DEPARTMENT OF STATE HEALTH SERVICES

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS - CITIES READINESS INITIATIVE
CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES
CONTRACT NO: 2009-031670
CONTRACT TERM: 08/01/2009 **THRU:** 07/31/2011
BUDGET PERIOD: 08/01/2009 **THRU:** 07/31/2011 **CHG:** 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	$39,312.84	$38,880.00	$(432.84)
Fringe Benefits	$14,191.94	$14,191.20	$(0.74)
Travel	$2,050.00	$1,349.75	$(700.25)
Equipment	$0.00	$0.00	$0.00
Supplies	$13,308.22	$4,142.05	$(9,166.17)
Contractual	$0.00	$0.00	$0.00
Other	$93,088.00	$103,388.00	$10,300.00
Total Direct Charges	$161,951.00	$161,951.00	$0.00
INDIRECT COST			
Base ($)	$0.00	$0.00	$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	$0.00	$0.00	$0.00
PROGRAM INCOME			
Program Income	$0.00	$0.00	$0.00
Other Match	$0.00	$0.00	$0.00
Income Total	$0.00	$0.00	$0.00
LIMITS/RESTRICTIONS			
Advance Limit	$0.00	$0.00	$0.00
Restricted Budget	$0.00	$0.00	$0.00
SUMMARY			
Cost Total	$161,951.00	$161,951.00	$0.00
Performing Agency Share	$0.00	$0.00	$0.00
Receiving Agency Share	$161,951.00	$161,951.00	$0.00
Total Reimbursements Limit	$161,951.00	$161,951.00	$0.00
JUSTIFICATION			
Contractor has requested transfer of funds from Personnel, Travel, and Supplies to the Other category.			

Financial status reports are due: 11/30/2009, 03/02/2010, 05/31/2010, 08/31/2010, 11/30/2010, 03/03/2011, 05/30/2011, 09/29/2011

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	0%					
A. Personnel	$38,880.00	$0.00	$0.00	$0.00	$0.00	$0.00
B. Fringe Benefits	$14,191.20	$0.00	$0.00	$0.00	$0.00	$0.00
C. Travel	$1,349.75	$0.00	$0.00	$0.00	$0.00	$0.00
D. Equipment	$0.00					
E. Supplies	$4,142.05	$0.00	$0.00	$0.00	$0.00	$0.00
F. Contractual	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
G. Other	$103,388.00	$0.00	$0.00	$0.00	$0.00	$0.00
H. Total Direct Costs	$161,951.00	$0.00	$0.00	$0.00	$0.00	$0.00
I. Indirect Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
J. Total (Sum of H and I)	$161,951.00	$0.00	$0.00	$0.00	$0.00	$0.00
K. Program Income - Projected Earnings		$0.00	$0.00	$0.00	$0.00	$0.00

*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: 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
CRI Coordinator (E)	N	Performs SNS & emergency preparedness activities	1	NA	$3,240.00	12	$38,880
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
					SalaryWage Total		$38,880

FRINGE BENEFITS

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)

Fringe Benefit Rate %	36.50%
Fringe Benefits Total	$14,191

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 Employees Attending	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				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 for Conference / Workshop Travel $0

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.	65	$0.550	$36		$36
Short seminars, conferences, meetings within state of Texas. Will be utilized by CRI staff (x1). Includes mileage/airfare, meals at $50/day, hotel costs.	1028	$0.500	$514		$514
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	$800	$800
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0

Total for Other / Local Travel $1,350

Other / Local Travel Costs: $1,350 **Conference / Workshop Travel Costs:** $0 **Total Travel Costs:** **$1,350**

Indicate Policy Used: **Respondent's Travel Policy** **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
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0

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

Form I - 3 Minimum Computer Specifications Form

The following table contains minimum computer equipment specifications required for computer equipment purchases approved by the Department of State Health Services. Please see notes on the next page for additional requirements.

Minimum Computer Equipment Specifications (03/01/2009)	
Processor	Intel Dual Core Processor – 2.0 GHz or higher or AMD Athlon 64 X2 Processor – 2.0 GHz or higher
Memory	2 GB RAM, 800 MHz or higher
Video Card	256 MB RAM PCI Express or AGP or higher
Hard Drives	80 GB SATA 7200RPM or higher
USB Ports	Four USB 2.0 Ports or higher
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	SATA CD ROM drive (52X speed or higher) or higher
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers or higher
Keyboards	USB Keyboard
Mouse:	2-Button USB Optical Scroll Mouse or higher
Operating System	Windows® XP Professional (SP2 or newer*)
Monitor:	17 inch Color LCD Monitor VGA or DVI or higher (optional)
Security	Antivirus and Anti-Spyware Software
Hardware Support Services	4Yr Ltd NBD Warranty On-Site Service or higher

* Operating systems must be Professional or Business Editions

Notes:

a.) A complete system price shall not exceed $1,500.00 for a desktop/laptop system. Please submit justification when the purchase cost for a system exceeds these limits.

b.) When contractor budgets are prepared to purchase computer equipment, complete computer equipment specifications, including printers, must be submitted to DSHS.

c.) Vendors who assemble systems with generic (clone) computer parts or upgrade components must complete and submit the attached vendor certification to the quote and equipment specifications the vendor presents to

d.) Due to market volatility, the pricing of computer equipment or peripherals may fluctuate greatly within weeks. The DSHS considers vendor quotations issued greater than 30 days from the current date to be expired

If you need additional information, please contact *Austin Metro Branch Manager, Information Technology Section, 512-458-7271*

Vendor Certification for Computer Equipment purchased by DSHS Contractor

(Please attach to Vendor's computer equipment quote and specifications.)

1.) All equipment components shall be new at time of purchase, of current production, and shall include the manufacturer's standard equipment, accessories (power cords, cables, etc.) and component documentation.

2.) All equipment components shall be one hundred percent (100%) IBM-compatible microcomputers, capable of running the same software, and capable of operating with add-on/options cards designed to run in IBM-compatible microcomputers.

3.) All equipment shall be certified 100% compatible with Microsoft Windows 2003 or higher. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2003 Advanced Server or higher and Novell-certified to operate as a Netware 6.5 server or higher.

4.) DSHS is aware problems may develop in computer equipment due to heat generated by the components. The vendor must certify its computer system is designed in such a manner to allow for adequate heat dissipation and the vendor shall repair, replace, or add additional components to systems which have problems which are determined to be heat-related.

5.) DSHS expects systems and equipment purchased by DSHS contractors will be quality merchandise. Further, we expect the equipment will operate properly at the time of initial installation. DSHS hereby establishes and defines Excessive Failure as a failure rate greater than one percent (1%) of the items specified and provided to a DSHS contractor by the vendor which becomes non-operational and/or unusable during the course of normal operation. All problems must be repaired or replaced at the vendor's expense, including parts, labor, and any necessary freight or handling charges. If the vendor does not repair and/or replace the defective system(s)/component(s) within twenty-four (24) business hours of notification, the DSHS and/or its contractor shall have the right to take whatever reasonable actions are necessary to repair and/or replace the defective system(s)/components(s), and shall have the right to recover from the vendor all expenses incurred from these actions. Intentional or accidental damage of any system(s) and/or component(s) caused by employees and/or clients and/or acts of nature to the equipment shall not be construed as failure for the purpose

Authorized Vendor Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company Name: _____ Phone: _____

Company Address: _____

_____

City State Zip

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 if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Total Cost
Supplies	Office (clip boards, paper, etc.) and program (N95 masks, gloves, crowd control posts, etc.) supplies for mass prophylaxis activities	$4,142

Total Amount Requested for Supplies: **$4,142**

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 (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (If Applicable)	TOTAL
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

Total Amount Requested for CONTRACTUAL: $0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: Collin County

Description of Item	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	$90,000
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 Amount Requested for Other: **$103,388**

FORM I - 7 Indirect Costs, Example and Instructions

Legal Name of Respondent: Apple County Health Department

Total amount of indirect costs allocable to the project: **Amount** $3,575

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

X	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:** 8.750% **BASE:** Modified total direct, including subgrants and subcontracts up to the first $25,000; excluding equipment, capital equipment, as well as the portion of each subgrant and subcontract in excess of $25,000.

INSTRUCTIONS: *Organizations that have an approved indirect cost rate should complete the section above by marking the box and indicating the rate and base. A copy of the approved rate agreement that will be in effect during the contract term should be attached to Form I - 7. If a rate agreement is pending, submit the latest approved agreement.*

X	***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.** **Note:** Governmental entities 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.	**RATE:** 10.25% **TYPE:** (central service or indirect) **BASE:** Direct Salary and Wages

INSTRUCTIONS: *OMB Circular A-87 permits States, Local and Indian Tribal Governments to prepare central service and indirect cost rate proposals in accordance with the requirements of the Circular and maintain the proposal and related supporting documentation for audit. The Circular goes on to state that no rate shall be acceptable unless such costs have been certified by the governmental unit using the Certificate of Cost Allocation Plan or Certificate of Indirect Costs as set forth in Attachments C and E. The certification forms are also available in the Appendix to the DSHS Contractor's Financial Procedures Manual (CFPM) available on the internet at: http://www.dshs.state.tx.us/contracts/*

NOTE: *Governmental entities must also submit a cost allocation plan as specified in Appendix A of the Contractor's Financial Procedures Manual to DSHS within 60 days of the contract start date. Governmental entities that only have a central service cost rate must also include the indirect costs of the governmental department. The allocation of indirect costs of the department must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.*

X	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/

If using a central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate: Salary/expenses of executive office staff (CEO, CFO), accounting office, personnel office; depreciation; facility maintenance; utility costs; general liability and property insurance;

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:**

Facility costs, depreciation, utilities, and property insurance costs are captured in a separate cost center and allocated to cost objectives based on square footage occupied by the cost objective.

General administrative office, executive office, accounting office, and human resource office costs are captured in separate cost centers established for each office; the costs are pooled and allocated to benefited cost objectives based on direct salary/wages.

General organization costs (i.e. general liability insurance) are captured in a separate cost center and allocated to all cost objectives of the organization based on direct salary/wages.

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.**

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.

RATE:
TYPE:
BASE:

_____ 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/

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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:**

SUPPLEMENTAL FORMS INSTRUCTIONS

The six worksheets that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that need to use the supplemental templates should leave the last line blank on the primary budget template for respective budget category and insert the total from the supplemental template; noting in the description or justification field "Total from Supplemental Schedule".

The supplemental worksheets are:

-Form I-1 Personnel Supplemental

-Form I-2 Travel Supplemental

-Form I-3 Equipment Supplemental

-Form I-4 Supplies Supplemental

-Form I-5 Contractual Supplemental

-Form I-6 Other Supplemental

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

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
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
					SalaryWage Total		$0

FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of Employees Attending	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				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 for Conference / Workshop Travel $0

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0

Total for Other / Local Travel $0

Other / Local Travel Costs: $0 **Conference / Workshop Travel Costs:** $0 **Total Travel Costs:** **$0**

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Supplemental)

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
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0

Total Amount Requested for Equipment: $0

FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Itemize and describe each supply item and provide an estimated quantity if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item	Purpose & Justification	Total Cost

Total Amount Requested for Supplies: $0

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

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 de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (If Applicable)	TOTAL
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0
						$0

Total Amount Requested for CONTRACTUAL: $0

FORM I-6: OTHER Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Description of Item	Purpose & Justification	Total Cost

Total Amount Requested for Other: $0