

## FORM E: BUDGET SUMMARY

**Applicant Name:**

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)
<b>Percentage of Funding</b>	100%	100%	0%	0%	0%	0%
A. Personnel	\$ 60,012.00	\$ 60,012.00				
B. Fringe Benefits	\$ 19,804.00	\$ 19,804.00				
C. Travel	\$ 1,350.00	\$ 1,350.00				
D. Equipment	\$ -	\$ -				
E. Supplies	\$ 6,397.00	\$ 6,397.00				
F. Contractual	\$ -	\$ -				
G. Other	\$ 74,388.00	\$ 74,388.00				
H. Total Direct Costs	\$ 161,951.00	\$ 161,951.00	\$ -	\$ -	\$ -	\$ -
I. Indirect Costs		\$ -				
J. Total (Sum of H and I)	\$ 161,951.00	\$ 161,951.00	\$ -	\$ -	\$ -	\$ -
K. Program Income - Projected Earnings						

\*Letters of good standing that validate the respondent's programmatic, administrative, and financial capacity 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 learning, letters 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

<b>PERSONNEL</b>								
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	
CRI Coordinator (E)	N	Performs SNS & emergency preparedness activities	1	NA	\$3,320.96	12	\$39,852	
CRI Intern	Y	Intern for SNS preparedness activities	1	NA	\$1,680.00	12	\$20,160	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
<b>TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS</b>								\$0
						<b>SalaryWage Total</b>	<b>\$60,012</b>	

<b>FRINGE BENEFITS</b>	Itemize the elements of fringe benefits in the space below:	
<b>FRINGE BENEFITS:</b> 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)		
<b>Fringe Benefit Rate %</b>		33.00%
<b>Fringe Benefits Total</b>		<b>\$19,804</b>

## 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:	Travel Costs	
			Days/Employees		
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Short seminars, conferences, meetings within state of Texas. Will be utilized by CRI staff (x1). Includes mileage/airfare, meals at \$50/day, hotel costs.	1200	\$0.500	\$600		\$600
Short seminars, conferences, meetings within state of Texas. Will be utilized by CRI staff (x1). Includes mileage/airfare, meals at \$50/day, hotel costs.			\$0	\$750	\$750
			\$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

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-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
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

## FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost per unit)]</small>	Purpose & Justification	Total Cost
ATT Wireless	Phone/data service (1 user, \$90/month, 12 months)	\$1,080
Outreach	Annual budget for MRC recruitment and outreach materials including multi-media advertising	\$61,000
Samaritan Technologies	Annual maintenance fee for Disaster Help volunteer management software	\$4,700
Storage Space	Annual lease (12 months at \$634/month) for response kits and materials storage	\$7,608
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$74,388
----------