



Department of State Health Services
FORM A: FACE PAGE

Proposal for Financial Assistance 537-16-138566

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION		
1) LEGAL BUSINESS NAME: Collin County Government		
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 2300 Bloomdale Road, McKinney, Collin, Texas 75071-8517		Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): 2300 Bloomdale Road, Suite 3100, McKinney, Collin, Texas 75071-8517		Check if address change <input type="checkbox"/>
4) DUNS Number (9-digit) required if receiving federal funds: 074873449		
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):		17560008736026
<i>*The respondent acknowledges, understands and agrees that the respondent'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.</i>		
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): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		
7) PROPOSED BUDGET PERIOD:		Start Date: 8/31/2015
		End Date: 8/30/2016
8) COUNTIES SERVED BY PROJECT: Collin		
9) AMOUNT OF FUNDING REQUESTED: \$19,950		11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**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.</i>		Name: Misty Brown Phone: (972) 548-5593 Fax: (972) 547-7290 Email: MBrown@co.collin.tx.us
		12) FINANCIAL OFFICER
		Name: Jeff May Phone: (972) 548-4641 Fax: (972) 548-4696 Email: JMay@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX B: DSHS Assurances and Certifications . 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 respondent and I (the person signing below) am authorized to represent the respondent.		
13) AUTHORIZED REPRESENTATIVE		14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Keith Self Title: County Judge Phone: (972) 548-4631 Fax: (972) 548-4699 Email: Keith.Self2@co.collin.tx.us		<input type="checkbox"/> Check if change
		15) DATE 2/10/15

FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business

Name of

Respondent: Collin County Government

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	<input checked="" type="checkbox"/>	1	
B	Proposal Table of Contents and Checklist - completed and included	<input checked="" type="checkbox"/>	2	
C	Contact Person Information - completed and included	<input checked="" type="checkbox"/>	3	
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input checked="" type="checkbox"/>	4	
E	Exceptions Form - completed and included (with supplemental documentation attached if required)	<input checked="" type="checkbox"/>	9	
F	Respondent Background - included	<input checked="" type="checkbox"/>	11	
G	Assessment Narrative – included	<input checked="" type="checkbox"/>	13	
H	Performance Measures - included	<input checked="" type="checkbox"/>	17	
J	Child Support Form <i>[required – applies to for-profit entities only]</i>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
K	Financial Management and Administration Questionnaire	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>
APPENDIX A	Budget Summary Form and Detail Pages- down load from ESBD completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input checked="" type="checkbox"/>	23	
APPENDIX C	HUB Subcontracting Plan	<input type="checkbox"/>		<input checked="" type="checkbox"/>
APPENDIX E	Program Specific Appendices - signed and included	<input checked="" type="checkbox"/>	34	<input type="checkbox"/>

Do not return the DSHS Assurances and Certifications.

FORM C: CONTACT PERSON INFORMATION

Legal Business

Name of

Respondent: Collin County Government

This form provides information about the appropriate contacts in the respondent'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.

Contact: <u>Janna Benson-Caponera</u>	Mailing Address (incl. street, city, county, state, & zip):
Title: <u>Grants and Payroll Manager</u>	<u>2300 Bloomdale Road, Suite 3100</u>
Phone: <u>(972) 548-4638</u> Ext. _____	<u>McKinney, Collin, Texas 75071-8517</u>
Fax: <u>(972) 548-4751</u>	_____
Email: <u>JBenson-Caponera@co.collin.tx.us</u>	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip):
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip):
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip):
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____

FORM D: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Legal Business

Name of

Respondent: Collin County Government

Identifying Information

1. The respondent must attach the following information:

If a Governmental Entity complete Form D-1.

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

If a Nonprofit or For Profit Entity complete Form D-2.

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?

YES NO

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

- (a) A copy of a currently valid IRS exemption certificate.
- (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (c) A copy of the organization's certificate of formation or similar document if it clearly establishes the nonprofit status of the organization.
- (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

3. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?

YES NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

4. Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?

YES NO

If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

6. Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

7. Are any proposed personnel related to any current or former employees of DSHS or HHSC?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8. Has any member of respondent's executive management, project management, governing board or principal officers been employed by DSHS or HHSC 24 months prior to the proposal due date?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

YES NO

10. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
 - Affiliated with an organization which is delinquent on any state, federal or other debt;
- or
- In default on an agreed repayment schedule with any funding organization?

YES NO

If YES, please explain. (Attach no more than one additional page.)

11. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

YES NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?

YES NO

If YES, please explain. (Attach no more than one additional page.)

13. Has respondent had a contract with DSHS within the past 24 months?

YES NO

If YES, list the DSHS contract and attachment number(s):

DSHS Contract Number(s)

2014-001267-00	2015-001267-00
2014-001265-00	2014-001265-00
2014-045641	2015-046581
2014-001289-00	2015-001289-00
2014-001394-00	2015-001394-00
2014-001266-00	2015-001266-00
2014-001388-00	2015-001388-00
2014-045024	2015-047298
	2015-047207

If NO, respondent must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM D, SHOULD BE INSERTED HERE.

FORM D-1 : GOVERNMENTAL ENTITY

Authorized Officials

Legal Business

Name of Collin County Government

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name:	Self, Keith Alan	Mailing Address (incl. street, city, county, state, & zip):
Title:	County Judge	2300 Bloomdale, Suite 4192
Phone:	(972) 548-4631 Ext.	McKinney, Collin, Texas 75071-8517
Fax:	(972) 548-4699	
Email:	Keith.Self2@co.collin.tx.us	
Name:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		

FORM E: EXCEPTIONS FORM

FORM E: EXCEPTIONS FORM

RFP #537-16-138566

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:

- If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being requested, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

If no exceptions are being requested, check this box and leave the table below blank

FORM E: EXCEPTIONS FORM

RFP #537-16-138566

TABLE OF EXCEPTIONS

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

FORM F: RESPONDENT BACKGROUND

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. Response should include a workable plan to provide sterilization of dogs and cats for the general public at minimal or no cost.

Respondent must include program budget information and the organization's ability to effectively administer the sterilization program, which may include ability to keep a separate bank account for this program and/or financial management tools available. A maximum of 2 additional pages may be attached if needed.

Collin County Animal Services (CCAS) is the Collin County government department responsible for sheltering and animal control services for all lost and stray pets from unincorporated county areas and 10 other cities, as well as sheltering for three (3) incorporated cities that provide their own animal control. As part of Collin County government, CCAS is within the Engineering Department that is under the purview of the County Administrator. The County Administrator is appointed by the elected Commissioners Court and oversees day-to-day county operations.

The mission of CCAS is "to protect and preserve the health, safety, and welfare of all our citizens – both animal and people". CCAS is affiliated with the Texas Animal Shelter Coalition, a group of municipal and private animal shelters, who host meetings, offer professional training and continuing education, and provide local market advertising. Additionally, CCAS collaborates with independent school districts, the SPCA of Texas, municipal animal services departments, local veterinarians, Collin County Health Services, and the Texas Coalition for Animal Protection, as well as over 100 rescue groups, humane organizations, and shelters.

CCAS began services in 2006 and served primarily as a holding facility for strays with a euthanasia rate exceeding 25% until 2010. However, over the past two years, CCAS has reduced the adoptable euthanasia rate to less than 1% through concentrated education and adoption efforts. Last year, CCAS participated in the North Texas Empty the Shelter Day resulting in 111 adoptions for the day and approximately 10 off-site events with an average of 5 adoptions per event. Each year, CCAS adopts out approximately 2,800 cats and dogs and transfers approximately 1,000 cats and dogs to over 100 partner rescue organizations.

Additionally, CCAS currently coordinates with Texas Coalition for Animal Protection to conduct approximately three (3) low-cost spay and neuter clinics for the community per month. However, these clinics are always at capacity and are usually booked up several months in advance. Approximately 60% of the surgical appointments are cats or dogs that have been adopted from CCAS which are brought in by the new owner to be sterilized. This past year CCAS also began contracting with 2 local veterinarians to perform spay/neuter of CCAS cats and dogs prior to adoption availability.

DSHS-awarded grant funding would be used to schedule a separate, free spay and neuter clinic each month that would be only for animals owned by the general public. While some

county residents bring their pets to the current low-cost clinics, many others have indicated that even the reduced sterilization cost is prohibitive. This grant funding will allow approximately 200 dogs and 150 cats to be spayed or neutered.

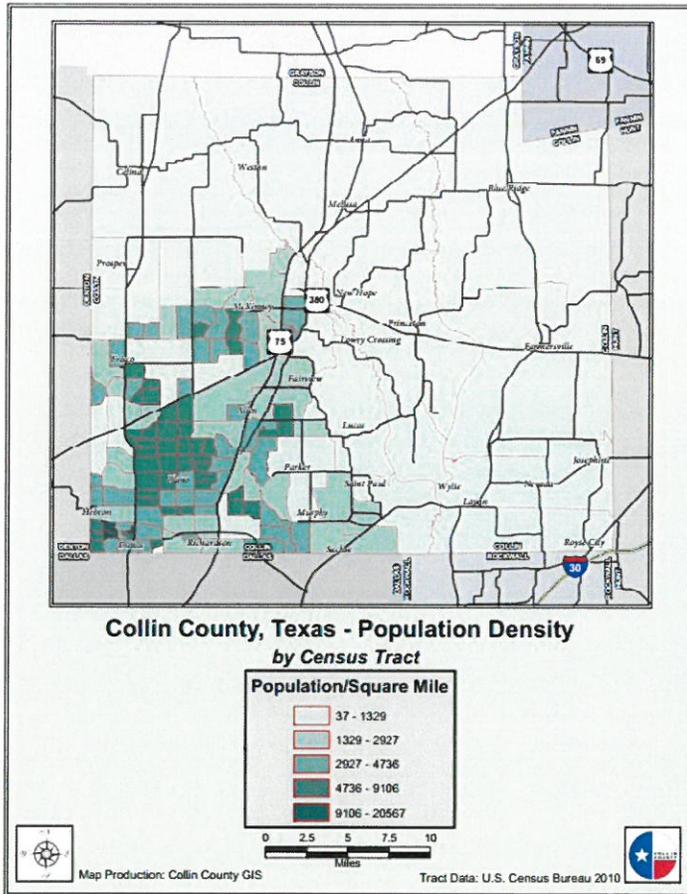
The FY15 budget for CCAS is \$1,307,914 for both shelter and animal control operations. Currently, the fee for pets adopted from CCAS is used to support vaccination, sterilization, and micro-chipping of adopted animals; however, there are no funds to pay for spay and neuter services for animals already owned by the general public.

The Collin County Auditor's Office financially administers more than \$5 million in state and federal grant funds each year. All grant funds are maintained in separate accounts and are not comingled with general county funds. Separate financial management system account numbers and line items, as well as financial transactions and reporting, are established for each grant awarded.

FORM G: ASSESSMENT NARRATIVE

Multiple data sources and assessments exist for many communities. Respondent is encouraged to use these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. Attach a copy of your proposed fee schedule per Section IV: Target Cost Estimate. A maximum of five (5) additional pages may be attached if needed.

Collin County (est. pop. 854,778) has been one of the fastest growing areas in Texas for the past decade with a 74.2% population increase since 2000; however, the county is still more than 50% rural by land mass. The rural population equals approximately 67,614 persons with an average per capita income of \$25,105; 7.45% poverty level; and 6.7% unemployment rate based on American Community Survey tract data analyzed by Collin County GIS.



While only constituting 8.1% of the county population, the rural area accounts for over 46.7% of Collin County Animal Services (CCAS) shelter intake with 20.2% coming from the unincorporated area and 26.5% coming from inside rural towns' city limits.

Collin County Animal Shelter Intake Cats and Dogs by Area, FY 2013		
<i>Area</i>	<i>Total</i>	<i>% Total</i>
Unincorporated County	1,167	20.2%
Rural Towns	1,530	26.5%
Suburban Cities	3,046	52.7%
Unknown	33	0.6%
Total	5,776	

Over the past 5 years, the CCAS shelter received an average of 3,750 dogs and 1,725 cats annually, mostly through stray impound (80.7%) or owner relinquish (16.3%), with approximately 90% arriving reproductively intact. In 2014, approximately 49.6% were adopted out, 20.0% were released to rescue or foster organizations, 17.9% were redeemed by their owners, 11.1% were euthanized, and 1.4% either died or escaped.

Collin County Animal Shelter Output, 2014				
<i>Output Method</i>	<i>Dogs</i>	<i>Cats</i>	<i>Total</i>	<i>% Total</i>
Adopted	1,857	950	2,807	49.6%
Transferred – Rescue / Foster	564	565	1,129	20.0%
Redeemed by Owner	966	45	1,011	17.9%
Euthanized	305	325	630	11.1%
Died / Escaped	32	45	77	1.4%
Total	3,724	1,930	5,654	

CCAS currently coordinates with the Texas Coalition for Animal Protection to conduct three (3) low-cost spay and neuter clinics for the community per month. These clinics are always at capacity and are usually booked up several months in advance. Approximately 25% of newly adopted animals leave the shelter intact, but the owner must agree to have the surgery completed within 30 days, per state statute. New owners can have the surgery completed during one of the monthly clinics at no additional cost since the adoption fee includes surgical expenses. As such, approximately 60% of spay and neuter clinic appointments are taken by CCAS-adopted cats and dogs brought in by the new owner to be sterilized.

Pet owners in rural areas frequently let their pets roam, which leads to unsupervised breeding and unwanted litters. While some rural residents bring their pets to the existing low-cost clinics, many others have indicated that even reduced sterilization costs are prohibitive. In addition to CCAS clinics, the SPCA of Texas locally holds monthly sterilization clinics; however, the rates are even higher. If awarded, DSHS grant funding would be used to schedule a separate, free spay and neuter clinic each month targeted to pets already owned (not CCAS-adopted) by the general public in rural areas of Collin County. This grant funding will allow approximately 150 cats and 200 dogs to be spayed or neutered, equaling approximately 30% of cats and dogs taken in from the unincorporated areas annually.

Section II. Strategy for Marketing

Of the 27,405 cats and dogs taken in over the past 5 years, 16.3% (n = 4,463) were relinquished by their owner, with a large number being just weaned litters. Additionally, 18.9% (n = 5,374) of shelter animals, of which more than half are reproductively intact, are redeemed by their owners. CCAS will use contact information obtained during these transactions to target rural county pet owners and market free sterilization services, especially for sires and dams of surrendered litters. For past surrenders and redemptions, CCAS will mail clinic information flyers to owners. For any surrenders or redemptions during the grant period, CCAS staff will attempt to schedule an appointment during the surrender / redemption process and follow-up information will be mailed.

CCAS employs seven (7) animal control officers who patrol the unincorporated areas of Collin County and have knowledge of and residential contacts in areas with high stray populations. Targeted marketing will be provided in these areas through bilingual flyer distribution at local gathering places such as churches, schools, community centers, and stores. Low-income residents will be targeted by posting and distributing flyers at indigent health, government, and public assistance offices, as well as food banks, housing authorities, social service agencies, and charitable resale / thrift stores.

Additionally, CCAS conducts an average of three (3) educational presentations at schools and shelter tours each month where they impart the importance of spaying and neutering pets. Clinic information will be provided to students, and flyers will be displayed on school bulletin boards. Clinics will also be advertised through CCAS partners, public service announcements, press releases, social media, and the county website. All clinic marketing expenses, such as flyer printing and distribution, will be funded through the CCAS departmental budget.

Section III. Coordination and Collaboration

CCAS collaborates widely with independent school districts, the SPCA of Texas, municipal animal services departments, local veterinarians, the Texas Coalition for Animal Protection, and Maize's Mission, as well as over 100 rescue groups and humane organizations. Additionally, CCAS has contacts at local businesses, faith-based organizations, and various human service organizations.

CCAS closely coordinates with the SPCA of Texas and municipal animal service departments. Prior to 2006, Collin County used the SPCA of Texas for animal control and sheltering services. When the shelter opened in 2006, CCAS and the SPCA of Texas entered into an agreement for CCAS to serve as the primary stray holding facility while the adoptable animals were transferred to the SPCA. The increase in animal population, corresponding with the dramatic increase in county residents, has led to CCAS adopting, as well as sheltering, animals. However, CCAS and the SPCA still maintain a close partnership and serve as transfer partners when possible. Last year, CCAS transferred 130 adoptable animals to the SPCA. Additionally, the organizations created a Foster to Foster Program last year where CCAS foster homes transfer animals to SPAC foster homes, which diverted over 100 animals.

While the cities of McKinney, Frisco, and Farmersville provide their own animal control services, CCAS serves as the sheltering facility for these municipalities. As such, CCAS works

closely with municipal animal control officers to return animals to their homes and educate residents on pet roaming and sterilization. Last year, CCAS collaborated with the City of Frisco on four (4) adoption events and two (2) public education events.

CCAS has substantially reduced the euthanasia rate from over 25% in 2010 to less than 1% of the adoptable animals in 2014 through concentrated adoption efforts. Last year, CCAS participated in the North Texas Empty the Shelter Event resulting in 111 adoptions of CCAS animals in one day. This is just one example of many successful adoption events held each year. Additionally, CCAS created a new community foster program last year where fosters took in over 150 sick and young animals and got them healthy enough for adoption. CCAS also transfers over 1,000 cats and dogs each year to more than 100 partner rescue and foster organizations that help rehabilitate and permanently place animals in new homes.

In an effort to reduce pet overpopulation, CCAS coordinates with the Texas Coalition for Animal Protection to conduct three (3) low-cost spay and neuter clinics for the community per month which are always at capacity. CCAS also hosts specials to provide further reduced cost vaccine and sterilization services when funds are available. Staff members conduct an average of three (3) presentations and shelter tours each month at schools and other partner organizations to advocate responsible animal ownership and educate residents on pet care, animal behavior, adoption, and family member integration. Last year over 1,000 public contacts were made through public education and outreach.

Section IV. Target Cost Estimation

The current average cost in the area for canine spay and neuter are \$200 and \$180 respectively, while feline spay and neuter cost \$120 and \$100 on average. However, CCAS currently schedules the Texas Coalition for Animal Protection (TCAP) to perform three (3) low-cost sterilization clinics each month which are open to all county residents.

TCAP contracts licensed veterinarians and employs veterinary technicians for surgical support. TCAP charges \$55-\$85 (dependent on animal size) for canine spay or neuter, \$45 for feline spay, and \$35 for feline neuter services. For CCAS-adopted animals, TCAP invoices the county for surgeries performed which are paid with funds collected through adoption fees and donations. Surgical costs for non-adopted animals are paid by the owner to TCAP; however, even at these reduced rates, many residents find it cost prohibitive.

If awarded, DSHS grant funds will be used to schedule a free spay and neuter clinic each month for owned (not CCAS-adopted) cats and dogs targeting rural Collin County residents. This grant funding will allow approximately 150 cats and 200 dogs to be spayed or neutered.

Surgery Type	Spay	Neuter	Cost per Surgery	Total Cost
Canine, under 50 lbs	40	20	\$55	\$3,300
Canine, 50-80 lbs	40	30	\$65	\$4,550
Canine, 80-100 lbs	40	30	\$85	\$5,950
Feline, female	90	-	\$45	\$4,050
Feline, male	-	60	\$35	\$2,100
				\$19,950

FORM H: PERFORMANCE MEASURES

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal. A maximum of 2 additional pages may be attached if needed.

The intent of this project is to ensure that at minimum 90% of sterilized pets are returned to their owners. CCAS will hold free monthly spay and neuter clinics for owned (not CCAS-adopted) cats and dogs targeting rural Collin County residents.

Grant Program Outputs				
<i>Surgery Type</i>	<i>Spay</i>	<i>Neuter</i>	<i>Cost per Surgery</i>	<i>Total Cost</i>
Canine, under 50 lbs	40	20	\$55	\$3,300
Canine, 50-80 lbs	40	30	\$65	\$4,550
Canine, 80-100 lbs	40	30	\$85	\$5,950
Feline, female	90	-	\$45	\$4,050
Feline, male	-	60	\$35	\$2,100
				\$19,950

Species and sex will be collected for each animal sterilized and will be reported quarterly to the grant funding agency, Texas Department of State Health Services, along with the total amount of DSHS grant funds expended and the names and Texas license number for veterinarians performing sterilization surgeries using the required Quarterly Performance Measure Report (Exhibit 1 of the RFP). Additionally, a Client Information (Exhibit 2 of the RFP) sheet will be completed and submitted for each animal surgically altered as required by DSHS.

CCAS will not lapse more than 5% of the total awarded contract amount, as required by DSHS.

**FORM K: FINANCIAL MANAGEMENT AND ADMINISTRATION
QUESTIONNAIRE**

Name of Organization: Collin County Government

ACCOUNTING SYSTEM

The type of accounting system often depends on the size of the organization. Briefly describe your organization's accounting system including:

- a) Is the accounting system computerized, manual or a combination of both;
- b) How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;
- c) When do you close your general ledger (e.g., monthly by the 10th of the following month);
- d) How are transactions organized, maintained, and summarized in financial reports. If your accounting system is computerized, indicate the name/type.

a) Our system is computerized – SunGard/H T E General Management and Budget Analysis software.
b) The software is comprehensive, integrated software with computerized general ledger, budget, purchasing, payable, receivable, cash receipts, and fixed asset modules. All duties are created to where an employee enters the transaction into the financial software, a batch is created by a manager for accuracy and legitimacy, and the batch is posted by another manager. The separation ensures accuracy and fraud protection. All batches are posted daily.
c) The general ledger software, as configured at this time, does not permit a hard monthly close. We perform a soft close and have additional controls in place to affect a hard close. All transactions are recorded in the proper period and analyzed for accuracy.
d) The financial software maintains all transactions and reports can be obtained through it. The software is SunGard/H T E General Management and Budget Analysis.

Answer each of the following questions with either a "yes" or "no" answer by checking the respective box.

1. Is your accounting system organized to allow an auditor to trace financial report balances through the general ledger and other summary ledgers/journals to each detail accounting transaction and supporting source documentation?

YES NO

2. Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each DSHS contract/program attachment?

YES NO

3. Does your accounting system provide for the recording of expenditures for each program attachment by the budget cost categories shown in the proposed budget?

YES NO

4. Does your accounting system provide for the segregation of direct and indirect expenses and the allocation of indirect costs?

YES NO

5. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

YES NO

6. Is the employees' time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?

YES NO

GENERAL ADMINISTRATION & INTERNAL CONTROLS

1. Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to state and federal contracts/grants?

YES NO

2. Does your organization have written accounting policies and procedures?

YES NO

3. Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?

YES NO

4. Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?

YES NO

5. Are all disbursements approved prior to payment?

YES NO

6. Is there any additional review or special approval required for checks exceeding a specific dollar amount?

YES NO

7. Are there written procedures and internal controls established for the procurement of goods and services?

YES NO

8. Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?

YES NO

9. Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?

YES NO

10. Do supporting documents accompany checks for the check signer's signature?

YES NO

11. Are supporting documents marked when paid to prevent reuse or duplication of payment?

YES NO

12. Are invoices coded to identify allocation of payment by cost objective and sub-account?

YES NO

13. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?

YES NO

14. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?

YES NO

15. Do you have written personnel policies?

YES NO

16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?

YES NO

17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?

YES NO

18. Do you have written job descriptions with set salary levels for each employee?

YES NO

19. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?

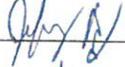
YES NO

The Financial Management and Administration Questionnaire must be signed by an authorized

person who has either completed or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Print Name: Jeff May

Signature: 

Title: County Auditor

APPENDICES

APPENDIX A: BUDGET SECTION

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Collin County Government

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A Personnel	\$0	\$0	\$0	\$0	\$0	\$0
B Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
C Travel	\$0	\$0	\$0	\$0	\$0	\$0
D Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E Supplies	\$0	\$0	\$0	\$0	\$0	\$0
F Contractual	\$19,950	\$19,950	\$0	\$0	\$0	\$0
G Other	\$0	\$0	\$0	\$0	\$0	\$0
H Total Direct Costs	\$19,950	\$19,950	\$0	\$0	\$0	\$0
I Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J Total (Sum of H and I)	\$19,950	\$19,950	\$0	\$0	\$0	\$0
K Program Income - Projected Earnings	\$0	\$0				

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).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$0	\$0	Fringe Benefits	\$0	\$0
	Travel	\$0	\$0	Equipment	\$0	\$0
	Supplies	\$0	\$0	Contractual	\$19,950	\$19,950
	Other	\$0	\$0	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$19,950	Budget Total	\$19,950
-------------------	----------------------------	-----------------	---------------------	-----------------

*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-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: Collin County Government

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/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
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Revised: 7/6/2009

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)
			\$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

Revised 7/6/2009

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County Government

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
To be Named	Perform say and neuter surgeries on owned cats (≈150 x \$41) and dogs (≈200 x \$69)	Grant requirement to conduct sterilization of dogs and cats owned by the general public	Unit	350	\$57.00	\$19,950
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$19,950

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County Government

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.

RATE:
TYPE:
BASE:

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.

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:**

Revised: 7/6/2009

APPENDIX E: PROGRAM SPECIFIC APPENDICES

Exhibit 1 Quarterly Performance Measure Report Template
Exhibit 2 Client Information Template

EXHIBIT 1 - QUARTERLY PERFORMANCE MEASURE REPORT
Texas Department of State Health Services Animal Friendly Grant
Contract Term: August 31, 2015 - August 30, 2016

1ST QUARTERLY PERFORMANCE MEASURE REPORT IS DUE TO DSHS BY DECEMBER 31, 2015

Contract / Attachment ID #: _____

Vendor Name: _____

Vendor Address: _____
 Street Address City State Zip

Vendor Phone #: _____

		1st Quarter					
1. Number of animals sterilized and returned to owner:		Female Canine	Male Canine	Total Canines	Female Feline	Male Feline	Total Felines
August 31-September:	2015	0	0	0	0	0	0
October	2015	0	0	0	0	0	0
November	2015	0	0	0	0	0	0
Totals:		0	0	0	0	0	0

2. Average cost of each category:		\$0.00	\$0.00		\$0.00	\$0.00	
	Total Costs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Written justification will be required on any changes greater than 25% of cost estimate submitted in proposal.

3. The total amount of DSHS grant funds spent on this project during this time period: _____ \$0.00

4. Prepared by: _____ Date Prepared: _____

5. Names & Texas license numbers of all veterinarians performing sterilizations under this project

Name & TX license # _____ Name & TX license # _____

Name & TX license # _____ Name & TX license # _____

Name & TX license # _____ Name & TX license # _____
Name & TX license # _____ Name & TX license # _____
Name & TX license # _____ Name & TX license # _____
Add additional sheets as needed.

EXHIBIT 2- CLIENT INFORMATION
ZOONOSIS CONTROL PROGRAM ANIMAL FRIENDLY GRANT
DSHS CONTRACT NO:
Contract Term: August 31, 2015 through August 30, 2016

A separate application must be completed for each animal being sterilized. Successful applicants for the grant may use this form as a template or may require additional information from their clients.

Client last name: _____ First name: _____

Address: _____

City: _____ State: _____

Home phone: _____ Work phone: _____

Animal name: _____ Species: _____ Sex: _____

Breed: _____ Color: _____

Completed by:

Print Name: _____

Signature: _____

Date Sterilization was Performed: _____

Name of Veterinarian: _____

Dollar Amount _____

CMU Submission 101414