



FY2010
Public Health Emergency Response
Focus Area 2 Redirection Request

Legal Name of Applicant Agency: Collin County

Amount of Focus 2 Redirection Request: \$ 40,288.00

ASSURANCES

The facts affirmed by me in this application are truthful. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements is a condition precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.

Signature of Authorized Representative _____
Typed Name of Authorized Representative Kelley Stone
Title of Authorized Representative Director of Homeland Security
Date of Submission 4-Dec-09
Authorized Representative Telephone Number 972-548-5537
Authorized Representative E-mail Address kstone@co.collin.tx.us

FORM I: BUDGET SUMMARY (REQUIRED)

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	<input checked="" type="checkbox"/>	\$0	\$0	\$0
B. Fringe Benefits	\$4,427	\$4,427	<input checked="" type="checkbox"/>	\$0	\$0	\$0
C. Travel	\$5,080	\$5,080	<input checked="" type="checkbox"/>	\$0	\$0	\$0
D. Equipment	\$0	\$0		\$0	\$0	\$0
E. Supplies	\$4,351	\$4,351	<input checked="" type="checkbox"/>	\$0	\$0	\$0
F. Contractual	\$0	\$0		\$0	\$0	\$0
G. Other	\$572	\$572	<input checked="" type="checkbox"/>	\$0	\$0	\$0
H. Total Direct Costs	\$40,288	\$40,288		\$0	\$0	\$0
I. Indirect Costs	\$0	\$0		\$0	\$0	\$0
J. Total (Sum of H and I)	\$40,288	\$40,288	<input checked="" type="checkbox"/>	\$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-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

0

Conference / Workshop Travel Costs		Justification	Location City/State	Number of: Days/Employees	Travel Costs	
Description of Conference/Workshop					Mileage	Total
DHS/CSTE Disaster Epidemiology Subcommittee Workshop	CSTE/DSHS Epidemiology & Disaster Subcommittee for Surveillance 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	
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)
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

Other / Local Travel Costs: Conference / Workshop Travel Costs: Total Travel Costs:

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

