

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%	91%	0%	0%	9%	0%
A. Personnel	\$ 383,013.00	\$ 370,762.00			\$ 12,251.00	
B. Fringe Benefits	\$ 151,099.00	\$ 147,083.00			\$ 4,016.00	
C. Travel	\$ 3,450.00	\$ 3,450.00				
D. Equipment	\$ -	\$ -				
E. Supplies	\$ 8,507.00	\$ 8,507.00				
F. Contractual	\$ -	\$ -				
G. Other	\$ 59,828.00	\$ 20,968.00			\$ 38,860.00	
H. Total Direct Costs	\$ 605,897.00	\$ 550,770.00	\$ -	\$ -	\$ 55,127.00	\$ -
I. Indirect Costs	\$ -	\$ -				
J. Total (Sum of H and I)	\$ 605,897.00	\$ 550,770.00	\$ -	\$ -	\$ 55,127.00	\$ -
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							
PHEM Coordinator (E)	N	Coordinates PHEP grant deliverables & activities, supervises PHEP team	1	NA	\$4,988.41	12	\$59,861
PHEM Planner (E)	N	Emergency plan development, MRC Coordinator	1	NA	\$3,945.79	12	\$47,349
Administrative Assistant, BT (E)	N	Tracks & maintains documentation for PHEP team	1	NA	\$3,210.97	12	\$38,532
IT Specialist (E)	N	Network & computing, redundant communications	1	NA	\$7,284.23	12	\$87,411
Epidemiologist (E)	N	Coordinates epidemiology services and disease investigation	0.8	NA	\$6,312.00	12	\$60,595
Epidemiology Analyst (E)	N	Performs disease & contact investigations, influenza surveillance, rabies PEP distribution	1	NA	\$3,363.26	12	\$40,359
Administrative Assistant, Epi (E)	N	Tracks & maintains documentation for Epidemiology team	1	NA	\$3,054.55	12	\$36,655
Intern, BT (E)	N	Intern for BT team	1	NA	\$0.00	12	\$0
Intern, Epi (E)	N	Intern for Epi team	1	NA	\$0.00	12	\$0
IN KIND MATCH - Homeland Security Director (E)	N	Oversees Homeland Security Department and PHEP team	0.07	NA	\$10,333.05	12	\$8,680
IN KIND MATCH - Accountant I (E)	N	Completes FSRs and maintains fiscal auditing documentation	0.07	NA	\$4,250.67	12	\$3,571
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$383,013

\$20,400
\$20,400

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 %
	39.45%
	Fringe Benefits Total
	\$151,099

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 employee	Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
Public Health Preparedness Summit	Conference for public health and emergency-preparedness professionals	Atlanta, GA	5 days	1 employees	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 FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$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.	4000	\$0.500	\$2,000	\$100	\$2,100
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.	1200	\$0.500	\$600	\$750	\$1,350
			\$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 \$3,450

Other / Local Travel Costs: \$3,450

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$3,450

Indicate Policy Used:

Respondent's Travel Policy Collin County

State of Texas Travel Policy

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. (\$500/FTE)	\$3,500
Grant Program Supplies	PPE, signage, computer software, etc.	\$5,007
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$8,507

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
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	\$1,500
Dish Network	Television satellite service (\$61/mo, 12 months)	\$732
Imagistics (Copier Service)	Copier service (\$152/mo, 12 months)	\$1,824
Language Line	Translation services for non-English speaking clients	\$500
Nextel Wireless Cell Phone	Cellular phone service (1 user, \$36/month, 12 months)	\$432
Postage and Shipping	Postage and shipping costs for mailouts	\$300
Printing and Communication Materials	Printing fee for public health brochures & materials	\$500
Region 10 Videoconferencing Network	Annual membership fee	\$4,620
SPSS	SPSS statistical software license and maintenance fees	\$1,610
Subscriptions and Reference Manuals	Subscriptions and reference manuals for Health Care Services	\$950
Texas Association of Local Health Officials	Annual membership fee	\$2,200
IN KIND MATCH - Volunteer Activities	MRC volunteer training and events participation (\$21.47/hour - calculated from Independent Sector - for 1810 hours of service)	\$38,860
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$59,828

removed the following items

Conference Registration Fees	Registration fees for Public Health Summit (\$500/person) and I2 Conference (\$275/person)	\$775
CPR, AED, and First Aid Training	Training fee for 10 person CPR, AED, and First Aid course (\$85/person, 1 course)	\$850
Facility Rental Fee	Facility rental fees associated with training classes/events	\$1,000
NDLS/UTSW Training	Training fee for 30 person BDLS course (\$125/person, 4 courses); 30 person ADLS course (\$300/person, 1 course)	\$24,000
Outreach	Outreach, advertising and recruiting materials	\$4,500
Pager	Pager service (1 user, \$4.50/mo, 12 months)	\$54
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
Storage Space	Annual lease (1592 sq ft for \$12/sq ft) for response kits and materials storage	\$19,104

reduced

Language Line	Translation services for non-English speaking clients	\$1,000
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(\$600)