



**BP4/FY2016
PHEP Funding**

Applicant Information

**Legal Name of Applicant Agency:
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: 11/1/2015
End Date: 6/30/2016

Counties Served

County(ies) Served:

Collin County

Amount of Funding Allocated:

\$85,800.00

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):

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	\$845	\$0			\$845	
B. Fringe Benefits	\$245	\$0			\$245	
C. Travel	\$1,250	\$1,250			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$60,605	\$60,605			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$31,442	\$23,945			\$7,497	
H. Total Direct Costs	\$94,387	\$85,800	\$0	\$0	\$8,587	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$94,387	\$85,800	\$0	\$0	\$8,587	\$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
Check Totals For:	Personnel	\$845	\$845	Fringe Benefits	\$245	\$245
	Travel	\$1,250	\$1,250	Equipment	\$0	\$0
	Supplies	\$60,605	\$60,605	Contractual	\$0	\$0
	Other	\$31,442	\$31,442	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$94,387	Budget Total	\$94,387
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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	
					Mileage \$0
					Airfare \$0
					Meals \$0
					Lodging \$0
					Other Costs \$0
					Total \$0
					Mileage \$0
					Airfare \$0
					Meals \$0
					Lodging \$0
					Other Costs \$0
					Total \$0
					Mileage \$0
					Airfare \$0
					Meals \$0
					Lodging \$0
					Other Costs \$0
					Total \$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$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)
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: \$0

Total Travel Costs: \$1,250

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
POD Computer Go-Kit	Computer tablet, 12" touchscreen, 256 GB, i7 (6 @ \$1550/ea), tablet docking station (6 @ \$152/ea), Keyboard for tablet (6 @ \$100/ea), rugged case for tablet (6 @ \$75/ea), Compact All-in-One Color Printer (6 @ \$350/ea), extra ink for printer (6 black/color @ \$50/ea), Allows the POD command staff to be able to communicate back to the EOC, receive updated documents from the EOC as they become available and allow them to print/scan documents as needed per the EOC	\$13,662
Computer/Tablet Software	Software for tablets and desktop computers (9 @ \$700/ea). Allows the POD command staff to be able to use the tablets to view and edit documents as needed.	\$6,300
Large Hard Case	Large Hard Case for POD computer go-kit (6 @ \$250/ea). Provide protection and storage of tablet equipment and all-in-one printer.	\$1,500
Lightweight Wheelchair	Lightweight Deluxe 18 inch Wheelchair (3 @ \$150/ea). Provide a way to move a person that may have a difficult time walking after waiting in long lines at a POD.	\$450
Portable Projector Kit	Portable office projector (2 @ \$780/ea), soft carry case (2 @ \$42/ea), wireless presenter (2 @ \$40/ea). Allows for PHEP staff to provide presentations/ training on and off site throughout the community. Provide protection and storage of portable office projectors	\$1,724
Office Supplies	Laminate, paper, writing utensils, labels, etc.	\$2,557
Metal Shelving	Metal Shelving 6ft long with 3 shelves (10 @ \$300/ea). Needed for organization and storage POD items in our cage	\$3,000
Radio Antennas for MICP	Replace antennas on MICP to allow MRC full capability of communicating to essential personnel during POD activation and other community events. (12 @ \$65/ea)	\$780
Radio cables for MICP	Radio cables needed in the MICP to allow MRC full capability of communicating to essential personnel during POD activation and other community events. (6 @ \$260/ea)	\$1,560

Wireless Security Camera	Wireless Security camera, IP, Night recording and audio (2 @ \$400/ea) for the entrance door in our lobby and our POD kit storage room. which is off site.	\$800
Document scanners	Document scanners (9 @ \$842/ea) Scanning medical records and related disease investigation documents	\$7,578
Office printer	Printers with extra paper tray (6 @ \$485/ea) Print documentation and education related to disease investigations	\$2,910
PDF edit software	Licenses for .pdf editing software (25 @ \$354/ea) Enable health department staff members to create and edit .pdf documents for disease investigations	\$8,850
Office All-in-One Printer	All-in-One Printer (printer, scanner, fax) w/extra paper tray (2 @ \$3,189/ea) Print documentation and education related to disease investigations	\$6,378
Desktop Computers	Desktop computers (3 @ \$852/ea) Used by health department staff for disease investigations	\$2,556
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$60,605

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>Include quantity and cost/quantity</small>	Purpose & Justification	Total Cost
MRC Emergency Kits	Budget for MRC emergency kits to use as outreach material (Red Go-bags 600 @ \$22/ea), Shipping for kits (\$995)	\$14,195
Service of Radio installation in MICP	Install radios at are already purchased in MICP to allow MRC full capability of communicating to essential personnel during POD activation and other community events. (\$3500)	\$3,500
Service of Antennas and Rack installation in MICP	Installation of antennas and antenna rack on MICP to allow MRC full capability of communicating to essential personnel during POD activation and other community events. (\$650)	\$650
Service at POD kit storage space	Service needed in our POD storage space to install security panels that will better protect our POD supplies	\$5,600
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$23,945

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent: Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title E = Existing or P = Proposed							
Eileen Prentice - Accountant - E	N	Completes and maintains financial documentation	0.02	NA	\$5,280.00	8	\$845
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$845

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FICA/Medicare (salary x 0.0765), Insurance Premiums (\$875 per month), Long Term Disability (salary x 0.0026), Short Term Disability \$3.20/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)
	Fringe Benefit Rate % 29.00%
	Fringe Benefits Total \$245

