



FY2011
Public Health Emergency Preparedness
CDC PHEP Funding

Legal Name of Applicant Agency: Collin County
Mailing Address:

Street / PO Box: 4300 Community Avenue
City McKinney
Zip 75071

Payee Name: Collin County

Payee Mailing Address:
Street / PO Box: 4300 Community Avenue
City McKinney
Zip 75071

State of Texas Comptroller Vendor ID No (14 digit): _____

Type of Entity (Choose one)

- City
- County
- Other Political Subdivision

Project Period

Start 8/1/2010
End 7/31/2012

Counties Served

- County 1 Collin County
- County 2 _____
- County 3 _____
- County 4 _____
- County 5 _____
- County 6 _____
- County 7 _____

Amount of Funding Requested: \$ 647,965.00

ASSURANCES

The facts affirmed by me in this application are truthful. I understand that the truthfulness of the facts affirmed

Signature of Authorized Representative

Typed Name of Authorized Representative

Keith Self

Title of Authorized Representative

Collin County Judge

Date of Submission

6/23/10

Authorized Representative Telephone Number

972.548.4623

Authorized Representative E-mail Address

keith.self@collincountytx.gov

Please list all personnel you would like included in an updated, general purpose contract distribution list.

Agency Name:

Contact 1:

First Name	Kelley
Last Name	Stone
Title	Director of Homeland Security
Phone	972-548-5537
Fax	972-548-5574
E-mail	kstone@co.collin.tx.us
(Mailing Address):	
Street	4300 Community Avenue
City	McKinney
Zip	75071
County	Collin

Contact 2:

First Name	Eileen
Last Name	Prentice
Title	Bioterrorism Coordinator
Phone	972-548-4384
Fax	972-548-4747
E-mail	eprentice@co.collin.tx.us
(Mailing Address):	
Street	4300 Community Avenue
City	McKinney
Zip	75071
County	Collin

Contact 3:

First Name	Laurie
Last Name	Vining
Title	Accountant I
Phone	972-548-4796
Fax	
E-mail	lvining@co.collin.tx.us
(Mailing Address):	
Street	2300 Bloomdale Road, Ste 3100
City	McKinney
Zip	75071
County	Collin

Contact 4:

First Name	Lawana
Last Name	Downs
Title	Bioterrorism Administrative Assistant
Phone	972-548-4383
Fax	972-548-4747
E-mail	ldowns@co.collin.tx.us
(Mailing Address):	
Street	4300 Community Avenue
City	McKinney
Zip	75071
County	Collin

Contact 5:

First Name	Keith
Last Name	Self
Title	County Judge
Phone	972-548-4623
Fax	
E-mail	keith.self@collincountytx.gov
(Mailing Address):	
Street	2300 Bloomdale, #4192
City	McKinney
Zip	75071
County	Collin

Contact 6:

First Name	
Last Name	
Title	
Phone	
Fax	
E-mail	
(Mailing Address):	
Street	
City	
Zip	
County	

Add additional contacts if desired

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)
Percentage of Funding	100%	91%	0%	0%	9%	0%
A. Personnel	\$ 441,387.00	\$ 407,588.00			\$ 33,799.00	
B. Fringe Benefits	\$ 152,896.00	\$ 140,298.00			\$ 12,598.00	
C. Travel	\$ 7,880.00	\$ 7,880.00				
D. Equipment	\$ 11,476.00	\$ 11,476.00				
E. Supplies	\$ 7,772.00	\$ 7,772.00				
F. Contractual	\$ -	\$ -				
G. Other	\$ 93,347.00	\$ 72,951.00			\$ 20,396.00	
H. Total Direct Costs	\$ 714,758.00	\$ 647,965.00	\$ -	\$ -	\$ 66,793.00	\$ -
I. Indirect Costs	\$ -	\$ -				
J. Total (Sum of H and I)	\$ 714,758.00	\$ 647,965.00	\$ -	\$ -	\$ 66,793.00	\$ -
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

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
Bioterrorism Coordinator (E)	N	Coordinates PHEP grant deliverables & activities, supervises PHEP team	1	NA	\$4,843.02	12	\$58,116
Bioterrorism Planner (E)	N	Emergency plan development, MRC Coordinator	1	NA	\$3,986.35	12	\$47,836
Administrative Assistant, BT (E)	N	Tracks & maintains documentation for PHEP team	1	NA	\$3,125.71	12	\$37,509
IT Specialist (E)	N	Network & computing, redundant communications	1	NA	\$7,101.34	12	\$85,216
Epidemiologist (E)	N	Coordinates epidemiology services and disease investigation	0.8	NA	\$6,184.48	12	\$59,371
Epidemiology Analyst (E)	N	Performs disease & contact investigations, influenza surveillance, rabies PEP distribution	1	NA	\$3,605.28	12	\$43,263
Administrative Assistant, Epi (E)	N	Tracks & maintains documentation for Epidemiology team	1	NA	\$2,956.43	12	\$35,477
Intern, BT (E)	N	Intern for BT team	1	NA	\$1,700.00	12	\$20,400
Intern, Epi (E)	N	Intern for Epi team	1	NA	\$1,700.00	12	\$20,400
MATCH - Homeland Security Director (E)	N	Oversees Homeland Security Department and PHEP team	0.15	NA	\$10,333.05	12	\$18,599
MATCH - Accountant I (E)	N	Completes FSIRs and maintains fiscal auditing documentation	0.4	NA	\$3,166.67	12	\$15,200
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$441,387

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FRINGE BENEFITS: 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); FICA only for Interns
	Fringe Benefit Rate %
	34.64%
	Fringe Benefits Total
	\$152,896

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		
i2 Americas User Conference 2010	Annual i2 analysis and training conference for IT Specialist	Washington, DC	3 days/	1	Mileage	\$35
					Airfare	\$500
					Meals	\$150
					Lodging	\$600
					Other Costs	\$75
					Total	\$1,360
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	Atlanta, GA	5 days/2	employees	Mileage	\$70
					Airfare	\$750
					Meals	\$250
					Lodging	\$1,300
					Other Costs	\$150
					Total	\$2,520
					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

\$3,880

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. Will be utilized by all PHEP funded staff.	5000	\$0.500	\$2,500		\$2,500
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.	1000	\$0.500	\$500	\$1,000	\$1,500
			\$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

\$4,000

Other / Local Travel Costs: **\$4,000**

Conference / Workshop Travel Costs: **\$3,880**

Total Travel Costs: \$7,880

Indicate Policy Used:

Respondent's Travel Policy **Collin County**

State of Texas Travel Policy

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form

Legal Name of Respondent:

Collin County

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
Radiant RFID Emergency Evacuation System	Barcode scanners and peripherals with State system for patient tracking	2	\$5,624	\$11,248
Summitt Refrigerator/Freezer	Vaccine storage at Health Care Services	1	\$228	\$228
				\$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: \$11,476

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Collin County

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 <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Supplies	Office (clip boards, paper, etc.) and program (N95 masks, gloves, crowd control posts, etc.) supplies for mass prophylaxis activities	\$5,567
Office 2007 and Windows 7	EA True Up software licenses for 5 laptops purchased in FY 10; required by County for current standard (Office \$338.90 ea, Windows \$102.07 ea)	\$2,205
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$7,772

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
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 & cost per unit)]</small>	Purpose & Justification	Total Cost
ATT Wireless Cell Phone	Cellular phone service (1 user, \$33/month, 12 months)	\$400
ATT Wireless Treo Service	Phone/data service (5 users, \$65/month, 12 months)	\$3,900
Auto Maintenance	Annual maintenance of the PHEP vehicle	\$1,500
Auto Fuel	Annual fuel costs for PHEP vehicle	\$750
Conference Registration Fees	Registration fees for Public Health Summit (\$500/person) and I2 Conference (\$275)	\$1,275
CPR, AED, and First Aid Training	Training fee for 10 person CPR, AED, and First Aid course (\$85/person, 1 course)	\$850
Dish Network	Television satellite service (\$61/mo, 12 months)	\$732
Imagistics (Copier Service)	Copier service (\$152/mo, 12 months)	\$1,824
NDLS Training	Training fee for 30 person BDLS course (\$125/person, 4 courses); 30 person ADLS course (\$300/person, 1 course)	\$24,000
Nextel Wireless Cell Phone	Cellular phone service (1 user, \$36/month, 12 months)	\$432
Outreach	Outreach, advertising and recruiting materials	\$4,000
Pager	Pager service (1 user, \$4.50/mo, 12 months)	\$54
Printing and Communication Materials	Printing fee for public health brochures & materials	\$3,000
Public Health Responder Identification Clothing	Provide the preparedness/first responder staff with identifiable team shirts/jackets/hats to be used in exercise and drill activities and in real time response events	\$750
Language Line	Translation services for non-English speaking clients	\$1,000
Region 10 Videoconferencing Network	Annual membership fee	\$4,620
SPSS	SPSS statistical software maintenance fees	\$1,610
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$42,650

Total Amount Requested for Other:

\$93,347

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**