

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%	100%	0%	0%	0%	0%
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.

*new budget commitment
after 2014*

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			Days	Employees	Mileage	Total
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	
					Total	\$1,470	
					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 metropolplex.	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
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-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



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: \$ 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