

Joann Gilbride

From: Joann Gilbride
Sent: Friday, January 17, 2020 6:04 PM
To: 'Kirkpatrick,Tray (DSHS)'; 'dshsimmunizationcontracts@dshs.texas.gov'
Cc: Candy Blair; Janice Nicholson; Samuel Grader
Subject: RE: Immunization/Locals: FY21 Contract Renewal Packet
Attachments: Travel Policy 10.2015.pdf; FY21 ILA RENEWAL PACKET IMM LOCALS CCHCS 1 17 2020.DOCX; FY21 IMM LOCALS Budget Template CCHCS 1 17 2020.xls; Community Health Specialist eff 10 1 2019.docx

Follow Up Flag: Follow up
Flag Status: Completed

Mr. Kirkpatrick,

Please see the attached information as requested for our county's FY2021 Immunizations grant application and let me know if you have any questions or wish to discuss:

- FY2020 Immunizations ILA (Including Form G-FAFTA, Form C1- Contacts, Texas Counties and Regions)
- FY2021 Immunizations Budget Templates
- Collin County Travel Policy
- Job Description—Community Health Specialist

Thank you,

Joann L. Gilbride, MBA
Healthcare Coordinator
Collin County Health Care Services
825 N. McDonald #130
McKinney, TX 75069
P: 972-548-5503
F: 972-548-4441

From: Kirkpatrick,Tray (DSHS) [mailto:Tray.Kirkpatrick@dshs.texas.gov]
Sent: Tuesday, January 14, 2020 9:23 AM
Subject: Corrections-Immunization/Locals: FY21 Contract Renewal Packet

***** **WARNING:** External Email. Do not click links or open attachments that are unsafe. *****

Good morning,

I would like to make note of some corrections to the documents sent out to all LHD's.

- Please complete the attached FFATA, Form G instead of the FFATA I initially sent out. I apologize if you have already completed and submitted this form, but please send the new form completed.
- Budget Template-Contact Tab: Please complete this section as requested and tailor to the Immunization Program. This page notes HAZARDS and CRI which is

incorrect. Again, if you have already submitted this with the CRI and HAZARDS Contacts, please resubmit using the Immunization Staff.

I apologize for the inconvenience.

Thank you

*Tray Kirkpatrick, CTCM
Contract Manager
Contract Management Section
Room T-502
P.O. Box 149347
Austin, TX 78714-Mail Code 1990*

*Phone: 512-776-3448
Fax: 512-776-7391*

From: Kirkpatrick,Tray (DSHS) [mailto:Tray.Kirkpatrick@dshs.texas.gov]
Sent: Monday, December 23, 2019 2:57 PM
Subject: Immunization/Locals: FY21 Contract Renewal Packet

***** **WARNING:** External Email. Do not click links or open attachments that are unsafe. *****

Dear Contractor:

Good afternoon, it is that time of year again. I try and do my best to stay current with contacts or positions but please update me with any changes or corrections.

I am the Contract Manager for the Immunization/Locals Program.

Attached is the IMM/LOCAL FY21 ILA Packet (updated List of Regional Managers), FY21 Budget Template, FFATA Form, and a Texas Counties and Regions Form. Form C1 has been added for completion.

The contract period for the FY21 IMM/LOCALS Contract is 9/01/2020 - 8/31/2021.

Please see important bullet points and instructions:

- *We will be mailing the FY21 Contract out 4/01/20 this coming year.*
- *ILA Renewal Packet Face Page/Contact Page: Please ensure you have identified the Point of Contact or Project Contact Person and the Emergency Contact Person.*
- ***DocuSign-Two email address' will receive the contract; The "Authorized Signatory" (for electronic signature) and a secondary "Project Contact Person".** The two you assign will be the only two that will have open access to the contract from their inbox. Please include these names in the body of the email as they could be different then what is listed on the Face Page.*
- *It is important we receive the completed attached documents as they were received separately and no later than 1/17/2020.*
- *Please submit the Budget Template completed with your contract name at the top of the Budget Summary Page and in excel format.*
- *If necessary, please include as separate documents, the **Travel Policy and Indirect Cost Certificate or Proposal.***

- *If necessary, please complete in full the Program Income Spending Plan (ILA Packet).*
- *Please include the **Job Descriptions-Personnel Detail** as separate documents.*

Your allocation for the FY21 Contract will remain at Level Funding from your FY20 IMM/LOCALS Contract.

Please complete the attached forms as instructed and return to Tray Kirkpatrick, Contract Manager, at tray.kirkpatrick@dshs.texas.gov by January 17, 2020.

If you have any questions or concerns, please feel free to contact me.

Thank you,

Tray Kirkpatrick

***Tray Kirkpatrick, CTCM
Contract Manager
Contract Management Section
Room T-502
P.O. Box 149347
Austin, TX 78714-Mail Code 1990***

Phone: 512-776-3448

Fax: 512-776-7391

**InterLocal Application
For
Immunization Program Funds
Fiscal Year 2021**

www.ImmunizeTexas.com

Issue date: 12/23/2019

Due date: 1/17/2019

Immunization Unit
P.O. Box 149347
Austin, Texas 78714-9347

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Unit announces the expected availability of Fiscal Year (FY) 2021 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

Please submit the completed renewal application electronically no later than January 17, 2020 to DSHSImmuneContracts@dshs.texas.gov and Tray Kirkpatrick at tray.kirkpatrick@dshs.texas.gov.

The renewal application includes a form for Indirect Costs (I-7) within the budget template. DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Unit has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the contact is **Tray Kirkpatrick** of the Contract Management Section. Communications concerning this Application may be addressed by email or fax to:

Phone and Fax Numbers:

512.776.3448

512.776.7391 fax

CMS Contact Email:

tray.kirkpatrick@dshs.texas.gov

III. TABLE OF CONTENTS

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- Form A. Face Page - Application for Financial Assistance
- Form A-1. Texas Counties and Regions List (see separate file)
- Form B. Table of Contents and Checklist
- Form C. Contact Person Information (last block is for emergency contact)
- Form C-1 Program Contract Information
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan

- Form I. Budget (see separate file)
- Appendix B. Copy of Approved Indirect Rate (if applicable)

**Department of State Health Services
FORM A: FACE PAGE**

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: COLLIN COUNTY HEALTH CARE SERVICES	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 825 N. MCDONALD #130, MCKINNEY, TX 75069	Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address (if different from above):	Check if address change <input type="checkbox"/>
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds:	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. and Mail Code 756000873	
<i>*The contractor acknowledges, understands and agrees that the contractor'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.</i>	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2020 End Date: August 31, 2021	
8) COUNTIES SERVED BY PROJECT: COLLIN	
9) AMOUNT OF FUNDING REQUESTED: \$354,062	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>**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</i>	Name JOANN GILBRIDE Phone: 972-548-5503 Fax: 972-548-4441 Email: jgilbride@co.collin.tx.us
	12) FINANCIAL OFFICER Name: LINDA RIGGS Phone: 972-548-4643 Fax: 972-548-4751 Email: countyauditor@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification . 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.	
13) AUTHORIZED SIGNATORY (DocuSign) Check if change <input type="checkbox"/> Name: Chris Hill Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: chill@co.collin.tx.us	

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the contractor 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 renewal and is required to be completed. Signature affirms the facts contained in the contractor's response are truthful and the contractor is in compliance with the assurances and certifications contained in **APPENDIX A: 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 contractor's renewal application.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the contractor. 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 or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving **ANY** American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The contractor acknowledges, understands and agrees the contractor'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 the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> or http://www.sos.state.tx.us/corp/nonprofit_org.shtml and/or the Texas State Comptroller at https://fm.xcpa.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 09/01/2019 – 08/31/2020.
- 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 contractor's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for contractor's current fiscal year, contractor 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 contractor. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the contractor must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check counties to be served and include behind Form A: Face Page.

Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input checked="" type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07	STATEWIDE	<input type="checkbox"/>	

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Contractor:

COLLIN COUNTY HEALTH CARE SERVICES

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	X	4	
A-1	Texas Counties and Regions List	X	6	
B	Table of Contents and Checklist – completed and included	X	7	
C	Contact Person Information – completed and included	X	8	
C-1	Program Contact Information – completed and included	X	9	
D	Job Descriptions (with supplemental documentation attached if required)	X	10	
E	Program Income Spending Page	X	11	
F	Budget Summary Form and Detail Pages	X	--	
G	FFATA form	X	12	
Appendix B	Copy of Approved Indirect Rate – included (if applicable)	--	--	N/A

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 Section**.*

Contacts must include, but are not limited to: Executive Director, Financial Contact, Program Contact, and Emergency Contact information.

<p>Contact: <u>CANDY BLAIR</u></p> <p>Title: <u>HEALTHCARE ADMINISTRATOR</u></p> <p>Phone: <u>972-548-5504</u></p> <p>Fax: <u>972-548-5550</u></p> <p>Email: <u>cblair@co.collin.tx.us</u></p>	<p>Mailing Address</p> <p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75069</u></p>
<p>Contact: <u>JOANN GILBRIDE</u></p> <p>Title: <u>Health Care Coordinator / Program Contact</u></p> <p>Phone: <u>972-548-5503</u> Ext: _____</p> <p>Fax: <u>972-548-4441</u></p> <p>Email: <u>jgilbride@co.collin.tx.us</u></p>	<p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75071</u></p>
<p>Contact: <u>Janna Benson-Caponera</u></p> <p>Title: <u>Auditor's Office / Grant Supervisor</u></p> <p>Phone: <u>972-548-4638</u> Ext: _____</p> <p>Fax: <u>972-548-4751</u></p> <p>Email: <u>Jbenson-caponera@co.collin.tx.us</u></p>	<p>Street: <u>2300 Bloomdale Rd., Suite 3100</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75071</u></p>
<p>Contact: <u>Janice Nicholson</u></p> <p>Title: <u>Auditor's Office / Grant Accountant</u></p> <p>Phone: <u>972-548-4732</u> Ext: _____</p> <p>Fax: <u>972-548-4751</u></p> <p>Email: <u>jnicholson@co.collin.tx.us</u></p>	<p>Street: <u>2300 Bloomdale Rd., Suite 3100</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75071</u></p>
<p>Emergency Contact: <u>Torres Johnson</u></p> <p>Title: <u>Immunization Program Manager</u></p> <p>Phone: <u>972-548-5549</u> Ext: _____</p> <p>Fax: <u>972-548-4441</u></p> <p>Email: <u>tmjohnson@co.collin.tx.us</u></p>	<p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75069</u></p>

FORM C-1: PROGRAM CONTACT INFORMATION

This form provides information about the appropriate program contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written notification to the **Immunization Unit**.

Area of Work	Program Contact Name	Phone	Email
Immunization Program Manager	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
Contract Coordinator(s)	Joann Gilbride	972-548-5503	jjgilbride@co.collin.tx.us
School Compliance Coordinator(s)	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
Perinatal Hepatitis B Case Manager(s)	Frank Rojas	972-548-5599	frojas@co.collin.tx.us
	Aisha Souri	972-548-5524	asouri@co.collin.tx.us
Disease Surveillance Coordinator(s)	Jawaid Asghar	972-548-5534	jasghar@co.collin.tx.us
Clinical Coordinator(s)	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
TVFC & ASN Coordinator(s)	Tina Dunn	972-548-5540	tdunn@co.collin.tx.us
	Mandie Sosa	972-548-4467	msosa@co.collin.tx.us
Communications Coordinator(s)	Joann Gilbride	972-548-5503	jjgilbride@co.collin.tx.us
Texas Immunization Registry Coordinator(s)	Cynthia Jeffcoat	972-548-5508	cjeffcoat@co.collin.tx.us
	Tricia Brown	972-548-4748	tbrown@co.collin.tx.us

FORM D: JOB DESCRIPTIONS

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2020.

The Primary TVFC Coordinator position was recently reclassified and is now known as the Community Health Specialist. The job description follows.

Collin County Job Description Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
Direct Supervisor	Immunization (RN) Program Manager	Grade	534
Supervises	n/a	Job Code	100407

Summary: Performs quality assurance duties related to overseeing the Texas Vaccines for Children Program (TVFC) in Collin County. Responsible for training providers on the Electronic Inventory System, PAERS, maintaining and correcting TVFC provider reports submitted monthly, maintaining TVFC charts/records, and maintaining local health department vaccine allotment and vaccine supplies according to state guidelines. Also submits reports to the state's regional office. Performs related duties as required. All CCHCS employees are expected to cross-train in different areas within the department. CCHCS employees are required to follow all County and department policies and procedures, and abide by the CCHCS Code of Ethics.

Job Functions by Assignment		
<i>Percent of time is estimated and may vary depending on daily demands.</i>		
Function	Percent of Time	Essential / Non-Essential
Performs duties related to immunization program including providing onsite training using the TVFC Tool Kit and technical assistance to new and existing TVFC providers. Assists TVFC Providers with the annual enrollment process. Conduct TVFC site visit follow-up and submit results following the process described and within deadlines established in the TVFC Operations Manual. Provide training on TVFC requirements and updates (as described in the TVFC Operations Manual) to TVFC providers annually at a minimum. Document annual training in PEAR for each Provider Identification Number (PIN) in jurisdiction. Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.	30%	Essential
Reviews and submits vaccine reports submitted monthly by TVFC providers.	20%	Essential
Educate providers regarding vaccine ordering policies. Train providers to use the EVI system for inventory and order entry. Train providers on the use of the new IIS system as the system is available.	15%	Essential
Conduct TVFC site visits in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department immunization clinics, if applicable. Conduct TVFC compliance site-visits for all sub-contracted entities and non-local health department clinics utilizing the CDC Provider Education, Assessment, and Reporting (PEAR) system and directly enter data into PEAR to document TVFC quality assurance compliance site visits for all sub-contracted entities and non-local health department clinics. If contractor encounters problems with directly entering data into PEAR, the contractor shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit.	10%	Essential
Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in CCHCS clinics. Ensure that all expired, spoiled/wasted vaccines is appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system. Coordinate with providers and DSHS Regional office to transfer/ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use.	5%	Essential
Assist all other TVFC providers in local jurisdiction with maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the <i>DSHS Immunization Contractors Guide for Local Health Departments</i> and the current <i>TVFC Operations Manual</i> .	5%	Essential
Maintain CCHCS vaccine storage and handling policies and procedures according to the TVFC Operations Manual. (http://www.dshs.state.tx.us/immunize/tvfc/tvfc.manual.shtml). Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each clinic location.	5%	Essential

(revised 10/1/2019)

Collin County Job Description Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
Direct Supervisor	Immunization (RN) Program Manager	Grade	534
Supervises	n/a	Job Code	100407

Produces and maintains thorough and accurate documentation of all TVFC program activities as required for DSHS and other applicable audit or review processes. Performs essential functions that will ensure compliance with internal and external audits.	5%	Essential
May provide backup clerical support in various clinics by answering phones, patient check-in/registration, accepting payments and issuing receipts, processing the deposit for payments received, scheduling appointments, and pulling records for clinical staff members. Performs other office support duties by ordering, performing inventories, and maintaining medical supplies in all clinics. Also may place work orders for maintenance needs requested by department staff.	5%	Essential
Remain available to respond to after-hours calls as the primary contact for Collin County Facilities to notify in the event a refrigerator or freezer unit's temperature goes out of range.	<1%	Essential
Appropriately allocates and documents their work hours spent in accomplishing grant deliverables.	<1%	Essential
Performs other duties as required by the Department of State Health Services. May be activated to perform other duties as needed in a disaster or emergency situation.	<1%	Essential
Other duties as assigned.		

Collin County Job Description Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
Direct Supervisor	Immunization (RN) Program Manager	Grade	534
Supervises	n/a	Job Code	100407

Job Qualifications	
Education	High school diploma or GED certificate plus Associate's (2 year) degree or equivalent combination of education and/or directly related experience. Work requires knowledge of a specific vocational, administrative, or technical nature which may be obtained with two years of advanced study or training past the high school equivalency. Junior college, vocational, business, technical, or correspondence schools are likely sources. Appropriate certification may be awarded upon satisfactory completion of advanced study or training.
Licenses/Certifications	Valid Texas Operator's Driver's License, CPR certification (must be obtained within 30 days of employment or class availability). Bilingual preferred. Employee must maintain valid any license/certificate held for the duration of employment with the department.
Experience	No experience required. Two years directly related experience with a state immunizations program or public health or medical administrative experience is preferred.
Reading	Work requires the ability to read technical data/information, journals, manuals, and analyze data.
Writing	Work requires the ability to write reports, and generate professional documentation of program activities.
Math	Work requires the ability to perform general math calculations such as addition, subtraction, multiplication, division and algebra.
Analytical Skills	Must be able to critically think, identify root problems, and respond appropriately with limited time and resources.
Decision making	Must have sound judgment and be trusted to work with minimal supervision.
Job Complexity/ Judgment	Work consists of routine tasks and may require the interpretation of technical and detailed guidelines. Requires the use of moderate judgment in applying policies and adapting standards in a non-emergency situation, and high levels of judgment in an emergency situation.
Interpersonal Skills	Ability to effectively and professionally interact with individuals and departments within the county as well as individuals outside the county who belong to a professional or peer organization. Displays professional conduct towards local, state and federal officials; healthcare providers, local hospital personnel, public and private agencies, Medical Reserve Corps, Commissioners Court, vendors, and the public.
Equipment & Software Skills	Work requires proficiency of collecting and entering data, using web browsers and beginning to intermediate level of proficiency in Microsoft Office including Word, Excel, Adobe, PowerPoint, and Outlook.
Supervision	Job has no responsibility for the direction or supervision of others.
Budget Responsibilities	n/a
Other	Must be able to respond to vaccine and public health emergencies on a 24/7/365 basis as needed.

(revised 10/1/2019)

Collin County Job Description

Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
Direct Supervisor	Immunization (RN) Program Manager	Grade	534
Supervises	n/a	Job Code	100407

Working Conditions	
Mental/Emotional Demands	
Factor	Explanation
Must meet deadlines	Perform effectively in environments with frequent workload changes, regular interruptions, and competing demands. Must be able to perform well under the pressure of meeting multiple deadlines and/or deadlines with little notice to prepare and produce required documentation. Effective time management and ability to consistently meet grant contract, county wide, and departmental due dates is required.
Make immediate decisions	Ability to make sound and immediate decisions to respond quickly in specific situations in line with county, department, and program standards.
Respond to emergency and/or crisis	Ability to recognize an emergency situation and take appropriate action following standard policies and past precedents. Normal workdays should not involve emergency or crisis, however, by the very nature of the job it is expected that the incumbent will be activated and respond to a vaccine or public health emergency.
Frequent shifts of attention	Ability to switch from one task to another, sometimes without notice.
Frequent interruptions	Perform with frequent interruptions or distractions.
Comprehend and follow instructions	Ability to understand and follow a set of clear oral and written instructions pertaining to the position. Sets a positive example for team members in carrying out directives.
Prioritization of tasks	Ability to set priorities which accurately reflect the relative importance of job responsibilities and prioritize to complete work in a timely manner.
Must speak in front of a group	n/a
Perform complex and varied tasks	Performs a wide range of tasks that may vary from day to day, sometimes with little predictability as to their occurrence.
Compose original documents	Memos, correspondence, training documents, reports, audit documentation, etc.
Complex work such as research, analysis, etc.	n/a
Handle sensitive and confidential information	Requires a commitment to privacy and the ability to handle confidential information. Experience with HIPAA and/or DSHS Confidentiality and Security standards a plus.
Problem-solving	Problems encountered are common, somewhat repetitive, and generally solved by following clear directions and procedures. Must have the ability to apply critical thinking and judgment to form an effective and acceptable solution as problems arise. Seeks information and resources to solve problems independently when possible and asks for guidance from supervisor or others when additional direction is needed.

(revised 10/1/2019)

Collin County Job Description

Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
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Physical Demand Category			
During typical work days:			
<p>Work: Exerting up to 30 pounds of force or equivalent amount of force frequently to lift, carry, push, pull, or otherwise move objects and equipment. Sedentary work involves sitting for extended periods of the time, but may involve walking or standing for long periods of time depending on the task. Sedentary work requires about 6 hours of sitting and may involve more than 2 hours of standing or walking in an 8-hour workday. Must be able to drive long distances to attend mandatory conferences and training.</p>			
During Drills/Exercises/Events (a few times a year):			
<p>Work: As a health department employee, staff members can expect to participate in various drills, exercises, and/or events to help prepare for or respond to public health emergencies. For those activities, exerting up to 60 lbs. of force frequently, or equivalent amount of force frequently to lift, carry, push, pull, or otherwise move objects and equipment, including the human body. Comfortable wearing N-95 mask or other personal protective equipment for periods of time. May require long periods of standing in extreme weather conditions such as cold, rain, dust, wind, or heat.</p>			
During Public Health or Other Emergencies (unpredictable):			
<p>Work: Exerting up to 60 lbs. of force frequently, or equivalent amount of force frequently to lift, carry, push, pull, or otherwise move objects and equipment, including the human body. Comfortable wearing N-95 mask or other personal protective equipment for periods of time. May require long periods of standing in extreme weather conditions such as cold, rain, dust, wind, or heat with little or no access to clean water supply, exposure to infectious diseases, and/or other hazardous conditions.</p>			
Physical Activities			
Frequently <i>More than half of the work day, most work days</i>	Occasionally <i>A few hours a day, a few days per week</i>	Rarely <i>Less than one hour, one or fewer days per week</i>	Never <i>Never occurs</i>
Condition	Frequency	Examples (non-exhaustive list)	
Talking	Frequently	In regular day to day interactions with co-workers, county employees, healthcare providers, private and public entities, local, state, and federal agencies, schools, and other organizations over the phone and in person.	
Hearing	Frequently	In regular day to day interactions with co-workers, county employees, healthcare providers, private and public entities, local, state, and federal agencies, schools, and other organizations over the phone and in person.	
Seeing	Frequently	Seeing the computer screen while performing job duties, reading paper documents, driving to and from off-site meetings and exercises, and while performing regular office duties. Includes peripheral vision, straight ahead vision, seeing short distance, seeing medium distance, seeing long distance, seeing small print, and seeing colors, seeing clearly at night.	
Sitting	Frequently	Requires physical ability to sit for long periods of time at a desk.	
Walking	Frequently	Retrieving files and making copies, conducting inventory of department's or a provider's vaccine inventory and/or supplies.	

(revised 10/1/2019)

Collin County Job Description

Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
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Supervises	n/a	Job Code	100407

Standing	Frequently	Retrieving files and making copies, conducting inventory of department's or provider's vaccine inventory and/or supplies.
Bending/twisting neck	Frequently	Retrieving files and making copies, conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers.
Bending forwards/sideways at waist	Frequently	Conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers.
Squatting	Frequently	Conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers.
Climbing	Occasionally	Conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers. Participating in drills and exercises and picking up equipment for drills or during an activation event.
Kneeling	Frequently	Conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers.
Crawling	Occasionally	Conducting inventory of department's or provider's vaccine inventory and/or supplies, while conducting quality assurance visits with healthcare providers. Participating in drills and exercises and picking up equipment for drills or during an activation event.
Grasping	Frequently	Writing with a pen/pencil, holding papers/files, holding the phone, holding equipment for drills and events.
Foot controls	Frequently	Traveling to attend conferences, meetings, or trainings.
Fine hand movements - one hand	Frequently	Using keyboard, writing, entering numbers on calculator or phone.
Fine hand movements - both hands	Frequently	Using keyboard.
Pushing/pulling with one hand	Frequently	Opening and/or closing filing cabinets and office doors, pulling equipment for drills and events.
Pushing/pulling with both hands	Frequently	Opening and/or closing filing cabinets and office doors, pulling equipment for drills and events.
Reaching above shoulder height	Frequently	Reaching files/supplies on top shelving.
Reaching below shoulder height	Frequently	Reaching for or placing files or supplies on bottom shelf, refilling paper in copier.
Lifting items above shoulder height	Frequently	Reaching files/supplies on top shelving.
Lifting/moving items weighing 0-10 pounds	Frequently	Lifting, carrying, or moving papers, supplies, equipment, and files.
Lifting/moving items weighing 11-25 pounds	Frequently	Lifting, carrying, or moving papers, supplies, equipment, and files.
Lifting/moving items weighing 26-50 pounds	Frequently	Lifting, carrying, or moving equipment for drills.

(revised 10/1/2019)

Collin County Job Description Community Health Specialist

Department	Health Care Services	FLSA Status	Non-Exempt
Direct Supervisor	Immunization (RN) Program Manager	Grade	534
Supervises	n/a	Job Code	100407

Lifting/moving items weighing 51-75 pounds	Occasionally	Lifting, carrying, or moving equipment for drills or activation events.
Lifting/moving items weighing 76-100 pounds	Occasionally with Assistance	Lifting, carrying, or moving equipment for drills or activation events.
Lifting/moving items weighing over 100 pounds	Occasionally with Assistance	Lifting, carrying, or moving equipment for drills or activation events.

Environmental Factors	
Factor	Explanation
Noise	Moderate noise made by other co-workers, customers, phones, etc. Undetermined noise frequency associated with drills, events and emergencies. Undetermined weather conditions associated with activities could include extreme heat, dust, rain, wind, or cold

Equipment Used	
Description	Explanation
Office equipment	Computer, copier, printer, fax machine, scanner, and phone.
Program specific, Drill/training/emergency equipment	Data loggers, vaccine transport supplies, totes with medical and office supplies, wear N-95 mask, gloves, PPE as indicated for interactions with contagious patients, radios, CPR manikins.
Vehicle	County vehicle to travel to off-site locations.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

Signatures:

I have reviewed this job description and find it to be an accurate reflection of the responsibilities and demands of this job.

Department Head Name: (Printed) _____

Department Head Signature: _____ **Date:** _____

Supervisor Name: (Printed) _____

Supervisor Signature: _____ **Date:** _____

Employee Name: (Printed) _____

Employee Signature: _____ **Date:** _____

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line K, Row 2)
 \$ 25,781

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$18,510	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$ 7,271	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$ 25,781	

**FORM G: Federal Funding Accountability and Transparency Act (FFATA)
Personnel Activity Detail Form for Local Health Department Immunization Staff**

Legal Name of Applicant:	COLLIN COUNTY HEALTH CARE SERVICES
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List Personnel	I. Program & Contract Management	II. Facility Immunization Assessments	III. Managing TVFC and ASN Providers	IV. Epidemiology and Surveillance	V. Providing a Vaccine Safety Net	VI. Increasing Use of the Texas Immunization Registry	VII. Education and Partnerships	Total equals 100%
Functional Title + Code E=Existing or P=Proposed	% Time	% Time	% Time	% Time	% Time	% Time	% Time	100% Time
Program Manager-RN-E	20	30	5		15		30	100%
Immunizations – LVN-E		30	10		20		40	100%
Immunizations – LVN-E		30	10		20		40	100%
Immunizations – RN-E		30	10		20		40	100%
Immunizations – RN-E		30	10		20		40	100%
IPOS/ImmTrac Outreach-E			10		10	50	30	100%
IPOS/ImmTrac Outreach-E			10		10	50	30	100%
Primary VFC Coordinator (Community Health Specialist) – E			80		10		10	100%
Support Tech – E		10	30		10	10	40	100%
Support Tech - E		20			20	20	40	100%
Health Care Analyst – E				90			10	100%
HC Coordinator-E	80				10		10	100%
								100%
								100%

Regional Program Managers FY 2021

PUBLIC HEALTH REGION 1

Leigh Johnston
Immunization Program Manager
6302 Iola Ave.
Lubbock, Texas 79424
(806) 783-6412
(806) 783-6435 – Fax

Leigh.Johnston@dshs.texas.gov

PUBLIC HEALTH REGION 2 & 3

Cheryl Millican
Immunization Program Manager
1301 South Bowen Road, Suite 200
Arlington, Texas 76013-2262
(817) 264-4795
(817) 264-4800 – Fax

Cheryl.Millican@dshs.texas.gov

PUBLIC HEALTH REGION 4 & 5 NORTH

Tammie Little
Immunization Program Manager
1517 W. Front Street
Tyler, Texas 75702
(903) 533-5310
(903) 533-9502 - Fax

Tammie.Little@dshs.texas.gov

PUBLIC HEALTH REGION 6 & 5 SOUTH

Stephanie Martin
Immunization Program Manager
5425 Polk, Suite J
Houston, Texas 77023
(713) 767-3411
(713) 767-3889 - Fax

Stephanie.Martin@dshs.texas.gov

PUBLIC HEALTH REGION 7

Debbie Shelton
Immunization Program Manager
2408 South 37th Street
Temple, Texas 76504-7168
(254) 778-6744
(254) 771-2612 - Fax

Debbie.Shelton@dshs.texas.gov

PUBLIC HEALTH REGION 8

Laurie Henefey
Immunization Program Manager
112 Joe Carper Drive
Uvalde, Texas 78801
(830) 591-4386 Extension 213
(830) 278-1831 - Fax

Laurie.Henefey@dshs.texas.gov

PUBLIC HEALTH REGION 9 & 10

Donna Anders
Immunization Program Manager
2301 N. Big Spring #300
Midland, Texas 79705-7649
(432) 571-4137
(432) 571-4190 - Fax

Donna.Anders@dshs.texas.gov

PUBLIC HEALTH REGION 11

Mauro Ruiz (Interim)
Immunization Program Manager
601 W. Sesame Drive
Harlingen, Texas 78550
(956) 421-5581
(956) 443-3216 - Fax

Mauro.Ruiz@dshs.texas.gov

Collin County Travel Policy

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Collin County Travel Policy

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.

Collin County Travel Policy

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.

Collin County Travel Policy

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.

Collin County Travel Policy

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.

Collin County Travel Policy

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:

Collin County Travel Policy

	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.

Collin County Travel Policy

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. Travel Meals and Incidentals

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.

Overnight Travel: 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

Collin County Travel Policy

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

Collin County Travel Policy

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

14. Not Reimbursable

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.



FY2020

IMMUNIZATIONS

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

COLLIN COUNTY HEALTH CARE SERVICES

Street / PO Box: 825 N MCDONALD #130
City: MCKINNEY
Zip: 75069

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: 825 N MCDONALD #130
City: MCKINNEY
Zip: 75069

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: 9/1/2020
End Date: 8/31/2021

Counties Served

County(ies) Served:

COLLIN

Amount of Funding Allocated:

\$354,062.00

CONTACT PERSON INFORMATION

Legal Business Name: 0

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 Candy Blair
Phone: 972-548-5504 Ext:
Fax: 972-548-4441
E-mail: cblair@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
825 N. McDonald #130, McKinney, TX 75069

B-13/FSR Rep: Janice Nicholson, Grant Accountant/Auditor
Phone: 972-548-4732 Ext:
Fax: 972-548-4751
E-mail: jnicholson@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
2300 Bloomdale Rd., Suite 3100, McKinney, TX 75071

PHEP (HAZARDS) Program Leader: Torres Johnson, Immunizations Prgm Mgr
Phone: 972-548-5549 Ext:
Fax: 972-548-4441
E-mail:

Mailing Address (street, city, county, state, & zip):
825 N. McDonald #130, McKinney, TX 75069

SNS (CRI) Coordinator: Joann Gilbride, HC Coordinator
Phone: 972-548-5503 Ext:
Fax: 972-548-4441
E-mail: jgilbride@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
825 N. McDonald #130, McKinney, TX 75069

Authorized Signatory for DocuSign Chris Hill, County Judge
Phone: 972-548-4623 Ext:
Fax:
E-mail: chill@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
2300 Bloomdale Rd. #4192, McKinney, TX 75069

Additional Authorized Signatory for DocuSign only if applicable (FFATA, Certs, etc)
Phone: Ext:
Fax:
E-mail:

DocuSign "CC" Person Janice Nicholson, Grant Accountant/Auditor
Phone: 972-548-4732 Ext:
Fax: 972-548-4751
E-mail: jnicholson@co.collin.tx.us

Emergency Contact Joann Gilbride, HC Coordinator
Cell Phone: 214-326-1758 Ext:
Fax:
E-mail: jgilbride@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
825 N. McDonald #130, McKinney, TX 75069

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 Sources (5)	Other Funds (6)
A. Personnel	\$729,281	\$254,311	\$0	\$0	\$474,970	\$0
B. Fringe Benefits	\$324,103	\$78,328	\$0	\$0	\$245,775	\$0
C. Travel	\$8,525	\$8,525	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$13,398	\$11,398	\$0	\$0	\$2,000	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$1,500	\$1,500	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$1,076,807	\$354,062	\$0	\$0	\$722,745	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$1,076,807	\$354,062	\$0	\$0	\$722,745	\$0
K. Program Income - Projected Earnings	\$78,409	\$25,781			\$52,628	

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. 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	\$729,281	\$729,281	Fringe Benefits	\$324,103	\$324,103
	Travel	\$8,525	\$8,525	Equipment	\$0	\$0
	Supplies	\$13,398	\$13,398	Contractual	\$0	\$0
	Other	\$1,500	\$1,500	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$1,076,807	Budget Total	\$1,076,807
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*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							
Functional Title + Code 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
Immunizations RN-Program Manager	N	Provides program oversight & QA	0.43	RN License	\$6,505.47	12	\$33,568
Immunization-LVN-E	N	Provides Imm Svcs, Outreach, audits	0.43	LVN License	\$4,811.99	12	\$24,830
Immunization-LVN-E	N	Provides Imm Svcs, Outreach, audits	0.43	LVN License	\$3,520.71	12	\$18,167
Immunization-RN-E	N	Provides Imm Svcs, Outreach, audits	0.43	RN License	\$5,491.87	12	\$28,338
Immunization RN-E	N	Provides Imm Svcs, Outreach, audits	0.43	RN License	\$5,923.53	12	\$30,565
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & Education	0.43	NA	\$2,595.77	12	\$13,394
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & Education	0.43	NA	\$2,696.54	12	\$13,914
Community Health Specialist.-E	N	Vaccine Inventory, Accountability & Provider QA	0.43	NA	\$3,520.71	12	\$18,167
Support Tech-E	N	Provides Immunization Cler. Sup	0.43	NA	\$2,595.77	12	\$13,394
Support Tech-E	N	Provides Immunization Cler. Sup	0.43	NA	\$3,115.24	12	\$16,075
Health Care Analyst - E	N	Perinatal Hep B & Epidemiology	0.43	NA	\$4,697.43	12	\$24,239
HC Coordinator-E	N	Provides strategic planning & Evaluation	0.23	NA	\$7,123.05	12	\$19,660
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$254,311

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1100 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 \$26.25/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)
	Fringe Benefit Rate %
	30.80%
	Fringe Benefits Total
	\$78,328

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:	Travel Costs	
			Days/Employees		
Immunizaation Branch Mandatory Meeting (fall)	Current immunization program updates, collaboration with other health departments and regions	Austin, TX	3 days, 3 employees	Mileage	\$500
				Airfare	
				Meals	\$600
				Lodging	\$900
				Other Costs	
				Total	\$2,000
TVFC Annual Training (January/February)	Current immunization program updates, collaboration with other health departments and regions	Austin, TX or TBD	3 days, 3 employees	Mileage	\$500
				Airfare	
				Meals	\$600
				Lodging	\$900
				Other Costs	
				Total	\$2,000
EPI VAC or Epidemiology Training	Current immunization program updates, collaboration with other health departments and regions	Austin, TX or TBD	3 days, 3 employees	Mileage	\$500
				Airfare	\$800
				Meals	\$600
				Lodging	\$900
				Other Costs	
				Total	\$2,800
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$6,800

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Mileage to schools, health care providers, daycares for audits and unannounced visits. Mileage for day travel (Arlington, Dallas, etc..) for training.	3000	\$0.575	\$1,725		\$1,725
			\$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

\$1,725

Other / Local Travel Costs: **\$1,725**

Conference / Workshop Travel Costs: **\$6,800**

Total Travel Costs: \$8,525

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-3: EQUIPMENT 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. See attached example for equipment definition and detailed instructions to complete this form.

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
				\$0
				\$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				\$0

Total Amount Requested for Equipment:

\$0

FORM I-4: SUPPLIES Including CONTROLLED ASSETS 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 <small>[[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]]</small>	Purpose & Justification	Total Cost
Medical Supplies	Needles 23G 1 IN 200@\$8.25/bx, bandaids, alcohol pads	\$4,500
General Office Supplies	Post it notes, pens for public to fill out forms, highlighters	\$2,012
Reference Materials	AAP "Red Book", "Pink Book", and other reference manual copies for providers for community education	\$2,086
Grant Program Supplies	Stickers, coloring books, posters, and other items to support immunization education and outreach activities with patients and stakeholders such as health care providers, schools, hospitals, etc...	\$2,800
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$11,398

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
NONE						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: **\$0**

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
Postage	Mass mail outs to providers/recruitment list, etc. Monthly \$125 x 12	\$1,500
		\$0
		\$0
		\$0
		\$0
		\$0
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		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$1,500