

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS/CRI Cities Readiness for provision of prophylactic medications

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2010-035576

CONTRACT TERM: 08/01/2010 THRU: 07/31/2012

BUDGET PERIOD: 08/01/2010 THRU: 07/31/2012

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$70,115.00	\$76,995.00	\$6,880.00
Fringe Benefits	\$23,979.00	\$24,176.00	\$197.00
Travel	\$2,810.00	\$6,170.00	\$3,360.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$6,224.00	\$15,107.00	\$8,883.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$84,873.00	\$65,553.00	\$(19,320.00)
Total Direct Charges	\$188,001.00	\$188,001.00	\$0.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$17,110.00	\$17,110.00	\$0.00
Income Total	\$17,110.00	\$17,110.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$188,001.00	\$188,001.00	\$0.00
Performing Agency Share	\$17,110.00	\$17,110.00	\$0.00
Receiving Agency Share	\$170,891.00	\$170,891.00	\$0.00
Total Reimbursements Limit	\$170,891.00	\$170,891.00	\$0.00
JUSTIFICATION			
This amendment is to reallocate funds to reflect changes in Personnel, Fringe Benefits, Travel, Supplies, and Other categories.			

Financial status reports are due: 11/30/2010, 03/02/2011, 05/30/2011, 08/30/2011, 11/30/2011, 03/01/2012, 05/30/2012, 10/01/2012