FORM I: BUDGET SUMMARY (REQUIRED)

NEW Revised copy

Legal Name of Respondent:

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%	100%				
A. Personnel	$25,858	$25,858	$0	$0	$0	$0
B. Fringe Benefits	$4,427	$4,427	$0	$0	$0	$0
C. Travel	$5,080	$5,080	$0	$0	$0	$0
D. Equipment	$0	$0				
E. Supplies	$4,351	$4,351	$0	$0	$0	$0
F. Contractual	$0	$0	$0	$0	$0	$0
G. Other	$572	$572	$0	$0	$0	$0
H. Total Direct Costs	$40,288	$40,288	$0	$0	$0	$0
I. Indirect Costs	$0	$0				
J. Total (Sum of H and I)	$40,288	$40,288	$0	$0	$0	$0
K. Program Income - Projected Earnings		$0	$0	$0	$0	$0

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

Check Total For: Equipment = $0 Indirect Costs = $0

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

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent: 0

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
Surveillance Coordinator (P)	N	Provide surveillance and investigation services	1	N/A	$3,694.00	7	$25,858
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							$0
						SalaryWage Total	$25,858

FRINGE BENEFITS Itemize the elements of fringe benefits in the space below:

Surveillance Coordinator (P) FICA/MEDICARE

Fringe Benefit Rate %	17.12%
Fringe Benefits Total	$4,427

Revised: 7/6/2009

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: 0

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
DSHS/CSTE Disaster Epidemiology Subcommittee Workshop	CSTE/DSHS Epidemiology & Disaster Subcommitee for Survelliance Coordinator and Epidemiologist	Atlanta, GA	5 days/2 Employees	Mileage	
				Airfare	$660
				Meals	$400
				Lodging	$1,200
				Other Costs	$1,820
				Total	$4,080
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					$0

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Total for Conference / Workshop Travel $4,080

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Mileage for epi surveillance to various local & regional meetings	2000	$0.500	$1,000		$1,000
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					$0

Total for Other / Local Travel $1,000

Other / Local Travel Costs: $1,000 Conference / Workshop Travel Costs: $4,080 **Total Travel Costs: $5,080**

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

Revised: 7/6/2009

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

Legal Name of Respondent: 0

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
		0	$0	$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
			TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Equipment: **$0**

Revised: 7/6/2009

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent: 0

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

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
Office Supplies (paper, printer cartridges, etc.)	Office supplies to support Surveillance Coordinator & Epidemiologist	$4,351
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Supplies: **$4,351**

Revised: 7/6/2009

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: 0

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 co 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 FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS					

Total Amount Requested for CONTRACTUAL:

ntractors as "To Be

TOTAL
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0

$0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: 0

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
Pediatric Principles & Practice of Pediatric Infectious Disease Revised Reprint (with CD Rom)	Reference for H1N1 Infectious Disease processes	$212
Adults Principles & Practice of Pediatric Infectious Disease Revised Reprint (with CD Rom)	Reference for H1N1 Infectious Disease processes	$360
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other: **$572**

Revised: 7/6/2009

FORM I-6: OTHER Budget Category Detail Form

ORIGINAL

Legal Name of Respondent: Collin County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
10 Verizon Wireless Cards for laptops (10 months of service at $39.99)	To enable mobile access to ImmTrac for data entry	$4,000
Fuel for County vehicles	Fuel will be used to support vaccination operations.	$2,750
EMS Support at Vaccination Clinics (200 hours at $150/hour)	Vaccination Services - Monitoring life safety during vaccination clinics, eg adverse effects	$30,000
Security at Vaccination Clinics (200 hours at $40/hour)	Vaccination Services - Physical security by law enforcement at vaccination sites	$8,000
Medical Waste of North Texas (200 units at $24 each)	Medical Waste Disposal - Disposal of sharps and other medical waste	$4,800
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other: **$49,550**

Revised: 7/6/2009