groups.
- Document the activity with the number & type of participants, and evaluate activity by obtaining feedback from participants.

- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Month (NIM), National Adult Immunization Week (NAIW), and National Influenza Week (NIW).
- Develop and implement a written communications and customer service plan to assure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by DSHS, such as the Dairy Queen Coupon project, the Hallmark Card Governor's Program, and others.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.
- Promote www.ImmunizeTexas.com, the Immunization Branch's website, *The Upshot*, electronic newsletter, and the Vaccine Advisory, vaccine newsletter to providers in the Contractor's jurisdiction.
- Promote and distribute immunization literature for the public to TVFC providers and Contractor's clinics.
- Provide information to clients, families, and the general public on the purpose of ImmTrac, the benefits of ImmTrac participation, and the importance of maintaining a complete immunization history in ImmTrac.
- Inform the general public about the Texas Vaccines for Children (TVFC) program and the qualifications to participate in it.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction on the annual CDC *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training.

General Requirement 6B: Educate, inform, and train the medical community and local providers within Contractor's jurisdiction on Immunization activities listed below: Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6B:

- Provide training on TVFC requirements and updates (as described in the *TVFC Operations Manual*) to TVFC providers annually at a minimum.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.
- Provide training, information, and technical assistance to promote the effective use of ImmTrac by private providers (which includes education regarding the benefits of ImmTrac participation).
- Educate private providers about the ImmTrac enrollment process and the statutory requirement to report immunizations.
- As directed by DSHS identify first responders and their immediate family in the community and inform them of the opportunity to be included in ImmTrac.
- Conduct educational training for hospital and health care providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of HBsAg-positive women.
- Provide training on the prevention of Perinatal Hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.

- Educate and update providers on the most current Advisory Committee on Immunization Practices (ACIP) recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to *Standards for Child and Adolescent Immunization Practices*, and *Standards for Adult Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf> and <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-adult.pdf>) to all immunization providers within Contractor's jurisdiction.
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) must be distributed to patients (<http://www.cdc.gov/vaccines/pubs/vis/default.htm>).
- Promote a health care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.
- Provide information to community health care employers (hospitals, clinics, doctor's offices, long-term care facilities) about the importance of vaccination of health care workers.
- Educate private providers to send NIS surveys to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local WIC programs to assure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the *Standards for Child and Adolescent Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf>).
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the Centers for Disease Control and Prevention (CDC) Continuing Education web site (<http://www.cdc.gov/vaccines/ed/default.htm>).

General Requirement 6C: Conduct outreach to targeted groups for the promotion of best practices and special activities related to immunizations. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6C:

- Conduct outreach (including, but not limited to, the specific outreach described in the *DSHS Immunization Contractors Guide for Local Health Departments*) to families of children 19 to 35 months of age who are not up to date on their immunizations according to ImmTrac; locate additional immunization histories; and enter history data into ImmTrac.
- Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation. Includes the dissemination of DSHS educational materials as appropriate.
- Identify and contact families of children for whom ImmTrac consent has been granted but who do not have complete immunization records in ImmTrac.

General Requirement 6D: Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6D:

- Conduct recruitment activities as defined in the *TVFC Operations Manual* with 100% of providers on the DSHS-supplied provider recruitment list.
- Target adolescent health care providers for recruitment and emphasize adolescent vaccine requirements and recommendations.
- Recruit new private provider sites for ImmTrac.
- Participate with DSHS regional staff in recruitment of hospitals and providers conducting surveillance and reporting of Perinatal Hepatitis B.

General Requirement 6E: Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6E:

- Identify providers, hospitals, schools, child care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations. Document communications, group meetings and planning of activities that promote the Best Practices identified in contract agreement. Documents are to be accessible during site visits.
- Report new group members on the tri-annual report.

7. EPIDEMIOLOGY AND SURVEILLANCE

(http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf)

General Requirement 7: Investigate and document at least 90% of reportable suspected vaccine-preventable disease cases within thirty (30) days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines* (http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf) and National Electronic Disease Surveillance System (*NEDSS*). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 7:

- Adhere to the *DSHS Vaccine-Preventable Disease (VPD) Surveillance Guidelines*, *NEDSS Data Entry Guidelines*, and *Epi Case Criteria Guide* in conducting this General Requirement and the associated activities.
- Complete all data entry into National Electronic Disease Surveillance System (*NEDSS*) following the *NBS Data Entry Guidelines*.
- Routinely review and follow up on electronic lab reports (ELRs) sent from DSHS.
- Report on steps taken by Contractor to ensure the completeness of VPD reporting within Contractor's jurisdiction.

8. POPULATION ASSESSMENT

(*Immunization Population Assessment Manual* available upon request from DSHS. Reference Stock No. 11-12550, Revised 01/08)

General Requirement/Activity 8A: When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Population Assessment Manual*.

General Requirement/Activity 8B: When assigned by DSHS, complete 100% of public and private school assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Population Assessment Manual*.

9. SERVICE DELIVERY

General Requirement 9: Provide immunization services and ACIP-recommended vaccines in Contractor's clinics to children, adolescents and adults to maximize vaccine coverage levels within Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 9:

- Ensure that all ACIP-recommended vaccines are routinely available to patients who want them.
 - Recommend the simultaneous administration of all needed vaccines for the patient.
 - Follow only medically supportable contraindications to vaccination.
 - Verbally educate patients and parents/guardians about the benefits and risks of vaccination, and distribute DSHS educational materials as applicable as part of this conversation.
 - Discuss, and attempt to schedule, the next immunization visit at each client encounter.
 - Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home.
 - Use a Reminder/Recall system (manual, TWICES, ImmTrac, or other system).
 - Establish "standing orders" for vaccination in Contractor's clinics, consistent with legal requirements for standing order (including, but not limited to, those found in the Texas Medical Practice Act).
 - Implement an employee immunization policy according to CDC recommendations in Contractor's clinics.
-

FORM E: JOB DESCRIPTIONS

Please insert job descriptions here for all staff listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2009.

2 job descriptions included that were not a part of FY09.

Job Title: Epidemiologist

Department: Public Health

Job Grade #: 76

Immediate

Supervisor: Local Health Authority

BRIEF DESCRIPTION OF THE JOB:

Performs advanced level professional and administrative work and functions as a highly skilled, technical expert in the field of epidemiology or public health under the general administrative supervision of a higher level health professional.

ESSENTIAL FUNCTIONS:

This information is intended to be descriptive of the key responsibilities of the position. The following examples do not identify all duties performed by any single incumbent.

Collin County Health		ESSENTIAL FUNCTIONS
1	S	Coordinates epidemiology services and disease investigation, provides epidemiologic consultation, develops plans for and monitors disease detection, bioterrorism, prevention and control.
2	S	Reviews health policy, legislation, health resources, infrastructure and services to determine impact of disease prevention, control, and response.
3	S	Analyzes available data on disease and health in Collin County and prepares epidemiological and statistical reports and summaries.
4	S	Maintains Collin County Bioterrorism Response and Preparedness Plan.
5	S	Provides training to county and local officials, educates the public, analyzes and develops protocols.
6	S	Evaluates and implements emergency planning, communication and monitoring programs.

JOB REQUIREMENTS:

JOB REQUIREMENTS	
Formal Education / Knowledge	Work requires specialized knowledge in a general professional or technical field. Work requires professional level of knowledge of a discipline equivalent to that which is acquired in a Masters degree-level of study in epidemiology, public health, or closely related field from an accredited college or university. Bachelor's degree in public health related field from an accredited college or university with related training certifications in epidemiology or related public health field.
Experience	With Masters' degree, at least two years experience in epidemiology or a closely related field. With Bachelor's degree, at least three years experience in epidemiology or a closely related field.
Certifications and Other Requirements	N/A
Reading	Work requires the ability to read current principles, practices, methods, literature and new developments in the field of community disease control.
Math	Work requires the ability to perform general math calculations such as addition, subtraction, multiplication, division, and the ability to develop, maintain, manipulate and analyze databases of statistical information.
Writing	Work requires the ability to compile and analyze epidemiologic data and prepare reports, and make complex medical information understandable to the general public.
Managerial	N/A
Budget Responsibility	Work requires the ability to work within and monitor status of grant-funded program.
Supervisory / Organizational Control	Job has potential supervision of administrative personnel and project consultants.
Complexity	Work is of the broadest scope, dealing with highly complex concepts and issues of great importance to the County. Highly important policies, procedures or precedents are approved or rejected by individuals in this classification.
Interpersonal / Human Relations Skills	Work requires the ability to maintain effective working relationships with staff, other health districts/departments, colleagues, public and private officials and community groups, and the general public. Work requires the ability to communicate effectively with large groups and general public.

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Job Title: Physician-Health Care Authority

Department: Health Care Services **Job Grade #:**
Immediate Supervisor: Director of Administrative Services
 Health Care Administrator

BRIEF DESCRIPTION OF THE JOB:

Coordinates health services to eligible residents of Collin County. Oversees county-funded clinics and programs. Conducts physical examinations and monitors treatments. Manages the activities of the medical, nursing and clerical support staff. 2% of this individual's efforts and time will be dedicated to Immunization Program Management. Performs related duties as required.

ESSENTIAL FUNCTIONS:

This information is intended to be descriptive of the key responsibilities of the position. The following examples do not identify all duties performed by any single incumbent.

ESSENTIAL FUNCTIONS		
1	L	Coordinates health services to eligible residents of Collin County by overseeing the Collin County Employee Clinic, the Indigent Adult Health Program, the Mobile Immunization Clinics, the WIC program, the Prescription Assistance Program (PAP), Smart Start and other county-funded special clinics.
2	L	Conducts physical examinations, diagnostic evaluations and monitors ongoing medical treatment of patients.
3	L	Performs other related duties by ordering, performing and interpreting diagnostic tests, prescribing, recommending and administering courses of treatment, referring patients when appropriate, and managing and overseeing the activities of the medical, nursing and clerical support staff.
4	L	Performs other duties as required by the State Health Department.

JOB REQUIREMENTS:

Formal Education / Knowledge	Work requires specialized knowledge in a professional or technical field. Work requires professional level of knowledge of a discipline equivalent to that which is acquired from an accredited college of medicine or osteopathy.
Experience	At least three years of experience as a practicing physician.
Certifications and Other Requirements	Medical or Osteopath Doctor State of Texas License, Valid Texas Driver's License
Reading	Work requires the ability to read professional publications and journals, federal and state laws, policy manuals, legal documents and contracts.
Math	Work requires the ability to perform general math calculations such as addition, subtraction, multiplication and division as well as basic algebra and statistics.
Writing	Work requires the ability to write memos, proposals and reports.
Managerial	Planning responsibilities include time management, recommending and administering courses of treatment, overseeing activities of the staff and creating long-range division goals.
Budget Responsibility	N/A
Supervisory / Organizational Control	Work requires supervising and monitoring performance for a regular group of employees in a work unit including providing input on hiring/disciplinary actions and work objectives/effectiveness, and realigning work as needed.
Complexity	Work requires analysis and judgment in accomplishing diversified duties. Work requires the exercise of independent thinking within the limits of policies, standards, and precedents.
Interpersonal / Human Relations Skills	This position may require contacting others within the organization. These contacts may involve similar work units or departments within the County which may be involved in decision making or providing approval or decision making authority for purchases or projects. In addition, this position might work with individuals outside the County who may belong to professional or peer organizations. Working with various state and federal agencies may also be required of the employee. Vendors and suppliers may also be called upon for information on purchases, supplies or products. Meetings and discussions may be conducted with customers, brokers and sales representatives.

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OVERALL PHYSICAL STRENGTH DEMANDS:

Sedentary	Light	X	Medium	Heavy	Very Heavy
S = Sedentary Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time	L = Light Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.		M = Medium Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	H = Heavy Exerting 50-100 lbs. occasionally, 25-50 lbs. frequently, or up to 10-20 lbs. constantly.	VH = Very Heavy Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

PHYSICAL DEMANDS:

C = Continuously 2/3 or more of the time.	F = Frequently From 1/3 to 2/3 of the time.	O = Occasionally Up to 1/3 of the time.	R = Rarely Less than 1 hour per week.	N = Never Never occurs.
--	--	--	--	----------------------------

This is a description of the way this job is currently performed; it does not address the potential for accommodation.

PHYSICAL DEMANDS AND FREQUENCY		
Standing	F	Filing, making copies, faxing
Sitting	F	Deskwork, meetings
Walking	F	To and from office equipment and other departments
Lifting	O	Files, office supplies, books, boxes
Carrying	O	Files, office supplies, books, boxes
Pushing/Pulling	O	Doors
Reaching	O	For supplies and files
Handling	F	Paperwork
Fine Dexterity	F	Computer keyboard, calculator, telephone keypad, writing
Kneeling	R	Retrieving items from lower shelves
Crouching	O	Retrieving items from lower shelves
Crawling	R	
Bending	O	Filing in lower drawers
Twisting	O	From computer to telephone
Climbing	R	
Balancing	R	
Vision	C	Reading, computer monitor
Hearing	C	Communicating with personnel and general public and on telephone
Talking	C	Communicating with personnel and general public and on telephone
Foot Controls	R	
Other (specify)	N	

July 28, 2003

MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS:

Copy machine, fax machine, telephone, calculator, general office supplies, computer and related software, laser or inkjet printer

ENVIRONMENTAL FACTORS:

D = Daily	W = Several Times Per Week	M = Several Times Per Month	S = Seasonally	N = Never
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PHYSICAL DEMANDS		ENVIRONMENTAL FACTORS	
Mechanical Hazards	N	Extreme Temperatures	S
Chemical Hazards	N	Noise and Vibration	N
Electrical Hazards	N	Wetness/Humidity	S
Fire Hazards	N	Respiratory Hazards	S
Explosives	N	Physical Hazards	M
Communicable Diseases	W		
Physical Danger or Abuse	W		
Other (see 1 below)	N		

PRIMARY WORK LOCATIONS	
Office Environment	X
Warehouse	
Shop	
Vehicle	
Outdoors	
Rec/Nghbrhd Center	
Other (see 2 below)	

- (1)
- (2)

PROTECTIVE EQUIPMENT REQUIRED:

None

NON-PHYSICAL DEMANDS:

C = Continuously 2/3 or more of the time.	F = Frequently From 1/3 to 2/3 of the time.	O = Occasionally Up to 1/3 of the time.	R = Rarely Less than 1 hour per week.	N = Never Never occurs.
---	---	---	---------------------------------------	-------------------------

NON-PHYSICAL DEMANDS	
Time Pressures	F
Emergency Situations	O
Frequent Change of Tasks	F
Irregular Work Schedule/Overtime	R
Performing Multiple Tasks Simultaneously	F
Working Closely with Others as Part of a Team	F
Tedious or Exacting Work	F
Noisy/Distracting Environment	F
Other (see 3 below)	

- (3)

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SIGNATURES—REVIEW AND COMMENT:

I have reviewed this job analysis and its attachments and find it to be an accurate description of the demands of this job.

Signature of Employee

Date

Job Title of Supervisor

Signature of Supervisor

Date

Job Title of Department Head

Signature of Department Head

Date

Comments: _____

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified in this position. This job description is subject to change as the needs and requirements of the job change.

FORMS F, G, and H not included

FORM I: INSERT BUDGET HERE.

FORM I: BUDGET SUMMARY INSTRUCTIONS

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the RFP. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs. The total amounts budgeted on this form must reflect funding from all sources that support the project described in this RFP. See individual "Detailed Budget Category Forms" for definitions of the cost that are to be budgeted in each category. Enter amount as whole dollars; round up.

Legal Name of Respondent: Enter the legal name of your organization; this will populate the legal name field in the detail budget pages.

For purposes of this form, the column headings have the following meanings:

Column 1: The total amount of funds budgeted from all funding sources for the DSHS project. Category totals will be automatically posted from each budget category detail form. **Do not enter amounts in Column (1) except for the amount of Program Income.**

Columns 2 - 6: **Percentage of Funding line (Columns 2-6):** Enter the percentage of the total funding that is being requested from DSHS and percentage of funding to be provided by any of the other source listed. Percentages of all funding sources must total to 100% in column 1. The percentage(s) will be applied to the total of each cost category and the respective share of funding will be automatically calculated, with the exception of the Equipment category. The amount of funding to be provided by DSHS and any of the other funding sources for equipment must be entered manually.

Column 3: Federal funds awarded directly to respondent to be used on the DSHS project.

Column 4: Funds awarded to respondent from other state agencies to be used on the DSHS project.

Column 5: Funds provided by local governments (city, county, hospital districts, etc)

Column 6: Funds from other sources. (respondents unrestricted funds including private foundations, donations, fundraising, etc)

Program Income - Projected Earnings (line K): Enter in Column 1 the total estimated the amount of program income that is expected to be generated during the budget period. The amount budgeted in column 1 should be the total program income that the project will generate. The proportionate share of program income will automatically allocate to each funding source based on the percentage of funding. The DSHS share of program income must be used to finance costs of the DSHS funded activity. Program income budgeted under each funding source can be used to finance costs that are in addition to those budgeted on lines A through J for each funding source.

DEFINITION: Program income is defined as gross income directly generated through a contract supported activity or earned as a direct result of the contract agreement during the Program Attachment period. Refer to the instructions section below for examples of program income. In summary, program income is revenue generated by virtue of the existence of the program (activities funded under the DSHS Program Attachment).

Contractor must disburse (apply towards gross Program Attachment expenses) the DSHS share of program income before requesting reimbursement.

For more information about program income, refer to the General Provisions and the DSHS's Contractor's Financial Procedures Manual available on the Internet at: <http://www.dshs.state.tx.us/contracts/docs/cfpm.doc>.

Examples Of Program Income

- Fees for services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by DSHS contract;
- Sale of items fabricated or developed under the contract supported activity;
- Payments for contract supported services received from patients or third parties, such as Medicaid, Title XX, insurance companies;
- Lease or rental of items fabricated or developed under the contract supported activity; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

FORM I: BUDGET SUMMARY EXAMPLE

Legal Name of Respondent: Apple County Health Department

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)
Percentage of Funding	100.00%	40.00%	30.00%	10.00%	15.00%	5.00%
A. Personnel	\$40,620	\$16,248	\$12,186	\$4,062	\$6,093	\$2,031
B. Fringe Benefits	\$9,249	\$3,700	\$2,775	\$925	\$1,387	\$462
C. Travel	\$1,091	\$437	\$327	\$109	\$164	\$55
D. Equipment	\$5,250	\$5,250				
E. Supplies	\$39,000	\$15,600	\$11,700	\$3,900	\$5,850	\$1,950
F. Contractual	\$41,208	\$16,483	\$12,362	\$4,121	\$6,181	\$2,060
G. Other	\$8,250	\$3,300	\$2,475	\$825	\$1,238	\$413
H. Total Direct Costs	\$144,668	\$61,017	\$41,826	\$13,942	\$20,913	\$6,971
I. Indirect Costs	\$3,575	\$1,430	\$1,073	\$358	\$536	\$179
J. Total (Sum of H and I)	\$148,243	\$62,447	\$42,898	\$14,299	\$21,449	\$7,150
K. Program Income - Projected Earnings	\$13,000	\$5,200	\$3,900	\$1,300	\$1,950	\$650

*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: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County Health Care Services

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)
Percentage of Funding	100%	65%			35%	
A. Personnel	\$383,725.20	\$249,421.38	\$0.00	\$0.00	\$134,303.82	\$0.00
B. Fringe Benefits	\$111,280.31	\$72,332.20	\$0.00	\$0.00	\$38,948.11	\$0.00
C. Travel	\$2,541.00	\$1,651.65	\$0.00	\$0.00	\$889.35	\$0.00
D. Equipment	\$0.00					
E. Supplies	\$13,180.00	\$8,567.00	\$0.00	\$0.00	\$4,613.00	\$0.00
F. Contractual	\$29,999.16	\$19,499.45	\$0.00	\$0.00	\$10,499.71	\$0.00
G. Other	\$3,986.00	\$2,590.90	\$0.00	\$0.00	\$1,395.10	\$0.00
H. Total Direct Costs	\$544,711.67	\$354,062.58	\$0.00	\$0.00	\$190,649.08	\$0.00
I. Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J. Total (Sum of H and I)	\$544,711.67	\$354,062.58	\$0.00	\$0.00	\$190,649.08	\$0.00
K. Program Income - Projected Earnings	\$75,000.00	\$48,750.00	\$0.00	\$0.00	\$26,250.00	\$0.00

*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 Instructions

PERSONNEL

DEFINITION: The actual cost of salaries and wages of employees devoted to working on activities directly related to carrying out the Scope of Work of the DSHS funded project. These costs are allowable to the extent that they are reasonable and conform to the established, consistently applied policy of the organization and reflect no more than the time actually devoted to the project. The salaries and wages of employees that do not work on activities described in the the Scope of Work of the DSHS funded project should be allocated as indirect costs and budgeted under the Indirect Cost category.

INSTRUCTIONS - Enter the following information for each position on the PERSONNEL Budget Category Detail Form:

Personnel - enter the functional title, whether the position is existing (E) or proposed (P);

Vacant Y/N - indicate whether the position is vacant (Y) or filled (N);

Justification - include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements);

FTE's (Full Time Equivalents) - enter the number of FTE's for the functional title that will be working on the DSHS funded project; FTE is the total number of hours worked (budgeted) for the DSHS project divided by the compensable hours (2080) in a fiscal year;

Certification/License Required - any certification or license an individual must possess to be qualified for the position;

Total Average Monthly SalaryWage - the total average monthly salary/wage of FTE's budgeted for this functional title;

Number of Months: Enter the number of months that his position will be working on the DSHS project.

Salary/Wages Requested for Project - the amount will be computed automatically by multiplying number of FTE's by Total Annual Salary

FRINGE BENEFITS

DEFINITION: Fringe benefits are allowances and services provided by the organization to its employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits is allowable (in proportion to the amount of time or effort employees devote to the grant funded project), to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization.

INSTRUCTIONS:

Fringe Benefits -List the types of costs that comprise your organizations fringe benefits;

Fringe Benefit Rate -The fringe benefit rate should be based on your organizations actual experience. The fringe benefit rate is typically calculated by dividing your organizations total fringe benefit costs by total wage/salary costs. Enter your organizations fringe benefit rate on the budget sheet;

Fringe Benefits Total - the total fringe benefit amount will be automatically calculated by multiplying the rate times the salary total.

FORM I-2: TRAVEL Budget Category Instructions

DEFINITION: The cost of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client transportation and conference registration fees should be classified under the "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under the "Contractual" expense category.

INSTRUCTIONS: The TRAVEL Budget Category Detail Form requires information on conferences/workshops and local travel costs pertaining to the DSHS project. Note: Conference registration fees should be budgeted under the "Other" budget category.

For conferences/workshops, the following information must be provided:

Description of Conference/Workshop - the name and/or description of the conference/workshop;

Justification - the justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project;

Location - the location (city/state) where the conference/workshop will be held;

Number of Employees Attending - the number of employees attending the conference/workshop;

Travel Costs - (for each conference/workshop)

Mileage - the estimated cost of mileage reimbursement

Airfare - the estimated cost of airfare

Meals - the cost of meals

Lodging - the cost of lodging

Other Costs - such as: parking/toll fees, rental car, gasoline for rental car, ground transportation (Does not include conference registration)

For local travel, the following information must be provided:

Justification - provide a justification for the local travel and why the travel is necessary to accomplish the project, include the name of the person or position classification(s) that will be traveling;

Number of Miles - the estimated number of miles to be traveled for the budget period;

Mileage Reimbursement Rate - enter the mileage reimbursement rate;

Mileage Cost - will calculate automatically (do not enter an amount in this column);

Other Costs - such as parking fees, toll fees

Total - will be calculated automatically (do not enter an amount into this column).

The amounts at the bottom of the form for "Other/Local Travel Costs", "Conference/Workshop Travel Costs", and "Total Travel Costs" will be

Indicate Policy Used: Indicate policy being used by marking one of box.

All contracts with the Department of State Health Services require that a written travel policy be maintained by the contracting entity and available for review by DSHS staff upon request. If a written travel policy is not in place, State of Texas Travel Policy will be applied; available at:

<https://fmx.cpa.state.tx.us/fmx/travel/Index.php>

FORM I-2: TRAVEL Budget Category Detail Form Example

Legal Name of Respondent: Apple County Health Department

Description of Conference/Workshop	Justification	Location (City, State)	Number of Employees Attending	Travel Costs																						
Community Planning Meetings	Clinic Services Director to attend Family Planning Committee meetings.	Austin, TX	1	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td style="text-align: right;">\$172</td></tr> <tr><td>Airfare</td><td style="text-align: right;">\$</td></tr> <tr><td>Meals</td><td style="text-align: right;">\$75</td></tr> <tr><td>Lodging</td><td style="text-align: right;">\$225</td></tr> <tr><td>Other Costs</td><td style="text-align: right;">\$</td></tr> <tr><td>Mileage</td><td style="text-align: right;">\$</td></tr> <tr><td>Airfare</td><td style="text-align: right;">\$</td></tr> <tr><td>Meals</td><td style="text-align: right;">\$</td></tr> <tr><td>Lodging</td><td style="text-align: right;">\$</td></tr> <tr><td>Other Costs</td><td style="text-align: right;">\$</td></tr> <tr><td>Total</td><td style="text-align: right;">\$472</td></tr> </table>	Mileage	\$172	Airfare	\$	Meals	\$75	Lodging	\$225	Other Costs	\$	Mileage	\$	Airfare	\$	Meals	\$	Lodging	\$	Other Costs	\$	Total	\$472
Mileage	\$172																									
Airfare	\$																									
Meals	\$75																									
Lodging	\$225																									
Other Costs	\$																									
Mileage	\$																									
Airfare	\$																									
Meals	\$																									
Lodging	\$																									
Other Costs	\$																									
Total	\$472																									
Total for Conference / Workshop Travel				\$472																						

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for case workers	1068	\$0.45	\$475	\$144	\$619
				\$0	\$0
				\$0	\$0
Total for Other / Local Travel					\$619

Other / Local Travel Costs: Conference / Workshop Travel Costs: Total Travel Costs:

Indicate Policy Used: Respondent's Travel Policy State of Texas Travel Policy

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

Description of Conference/Workshop	Justification	Location (City, State)	Number of Employees Attending	Travel Costs												
Annual Immunization Meeting	Updates on Immunization Program	Arlington	4	<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>Total</td><td>\$66</td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		Total	\$66
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Mileage																
Airfare																
Meals																
Lodging																
Other Costs																
Total	\$0															

Total for Conference / Workshop Travel

\$66

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category

Instructions

DEFINITION: Equipment and Controlled Assets Purchases. Equipment means an article of nonexpendable, tangible personal property having a useful lifetime of more than one year and an acquisition cost of \$5,000 or more. Contractor must inventory equipment, and controlled assets, which include, firearms regardless of the acquisition cost, and the following assets with an acquisition cost of \$500 or more: desktop and laptop computers, non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. If purchase of equipment is approved in writing by the Department, Contractor is required to initiate the purchase of that equipment in the first quarter of the Contract or Program Attachment term, as applicable. Failure to initiate the purchase of equipment may result in loss of availability of funds for the purchase of equipment.

INSTRUCTIONS - Enter the following information:

Description of Item - describe each line item of equipment, attach a complete specification or a copy of the purchase order;

Purpose & Justification - state the purpose for the item(s) and why the equipment is necessary;

Number of Units - enter the number of units (quantity) to be purchased;

Cost Per Unit - enter the cost per unit;

Total - the total will be automatically calculated by multiplying the "Number of Units" times "Cost Per Unit".

EXAMPLES OF EQUIPMENT DESCRIPTIONS

Remember: Equipment is priced per unit including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

INCORRECT EXAMPLES

Computer-850 Mhz Pentium

1 @ \$2,150

(insufficient description/specification)

1 @ \$250 Laser Jet Printer

(This item would be moved to supplies as it is less than \$500.00).

CORRECT EXAMPLES

Pentium 4 Processor 2.8 Hz., 800 MHz FBS, 512 MB RAM, 32 MB RAM PCI, 40 GB EIDE 7200RPM, 1.44 MB 3.5 in. floppy drive
Fast Ethernet 100 Mbps, EIDE CD ROM drive 48X, Sound Blaster, Business Audio Speakers, PS/2 Keyboard, PS/2 2-Button Mouse,
Windows XP Professional with SP2, 17 inch SVGA color monitor .28 mm, support 1024x768 resolution, 3 yr ltd Warranty. 1 @ \$1,500
24" Zenith Portable TV/VCR Combination;

Model #Z12345

1 @ \$750

FORM I-3a: Minimum Computer Specifications Form [OPTIONAL]

The following table contains minimum computer equipment specifications required for computer equipment purchases approved DSHS. Please see notes on the next page for additional requirements.

Minimum Computer Equipment Specifications (Revised 06/01/2007)	
Processor	Pentium® 4 or D, Processor - 2.8 GHz, 800 MHz FSB or higher or Intel Core 2 Processor - 1.8 GHz, 800 MHz FSB or higher or AMD Athlon 64 or 64 X2 Processor - 2.0 GHz or higher
Memory	1 GB RAM, 667MHz or higher
Video Card	128 MB RAM PCI Express or AGP or higher
Hard Drives	80 GB EIDE 7200RPM or higher
Floppy Drive	1.44MB 3.5 inch Floppy Drive or USB Card Reader
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	EIDE or SATA 52X speed CD ROM drive or higher
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers or higher
Keyboards	PS/2 or USB Keyboard
Mouse:	PS/2 or USB 2-Button Optical Scroll Mouse or higher
Operating System	Windows® XP Professional (SP2 or newer)
Monitor:	17 inch SVGA color monitor .28 mm, support 1024 x 768 resolution or higher (optional)
Hardware Support Services	3Yr Ltd Warranty On-Site Service or higher
Security	Antivirus and Anti-Spyware Software

Notes:

a.) A complete system price must not exceed \$1,500.00 for a desktop/laptop system. Please submit justification when the purchase cost for a system exceeds these limits.

b.) When contractor budgets are prepared to purchase computer equipment, complete computer equipment specifications, including printers, must be submitted to DSHS.

c.) Vendors who assemble systems with generic (clone) computer parts or upgrade components must complete and submit the attached vendor certification to the quote and equipment specifications the vendor presents to the DSHS contractor. The vendor's certification must be submitted to DSHS along with the contractor's budget to purchase computer equipment.

d.) Due to market volatility, the pricing of computer equipment or peripherals may fluctuate greatly within weeks. The DSHS considers vendor quotations issued greater than 30 days from the current date to be expired or non-current. A DSHS contractor should submit current vendor specifications and quotations to the DSHS with their requests to purchase equipment.

If awarded funds to purchase equipment under this RFP and you need additional information, please contact Austin Metro Branch Manager, Information Technology Section, 512-458-7271.

FORM I-4: SUPPLIES Budget Category Instructions

DEFINITION: Supplies are defined as consumable items necessary to carry out the services under this DSHS project including medical supplies, drugs, office supplies, patient educational supplies, software, and any items of tangible personal property other than those defined as equipment on Form I-3 - Equipment and Controlled Assets.

INSTRUCTIONS - Enter the following information:

Description of Item - provide a detail description of the supply item, including quantity if applicable;

Purpose & Justification - state why the supplies are necessary and how they will be used in carrying out the DSHS project;

Total Cost - enter the total cost of each supply line item.

FORM I-5: CONTRACTUAL Budget Category Instructions

DEFINITION: The costs of activities directly associated with carrying out the statement of work that are contracted by the organization to a third party are recoded in the "Contractual" category. A contract with a subrecipient must comply with Article XII, section titled "Contracts with Subrecipient Subcontractors" of the DSHS General Provisions. The contractor may enter into contracts with subrecipient subcontractors unless restricted or otherwise prohibited in a specific Program Attachment(s). Prior to entering into an agreement equaling \$100,000 or more of a Program Attachment amount, Contractor shall obtain written approval from DSHS. Contracts with subcontractors shall be in writing and include the following:

Name and address of all parties;

A detailed description of the services to be provided;

Measurable method and rate of payment and total amount of contract;

Clearly defined and executable termination clause;

Beginning and ending dates that coincide with the dates of the applicable Program Attachment(s) or cover a term within the beginning and ending dates of the applicable Program Attachment(s);

Access to inspect the work and the premises on which any work is performed, in accordance with the General Provisions;

and a copy of these General Provisions and a copy of the Statement of Work and any Special Provisions in the Program Attachment(s) applicable to the subcontract.

Contractor is responsible to DSHS for the performance of any subcontractor. Contractor shall monitor both financial and programmatic performance and maintain pertinent records that shall be available for inspection by DSHS. Contractor shall ensure that subcontractors are fully aware of the requirements placed upon them by state/federal statutes and regulations and under this Contract. Contractor shall not contract with a subcontractor, at any tier, that is debarred or suspended or excluded from or ineligible for participation in federal assistance programs. **When subcontracting, Contractor is required to meet all applicable HUB requirements.**

INSTRUCTIONS - enter the following information:

Contractor Name - names of the individuals or organizations performing the services;

Description of Service - a description of the services being contracted;

Justification - justification should include why respondent needs to contract for the service, why the service is necessary to perform the scope of work and how the respondent will ensure that the cost of the service is reasonable;

Method of Payment - the method of reimbursement (cost reimbursement or unit cost);

of Hours or Units of Service - the number of hours or units of service to be purchased;

Hourly/Unit Rate - the hourly/unit cost if applicable;

Total - total amount of each subcontract.

Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind the CONTRACTUAL Budget Category Detail Form.

FORM I-5: CONTRACTUAL Budget Category Detail Form Example

Legal Name of Respondent: Apple County Health Department

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (if Applicable)	TOTAL
Dr. Bob Gilly, D. O.	Oversees medical services.	Medical director required by DSHS.	Unit Cost	month	\$300.00	\$3,600
Dr. James Paul, D. O.	Provides health history & physicals.	Contract physician at clinics performing medical exams.	Unit Cost	130 hours / month	\$3,034.00	\$36,408
Dr. Billy Bode, D. O.	Provides professional guidance.	Medical Consultant	Cost Reimbursement	N/A	N/A	\$1,200

Total Amount Requested for CONTRACTUAL: \$41,208

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County Health Care Services

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (if Applicable)	TOTAL
Plano Children's Clinic	Immunizations	Provides immunizations to low-income children in the Plano area.	Unit cost	5,076	\$5.91	\$29,999
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$29,999

FORM I-6: OTHER Budget Category Instructions

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in the "Other" category. Some of the costs listed below may also be treated as indirect cost. Their treatment as "Other" (direct) or indirect must be consistent throughout the respondent's organization. Typical costs that may be budgeted in the "Other" category are the approved DSHS program attachment's share of:

- * equipment rental if used solely on the DSHS project, otherwise include in "Indirect Costs" ;
- * single audit services if allocated directly to each funding source, otherwise include in "Indirect Costs";
- * long distance telephone expenses, (general telephone expenses should be included in "Indirect Costs");
- * printing and reproduction expenses directly related to the DSHS project;
- * postage and shipping directly related to the DSHS project;
- * contract personnel services for individuals that work solely on activities described in the DSHS Statement of Work;
- * equipment repairs or service maintenance agreements for equipment used solely on the DSHS funded project;
- * periodicals;
- * advertising that promotes the DSHS project;
- * registration fees;
- * patient transportation;
- * training costs, speakers fees and stipends.

INSTRUCTIONS: Enter the following information:

Description of Item - a general description of the goods/service, include quantity if applicable;

Purpose & Justification -the justification should include an explanation of the purpose of the goods/service and why it is necessary for the completion of the activity;

Total Cost - the total cost should only include the cost of goods that will be consumed during the contract term and services that will be utilized during the contract term.

FORM I - 7 Indirect Costs, Example and Instructions

Legal Name of Respondent:

Apple County Health Department

Total amount of indirect costs allocable to the project:

Amount **\$3,575**

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: 8.750%
BASE: Modified total direct, including subgrants and subcontracts up to the first \$25,000, excluding equipment, capital equipment, as well as the portion of each subgrant and subcontract in excess of \$25,000.

INSTRUCTIONS: Organizations that have an approved indirect cost rate should complete the section above by marking the box and indicating the rate and base. A copy of the approved rate agreement that will be in effect during the contract term should be attached to Form I - 7. If a rate agreement is pending, submit the latest approved agreement.

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: 10.25%
TYPE: (central service or indirect)
BASE: Direct Salary and Wages

Note: Governmental entities 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.

INSTRUCTIONS: OMB Circular A-87 permits States, Local and Indian Tribal Governments to prepare central service and indirect cost rate proposals in accordance with the requirements of the Circular and maintain the proposal and related supporting documentation for audit. The Circular goes on to state that no rate shall be acceptable unless such costs have been certified by the governmental unit using the Certificate of Cost Allocation Plan or Certificate of Indirect Costs as set forth in Attachments C and E. The certification forms are also available in the Appendix to the DSHS Contractor's Financial Procedures Manual (CFPM) available on the internet at: <http://www.dshs.state.tx.us/contracts/>
NOTE: Governmental entities must also submit a cost allocation plan as specified in Appendix A of the Contractor's Financial Procedures Manual to DSHS within 60 days of the contract start date. Governmental entities that only have a central service cost rate must also include the indirect costs of the governmental department. The allocation of indirect costs of the department 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/>

If using a central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate: Salary/expenses of executive office staff (CEO, CFO), accounting office, personnel office; depreciation; facility maintenance; utility costs; general liability and property insurance;

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:

Facility costs: depreciation, utilities, and property insurance costs are captured in a separate cost center and allocated to cost objectives based on square footage occupied by the cost objective.

General administrative office, executive office, accounting office, and human resource office costs are captured in separate cost centers established for each office; the costs are pooled and allocated to benefited cost objectives based on direct salary/wages.

General organization costs (i.e. general liability insurance) are captured in a separate cost center and allocated to all cost objectives of the organization based on direct salary/wages.

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County Health Care Services

Total amount of indirect costs allocable to the project:

Amount:

\$0

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/>

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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: