



FY2011  
Public Health Emergency Response  
CDC PHER Funding - Redirection

Legal Name of Applicant Agency:  
Mailing Address:

Collin County

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:

\$ 196,442.00

**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

Title of Authorized Representative

Date of Submission

Authorized Representative Telephone Number

Authorized Representative E-mail Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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	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

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)
<b>Percentage of Funding</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
A. Personnel	\$ 30,960.00	\$ 30,960.00				
B. Fringe Benefits	\$ 2,368.00	\$ 2,368.00				
C. Travel	\$ 3,395.00	\$ 3,395.00				
D. Equipment	\$ 6,600.00	\$ 6,600.00				
E. Supplies	\$ 73,562.00	\$ 73,562.00				
F. Contractual	\$ 33,363.00	\$ 33,363.00				
G. Other	\$ 46,194.00	\$ 46,194.00				
H. Total Direct Costs	\$ 196,442.00	\$ 196,442.00	\$ -	\$ -	\$ -	\$ -
I. Indirect Costs	\$ -	\$ -				
J. Total (Sum of H and I)	\$ 196,442.00	\$ 196,442.00	\$ -	\$ -	\$ -	\$ -
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		Justification	Location City/State	Number of:		Travel Costs	
Description of Conference/Workshop	Days/Employees						
Mass Casualty Conference	Surge, alternate care facility, and mass casualty conference for Planner	Boston, MA	3/1	Mileage	\$35		
				Airfare	\$775		
				Meals	\$100		
				Lodging	\$500		
				Other Costs	\$60		
				<b>Total</b>	<b>\$1,470</b>		
				Mileage			
				Airfare			
				Meals			
				Lodging			
				Other Costs			
				<b>Total</b>	<b>\$0</b>		
				Mileage			
				Airfare			
				Meals			
				Lodging			
				Other Costs			
				<b>Total</b>	<b>\$0</b>		
				Mileage			
				Airfare			
				Meals			
				Lodging			
				Other Costs			
				<b>Total</b>	<b>\$0</b>		
<b>TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS</b>							<b>\$0</b>

Total for Conference / Workshop Travel \$1,470

**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.	750	\$0.500	\$375	\$50	\$425
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 \$1,925

Other / Local Travel Costs: \$1,925

Conference / Workshop Travel Costs: \$1,470

Total Travel Costs: \$3,395

Indicate Policy Used:

Respondent's Travel Policy  

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
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
				\$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: **\$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 &amp; cost/box))</small>	Purpose & Justification	Total Cost
Compuer software	Adobe Creative software for design of brochures, flyers, and other educational materials; Microsoft Visio for flow charting	\$2,852
Directional Supplies for Clinic	Increase client throughput through use of additional interior and exterior signage, serpentine lines, etc.	\$26,500
EZ Up Speed Shelter II, Sidewalls, and Weight Bags	Field shelter for clinic registration/data entry (15 at \$643)	\$9,645
Handheld Amateur Radio and Accessories	Redundant communication method for primary response staff (4 at \$394)	\$1,575
Program Supplies	Distribution and medical supplies, body bags for pandemic response	\$13,000
Office Supplies (clipboards, paper, etc.)	Office supplies for pandemic response	\$220
Personal Protective Equipment (N-95 masks, gloves, etc.)	PPE for pandemic response	\$12,000
Portable Coolers	Portable coolers of various sizes for transportation and storage of vaccine	\$7,770
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$73,562

Revised: 7/6/2009

**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
						\$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 &amp; cost per unit))]</small>	Purpose & Justification	Total Cost
ATT Wireless Service	Cell phone per County standards (1 at \$200)	\$200
ATT Wireless Phone	Phone/data service (1 users, \$85/month, 8 months)	\$680
Conference Registration Fees	Registration fees for Integrated Training Summit (\$299/person) and Mass Casualty Conference (\$745/person)	\$1,044
Facility Rental Fee	Facility rental fees associated with tabletop exercise	\$270
Immunization Van Wrap	Automobile decal wrap for immunizations vehicle	\$4,000
Printing and Communication Materials	Mass printing fee for pandemic flu brochures & clinic signage	\$40,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$46,194**

### 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:**