



FY2012
Cities Readiness Initiative
CDC 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 8/1/2011
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: \$ 152,093.00

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 _____
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	Public Health Emergency Management 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	\$ 73,437.00	\$ 70,887.00			\$ 2,550.00	
B. Fringe Benefits	\$ 22,031.00	\$ 21,266.00			\$ 765.00	
C. Travel	\$ 6,187.00	\$ 6,187.00				
D. Equipment	\$ 625.00	\$ 625.00				
E. Supplies	\$ 8,604.00	\$ 8,604.00				
F. Contractual	\$ -	\$ -				
G. Other	\$ 56,439.00	\$ 44,524.00			\$ 11,915.00	
H. Total Direct Costs	\$ 167,323.00	\$ 152,093.00	\$ -	\$ -	\$ 15,230.00	\$ -
I. Indirect Costs	\$ -	\$ -				
J. Total (Sum of H and I)	\$ 167,323.00	\$ 152,093.00	\$ -	\$ -	\$ 15,230.00	\$ -
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-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		
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	Atlanta, GA	5 days/2 employees	Mileage	\$70
				Airfare	\$800
				Meals	\$400
				Lodging	\$1,300
				Other Costs	\$150
				Total	\$2,720
Region VI TALON MRC Meeting	Regional MRC annual meeting; joint meeting with Region IV	Unknown	3 days/1 employee	Mileage	\$35
				Airfare	\$275
				Meals	\$125
				Lodging	\$0
				Other Costs	\$150
				Total	\$585
National Conference on Volunteering and Service	Volunteer leadership conference for MRC Coordinator	New Orleans, LA	3 days/1 employee	Mileage	\$35
				Airfare	\$350
				Meals	\$125
				Lodging	\$525
				Other Costs	\$75
				Total	\$1,110
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$4,415

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.	1800	\$0.510	\$918	\$100	\$1,018
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.	400	\$0.510	\$204	\$550	\$754
			\$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

\$1,772

Other / Local Travel Costs: **\$1,772**

Conference / Workshop Travel Costs: **\$4,415**

Total Travel Costs: **\$6,187**

Indicate Policy Used:

Respondent's Travel Policy **Collin County**

State of Texas Travel Policy

Revised: 7/6/2009

**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
ICOM 2820H amateur radio	Radio transceiver for additional POD portable communication units	1	\$625	\$625
				\$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: **\$625**

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
Office Supplies	Clipboards, paper, writing utensils, labels, etc. (approximately \$600/FTE, \$800 for POD supplies)	\$2,000
Grant Program Supplies	Gloves, masks, crowd control posts, signs, etc.	\$6,604
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies: **\$8,604**

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
						\$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
Amateur Radio License and Training	License fee for 40 persons (\$55/person); POD Portable Communications Unit training (\$50/person, 60 persons)	\$5,200
ATT Wireless	Phone/data service (2 users, \$90/month, 12 months)	\$2,160
Conference Registration Fees	Registration fees for Public Health Summit (\$500/person)	\$1,000
Facility Rental Fee	Facility rental fees associated with training classes/events	\$500
NDLS/UTSW Training	Training fee for 30 person BDLS course (approximately \$130/person, 3 courses)	\$11,700
Outreach	Annual budget for MRC recruitment and outreach materials, including multi-media advertising	\$10,000
Printing and Communication Materials	Printing fee for SNS brochures & materials	\$1,500
Samaritan Technologies	Annual maintenace fee for Disaster Help volunteer management software	\$4,862
Storage Space	Annual lease (1086 ft sq for \$7/sq ft) for response kits and material storage	\$7,602
MATCH - Volunteer Activities	MRC volunteer training and events participation (\$21.47/hour - calculated from Independent Sector - for 555 hours of service)	\$11,915
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Other:

\$56,439

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/>

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:**