



**BP5/FY2017
Cities Readiness Initiative**

Applicant Information

**Legal Name of Applicant Agency:
Mailing Address:**

Collin County

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

Payee Name:

Collin County

Payee Mailing Address:

Street / PO Box: 4300 Community Avenue
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: 7/1/2016
End Date: 6/30/2017

Counties Served

County(ies) Served:

Collin County

Amount of Funding Allocated:

\$128,650.00

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.

Health Director/CEO:
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 (HAZARDS) Program Leader:
Phone: Ext:
Fax:
E-mail:

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

SNS (CRI) 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	\$71,279	\$68,022			\$3,257	
B. Fringe Benefits	\$30,092	\$29,011			\$1,081	
C. Travel	\$4,288	\$4,288			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$14,119	\$14,119			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$21,743	\$13,210			\$8,533	
H. Total Direct Costs	\$141,521	\$128,650	\$0	\$0	\$12,871	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$141,521	\$128,650	\$0	\$0	\$12,871	\$0
				Match Percentage	10.00%	

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		
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	Atlanta, GA	5 days/ 1 employee	Mileage	\$50
				Airfare	\$450
				Meals	\$250
				Lodging	\$650
				Other Costs	\$100
				Total	\$1,500
Region VI TALON MRC Meeting	Regional MRC annual meeting; joint meeting with Region IV	TBD	3 days/ 1 employee	Mileage	\$80
				Airfare	\$350
				Meals	\$150
				Lodging	\$500
				Other Costs	\$100
				Total	\$1,180
Bio-Defense Network's Closed POD Workshop	Interactive workshop designed for preparedness professionals to learn how to establish and expand Closed PODs, engage existing Closed POD partners and valuable tools to create, maintain and expand the Closed POD network	St. Louis, MO	3 days/ 1 employee	Mileage	\$80
				Airfare	\$400
				Meals	\$150
				Lodging	\$500
				Other Costs	\$100
				Total	\$1,230
				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

\$3,910

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.	500	\$0.540	\$270		\$270
Short seminars, conferences, meetings within state of Texas. Will be utilized by all BT funded staff.	200	\$0.540	\$108		\$108
			\$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 \$378

Other / Local Travel Costs: \$378

Conference / Workshop Travel Costs: \$3,910

Total Travel Costs: \$4,288

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 \$350/FTE)	\$525
POD Supplies	Various medical and non-medical supplies for each of 10 primary deployable POD kits (approximately \$200/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).	\$2,000
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 ~\$400 and non-medical office-type supplies ~\$100; specific quantities or items are not finalized at this time	\$500

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
ATT Wireless	Phone/data service (2 users, \$70/month, 12 months)	\$1,680
Conference/Workshop Registration Fees	Registration fees for Public Health Summit (\$600/person, 1 person) and Bio-Defense Network Closed POD Workshop (\$800/person, 1 person).	\$1,400
Facility Rental Fee	Facility rental fees associated with training classes/events (2 events, ~\$100 each event as one-time payment)	\$200
Outreach	Annual budget for MRC recruitment and outreach materials, including print advertising	\$5,755
Printing and Communication Materials	Printing fee for SNS brochures & materials	\$4,175
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$13,210

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
MATCH - Eileen Prentice, Accountant I (E)	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$5,428.00	12	\$3,257
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$3,257

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$900 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0026), Short Term Disability \$3.20/month, Long Term Care \$15/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)
	Fringe Benefit Rate %
	33.20%
	Fringe Benefits Total
	\$1,081

