



FY2014

**Cities Readiness Initiative**

**Applicant Information**

**Legal Name of Applicant Agency/Contract #:**  
**Mailing Address:**

Collin County

Street / PO Box: 4300 Community Ave  
City: McKinney  
Zip: 75071

**Payee Name:**

Collin County

**Payee Mailing Address:**

Street / PO Box: 4300 Community Ave  
City: McKinney  
Zip: 75071

**State of Texas Comptroller Vendor ID #** (9 digit + 3 digit mail code):

**DUNS #** (9 digits required for subrecipient contractors):

074873449

**Type of Entity (Choose one)**

City:  Click on appropriate box  
County:   
Other Political Subdivision:

**Project Period**

Start Date: 9/1/2013  
End Date: 8/31/2014

**Counties Served**

County(ies) Served:

Collin County

**Amount of Funding Requested:**

\$ 126,633.00

**CONTACT PERSON INFORMATION**

Legal Business Name:

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.*

Executive Director:   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

Financial Rep:   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

Lead Program/Project Leader:   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

SNS Coordinator: if applicable   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

Authorized Signatory:   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

Emergency Contact:   
Cell Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

CMPS System Admin:   
Phone:  Ext:   
Fax:   
E-mail:

Mailing Address (street, city, county, state, & zip):

# FORM I: BUDGET SUMMARY INSTRUCTIONS

## DSHS Costs Only Budgeted on Detail Category Pages

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the RFP. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs. **On each detail category budget form, budget only those costs that you plan to bill to DSHS.** The total amounts budgeted on each detail budget category form will be automatically posted to the respective budget category on "Form I - Budget Summary" under column # 2 "DSHS Funds Requested". The amounts budgeted on each detail budget MATCH category form will be automatically posted to the respective budget category on "Form I - Budget Summary" under column # 5 "Local Funding (Match)". See individual "Detailed Budget Category Forms" for definitions of the cost that are to be budgeted in each category. Enter amount as whole dollars; round up.

**Column 1:** The total amount of funds budgeted from all funding sources for the DSHS project. The total of all funding sources (Columns 2 - 6) for each budget category will be automatically totaled. **Do not enter amounts in Column (1) except for the amount of Program Income.**

**Columns 2 - 6:** Enter the amount of funding to be provided by each funding source for each "Cost Category" in columns 3 - 6.

**Column 2:** DSHS funds requested. (automatically posted from each detail budget category form)

**Column 3:** Federal funds awarded directly to respondent to be used on the DSHS project.

**Column 4:** Funds awarded to respondent from other state agencies to be used on the DSHS project.

**Column 5:** Funds provided by local governments (city, county, hospital districts, etc) **(MATCH)**

**Column 6:** Funds from other sources. (respondents unrestricted funds including private foundations, donations, fundraising, etc)

**Program Income - Projected Earnings (line K):** Enter in Column 1 the total estimated the amount of program income that is expected to be generated during the budget period. The amount budgeted in column 1 should be the total program income that the project will generate. The proportionate share of program income will automatically allocate to each funding source based on the percentage of funding.

DEFINITION: Program income is defined as gross income directly generated through a contract supported activity or earned as a direct result of the contract agreement during the Program Attachment period. Refer to the instructions section below for examples of program income. In summary, program income is revenue generated by virtue of the existence of the program (activities funded under the DSHS Program Attachment).

Contractor must disburse (apply towards gross Program Attachment expenses) the DSHS share of program income before requesting reimbursement.

[For more information about program income, refer to the General Provisions and the DSHS's Contractor's Financial Procedures Manual available on the Internet at: http://www.dshs.state.tx.us/contracts/cfpm.shtm](http://www.dshs.state.tx.us/contracts/cfpm.shtm)

### Examples Of Program Income

- Fees for services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by DSHS contract;
- Sale of items fabricated or developed under the contract supported activity;
- Payments for contract supported services received from patients or third parties, such as Medicaid, Title XX, insurance companies;
- Lease or rental of items fabricated or developed under the contract supported activity; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

**Check Totals:** Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions (Distribution Totals) equals the Budget Total.

**FORM I: BUDGET SUMMARY (REQUIRED)**

**Legal Name of Respondent:** Collin County

| Budget Categories                      | Total Budget<br>(1) | DSHS Funds Requested<br>(2) | Direct Federal Funds<br>(3) | Other State Agency Funds*<br>(4) | Local Funding<br>(Match)<br>(5) | Other Funds<br>(6) |
|--|---------------------|-----------------------------|-----------------------------|----------------------------------|---------------------------------|--------------------|
| A. Personnel                           | \$85,695            | \$83,016                    |                             |                                  | \$2,679                         |                    |
| B. Fringe Benefits                     | \$14,506            | \$13,808                    |                             |                                  | \$698                           |                    |
| C. Travel                              | \$6,772             | \$6,772                     |                             |                                  | \$0                             |                    |
| D. Equipment                           | \$0                 | \$0                         |                             |                                  | \$0                             |                    |
| E. Supplies                            | \$4,900             | \$4,900                     |                             |                                  | \$0                             |                    |
| F. Contractual                         | \$0                 | \$0                         |                             |                                  | \$0                             |                    |
| G. Other                               | \$27,436            | \$18,137                    |                             |                                  | \$9,299                         |                    |
| H. Total Direct Costs                  | \$139,309           | \$126,633                   | \$0                         | \$0                              | \$12,676                        | \$0                |
| I. Indirect Costs                      | \$0                 | \$0                         |                             |                                  | \$0                             |                    |
| J. Total (Sum of H and I)              | \$139,309           | \$126,633                   | \$0                         | \$0                              | \$12,676                        | \$0                |
| K. Program Income - Projected Earnings | \$0                 | \$0                         | \$0                         | \$0                              | \$0                             | \$0                |

**NOTE: The "Total Budget" amount for each Budget Category will have to be populated among the funding sources. Enter amounts in whole dollars for (3), (4), & (6), if applicable. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).**

|                          | Budget Category  | Distribution Total | Budget Total    | Budget Category        | Distribution Total | Budget Total    |
|--------------------------|------------------|--------------------|-----------------|------------------------|--------------------|-----------------|
| <b>Check Totals For:</b> | <b>Personnel</b> | <b>\$85,695</b>    | <b>\$85,695</b> | <b>Fringe Benefits</b> | <b>\$14,506</b>    | <b>\$14,506</b> |
|                          | <b>Travel</b>    | <b>\$6,772</b>     | <b>\$6,772</b>  | <b>Equipment</b>       | <b>\$0</b>         | <b>\$0</b>      |
|                          | <b>Supplies</b>  | <b>\$4,900</b>     | <b>\$4,900</b>  | <b>Contractual</b>     | <b>\$0</b>         | <b>\$0</b>      |
|                          | <b>Other</b>     | <b>\$27,436</b>    | <b>\$27,436</b> | <b>Indirect Costs</b>  | <b>\$0</b>         | <b>\$0</b>      |

|                   |                            |                  |                     |                  |
|-------------------|----------------------------|------------------|---------------------|------------------|
| <b>TOTAL FOR:</b> | <b>Distribution Totals</b> | <b>\$139,309</b> | <b>Budget Total</b> | <b>\$139,309</b> |
|-------------------|----------------------------|------------------|---------------------|------------------|

\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability 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 education, letter(s) 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 |     |
|---|------------|--|-------|---|-----------------------------------|-------------------------|------------------------------------|-----|
| Name + Functional Title<br>E = Existing or P = Proposed |            |  |       |   |                                   |                         |                                    |     |
| Ashleigh Foy, CRI Coordinator (E)                       | N          | Performs SNS and emergency preparedness activities; assists with MRC | 1     | NA  | \$3,459.00                        | 12                      | \$41,508                           |     |
| Rebecca Drekman, MRC Coordinator (E)                    | N          | Coordinate volunteers for SNS and emergency preparedness activities  | 1     | NA  | \$3,459.00                        | 12                      | \$41,508                           |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
|   |            |  |       |   |                                   |                         | \$0                                |     |
| <b>TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS</b>  |            |  |       |   |                                   |                         |                                    | \$0 |
|   |            |  |       |   |                                   | <b>SalaryWage Total</b> | <b>\$83,016</b>                    |     |

| FRINGE BENEFITS | Itemize the elements of fringe benefits in the space below:   |
|-----------------|---|
|                 | FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$4.95 for term life per month), Long Term Disability (salary x 0.0025), Short Term Disability \$1.91/month, Long Term Care \$15/month, Retirement (salary x 0.135 ), Supplement Death Benefit (salary x .003), Unemployment Insurance (salary x 0.001) |
|                 | <b>Fringe Benefit Rate %</b>  |
|                 | <b>16.63%</b>   |
|                 | <b>Fringe Benefits Total</b>  |
|                 | <b>\$13,808</b>   |

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   | TBD                 | 5 days/<br>1 employee | Mileage      | \$50           |
|  |   |                     |                       | Airfare      | \$450          |
|  |   |                     |                       | Meals        | \$250          |
|  |   |                     |                       | Lodging      | \$650          |
|  |   |                     |                       | Other Costs  | \$100          |
|  |   |                     |                       | <b>Total</b> | <b>\$1,500</b> |
| Integrated Training Summit (ITS)                                 | HHS-hosted Integrated Medical, Public Health, Preparedness and Response Training Summit   | Nashville, TN       | 4 days/<br>1 employee | Mileage      | \$40           |
|  |   |                     |                       | Airfare      | \$400          |
|  |   |                     |                       | Meals        | \$200          |
|  |   |                     |                       | Lodging      | \$500          |
|  |   |                     |                       | Other Costs  | \$100          |
|  |   |                     |                       | <b>Total</b> | <b>\$1,240</b> |
| Region VI TALON MRC Meeting                                      | Regional MRC annual meeting; joint meeting with Region IV   | TBD                 | 3 days/<br>1 employee | Mileage      | \$80           |
|  |   |                     |                       | Airfare      | \$350          |
|  |   |                     |                       | Meals        | \$150          |
|  |   |                     |                       | Lodging      | \$500          |
|  |   |                     |                       | Other Costs  | \$100          |
|  |   |                     |                       | <b>Total</b> | <b>\$1,180</b> |
| IAEM-USA 61st Annual Conference                                  | IAEM conference for stakeholders at all levels of government, the private sector, public health and related professions to exchange ideas on collaborating to protect lives and property from disaster. | Orlando, FL         | 5 days/<br>1 employee | Mileage      | \$50           |
|  |   |                     |                       | Airfare      | \$450          |
|  |   |                     |                       | Meals        | \$250          |
|  |   |                     |                       | Lodging      | \$650          |
|  |   |                     |                       | Other Costs  | \$100          |
|  |   |                     |                       | <b>Total</b> | <b>\$1,500</b> |
| TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS |   |                     |                       |              | \$0            |

**Total for Conference / Workshop Travel**

**\$5,420**

**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 CRI funded staff. | 1450            | \$0.565                    | \$819            | \$50            | \$869           |
| Short seminars, conferences, meetings within state of Texas. Will be utilized by all CRI funded staff.                                      | 500             | \$0.565                    | \$283            | \$200           | \$483           |
|   |                 |                            | \$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** \$1,352

Other / Local Travel Costs: \$1,352

Conference / Workshop Travel Costs: \$5,420

**Total Travel Costs:** \$6,772

Indicate Policy Used:

Respondent's Travel Policy

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 (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

| Description of Item<br><small>[If applicable, provide estimated quantity and cost (i.e. # of boxes &amp; cost/box)]</small> | Purpose & Justification   | Total Cost |
|---|---|------------|
| Office Supplies   | Clipboards, paper, writing utensils, labels, etc. (approximately \$450/FTE)   | \$900      |
| POD Supplies  | Various medical and non-medical supplies for each of 27 deployable POD kits (approximately \$75/POD kit)  | \$2,000    |
| Grant Program Supplies  | Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables, including Mass Prophylaxis operations and dispensing models other than open PODs. Also includes alpha or first responder POD planning not covered by POD Supplies. Medical supplies ~\$1,000 and non-medical office-type supplies ~\$1,000; specific quantities or items are not finalized at this time | \$2,000    |
|   |   |            |
|   |   |            |
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|   |   |            |
|   |   |            |
|   |   |            |
|   |   |            |
|   |   |            |
|   |   |            |
| TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS  |   | \$0        |

Total Amount Requested for Supplies:

|                                   |
|-----------------------------------|
| <b>\$4,900</b>                    |
| <small>Revised: 1/27/2012</small> |

## 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<br>(Agency or Individual)         | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT<br>(i.e., Monthly,<br>Hourly, Unit, Lump<br>Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT (i.e.,<br>hourly rate, unit<br>rate, lump sum<br>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<br><small>(If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost per unit))</small> | Purpose & Justification  | Total Cost |
|---|--|------------|
| ATT Wireless  | Phone/data service (2 users, \$81.25/month, 12 months)   | \$1,950    |
| Conference Registration Fees  | Registration fees for Public Health Summit (\$600/person, 1 person). Integrated Training Summit (\$300/person, 1 person), and IAEM-USA 61st Annual Conference (\$600/person, 1 person) | \$1,500    |
| Facility Rental Fee   | Facility rental fees associated with training classes/events (2 events, \$150 each event as one-time payment)  | \$300      |
| Outreach  | Annual budget for MRC recruitment and outreach materials, including print advertising  | \$4,785    |
| Printing and Communication Materials  | Printing fee for SNS brochures & materials   | \$2,000    |
| Storage Space   | Annual lease (1086 ft sq for \$7/sq ft) for response kits and material storage   | \$7,602    |
|   |  |            |
|   |  |            |
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|   |  |            |
|   |  |            |
|   |  |            |
|   |  |            |
|   |  |            |
| TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS   |  | \$0        |

Total Amount Requested for Other:

**\$18,137**

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount: \$0

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:**

## **SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS**

The budget templates include a SUPPLEMENTAL and a MATCH page (one per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. The MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

- Form I-1a Personnel Supplemental
- Form I-2a Travel Supplemental
- Form I-3a Equipment Supplemental
- Form I-4a Supplies Supplemental
- Form I-5a Contractual Supplemental
- Form I-6a Other Supplemental

- Form I-1b Personnel Match
- Form I-2b Travel Match
- Form I-3b Equipment Match
- Form I-4b Supplies Match
- Form I-5b Contractual Match
- Form I-6ba Other Match

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

| PERSONNEL   | Vacant<br>Y/N | Justification | FTE's | Certification or<br>License (Enter NA if<br>not required) | Total Average<br>Monthly<br>Salary/Wage | Number<br>of<br>Months | Salary/Wages<br>Requested for<br>Project |
|---|---------------|---------------|-------|---|---|------------------------|--|
| Name + Functional Title<br>E = Existing or P = Proposed |               |               |       |   |   |                        |  |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
|   |               |               |       |   |   |                        | \$0                                      |
| <b>SalaryWage Total</b>                                 |               |               |       |   |   |                        | <b>\$0</b>                               |



FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

**Conference / Workshop Travel Costs**

| Description of Conference/Workshop | Justification | Location (City, State) | Number of: Days/Employees | Travel Costs |     |
|------------------------------------|---------------|------------------------|---------------------------|--------------|-----|
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$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) |
|---------------|-----------------|----------------------------|------------------|-----------------|-----------------|
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |

**Total for Other / Local Travel** \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

**Total Travel Costs:** \$0

FORM I-2: TRAVEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

**Conference / Workshop Travel Costs**

| Description of Conference/Workshop | Justification | Location (City, State) | Number of: Days/Employees | Travel Costs |     |
|------------------------------------|---------------|------------------------|---------------------------|--------------|-----|
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$0 |
|                                    |               |                        |                           | Mileage      |     |
|                                    |               |                        |                           | Airfare      |     |
|                                    |               |                        |                           | Meals        |     |
|                                    |               |                        |                           | Lodging      |     |
|                                    |               |                        |                           | Other Costs  |     |
|                                    |               |                        |                           | <b>Total</b> | \$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) |
|---------------|-----------------|----------------------------|------------------|-----------------|-----------------|
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |
|               |                 |                            | \$0              |                 | \$0             |

**Total for Other / Local Travel** \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

**Total Travel Costs:** \$0









## FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

**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 de

| CONTRACTOR NAME<br>(Agency or Individual) | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT (i.e.<br>Monthly, Hourly, Unit,<br>Lump Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT<br>(i.e. hourly rate,<br>unit rate, lump<br>sum amount) | TOTAL |
|---|--|---------------|---|---------------------------------------|--|-------|
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |

Total Amount Requested for CONTRACTUAL: **\$0**

## FORM I-5: CONTRACTUAL Budget Category Detail Form (Match)

**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 de

| CONTRACTOR NAME<br>(Agency or Individual) | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT (i.e.<br>Monthly, Hourly, Unit,<br>Lump Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT<br>(i.e. hourly rate,<br>unit rate, lump<br>sum amount) | TOTAL |
|---|--|---------------|---|---------------------------------------|--|-------|
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |

Total Amount Requested for CONTRACTUAL: \$0



