



**BP4/FY2016  
PHEP Funding**

**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):

74873449

**Type of Entity (Choose one)**

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

**Project Period**

Start Date: 7/1/2015  
End Date: 6/30/2016

**Counties Served**

County(ies) Served:

Collin County

**Amount of Funding Allocated:**

\$545,327.00

**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):

B-13/FSR Rep:   
Phone:  Ext:   
Fax:   
E-mail:

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

PHEP/CRI Program Leader:   
Phone:  Ext:   
Fax:   
E-mail:

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

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

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

eGrants 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):

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

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

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

**Legal Name of Respondent:** Collin County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$401,900	\$386,122			\$15,778	
B. Fringe Benefits	\$140,232	\$135,680			\$4,552	
C. Travel	\$7,450	\$7,450			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$4,591	\$4,591			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$45,882	\$11,484			\$34,398	
H. Total Direct Costs	\$600,055	\$545,327	\$0	\$0	\$54,728	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$600,055	\$545,327	\$0	\$0	\$54,728	\$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>\$401,900</b>	<b>\$401,900</b>	<b>Fringe Benefits</b>	<b>\$140,232</b>	<b>\$140,232</b>
	<b>Travel</b>	<b>\$7,450</b>	<b>\$7,450</b>	<b>Equipment</b>	<b>\$0</b>	<b>\$0</b>
	<b>Supplies</b>	<b>\$4,591</b>	<b>\$4,591</b>	<b>Contractual</b>	<b>\$0</b>	<b>\$0</b>
	<b>Other</b>	<b>\$45,882</b>	<b>\$45,882</b>	<b>Indirect Costs</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL FOR:</b>	Distribution Totals	<b>\$600,055</b>	Budget Total	<b>\$600,055</b>
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**If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.**



## 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		
Quarterly PHEP Contractor Meeting (four meetings)	Contractor meeting conducted by DSHS	Austin, TX	4 meetings / 2 days / 1 employee	Mileage	\$2,000
				Airfare	\$0
				Meals	\$200
				Lodging	\$1,000
				Other Costs	\$0
				<b>Total</b>	<b>\$3,200</b>
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	Dallas, TX	4 days/2 employees	Mileage	\$100
				Airfare	\$900
				Meals	\$500
				Lodging	\$1,300
				Other Costs	\$200
				<b>Total</b>	<b>\$3,000</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					<b>\$0</b>

**Total for Conference / Workshop Travel**

**\$6,200**

**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 BT funded staff.	1000	\$0.575	\$575	\$50	\$625
Short seminars, conferences, meetings within state of Texas. Will be utilized by all BT funded staff.	1000	\$0.575	\$575	\$50	\$625
			\$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** \$1,250

Other / Local Travel Costs: \$1,250

Conference / Workshop Travel Costs: \$6,200

**Total Travel Costs:** \$7,450

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

## 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.)

Description of Item <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Office Supplies	Clipboards, paper, writing utensils, labels, etc. (approximately \$225/FTE)	\$1,591
POD Supplies	Various medical and non-medical supplies for each of 10 primary deployable POD kits (approximately \$260/POD kit). These include additional POD signage inside the POD, external signage and drive-thru items (such as cones, safety lights, and small barriers), replacement of existing expired POD supplies (such as hand sanitizer and bandages), administrative supplies for drive-thru PODs (such as enclosed clipboards), and POD inventory supplies (such as inventory marking tools and supplies).	\$2,600
Grant Program Supplies	Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables, including Information Sharing, Mass Care, Non-Pharmaceutical Interventions, and Mass Prophylaxis operations. Also includes alpha or first responder POD planning not covered by POD Supplies. Medical supplies ~\$100 and non-medical office-type supplies ~\$300; specific quantities or items are not finalized at this time	\$400

	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

<b>\$4,591</b>
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Total Amount Requested for Other:

**\$11,484**



	Fringe Benefits Total	\$4,552
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