

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: 2010-035576
CONTRACT TERM: 08/01/2010 THRU: 07/31/2011
BUDGET PERIOD: 08/01/2010 THRU: 07/31/2011

CHG: 001C

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$76,995.00	\$55,560.00	\$(21,435.00)
Fringe Benefits	\$24,176.00	\$17,751.00	\$(6,425.00)
Travel	\$6,170.00	\$5,676.00	\$(494.00)
Equipment	\$0.00	\$1,275.00	\$1,275.00
Supplies	\$15,107.00	\$28,586.00	\$13,479.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$65,553.00	\$79,153.00	\$13,600.00
Total Direct Charges	\$188,001.00	\$188,001.00	\$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	\$17,110.00	\$17,110.00	\$0.00
Income Total	\$17,110.00	\$17,110.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$188,001.00	\$188,001.00	\$0.00
Performing Agency Share	\$17,110.00	\$17,110.00	\$0.00
Receiving Agency Share	\$170,891.00	\$170,891.00	\$0.00
Total Reimbursements Limit	\$170,891.00	\$170,891.00	\$0.00
JUSTIFICATION			
This amendment is to purchase equipment; and reallocate funds to reflect changes in Personnel, Fringe Benefits, Travel, Supplies, and Other categories.			

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

Equipment List attached.

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EQUIPMENT LIST CHANGE REQUEST

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CONTRACTOR: COLLIN COUNTY HEALTH CARE SERVICES
CONTRACT TERM: 08/01/2010 THRU: 07/31/2011
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PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	ICOM 2820H amateur radio	2	\$637.50	\$1,275.00
			\$	\$
			\$	\$
			\$	\$