

**DCPS FY17 IDCU/SUR RENEWAL**

Organization: Collin County

DCPS-2017-IDCU/SUR-00007

**Budget Summary**

Organization Name: Collin County

Program ID: IDCU/SUR

Contract Number:

Procurement ID: GST-2016-Solicitation-0019

Proposal ID: DCPS-2017-IDCU/SUR-00007

Procurement Name: DCPS FY16 IDCU/SUR NEW CONTRACT

**Budget Categories**

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$58,228	\$0	\$0	\$58,228
Fringe Benefits	\$20,550	\$0	\$0	\$20,550
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0
Contractual	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Direct Costs	\$78,778	\$0	\$0	\$78,778
Indirect Costs	\$0	\$0	\$0	\$0
<b>Totals:</b>	<b>\$78,778</b>	<b>\$0</b>	<b>\$0</b>	<b>\$78,778</b>

**Subcontracting**

Subcontracting Percentage: 0.00%

**Match Contributions**

Applicable Match Amount: \$0

Required Match Percentage: 0.00%

Required Match Amount: \$0                      Calculated Match Amount: \$0

Source of Cash Match Funds

Source of In Kind Match Funds

**Program Income**

Projected Earnings: \$0

Source of Earnings

Budget Summary

**Non DSHS Funding**

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Direct Federal Funds:	\$0
Other State Agency Funds:	\$0
Local Funding Sources:	\$0
Other Funds:	\$0
Total Projected Non DSHS Funding:	\$0

**Personnel Category Detail**

Organization Name:	Collin County	Program ID:	IDCU/SUR
Contract Number:		Procurement ID:	GST-2016-Solicitation-00019
Proposal ID:	DCPS-2017-IDCU/SUR-00007	Procurement Name:	DCPS FY16 IDCU/SUR NEW CONTRACT

**Personnel**

Position	Justification	FTEs	Cost
Functional Title: Epidemiologist - P License / Cert. Type: N/A License / Cert: Job Description:	Coordinates epidemiology services and disease investigation	Existing: 1.0000 Proposed: 0.0000 Vacant: 0.0000 Total FTEs 1	Funding Source: Cash Avg Monthly Salary: \$4,852.33 Number of Months: 12 Salary Requested: \$58,228
Functional Title: License / Cert. Type: License / Cert: Job Description:		Existing: Proposed: Vacant: Total FTEs 0	Funding Source: Avg Monthly Salary: Number of Months: Salary Requested: \$0
Functional Title: License / Cert. Type: License / Cert: Job Description:		Existing: Proposed: Vacant: Total FTEs 0	Funding Source: Avg Monthly Salary: Number of Months: Salary Requested: \$0
Functional Title: License / Cert. Type: License / Cert: Job Description:		Existing: Proposed: Vacant: Total FTEs 0	Funding Source: Avg Monthly Salary: Number of Months: Salary Requested: \$0
<b>Cash Total:</b>			<b>\$58,228</b>
<b>In Kind Match Total:</b>			
<b>Salary Wage Total:</b>			<b>\$58,228</b>

**Personnel Category Detail****Fringe Benefits**

List the types of costs that comprise your organizations fringe benefits:

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$875 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0025), Short Term Disability \$1.91/month, Long Term Care \$15/month, Retirement (salary x 0.08 ), Supplement Death Benefit (salary x 0.0026), Unemployment Insurance (salary x 0.001);

Total Fringe Benefit Rate (%):

35.29%

**Fringe Benefit Amounts**

Cash:

\$20,550

In Kind Match:

Fringe Benefits Total:

\$20,550