# FORM I: BUDGET SUMMARY (REQUIRED)

**Legal Name of Respondent:** **Collin County**

| Cost Categories | Total Budget (1) | DSHS Funds Requested (2) | Direct Federal Funds (3) | Other State Agency Funds* (4) | Local Funding Sources (5) | Other Funds (6) |
|---|---|---|---|---|---|---|
| ***Percentage of Funding*** | **0%** | | | | | |
| A. Personnel | $230,392 | $0 | $0 | $0 | $0 | $0 |
| B. Fringe Benefits | $17,625 | $0 | $0 | $0 | $0 | $0 |
| C. Travel | $2,750 | $0 | $0 | $0 | $0 | $0 |
| D. Equipment | $34,445 | | | | | |
| E. Supplies | $22,075 | $0 | $0 | $0 | $0 | $0 |
| F. Contractual | $809,708 | $0 | $0 | $0 | $0 | $0 |
| G. Other | $49,550 | $0 | $0 | $0 | $0 | $0 |
| H. Total Direct Costs | $1,166,545 | $0 | $0 | $0 | $0 | $0 |
| I. Indirect Costs | $0 | | | | | |
| J. Total (Sum of H and I) | $1,166,545 | $0 | $0 | $0 | $0 | $0 |
| K. Program Income - Projected Earnings | | $0 | $0 | $0 | $0 | $0 |

**NOTE: The "Total Budget" amount for the Equipment and Indirect Costs Categories 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 "Total Budget" amount (column 1) equals the "Check Total" below.**

**Check Total For:** **Equipment =** **$0** **Indirect Costs =** **$0**

*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.