Joann Gilbride

From: White,Ebony (DSHS) <Ebony.White@dshs.texas.gov>
Sent: Friday, February 16, 2018 7:49 AM
To: Joann Gilbride
Subject: FW: FY19 TB/STATE Allocation – Collin County Health Care Services
Attachments: FY19 ILA and Budget Cover Letter - Collin County Health Care Services.pdf; Copy of Blank FY19 Budget Templates with Match.xls; FY19 TB State ILA Packet 02.06.2018.doc

Joann,

Good morning, please find the 02/06/2018 email and attachments sent to Collin County regarding the FY 2019 TB/State Allocation. As a reminder, there was an extension granted for the FY19 TB/STATE Budget and Inter-Local Application on 02/07/2018 as indicated below:

FY19 TB/PC State Budget: DUE Tuesday, February 20, 2018

FY19 TB/PC Inter-Local Application: DUE Thursday, February 22, 2018

Thank you,

Ebony

Ebony White, **MBA**
Contract Manager
CHI/LIDS, Contract Management Section
T505.0b, Mail Code 1990
P.O. Box 149347
Austin, TX 78714-9347

Phone: (512) 776-2152
Fax: (512) 776-7391
Email: ebony.white@dshs.texas.gov
Office Hours: 7:00am – 4:00pm

TEXAS Health and Human Services | Texas Department of State Health Services

From: White,Ebony (DSHS)
Sent: Tuesday, February 06, 2018 2:20 PM
To: 'eprentice@co.collin.tx.us' <eprentice@co.collin.tx.us>
Cc: Morris,SandraA (DSHS) <SandraA.Morris@dshs.texas.gov>; Wittie,Peggy (DSHS) <Peggy.Wittie@dshs.texas.gov>; Suton,Amira (DSHS) <Amira.Suton@dshs.texas.gov>; Mimbela,Pamela (DSHS) <Pamela.Mimbela@dshs.texas.gov>
Subject: FY19 TB/STATE Allocation – Collin County Health Care Services

Good Afternoon,

The Texas Department of State Health Services, Tuberculosis (TB) Services Branch, is initiating the contract allocation for fiscal year (FY) 2019.

The contract period for the TB/State Contract is 9/01/18 - 8/31/19 because we are now considering this term to be an amendment which will extend through August 31, 2019. I have included a budget for you to complete to show your budget allocation of $158,828.00, which includes a Cash Match of $30,566.00. I will need to have your budget completed and sent to me by February 12, 2018. The Inter-Local Application is attached and must be completed and submitted no later than February 16, 2018, after the FY19 budget has been approved

If you have any questions, please let me know.

Thank you,
Ebony

Ebony White, **MBA**
Contract Manager
CHI/LIDS, Contract Management Section
T505.0b, Mail Code 1990
P.O. Box 149347
Austin, TX 78714-9347

Phone: (512) 776-2152
Fax: (512) 776-7391
Email: ebony.white@dshs.texas.gov
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TEXAS Health and Human Services | Texas Department of State Health Services

Inter-Local Application For Tuberculosis Prevention and Control for FY 2019 State Funds

http://www.dshs.state.tx.us/idcu/disease/tb

TB Services Branch

1100 W. 49th Street
P. O. Box 149347, MS 1990
Austin, Texas 78714

TABLE OF CONTENTS

Department of State Health Services
Form A Face Page – Tuberculosis (TB) Funding

RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: Collin County Health Care Services

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change ☐
825 N. McDonald St., Suite 130, McKinney, TX 75069

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change ☐
Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, TX 75070

4) DUNS Number (9-digit) required if receiving federal funds:

5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 756000873

**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.*

6) TYPE OF ENTITY (check all that apply):

☐ City	☐ Nonprofit Organization*	☐ Individual
☒ County	☐ For Profit Organization*	☐ Federally Qualified Health Centers
☐ Other Political Subdivision	☐ HUB Certified	☐ State Controlled Institution of Higher Learning
☐ State Agency	☐ Community-Based Organization	☐ Hospital
☐ Indian Tribe	☐ Minority Organization	☐ Private
	☐ Faith Based (Nonprofit Org)	☐ Other (specify): _____

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2018 End Date: 08/31/2019

8) COUNTIES SERVED BY PROJECT:
Collin

9) AMOUNT OF FUNDING REQUESTED: $$152,828

10) PROJECTED EXPENDITURES

Does respondent's projected federal expenditures exceed $500,000, or its projected state expenditures exceed $500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☐ No ☒

***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.*

11) PROJECT CONTACT PERSON

Name: Joann Gilbride
Phone: 972-548-5503
Fax: 972-548-4441
Email: jgilbride@co.collin.tx.us

12) FINANCIAL OFFICER

Name: Jeff May
Phone: 972-548-4641
Fax: 972-548-4696
Email: countyauditor@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 Check if change ☐

Name: KEITH SELF
Title: COUNTY JUDGE
Phone: 972-548-4635
Fax:
Email: 972-548-4699

14) DATE 2/20/2018

DOCUSIGN SIGNATURE INFORMATION	
15) DOCUSIGN - SIGNATURE AUTHORITY Name: JUDGE KEITH SELF Email Address: KSELF@CO.COLLIN.TX.US Documents to Sign: Signature Page ☒ Data Use Agreement ☒	16) DOCUSIGN - SECONDARY SIGNATURE AUTHORITY Name: EILEEN PRENTICE, GRANT ACCOUNTANT/AUDITOR'S OFFICE Email Address: (this email address must be different from the Signature Authority email address) EPRENTICE@CO.COLLIN.TX.US Documents to Sign: Signature Page ☒ Data Use Agreement ☒

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in APPENDIX B: DSHS Assurances and Certifications and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

1) LEGAL BUSINESS NAME - Enter the legal name of the respondent.

2) MAILING ADDRESS INFORMATION - Enter the respondent's complete physical address and mailing address, city, county, state, and 9-digit zip code.

3) PAYEE NAME AND MAILING ADDRESS - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.

4) DUNS Number – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving ANY federal funds and can be obtained at: http://fedgov.dnb.com/webform

5) FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.

6) TYPE OF ENTITY - Check the type of entity as defined by the Secretary of State at http://www.sos.state.tx.us/corp/businessstructure.shtml and/or the Texas State Comptroller at https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.

   Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (http://www.window.state.tx.us/procurement/prog/hub/)
   State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
   Institutions of higher education as defined by §61.003 of the Education Code.
   MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
   If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

7) PROPOSED BUDGET PERIOD - Enter the budget period for this proposal. Budget period is defined in the RFP.

8) COUNTIES SERVED BY PROJECT - Enter the proposed counties served by the project.

9) AMOUNT OF FUNDING REQUESTED - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.

10) PROJECTED EXPENDITURES - If respondent's projected federal expenditures exceed $500,000 or its projected state expenditures exceed $500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).

11) PROJECT CONTACT PERSON - Enter the name, phone, fax, and email address of the person responsible for the proposed project.

12) FINANCIAL OFFICER - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.

13) AUTHORIZED REPRESENTATIVE - Enter the name, title, phone, fax, and email address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.

14) DATE - Enter the date the authorized representative signed this form.

15) DOCUSIGN SIGNATURE AUTHORITY – Enter the name, email address, and list the contract documents of the person authorized to sign the contract via DocuSign.

16) DOCUSIGN SECONDARY SIGNATURE AUTHORITY –If a Secondary Signature Authority exists, enter the name, email address, and list the contract documents of the person authorized to sign via DocuSign. Please ensure the email address listed for the Secondary Signature Authority is different from the email address for the Signature Authority in Box # 16.

FORM B: Inter-Local APPLICATION CHECKLIST

Legal Name of applicant: COLLIN COUNTY HEALTH CARE SERVICES

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted.

FORM	DESCRIPTION	Included
A	Face Page completed, and proper signatures and date included	X
B	Application Checklist completed and included	X
C	Contact Person Information completed and included	X
D	Administrative Information completed and included (with supplemental documentation attached if required)	X
E	Organization, Resources and Capacity included	X
F	Performance Measures included	X

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Contractor: COLLIN COUNTY HEALTH CARE SERVICES

This form provides information about the appropriate contacts in the contractor'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:	CANDY BLAIR	Mailing Address (incl. street, city, county, state, & zip):
Title:	CCHCS ADMINISTRATOR	825 N. MCDONALD #130
Phone:	972-548-5504	MCKINNEY
Fax:	972-548-4441	COLLIN COUNTY
E-mail:	CBLAIR@CO.COLLIN.TX.US	TEXAS, 75069

Contact:	JOANN GILBRIDE	Mailing Address (incl. street, city, county, state, & zip):
Title:	HEALTHCARE COORDINATOR	825 N. MCDONALD #130
Phone:	972-548-5503	MCKINNEY
Fax:	972-548-4441	COLLIN COUNTY
E-mail:	JGILBRIDE@CO.COLLIN.TX.US	TEXAS, 75069

Contact:	EILEEN PRENTICE	Mailing Address (incl. street, city, county, state, & zip):
Title:	GRANT ACCOUNTANT	2300 BLOOMDALE RD, SUITE 3100
Phone:	972-548-4796	MCKINNEY
Fax:	972-548-4751	COLLIN COUNTY
E-mail:	EPRENTICE@CO.COLLIN.TX.US	TEXAS 75071

FORM D: ADMINISTRATIVE INFORMATION - ILA

This form provides information regarding identification and contract history on the applicant, 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.*

Legal Name of Applicant: COLLIN COUNTY HEALTH CARE SERVICES

Identifying Information

The applicant shall complete the following information:

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

Last Name:	SELF	Mailing Address (incl. street, city, county, state, & zip):
First Name:	KEITH	2300 BLOOMDALE RD., SUITE 4192
Middle Name:		MCKINNEY, TX 75071
Last Name :		Mailing Address (incl. Street, city, county, state, & zip) :
First Name :		
Middle Name :		

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this Application for Funding. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall 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 applicant may be disqualified from further consideration for the award of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding?

☐ **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.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?

☐ **YES** **NO** ☒

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

3. Has applicant had a contract with DSHS within the past 24 months?

☒ **YES** ☐ **NO**

If YES, indicate the contract number(s):

Contract Number(s)	
Contract Number	Grant
537-18-0031-0001	TB State Contract
HHS000047600001	TB Federal Contract
537-18-0348-00001	Zika Contract
537-18-0300-00001	IDCU SUR Contract
537-18-0205-00001	RLSS/LPHS Contract
537-18-0052-00001	Immunizations

If NO, applicant 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 DSHS will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

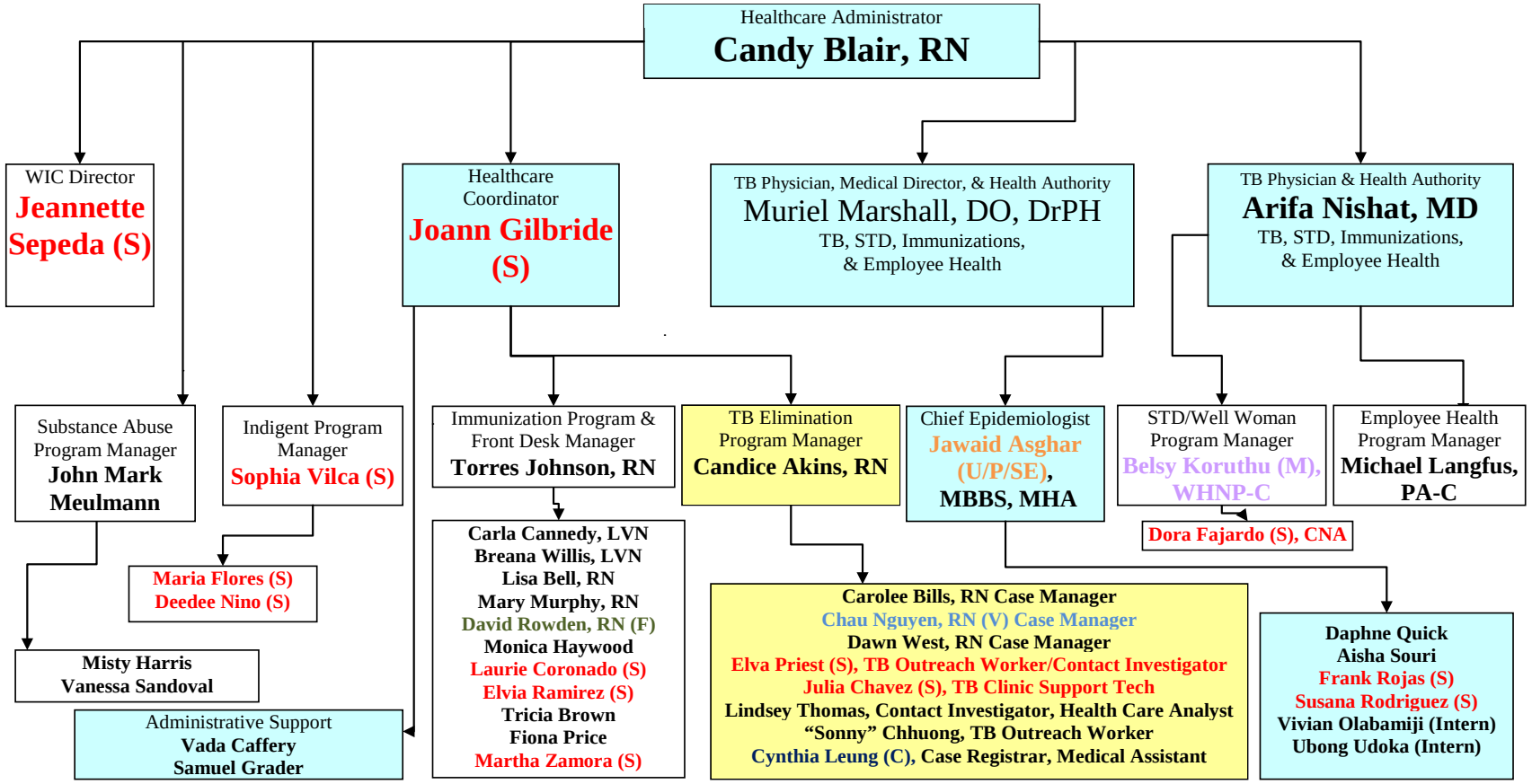
4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- 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.)

COLLIN COUNTY HEALTH CARE SERVICES ORGANIZATIONAL CHART



TB Elimination Program Full Time Employees

Staff available to provide support with TB Elimination Program functions

(S) Bilingual staff members (Spanish) **(V)** Bilingual staff member (Vietnamese) **(C)** Bilingual staff member (Chinese, Mandarin, Cantonese)

(M) Bilingual staff member (Malayalam) **(U/P/SE)** Bilingual staff member (Urdu, Punjabi, Seraiki) **(F)** Bilingual staff member (French)

Updated 2/5/2018

FORM F: PERFORMANCE MEASURES

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described.

Please refer to the work plan located at the following web link: http://www.dshs.texas.gov/idcu/disease/tb/policies/

Contractor shall maintain documentation used to calculate performance measures as required by General Provisions Article VIII "Records Retention" and by Texas Administrative Code Title 22, Part 9 Chapter 165, §165.1 regarding retention of medical records.

All reporting to DSHS shall be completed as described in Section I, "D. Reporting" and submitted by the deadlines given.

If Contractor fails to meet any of the performance measures, Contractor shall furnish in the Annual Progress Report, **due April 10, 2019**, a written narrative explaining the barriers and the plan to address those barriers. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the contract regarding breach.

FORM I: BUDGET SUMMARY INSTRUCTIONS

DSHS Costs Only Budgeted on Detail Category Pages

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the RFP. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs. **On each detail category budget form, budget only those costs that you plan to bill to DSHS.** The total amounts budgeted on each detail budget category form will be automatically posted to the respective budget category on "Form I - Budget Summary" under column # 2 "DSHS Funds Requested". The amounts budgeted on each detail budget MATCH category form will be automatically posted to the respective budget category on "Form I - Budget Summary" under column # 5 "Local Funding (Match)". See individual "Detailed Budget Category Forms" for definitions of the cost that are to be budgeted in each category. Enter amount as whole dollars; round up.

Column 1: The total amount of funds budgeted from all funding sources for the DSHS project. The total of all funding sources (Columns 2 - 6) for each budget category will be automatically totaled. **Do not enter amounts in Column (1) except for the amount of Program Income.**

Columns 2 - 6: Enter the amount of funding to be provided by each funding source for each "Cost Category" in columns 3 - 6.

Column 2: DSHS funds requested. (automatically posted from each detail budget category form)
Column 3 : Federal funds awarded directly to respondent to be used on the DSHS project.
Column 4: Funds awarded to respondent from other state agencies to be used on the DSHS project.
Column 5: Funds provided by local governments (city, county, hospital districts, etc) (MATCH)
Column 6: Funds from other sources. (respondents unrestricted funds including private foundations, donations, fundraising, etc)

Program Income - Projected Earnings (line K): Enter in Column 1 the total estimated the amount of program income that is expected to be generated during the budget period. The amount budgeted in column 1 should be the total program income that the project will generate. The proportionate share of program income will automatically allocate to each funding source based on the percentage of funding.

DEFINITION: Program income is defined as gross income directly generated through a contract supported activity or earned as a direct result of the contract agreement during the Program Attachment period. Refer to the instructions section below for examples of program income. In summary, program income is revenue generated by virtue of the existence of the program (activities funded under the DSHS Program Attachment).

Contractor must disburse (apply towards gross Program Attachment expenses) the DSHS share of program income before requesting reimbursement.

For more information about program income, refer to the General Provisions and the DSHS's Contractor's Financial Procedures Manual available on the Internet at: http://www.dshs.state.tx.us/contracts/cfpm.shtm

Examples Of Program Income

- *Fees for services performed in connection with and during the period of contract support;*
- *Tuition and fees when the course of instruction is developed, sponsored, and supported by DSHS contract;*
- *Sale of items fabricated or developed under the contract supported activity;*
- *Payments for contract supported services received from patients or third parties, such as Medicaid, Title XX, insurance companies;*
- *Lease or rental of items fabricated or developed under the contract supported activity; and*
- *Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.*

Check Totals: Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions (Distribution Totals) equals the Budget Total.

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

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	$363,088	$85,718			$22,359	$255,011
B. Fringe Benefits	$134,115	$36,859			$8,207	$89,049
C. Travel	$2,728	$1,728			$0	$1,000
D. Equipment	$0	$0			$0	
E. Supplies	$13,147	$11,147			$0	$2,000
F. Contractual	$17,376	$17,376			$0	
G. Other	$0	$0			$0	
H. Total Direct Costs	$530,454	$152,828	$0	$0	$30,566	$347,060
I. Indirect Costs	$0	$0			$0	
J. Total (Sum of H and I)	$530,454	$152,828	$0	$0	$30,566	$347,060
K. Program Income - Projected Earnings	$3,029	$873	$0	$0	$0	$2,156

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 Catetory	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	**Personnel**	**$363,088**	**$363,088**	**Fringe Benefits**	**$134,115**	**$134,115**
	Travel	**$2,728**	**$2,728**	**Equipment**	**$0**	**$0**
	Supplies	**$13,147**	**$13,147**	**Contractual**	**$17,376**	**$17,376**
	Other	**$0**	**$0**	**Indirect Costs**	**$0**	**$0**

TOTAL FOR:	**Distribution Totals**	**$530,454**	**Budget Total**	**$530,454**

*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-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

PERSONNEL Name + Functional Title E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	**Number of Months**	Salary/Wages Requested for Project
Chau Nguyen- Public Health Nurse-E	N	Provides Nurse Case Management of TB cases and contacts	0.44	License	$5,572.58	12	$29,423
Lindsey Thomas-Contact Investigator-E	N	Performs contact investigation duties related to TB cases	0.44	NA	$4,232.09	12	$22,345
Sovanary Chhuon-Outreach Worker-E	N	Provides directly observed therapy to TB cases and contacts, may assist with contact investigations	0.44	NA	$3,351.10	12	$17,694
Julia Chavez-Medical Assistant-E	N	Provides clinical and administrative support to the TB program and its patients; translates for Spanish speaking TB patients during TB services	0.44	Certification	$3,078.70	12	$16,256
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							$0
					SalaryWage Total		$85,718

FRINGE BENEFITS	**Itemize the elements of fringe benefits in the space below:**	
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums ($1050 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 0.0026), Unemployment Insurance (salary x 0.001);		
	Fringe Benefit Rate %	43.00%
	Fringe Benefits Total	$36,859

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
DSHS Conference/Workshop/Training	TB Program Updates (Mileage-$.545/mile X140 miles, Airfare $200 per roundtrip flight per person, Meals-$35 per person per day + additional $5 per person in the event the federal per diem changes for 2018; $150 per night/per person lodging at hotel)	Austin	2 days/ 1 employees	Mileage	$75
				Airfare	$200
				Meals	$75
				Lodging	$300
				Other Costs	$0
				Total	$650
DSHS Conference/Workshop/Training	Contact Investigation or RN Case Manager Training (Mileage-$.545/mile X140 miles, Airfare $200 per roundtrip flight per person, Meals-$35 per person per day + additional $5 per person in the event the federal per diem changes for 2018; $150 per night/per person lodging at hotel)	Austin	2 days/ 1 employees	Mileage	$75
				Airfare	$200
				Meals	$75
				Lodging	$300
				Other Costs	$0
				Total	$650
				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 $1,300

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Home visits to TB patients, visits to providers office for TB education/presentations, site visits for contact investigations	786	$0.545	$428		$428
			$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 $428

Other / Local Travel Costs: $428 Conference / Workshop Travel Costs: $1,300 **Total Travel Costs:** $1,728

Indicate Policy Used: Respondent's Travel Policy [ ] State of Texas Travel Policy [ ]

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
NONE				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				$0

Total Amount Requested for Equipment: **$0**

Revised: 1/27/2012

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

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.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
Medical Supplies - All supplies used in clinic for TB patients: blood draws for T-Spot testing, masks & sanitizer for TB protocol	Medical supplies used in TB clinic such as: (boxes of blood collection tubes @$55; Masks @$25.00/bx; hand sanitizer btls @ $6.50 ea; butterflies for drawing blood - cases @$60/per case	$2,868
Medical Supplies - all supplies used for TB patients for services and sanitizing. Need sharps to dispose of biohazard waste.	Antimicrobial Liq. Soap bottles @$9 ea.; Caviwipes Tub @$8 ea.; Diamond Grip Gloves Med.bxs @$10 bx.; Diamond Grip Gloves Lge-bxs @$10; Vacutainer Needle Holder bags @ $10 bg; Sharps containers @ $65/case; other medical supplies to treat and evaluate TB patients	$2,783
Medical Supplies - TB supplies necessary for the administration of PPDs and blood draws.	Curity Alcohol preps @$4 bx; Coverlet strip pieces @ $2 bx	$1,514
General Office Supplies	Pens for patients to fill out forms @ $7.19 dz, self stick notes @ $5.82 pk, highlighters @ $4.70 pk, binders for charts @ $7.77 ea, binder tabs @ $3.77 set, padded envelopes @ $39.61 bx	$2,727
Reference Materials	TB reference books/education for providers and TB staff	$1,255
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Revised: 1/27/2012

Total Amount Requested for Supplies:	**$11,147**

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

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
Jerry Barnett	Pharmacist	Needed for TB patients' meds	Monthly	12	$200.00	$2,400
Oxford Immunotec	T-Spot lab testing	TB blood test	Unit	416	$36.00	$14,976
						$0
						$0
						$0
						$0
						$0
						$0
						$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						$0

Total Amount Requested for CONTRACTUAL: $17,376

Revised: 1/27/2012

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
NONE		
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other: **$0**

Revised: 1/27/2012

FORM I-1: PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent: **COLLIN COUNTY HEALTH CARE SERVICES**

PERSONNEL Name + Functional Title E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	**Number of Months**	Salary/Wages Requested for Project
Carolee Bills-Nurse E	N	Provides TB Services	0.35	License	$5,323.53	12	$22,359
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
					SalaryWage Total		$22,359

FRINGE BENEFITS	**Itemize the elements of fringe benefits in the space below:**	
	Fringe Benefit Rate %	36.71%
	Fringe Benefits Total	$8,207

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1. Purpose

Commissioners Court recognizes expenditure of public funds for travel is necessary to conduct County business. This policy establishes appropriate requirements, limitations, and guidelines for county employee business travel. The purpose of this policy is to:

- Establish the appropriate use of, and limitations on use of, public funds for travel by employees
- Ensure travel expenses of employees are for legitimate, reasonable business travel
- Provide an expectation to employees to be conscientious in their use of public funds for travel
- Require accountability for the use of public funds by County employees and officials

The County Auditor shall have the discretion to approve departures from this policy if such departure fulfills the purposes set out in this Section.

2. Scope

This policy applies to all employees whose travel expenses are paid from public funds controlled by the County or by County Officials. Travel expenses for non-county employees are not covered by this policy and travel parameters should be established before the expense is incurred on a case by case basis.

3. Definitions

As used in the policy, travel for **County business** shall pertain to either of the following:

- Business travel for the purpose of conducting official authorized County business.
- Professional/Educational Travel to attend meetings, conferences, and training programs for professional growth and development as well as for the mutual benefit of the County.

For purposes of this policy, **employee** includes elected officials, appointed officials and paid employees of Collin County. This policy does not cover travel for volunteers, consultants, or other person representing the County on a business trip. Parameters for travel for others not covered by this policy must be established in advance of the travel on a case by case basis.

A **business meal** is a meal expense incurred by an employee for the employee and another person. The other person may be another employee or an outside person. The meal has to be incurred in conjunction with a business purpose related to County business. The business meal is not considered a travel meal under this policy.

A **travel meal** is a meal expense incurred by an employee for travel purposes. There are two types of travel meals:

- Day Travel Meal – a meal expense for any travel that does not include an overnight stay. The cost of day travel meals are normally paid through payroll and require employment taxes and withholdings to be taken from the reimbursement.
- Overnight Travel Meal – a meal expense for any travel that does include an overnight stay.

4. General Policy Provisions

Qualifying travel expenses will be paid or reimbursed for an employee traveling on County business, provided the employee keeps and submits invoices, receipts, and all other required documentation for those expenses. Meals during travel are paid on a per diem basis (fixed amount per day) and do not require receipts.

All expenses must be ordinary, reasonable, necessary, and have a valid business purpose.

The policy covers items normally encountered as business or travel expense.

Travel expenses are not allowed for two or more county employees on the same receipt and travel voucher. Each employee must pay for their individual travel expenses. Exceptions can be made by the County Auditor if necessary.

Duplicate travel expense payments or reimbursements to an employee are prohibited. This includes payment or reimbursement for the trip by both the County and outside party.

If travel expenses of an employee are being paid by another source, the employee may claim reimbursement for travel expenses from the County for any expenses allowed under this policy that are not reimbursed by the other source, with proper documentation.

If travel expenses are paid from grant funds, the grantor may have specific requirements for travel expenses. The employee should check with the County Auditor's Office prior to travel. If the travel expenses allowed by this policy are greater than the expense reimbursement from the grant, the employee may submit the additional expenses separately for reimbursement if funds are available and budgeted in a budget that is available for use by the employee.

Travel outside of the continental United States requires prior approval of the Commissioners Court at least 30 days before the departure date of the trip.

Employees may, on occasion, combine personal and County travel on the same trip provided there is no additional cost to the County; personal travel is not reimbursed. An exception is allowed when a family member is formally representing Collin County and has been expressly invited for that purpose such as when an elected official is receiving an award from another organization or government; the invitation must be submitted to the County Auditor with the travel documentation.

If an employee is combining personal and business travel, the County will only pay for or reimburse expenses for the business travel portion of the trip. There should be no additional cost to the County for the personal travel. The County Auditor shall determine the cut off between personal and business travel. If there is any personal travel involved in a business trip, the employee, before they complete their travel plans, shall seek the opinion of the County Auditor as to the estimated cut off between personal and business expenses.

If a county vehicle is used for transportation, the employee must follow all other applicable County policies and procedures.

5. General Travel Guidelines

An estimate of the expected travel expenses must be completed in a format approved by the County Auditor and submitted to the Auditor's Office prior to travel. Travel estimates related to inmate transport are not required to be submitted to the Auditor's Office. The County Auditor shall determine if there are sufficient budgeted funds available for the trip; if there is not sufficient funding, the County Auditor will notify the department. Any travel without sufficient budgeted funding may only be reimbursed to the amount of available budget.

If an advance of estimated expenses for the trip is required, the request for an advance must be submitted in sufficient time to permit processing and approval of the advance. Sufficient time is determined by the County Auditor. An advance is dependent upon availability of budgeted funds. The County Auditor has the authority to refuse to issue an advance, in accordance with the Local Government Code.

The County Auditor shall establish deadlines for submitting travel documentation. Employees submitting travel documents after the established deadline risk being held personally liable for the expenses.

Travel should be scheduled well in advance when possible in order to take advantage of lower rates.

All records for travel and training using public funds are open to inspection under the Texas Open Records Act, unless otherwise prohibited by law.

Requisitions/Purchase orders are not required for any travel related expenses including registration.

6. County Auditor Responsibility

The County Auditor shall be responsible for implementation and interpretation of this policy, as well as enforcement of the policy, in accordance with Local Government Code 112.002, 112.006, and 112.007.

The County Auditor shall issue, maintain, and update any accounting procedure, control, and form needed to ensure compliance with this policy.

The County Auditor shall notify the Commissioners Court whenever there is a change in the optional standard mileage rate set by the IRS; the rate will be used to reimburse employees for use of their personal vehicle as of the effective date of the IRS implementation.

7. County Official and Department Head Responsibility

County officials and department heads are responsible for ensuring travel expenditures are valid and appropriate.

County officials and department heads should ensure budgeted travel funds are available before authorizing travel for their employees. If travel is authorized without budgeted funds available, the County official or department head may be held responsible for reimbursing the County for any amount not budgeted.

County officials and department heads are expected to send the fewest number of individuals required to a seminar, conference, or meeting, taking into consideration the objectives or needs of the department.

If there are any questions regarding this policy, the County official or department head should seek County Auditor opinion prior to travel if unusual circumstances are involved or the policy does not provide clear guidance.

Any exceptions to this Policy must be approved by Commissioners Court prior to expenditure of public funds for travel.

8. Employee Responsibility

Employees should use good judgment and be aware they are spending public funds. An employee on official county business should exercise the same care in incurring expenses and accomplishing official business that a prudent person would exercise if traveling for personal business. Excess costs, indirect routes, delays, or luxury accommodations unnecessary or unjustified in the performance of official business are not considered as exercising prudence.

In accordance with this Policy and procedures established by the County Auditor, employees traveling on County business will be paid or reimbursed for reasonable expenses incurred if travel funds have been budgeted.

Employees traveling on official county business must submit all required receipts for audit and reimbursement or risk being held personally liable for their travel expenses.

Employees are personally responsible for any expense not allowed under this policy. If the disallowed expense has been charged on a County procurement card, the employee shall promptly reimburse the County for that charge in accordance with the Procurement Card Policy.

Any employee found to be submitting false travel claims is subject to disciplinary action, up to and including termination and possible prosecution.

When making travel arrangements, the employee must submit appropriate documentation to the County Auditor of any reasonable accommodations needed under the Americans with Disabilities Act. Reasonable accommodation requests should be coordinated with travel, transportation, lodging, meals, and conference officials, as necessary, to comply with the needs of the employee.

If a death, serious injury or grave illness occurs in an employee's immediate family, the employee is authorized to immediately return at county expense. When, during a period of official travel, an employee dies due to illness or injury not induced by personal misconduct, the county will pay all transportation expenses to return the employee. The employees' next of kin may travel at county expense to make necessary arrangements. Expenses will be reimbursed according to this County policy. If injured while traveling, the injury must be reported to the County Risk Manager.

9. Transportation

9.1 Air Fare

Employees must use discretion to obtain the best airfare deal for the County. Employees may not incur higher airfare to obtain a personal benefit such as frequent flyer miles or other incentives.

Employees are required to travel by economy class or coach class, unless there are documented extenuating circumstances. The documentation must be submitted to the County Auditor with their travel documents.

The County will pay reasonable fees for luggage or other expenses when traveling by air.

9.2 Auto Rental

Rental vehicles may be an authorized expense if determined by the department head or County official as necessary.

Employees are not permitted to purchase insurance in connection to rental car agreements. Collin County insurance policy provides vehicle insurance for all employees on travel status; employees will be held responsible for any purchase of rental car insurance.

Only County employees may be permitted to drive or be listed as drivers on a rental car paid by the County.
The employee should minimize the cost of fuel when renting a vehicle, taking into account the rental car company policy.

Receipts for the auto rental, fuel and other related expenses must be submitted.

9.3 Use of Personal Vehicle for Travel or Business Purposes

The County will pay, when an employee provides their own transportation, the optional standard mileage rate used by the IRS to calculate the costs of operating a vehicle for business purposes, including travel for business purposes.

Miles claimed must be reasonable in relation to the location visited.

No other automobile expense will be paid for use of a personal vehicle other than the current mileage rate established by the IRS for business mileage. County officials and department heads may, only for use of their personal vehicle, choose to be paid less than the IRS optional mileage rate. All other employees must be reimbursed at the IRS optional mileage rate.

Mileage is paid based on IRS rules as detailed in the Travel Expenses and Transportation Expenses in IRS Publication 17. Mileage should be calculated on an exact mileage basis or using Google travel maps. If the employee is receiving an auto allowance no mileage is permitted within Collin County and travel outside the County must begin and end at the Collin County border. Details are summarized below with definitions of each of these locations. If an employee uses a personal vehicle for overnight travel for County business, the rules on the following table apply:

	From Your Home	From Your Primary Work Location	From A Temporary Work Location
To Your Home		No mileage allowed	Mileage allowed
To Your Primary Work Location	No mileage allowed		Mileage allowed
To A Temporary Work Location	Mileage allowed	Mileage allowed	Mileage allowed to a second temporary location

Home Location: The place where you reside. Transportation expenses between your home and your main or regular place of work are personal commuting expenses and are not reimbursed.
Primary Work Location: This is your principal place you work.
Temporary Work Location: This is for personal vehicle miles driven going from home or one work location to another in the course of your business day, when your job requires you to work in another location. It could be for business meetings or business luncheons in another location away from your primary work location; training or seminar away from your primary work location; or travel to the airport or parking at the airport for a business trip.

If traveling, incidental miles driven at the destination are submitted for payment with other travel expenses upon return. Incidental miles should be reasonable.

Personal vehicle travel exceeding 350 miles one-way (700 miles total) on official county business will be reimbursed at the lower of 1) the most appropriate airline rate plus the cost of a rental car, or 2) the calculated cost for total business miles driven.

A motor pool vehicle may be available for employees who prefer not to use their personal vehicle. Please refer to the Vehicle Usage and Take Home Vehicle Policy before utilizing a motor pool vehicle.

If two or more employees are traveling in the same private vehicle, only one mileage allowance will be paid or reimbursed.

Tolls from toll roads may be reimbursed if a receipt is provided or a printout of the NTTA statement identifying which tolls were for County business.

9.4 Taxi and Other Transportation

Taxi, shuttle, or other transportation may be an authorized expense when necessary as determined by the department head or elected official.

Receipts for taxi, shuttle, or other transportation are required.

Tips for transportation are not part of the per diem and are reimbursable.

10. Lodging

The actual cost of lodging, including hotel taxes, will be paid or reimbursed for a traveling employee on official county business.

Accommodations should be the most reasonable available at the time of the stay.

The employee should always seek any discounts available.

The traveler must submit an itemized, detailed statement/receipt for lodging.

An employee may stay at the home of a friend or family, but there will be no payment or reimbursement for lodging.

The County will only pay or reimburse the single person cost of the lodging for the employee if there is only one employee staying in the room. If there are two or more employees staying in the room, the cost of the room should be paid by one employee and not allocated. If the expenses need to be allocated, the County Auditor will perform the allocation. If there is a cost for a non-employee lodger staying in the room with an employee, the County will only reimburse or pay the single room rate.

The County will not pay or reimburse the employee for additional lodging not considered a part of the business trip (i.e., personal trip or vacation).

If an employee has an emergency requiring a change in the length of the stay, resulting in additional charges, the additional charges, within reason, are allowable for payment or reimbursement.

11. <u>Travel Meals and Incidentals</u>

Travel meals and incidentals will be paid or reimbursed based on per diem bases for overnight travel and an actual basis for day travel.

Travel meals may be paid or reimbursed for each day the employee is on travel status.

Travel meals purchased within Collin County borders for day travel meals (non-overnight) will not be paid or reimbursed except as needed for inmate transport.

The County will pay or reimburse travel meals for the employee only with the exception of Inmate Transport. A meal may be provided to an employee if the inmate requires a meal while being transported, even if the employee is in Collin County. The inmate transport employee's meal will not be subject to payroll taxation. Both meals will be reimbursed or paid.

A travel meal purchased by the employee for friends, family, other employees, or county officials will not be paid or reimbursed.

Meals provided by a third party may not be paid or reimbursed.

Meals for business meetings are not considered travel expenses and are not covered by this policy.

<u>Overnight Travel:</u> Employees will be paid or reimbursements on a per diem basis for meals and incidentals related to overnight travel. Incidentals include all taxes and tips related to travel. The per diem rate is **80%** of the rate established by the Governmental Services Administration (GSA) with the federal government and will vary by city or county and state. Per diem meals will not be paid or reimbursed to employees when meals are provided by a third party or conference. Meal payments for the first and last day of travel will be reduced to 75% of a full day meal reimbursement in accordance

with GSA standards. Per diem will not be paid for the first day of a trip when an employee departs after 7:00pm. The County Auditor shall publish the GSA per diem allowable rate each year by January 1 on the intranet website.

Under very limited circumstances the County Auditor may reimburse an employee for amounts in excess of the meal and incidental amount if the employee provides written justification and detailed receipts to the County Auditor.

Day Travel Meals: An itemized receipt must be submitted to be reimbursed for a day travel meal. Incidentals should be itemized and submitted to the Auditor. Only one employee per receipt can be submitted. Per IRS regulations, the cost for meals incurred while attending an event not requiring an overnight stay is considered taxable income. Employees will be reimbursed through payroll for the exact cost of their meal in gross pay before payroll taxes and withholdings are deducted. Tips will generally be paid or reimbursed at 15%, with a maximum of 20% allowable; tips at fast food establishments are not reimbursed.

12. Travel Advances

The County may provide advances for travel based on the estimated cost of the travel as provided by the department or employee.

An affidavit requesting a travel advance must be completed for each advance of funds and must be approved by the elected official or department head, or designee. The affidavit must be submitted according to the deadlines established by the County Auditor.

Travel advance limitations:

- Advances will not be provided for estimated expenditures less than $100.
- Advances will not be provided for non-overnight travel expenses.
- Advances will not be provided after the travel is completed.
- Advances will not be disbursed when a traveler has a travel reimbursement request that is more than 30 days past due.
- Only one advance of funds shall be authorized for each scheduled travel.
- Advance must be returned within 10 business days if trip is cancelled.
- The employee is personally responsible for funds advanced. Any loss must be repaid.
- An advance may only be used for employee travel and not for travel of another person.

13. Miscellaneous

Reimbursable miscellaneous expenses include:

- Internet connectivity charges for County-provided equipment.
- Charges for business-related telephone calls.
- Excess baggage charges will be paid or reimbursed only when transporting County materials.
- Charges for reasonable and actual expenses will be paid or reimbursed for laundry services necessary due to travel that exceeds one week.
- Tolls and parking fees.

Parking expense is permitted and reimbursable with proper documentation. If the parking cost is $6 or less for the entire trip no receipt is required. If more than $6 a receipt will be required for

reimbursement; however, if a receipt is not given such as a parking meter a written explanation as to such must be provided.

14. <u>Not Reimbursable</u>

Miscellaneous expenses while traveling that will not be reimbursed or paid include:

- Alcoholic drinks
- Pet care expenses
- Personal travel insurance
- Insurance coverage for privately owned vehicles
- Expenses for the repairs of privately owned vehicles
- Interest charges levied on overdue invoices or credit card statements
- Personal expenses, such as barbers, hairdressers, toiletry items, health club fees, prescriptions, and non-prescription medications
- Hotel pay-per-view video and mini-bar expenses
- Expenses related to lost or stolen items
- ATM fees
- Entertainment expenses, even if provided by the conference unless it involves a meal
- Use of a personal cell phone to make calls
- In general, personal expenses are not reimbursable, and are assumed to include any expenses which are not a necessary consequence of travel on behalf of the County
- Between meal snacks, gum, candy bars, etc., will not be paid or reimbursed by the county.