



FY2011
Public Health Emergency Response
CDC PHER Funding - Redirection

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 10/1/2010
End 7/31/2011

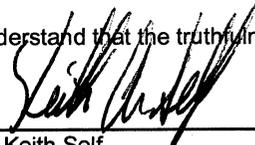
Counties Served

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

Amount of Funding Requested: \$ 293,603.00

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 President
Date of Submission 11/15/10
Authorized Representative Telephone Number (972) 548-4631
Authorized Representative E-mail Address _____

| | |
|--------------------|--|
| Fax | 972-548-5574 |
| E-mail | kstone@co.collin.tx.us |
| (Mailing Address): | |
| Street | 4300 Community Avenue |
| City | McKinney |
| Zip | 75071 |
| County | Collin |

| | |
|--------------------|--|
| 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 |

| | |
|--------------------|--|
| 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 |

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

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

| | |
|------------|--|
| First Name | |
| Last Name | |
| Title | |
| Phone | |
| Fax | |

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) |
|--|---------------------|-----------------------------|-----------------------------|----------------------------------|------------------------------|--------------------|
| <i>Percentage of Funding</i> | 100% | 100% | 0% | 0% | 0% | 0% |
| A. Personnel | \$ 66,600.00 | \$ 66,600.00 | | | | |
| B. Fringe Benefits | \$ 5,095.00 | \$ 5,095.00 | | | | |
| C. Travel | \$ 2,400.00 | \$ 2,400.00 | | | | |
| D. Equipment | \$ 6,600.00 | \$ 6,600.00 | | | | |
| E. Supplies | \$ 62,950.00 | \$ 62,950.00 | | | | |
| F. Contractual | \$ 33,363.00 | \$ 33,363.00 | | | | |
| G. Other | \$ 116,595.00 | \$ 116,595.00 | | | | |
| H. Total Direct Costs | \$ 293,603.00 | \$ 293,603.00 | \$ - | \$ - | \$ - | \$ - |
| I. Indirect Costs | \$ - | \$ - | | | | |
| J. Total (Sum of H and I) | \$ 293,603.00 | \$ 293,603.00 | \$ - | \$ - | \$ - | \$ - |
| 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 | 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 |
|---|---------------|---|-------|---|---|------------------------|--|
| Functional Title + Code E = Existing or P = Proposed | | | | | | | |
| Pandemic Influenza Planner (P) | Y | Rewrite pandemic influenza plan and advance planning with community partners based on lessons learned during H1N1 | 1 | NA | \$3,870.00 | 9 | \$34,830 |
| Public Outreach Educator (P) | Y | Provide outreach, public information/education services | 1 | NA | \$3,530.00 | 9 | \$31,770 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS | | | | | | | \$0 |
| SalaryWage Total | | | | | | | \$66,600 |

| FRINGE BENEFITS | Itemize the elements of fringe benefits in the space below: | |
|--|---|---------|
| FRINGE BENEFITS: FICA/Medicare (salary x 0.0765) | | |
| Fringe Benefit Rate % | | 7.65% |
| Fringe Benefits Total | | \$5,095 |

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 | | | | | | | | | | | | | |
| | | | | | <table border="1" 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 style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table> | Mileage | | Airfare | | Meals | | Lodging | | Other Costs | | Total | \$0 |
| Mileage | | | | | | | | | | | | | | | | | |
| Airfare | | | | | | | | | | | | | | | | | |
| Meals | | | | | | | | | | | | | | | | | |
| Lodging | | | | | | | | | | | | | | | | | |
| Other Costs | | | | | | | | | | | | | | | | | |
| Total | \$0 | | | | | | | | | | | | | | | | |
| | | | | | <table border="1" 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 style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table> | Mileage | | Airfare | | Meals | | Lodging | | Other Costs | | Total | \$0 |
| Mileage | | | | | | | | | | | | | | | | | |
| Airfare | | | | | | | | | | | | | | | | | |
| Meals | | | | | | | | | | | | | | | | | |
| Lodging | | | | | | | | | | | | | | | | | |
| Other Costs | | | | | | | | | | | | | | | | | |
| Total | \$0 | | | | | | | | | | | | | | | | |
| | | | | | <table border="1" 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 style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table> | Mileage | | Airfare | | Meals | | Lodging | | Other Costs | | Total | \$0 |
| Mileage | | | | | | | | | | | | | | | | | |
| Airfare | | | | | | | | | | | | | | | | | |
| Meals | | | | | | | | | | | | | | | | | |
| Lodging | | | | | | | | | | | | | | | | | |
| Other Costs | | | | | | | | | | | | | | | | | |
| Total | \$0 | | | | | | | | | | | | | | | | |
| | | | | | <table border="1" 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 style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table> | 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) |
|---|-----------------|----------------------------|------------------|-----------------|-----------------|
| Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. | 1500 | \$0.500 | \$750 | \$150 | \$900 |
| Short seminars, conferences, meetings within state of Texas. | 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

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-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 |
|--|---|-----------------|---------------|---------|
| Yaesu FT8800R Amateur Radio Base Station, Accessories and Installation for EOC | Redundant communication method between clinic and command staff | 1 | \$1,000 | \$1,000 |
| 800 Trunking Radio Base Station, Accessories and Installation for EOC | Redundant communication method between first responders and command staff | 1 | \$5,600 | \$5,600 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
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| | | | | \$0 |
| | | | | \$0 |
| | | | | \$0 |
| TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS | | | | \$0 |

Total Amount Requested for Equipment:

\$6,600

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 |
|---|--|------------|
| Adobe Creative Suite | Software for design of brochures, flyers, and other educational materials | \$750 |
| Directional Supplies for Clinic | Increase client throughput through use of additional interior and exterior signage, serpentine lines, etc. | \$22,000 |
| EZ Up Speed Shelter II, Sidewalls, and Weight Bags | Field shelter for clinic registration/data entry (15 at \$800) | \$12,000 |
| Handheld Amateur Radio and Accessories | Redundant communication method for primary response staff (4 at \$450) | \$1,800 |
| Medical Supplies (bandaids, alcohol prep pads, etc.) | Medical supplies for pandemic response | \$6,000 |
| Office Supplies (clipboards, paper, etc.) | Office supplies for pandemic response | \$5,400 |
| Personal Protective Equipment (N-95 masks, gloves, etc.) | PPE for pandemic response | \$10,000 |
| Portable Coolers | Portable coolers of various sizes for transportation and storage of vaccine | \$5,000 |
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| | | |
| TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS | | \$0 |

Total Amount Requested for Supplies:

\$62,950

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 |
|---|--|--|---|---------------------------------------|--|----------|
| TEEX | Develop and conduct a pandemic influenza tabletop exercise | Exercise to test pandemic preparedness and planning based on lessons learned during H1N1 | Lump Sum | 1 | \$33,363.00 | \$33,363 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| | | | | | | \$0 |
| TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS | | | | | | \$0 |

Total Amount Requested for CONTRACTUAL: \$33,363

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 Service | Cell phone per County standards (2 at \$200) | \$400 |
| ATT Wireless Phone | Phone/data service (2 users, \$65/month, 9 months) | \$1,170 |
| Fees for FCC Club License | Club/vanity license for ease of contacting EOC | \$25 |
| Outreach and Advertising | Outreach, education, and advertising materials and associated costs | \$100,000 |
| Printing and Communication Materials | Mass printing fee for pandemic flu brochures & clinic signage | \$15,000 |
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| | | |
| TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS | | \$0 |

Total Amount Requested for Other:

\$116,595

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:**