FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County

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 (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
Texas Association of Local	5 school districts	early event detection resulting	Monthly	3	$25,000.00	$75,000
Health Officials	targeted for automated school health data	in prevention CDC Goal 2 increasesource, scope, speed,				$0
		intergration and analysis of health information - resulting in improvement in effectiveness of health intelligency, surveillance and reporting activities - CDC Goal 4: Detect/Report and CDC Goal 5: Investigate				$0
						$0
						$0
						$0
						$0
						$0
						$0
					TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for CONTRACTUAL: $75,000

Revised: 7/6/2009