Office of County Auditor

Date: February 17, 2010

To: Commissioners' Court
From: Jeff May
Re: Bioterrorism Grant FY'10 Budget Amendment

This is notification only to Commissioner's Court of a budget amendment for the Bioterrorism Grant to increase the revenue budget to reflect the amount of the grant, to zero out the expenditure line item budgets, and to move the budget in the project code between line items only. The revenue budget initially set up needs to be increased by $122,136.00 to reflect the amount reimbursed by the grant. The expenditure line items need to be zeroed out as the budget has already been set up in the project code for the grant. Last there is an amendment between line items in the project codes to be amended to reflect the updated grant activities. The contract term is 8/1/09 thru 7/31/10.

JM/jmc

2300 Bloomdale Road, Suite 3100 – McKinney, Texas 75071
(972) 548-4731 Metro (972) 424-1460 Fax (972) 548-4696

BT Grant FY'10
Budget By Project Code

Expenditure:		Account Number			
FROM:					
	Fund Balance	102-0000-251.0000		-	
			Original Budget	**Revised Budget**	**Difference**
TO:					
GT089A	Personnel	102-5860-720.4010	384,879.00	387,800.00	2,921.00
GT089B	Fringe Benefits	102-5860-720.4220	130,282.00	137,669.00	7,387.00
GT089C	Travel	102-5860-720.4901	15,131.00	14,763.00	(368.00)
GT089D	Equipment	102-5860-720.90-02	9,602.00	9,525.00	(77.00)
GT089E	Supplies	102-5860-720.5101	44,760.00	33,031.00	(11,729.00)
GT089G	Other	102-5860-720.8011	62,754.00	64,620.00	1,866.00
			647,408.00	**647,408.00**	**-**

GM180I02

COLLIN COUNTY
Project Master Inquiry

2/12/10
09:11:36

Position to . . . Project code _____ Description _____

Type options, press Enter.
1=Select 8=Detail accounts 9=Miscellaneous information

Opt	Project	Budget	Actual	Balance	Status	Misc
_	GT089A	384,879	189,338.30	195,540.70	A	
_	GT089B	130,282	62,555.62	67,726.38	A	
_	GT089C	15,131	5,831.64	9,299.36	A	
_	GT089D	9,602	9,524.15	77.85	A	
_	GT089E	44,760	19,931.29	24,828.71	A	
_	GT089F	0	.00	.00	A	
_	GT089G	62,754	33,276.61	29,477.39	A	
_	GT090A	39,313	15,613.79	23,699.21	A	
_	GT090B	14,192	3,089.73	11,102.27	A	+

F5=Refresh F3=Exit F11=Project balance F17=Subset
F19=Project activity listing

PHER- BT

Revised

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)	
Percentage of Funding	0%						
A. Personnel	$387,799.92	$0.00	$0.00	$0.00	$0.00	$0.00	+2921.16
B. Fringe Benefits	$137,668.97	$0.00	$0.00	$0.00	$0.00	$0.00	+7387.51
C. Travel	$14,762.25	$0.00	$0.00	$0.00	$0.00	$0.00	<368.75>
D. Equipment	$9,524.15						<77.00>
E. Supplies	$33,031.00	$0.00	$0.00	$0.00	$0.00	$0.00	<11321.57>
F. Contractual	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
G. Other	$64,620.00	$0.00	$0.00	$0.00	$0.00	$0.00	1458.00
H. Total Direct Costs	$647,406.29	$0.00	$0.00	$0.00	$0.00	$0.00	
I. Indirect Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
J. Total (Sum of H and I)	$647,406.29	$0.00	$0.00	$0.00	$0.00	$0.00	
K. Program Income - Projected Earnings		$0.00	$0.00	$0.00	$0.00	$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 Detail Form

Legal Name of Respondent: Collin County

PERSONNEL Functional Title + Code E = Existing or P = Proposed	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
Bioterrorism Coordinator (E)	N	Coordinates PHEP grant deliverables & activities, supervises PHEP team	1	NA	$4,726.46	12	$56,718
Bioterrorism Planner (E)	N	Emergency plan development, MRC Coordinator	1	NA	$3,908.19	12	$46,898
Administrative Assistant, BT (E)	N	Tracks & maintains documentation for PHEP team	1	NA	$3,049.66	12	$36,596
IT Specialist (E)	N	Network & computing, redundant communications	1	NA	$6,930.66	12	$83,168
Epidemiologist (E)	N	Coordinates epidemiology services and disease investigation	1	NA	$4,850.57	12	$58,207
Epidemiology Analyst (E)	N	Performs disease & contact investigations, influenza surveillance, rabies PEP distribution	1	NA	$3,517.17	12	$42,206
Administrative Assistant, Epi (E)	N	Tracks & maintains documentation for Epidemiology team	1	NA	$2,883.95	12	$34,607
Intern, BT (P)	Y	Intern for BT team	1	NA	$1,680.00	11	$18,480
Intern, Epi (P)	Y	Intern for Epi team	1	NA	$1,680.00	7	$10,920
							$0
							$0
							$0
							$0
							$0
						SalaryWage Total	$387,800

FRINGE BENEFITS

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums $9000/yr, Long Term Disability (salary x 0.00367), Short Term Disability $1.91/month, Long Term Care $15/month, Retirement (salary x 0.13), Supplement Death Benefit (salary x 0.0029), Unemployment Insurance (salary x 0.005)

Fringe Benefit Rate %	35.50%

	Fringe Benefits Total	$137,669

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 Employees Attending	Travel Costs	
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	Atlanta, GA	2	Mileage	
				Airfare	$755
				Meals	$280
				Lodging	$1,610
				Other Costs	$1,105
				Total	$3,750
Council of State and Territorial Epidemiologists Annual Conference	Annual CSTE Conference for Epidemiologist	Portland, OR	1	Mileage	
				Airfare	$362
				Meals	$200
				Lodging	$645
				Other Costs	$510
				Total	$1,717
Integrated Medical, Public Health, Preparedness and Response Training Summit	Annual Conference for public health and emergency preparedness professionals	Nashville, TN	2	Mileage	
				Airfare	$730
				Meals	$320
				Lodging	$1,100
				Other Costs	$1,140
				Total	$3,290
i2 Americas User Conference 2010	Annual i2 analysis and training conference for IT Specialist	Washington DC	1	Mileage	
				Airfare	$400
				Meals	$120
				Lodging	$650
				Other Costs	$315
				Total	$1,485
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0

Total for Conference / Workshop Travel $10,242

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. Will be utilized by all PHEP funded staff.	1855	$0.550	$1,020		$1,020
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. Will be utilized by all PHEP funded staff.	4000	$0.500	$2,000		$2,000
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.			$0	$1,500	$1,500
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0

Total for Other / Local Travel $4,520

Other / Local Travel Costs: $4,520 **Conference / Workshop Travel Costs:** $10,242 **Total Travel Costs:** **$14,762**

Indicate Policy Used: **Respondent's Travel Policy** Collin County **State of Texas Travel Policy**

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category Detail Form

Legal Name of Respondent: Collin County

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached example for equipment definition and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
Laptop Computer (Lenovo Thinkpad)	Replacement laptops with Vista OS for consistency within Collin County	5	$1,403	$7,013
Computer Monitor (Viewsonic 22")	Allow for dual screen spreadsheet work	5	$179	$895
Scanner (Fujitsu FI 5110C)	Scanner for Epidemiology Team	1	$845	$845
Printer (Lexmark 734DN)	Printer for Epidemiology Team	1	$771	$771
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0

Total Amount Requested for Equipment: **$9,524**

Form I - 3 Minimum Computer Specifications Form

The following table contains minimum computer equipment specifications required for computer equipment purchases approved by the Department of State Health Services. Please see notes on the next page for additional requirements.

Minimum Computer Equipment Specifications (03/01/2009)	
Processor	Intel Dual Core Processor – 2.0 GHz or higher or AMD Athlon 64 X2 Processor – 2.0 GHz or higher
Memory	2 GB RAM, 800 MHz or higher
Video Card	256 MB RAM PCI Express or AGP or higher
Hard Drives	80 GB SATA 7200RPM or higher
USB Ports	Four USB 2.0 Ports or higher
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	SATA CD ROM drive (52X speed or higher) or higher
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers or higher
Keyboards	USB Keyboard
Mouse:	2-Button USB Optical Scroll Mouse or higher
Operating System	Windows® XP Professional (SP2 or newer*)
Monitor:	17 inch Color LCD Monitor VGA or DVI or higher (optional)
Security	Antivirus and Anti-Spyware Software
Hardware Support Services	4Yr Ltd NBD Warranty On-Site Service or higher

* Operating systems must be Professional or Business Editions

Notes:

a.) A complete system price shall 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

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

If you need additional information, please contact *Austin Metro Branch Manager, Information Technology Section, 512-458-7271*

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 if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Total Cost
Supplies	Office and program supplies	$7,253
Disaster Management Systems Sign Kits	Pre-printed signs & stands for POD sites ($514.50/kit, 22 sites)	$11,319
EZ Up Tents	8' x 12' tents for POD sites ($290/tent, 5 tents) with sidewalls and weight bags	$2,840
Emergency Preparedness Kits	Emergency preparedness kits for distribution during personal preparedness training ($20/kit, 500 kits)	$10,250
Laptop Docking Stations	Replacement laptops docking stations ($105/dock, 6 docks)	$625
Pinnacle Ultimate External HDTV Tuner	Allow local channel reception during emergency events in EOC	$67
Microsoft Visio Standard 2007	Create flowcharts and workflows for various projects (J. Gilbride)	$232
Adobe Acrobat Professional 9.0	Software for STD and Epi reporting (S. Curtis)	$405
Microsoft Streets and Trips	Software for mapping - PODS, clinics, etc.	$40

Total Amount Requested for Supplies: **$33,031**

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 (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (If Applicable)	TOTAL
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

Total Amount Requested for CONTRACTUAL: $0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: Collin County

Description of Item	Purpose & Justification	Total Cost
American Public Health Association	Control of Communicable Diseases manual ($30, 4 copies)	$120
ATT Wireless Cell Phone	Cellular phone service (1 user, $33/month, 12 months)	$396
ATT Wireless Treo Service	Phone/data service (5 users, $65/month, 12 months)	$3,900
Auto Maintenance	Annual maintenance of the PHEP vehicle	$1,200
Auto Fuel	Annual fuel costs for PHEP vehicle	$500
Dish Network	Television satellite service ($61/mo, 12 months)	$732
Epocrates	Wireless drug interaction guide application subscription fee	$309
Imagistics (Copier Service)	Copier service ($152/mo, 12 months)	$1,824
NDLS Training	Training fee for 30 person BDLS course ($125/person, 3 courses); 30 person ADLS course ($300/person, 1 course)	$20,250
Nextel Wireless Cell Phone	Cellular phone service (1 user, $36/month, 12 months)	$432
Outreach	Outreach, advertising and recruiting materials	$15,000
Pager	Pager service (1 user, $4.50/mo, 12 months)	$54
Printing and Communication Materials	Printing fee for public health brochures & materials	$6,000
Public Health Responder Identification Clothing	Provide the preparedness/first responder staff with identifable team shirts/jackets/hats to be used in exercise and drill activities and in real time response events	$775
Language Line	Translation services for non-English speaking clients	$750
Reference Manuals	Reference manuals and subscriptions for Epi team	$400
Region 10 Videoconferencing Network	Annual membership fee	$4,500
Total from Supplemental Schedule		$7,478

Total Amount Requested for Other: **$64,620**

FORM I-6: OTHER Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Description of Item	Purpose & Justification	Total Cost
Shoreland Inc - Travax Software	Annual renewal for Travax online software service	$940
SPSS - Advanced Statistics	SPSS Advanced Statistics license & maintenance fees	$755
SPSS - Categories	SPSS Categories license & maintenance fees	$748
SPSS - Custom Tables	SPSS Custom Tables license & maintenance fees	$907
SPSS - Forecasting	SPSS Forecasting license & maintenance fees	$748
SPSS - Regression	SPSS Regression maintenace fee	$151
Storage Shelving	Shelving for storage unit (6 shelving units at $188.50 each)	$1,131
Texas Association of Local Health Officials	Annual membership fee	$2,098

Total Amount Requested for Other: **$7,478**

Bioterrorism FY '10

		Account Number	
Revenue:			
FROM:			
	Bioterrorism Grant Revenue	102-5860-331.2072	**122,136.00**
TO:			
	Fund Balance	102-0000-251.0000	**122,136.00**
Expenditure:			
FROM:			
	Personnel	102-5860-720.4010	368,618.00
	TAXABLE FRINGE BENEFITS / LONGEVITY	102-5860-720.4101	6,392.00
	NON-TAXABLE FRINGE BENEFT / FICA/MEDICARE	102-5860-720.4220	28,689.00
	NON-TAXABLE FRINGE BENEFT / EMPLOYEE HEALTH INSURAN	102-5860-720.4230	63,416.00
	NON-TAXABLE FRINGE BENEFT / LONG-TERM DISABILITY	102-5860-720.4235	922.00
	NON-TAXABLE FRINGE BENEFT / SHORT-TERM DISABILITY	102-5860-720.4236	161.00
	NON-TAXABLE FRINGE BENEFT / LONG-TERM CARE	102-5860-720.4237	1,260.00
	NON-TAXABLE FRINGE BENEFT / RETIREMENT	102-5860-720.4240	50,627.00
	NON-TAXABLE FRINGE BENEFT / SUPPLEMENTAL DEATH BENE	102-5860-720.4245	1,106.00
	NON-TAXABLE FRINGE BENEFT / UNEMPLOYMENT INSURANCE	102-5860-720.4260	1,844.00
			523,035.00
TO:			
	Fund Balance	102-0000-251.0000	**523,035.00**

GM201S02

COLLIN COUNTY
Account Balance/Description Inquiry

2/17/10
09:48:19

Position to . . . . 2010 ___ - ____ - ___ . __ - __ Starting character(s)

Type options, press Enter.
1=Select 9=Graph

Opt	Account Number	Budget	Actual	Balance
_	102-5860-331.20-72	525,271.00	130,878.52	394,392.48
_	102-5860-720.40-10	368,618.00	114,096.63	254,521.37
_	102-5860-720.40-11			
_	102-5860-720.40-12			
_	102-5860-720.40-13			
_	102-5860-720.40-14			
_	102-5860-720.40-15		42.77	42.77-
_	102-5860-720.40-20			
_	102-5860-720.41-01	6,392.00		6,392.00
_	102-5860-720.41-07			
_	102-5860-720.41-09			

+

F3=Exit F7=Account description F17=Subset F18=Top F19=Bottom
F21=Totalling F22=Account balance report

GM201S02

COLLIN COUNTY
Account Balance/Description Inquiry

2/17/10
09:48:54

Position to . . . . 2010 ___ - ____ - ___ . __ - __ Starting character(s)

Type options, press Enter.
1=Select 9=Graph

Opt	Account Number	Budget	Actual	Balance
_	102-5860-720.41-16			
_	102-5860-720.41-17		48.48	48.48-
_	102-5860-720.42-16			
_	102-5860-720.42-20	28,689.00	8,317.97	20,371.03
_	102-5860-720.42-30	63,416.00	16,240.00	47,176.00
_	102-5860-720.42-35	922.00	260.11	661.89
_	102-5860-720.42-36	161.00	46.11	114.89
_	102-5860-720.42-37	1,260.00		1,260.00
_	102-5860-720.42-40	50,627.00	14,189.03	36,437.97
_	102-5860-720.42-45	1,106.00	304.67	801.33
_	102-5860-720.42-60	1,844.00		1,844.00 +

F3=Exit F7=Account description F17=Subset F18=Top F19=Bottom
F21=Totalling F22=Account balance report