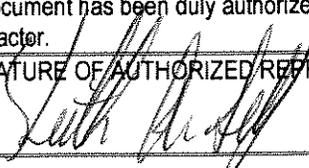


**Department of State Health Services
FORM A: FACE PAGE**

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: COLLIN COUNTY HEALTH CARE SERVICES	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 825 N. MCDONALD ST., STE. 145, MCKINNEY, TX 75069	
3) PAYEE Name and Mailing Address (if different from above): Collin County Auditor's Office, 2300 Bloomdale Rd., Suite 145, McKinney, Texas 75071	
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds: NA	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 756000873	
*The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):	
*If incorporated, provide 10-digit charter number assigned by Secretary of State:	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2014 End Date: August 31, 2015	
8) COUNTIES SERVED BY PROJECT: COLLIN	
9) AMOUNT OF FUNDING REQUESTED: \$354,062.00	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> **Projected expenditures should include anticipated expenditures under all Federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable	Name: Patsy Morris Phone: 972-548-5503 Fax: 972-548-5550 Email: pmorris@co.collin.tx.us
	12) FINANCIAL OFFICER Name: Jeff May Phone: 972-548-4641 Fax: 972-548-4751 Email: pmorris@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the contractor and I (the person signing below) am authorized to represent the contractor.	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Keith Self Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: Keith.self@co.collin.tx.us	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 
	15) DATE 5/19/14

FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check counties to be served and include behind Form A: Face Page.

Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kieberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input checked="" type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07	STATEWIDE	<input type="checkbox"/>	

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Contractor:

COLLIN COUNTY HEALTH CARE SERVICES

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	X	1	
A-1	Texas Counties and Regions List	X	2	
B	Table of Contents and Checklist – completed and included	X	3	
C	Contact Person Information – completed and included	X	4	
D	Job Descriptions (with supplemental documentation attached if required)	<input type="checkbox"/>	5	NA
E	Program Income Spending Page	X	6	
G-1A	FFATA Form	X	7	
I	Budge Summary Form and Detail Pages	X	Att.	
Appendix B	Copy of Approved Indirect Rate – included (if applicable)	X	8	NA

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Contractor:

COLLIN COUNTY HEALTH CARE SERVICES

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

<p>Contact: CANDY BLAIR</p> <hr/> <p>Title: ADMINISTRATOR</p> <hr/> <p>Phone: 972-548-5504</p> <hr/> <p>Fax: 972-548-5550</p> <hr/> <p>Email: cblair@co.collin.tx.us</p>	<p>Mailing Address</p> <hr/> <p>Street: 825 N. McDonald, Suite 145</p> <hr/> <p>City: McKinney</p> <hr/> <p>County: Collin</p> <hr/> <p>State, Zip: Texas 75069</p>
<p>Contact: PATSY MORRIS</p> <hr/> <p>Title: Immunization Project Contact</p> <hr/> <p>Phone: 972-548-5503 Ext:</p> <hr/> <p>Fax: 972-548-5550</p> <hr/> <p>Email: pmorris@co.collin.tx.us</p>	<p>Street: 825 N. McDonald, Suite 145</p> <hr/> <p>City: McKinney</p> <hr/> <p>County: Collin</p> <hr/> <p>State, Zip: Texas 75071</p>
<p>Contact: Janna Benson-Caponera</p> <hr/> <p>Title: Auditor's Office</p> <hr/> <p>Phone: 972-548-4638 Ext:</p> <hr/> <p>Fax: 972-548-4751</p> <hr/> <p>Email: Jbenson-caponera@co.collin.tx.us</p>	<p>Street: 2300 Bloomdale Rd., Suite 3100</p> <hr/> <p>City: McKinney</p> <hr/> <p>County: Collin</p> <hr/> <p>State, Zip: Texas 75071</p>
<p>Contact: Eileen Prentice</p> <hr/> <p>Title: Auditor's Office</p> <hr/> <p>Phone: 972-548-4796 Ext:</p> <hr/> <p>Fax: 972-548-4751</p> <hr/> <p>Email: eprentice@co.collin.tx.us</p>	<p>Street: 2300 Bloomdale Rd., Suite 3100</p> <hr/> <p>City: McKinney</p> <hr/> <p>County: Collin</p> <hr/> <p>State, Zip: Texas 75071</p>
<p>Emergency Contact: Christie Hix</p> <hr/> <p>Title: Clinical Supervisor</p> <hr/> <p>Phone: 972-548-5549 Ext:</p> <hr/> <p>Fax: 972-548-5550</p> <hr/> <p>Email: chix@co.collin.tx.us</p>	<p>Street: 825 N. McDonald, Suite 145</p> <hr/> <p>City: McKinney</p> <hr/> <p>County: Collin</p> <hr/> <p>State, Zip: Texas 75069</p>

FORM D: JOB DESCRIPTIONS

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2014.

None

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line L, Row 1)
\$ 23,107.00.

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$ 18,100	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$ 5,007	Offset expenditures for fringes for immunization staff
C. Travel	\$ 0	
D. Supplies	\$ 0	
E. Contractual	\$ 0	
F. Other	\$ 0	
Total (DSHS Share Program Income)	\$ 23,107	

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Budget Categories	Total Budget	DSHS Funds Requested	Direct Federal Funds	Other State Agency Funds*	Local Funding Sources	Other Funds
	(1)	(2)	(3)	(4)	(5)	(6)
A. Personnel	\$480,522	\$269,445	\$0	\$0	\$211,077	\$0
B. Fringe Benefits	\$134,546	\$75,445	\$0	\$0	\$59,101	\$0
C. Travel	\$0	\$0	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$4,580	\$580	\$0	\$0	\$4,000	\$0
F. Contractual	\$7,092	\$7,092	\$0	\$0	\$0	\$0
G. Other	\$1,500	\$1,500	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$628,240	\$354,062	\$0	\$0	\$274,178	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$628,240	\$354,062	\$0	\$0	\$274,178	\$0
K. Program Income - Projected Earnings	\$41,000	\$23,107			\$17,893	

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. 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).

Check Totals For:	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Personnel		\$480,522	\$480,522	Fringe Benefits	\$134,546	\$134,546
	Travel	\$0	\$0	Equipment	\$0	\$0
	Supplies	\$4,580	\$4,580	Contractual	\$7,092	\$7,092
	Other	\$1,500	\$1,500	Indirect Costs	\$0	\$0
TOTAL FOR:	Distribution Totals	\$628,240	Budget Total		\$628,240	

*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 HEALTH CARE SERVICES

PERSONNEL Functional Title + Code E = Existing or P = Proposed	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
Program Manager/Sup - E	N	Provides program oversight & QA	0.51	RN License	\$5,759.00	12	\$35,245
Immunization-LVN-E	N	Provides Imm. Svcs/daycare audits & other activities	0.65	LVN License	\$3,480.00	12	\$27,144
Immunization-LVN-E	N	Provides Imm. Svcs/Community Ed.	0.65	LVN License	\$4,098.00	12	\$31,964
Immunization-RN-E	N	Provides Imm Svcs. & Outreach	0.51	RN License	\$4,738.00	12	\$28,997
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & Provider Ed.	0.6	NA	\$2,239.00	12	\$16,121
VFC Spec.-E	N	Provides Vaccine Inventory, Accountability & Provider QA	0.6	NA	\$3,667.00	12	\$26,402
Support Tech-E	N	Provides Immunization Cler. Sup	0.65	NA	\$2,239.00	12	\$17,464
Immunization RN-E	N	Provides perinatal Hep B & Epi Svcs	0.65	RN License	\$4,737.00	12	\$36,949
HC Coordinator-E	N	Provides Prog. Planning & Evaluation	0.2	NA	\$6,489.00	12	\$15,574
Support Tech-E	N	Provides Epidemiology Support	0.5	NA	\$2,239.00	12	\$13,434
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & Provider Ed.	0.75	NA	\$2,239.00	12	\$20,151
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						Salary/Wage Total	\$269,445

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA/Medicare: 7.65%; Employee Insurance: \$800 monthly per employee; long-term disability: .25%; short-term disability: \$1.91; long-term care based on employee election; retirement: 8.5%; Supplemental Death benefit: .3%; Unemployment Insurance: .1%

	Fringe Benefit Rate %	28.00%
Fringe Benefits Total		\$75,445

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
None			\$0		\$0
			\$0		\$0
			\$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

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 HEALTH CARE SERVICES

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 co 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)
Piano Children's Clinic	Immunizations	Provides Immunizations to low income children in the Plano area.	Unit	1200	\$5.91
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS					

Total Amount Requested for CONTRACTUAL:

