

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	100%	100%				
A. Personnel	\$131,097	✓ \$131,097	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$22,449	✓ \$22,449	\$0	\$0	\$0	\$0
C. Travel	\$55	✓ \$55	\$0	\$0	\$0	\$0
D. Equipment	\$2,700	✓ \$2,700	\$0	\$0	\$0	\$0
E. Supplies	\$21,523	✓ \$21,523	\$0	\$0	\$0	\$0
F. Contractual	\$466,000	✓ \$466,000	\$0	\$0	\$0	\$0
G. Other	\$33,199	✓ \$33,199	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$677,023	\$677,023	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$677,023	\$677,023 ✓	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$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 = \$2,700** **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:

Collin County

Conference / Workshop Travel Costs		Justification	Location City/State	Number of:		Travel Costs												
Description of Conference/Workshop	Days/Employees			Total														
								<table style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td>Total</td><td style="text-align: right;">\$0</td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs	
Mileage																		
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Mileage																		
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Meals																		
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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)	
Local travel for vaccine/resource distribution and administration, case work	100	\$0.550	\$55		\$55	
			\$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:

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
To be named	Vaccination Administration	Administer vaccine	Hourly	4660	\$100.00	\$466,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$466,000

