TEXAS Department of State Health Services

FY2012

Risk-Based Funding

Applicant Information

Legal Name of Applicant Agency/Contract #: Collin County

Mailing Address:

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

Payee Name: Collin County

Payee Mailing Address:

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

State of Texas Comptroller Vendor ID No (14 digit):

Type of Entity (Choose one)

Click on appropriate box

City ☐
County ☑
Other Political Subdivision ☐

Project Period

Start
End 7/31/2012

Counties Served

County 1 Collin County
County 2
County 3
County 4
County 5
County 6
County 7

Amount of Funding Requested: $ 102,465.00

ASSURANCES

The facts affirmed by me in this application are truthful. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements is a condition precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.

Signature of Authorized Representative
Typed Name of Authorized Representative Keith Self
Title of Authorized Representative Collin County Judge
Date of Submission
Authorized Representative Telephone Number 972.548.4623
Authorized Representative E-mail Address keith.self@collincountytx.gov

CONTACT PERSON INFORMATION

Legal Business Name: Collin County

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.

Executive Director/CEO: Keith Self
Phone: 972.548.4623 Ext:
Fax:
E-mail: keith.self@collincountytx.gov

Mailing Address (street, city, county, state, & zip):
2300 Bloomdale, #4192, McKinney, TX 75071

Chief Financial Officer: Jeff May
Phone: 972.548.4641 Ext:
Fax: 972.548.4751
E-mail: jmay@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
2300 Bloomdale Road, Ste 3100, McKinney, TX 75071

Accountant: Janna Benson-Caponera
Phone: 972.548.4638 Ext:
Fax:
E-mail: jbenson-caponera@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
2300 Bloomdale Road, Ste 3100, McKinney, TX 75071

Lead Program/Project Leader: Eileen Prentice
Phone: 972.548.4384 Ext:
Fax: 972.548.4747
E-mail: eprentice@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
4300 Community Blvd, Homeland Security Dept, McKinney, TX 75071

SNS Coordinator: Lacie Reitmeyer
Phone: 214.491.6892 Ext:
Fax: 972.548.4747
E-mail: lreitmeyer@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
4300 Community Blvd, Homeland Security Dept, McKinney, TX 75071

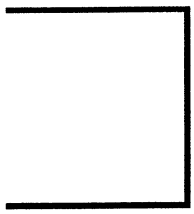
Request for Coordinated MSA Contractor

Please enter the total amount of funds to fund a coordinated contract for the MSA partners

Coordinated MSA Contractor Amount: $ 33,534.00

(Please enter the amount in whole dollars)

As agreed upon by the MSA partners including Local Health Departments and DSHS Health Service Re funds will only be used for the purpose of contracting with a vendor to furnish services as determined by Funds provided from Local allocations will continue to be considered as part of the Local Health Departr allocation. Match will be required on the total allocation amount. If the contract for these services does fruition, the funds will be available to the Local Health Department.



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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". 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)
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

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (Match) (5)	Other Funds (6)
A. Personnel	$17,460	$14,400			$3,060	
B. Fringe Benefits	$2,020	$1,102			$918	
C. Travel	$833	$833			$0	
D. Equipment	$0	$0			$0	
E. Supplies	$216	$216			$0	
F. Contractual	$33,534	$33,534			$0	
G. Other	$58,785	$52,380			$6,405	
H. Total Direct Costs	$112,848	$102,465	$0	$0	$10,383	$0
I. Indirect Costs	$0	$0				
J. Total (Sum of H and I)	$112,848	$102,465	$0	$0	$10,383	$0
K. Program Income - Projected Earnings	$0	$0	$0	$0	$0	$0

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**	**$17,460**	**$17,460**	**Fringe Benefits**	**$2,020**	**$2,020**
	Travel	**$833**	**$833**	**Equipment**	**$0**	**$0**
	Supplies	**$216**	**$216**	**Contractual**	**$33,534**	**$33,534**
	Other	**$58,785**	**$58,785**	**Indirect Costs**	**$0**	**$0**

TOTAL FOR:	**Distribution Totals**	**$112,848**	**Budget Total**	**$112,848**

*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

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
Preparedness Educator/Intern (P)	Y	Temporary staff to conduct preparedness training for county residents	2.25	NA	$1,600.00	4	$14,400
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
				TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS			$0
					SalaryWage Total		$14,400

FRINGE BENEFITS Itemize the elements of fringe benefits in the space below:

FICA only

Fringe Benefit Rate %	7.65%
Fringe Benefits Total	$1,102

Revised: 7/6/2009

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: Collin County

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					$0

Total for Conference / Workshop Travel $0

Revised: 7/6/2009

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. This mileage reimbursement will be primarily used by the interns who will be traveling around the County conducting preparedness trainings. It will also be used by the PHEM Coordinator/team members to attend MSA RBF meetings.	1500	$0.555	$833	$0	$833
			$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 $833

Other / Local Travel Costs: $833 **Conference / Workshop Travel Costs:** $0 **Total Travel Costs:** $833

Indicate Policy Used: **Respondent's Travel Policy** **State of Texas Travel Policy**

Revised: 7/6/2009

FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category
Detail Form

Legal Name of Respondent: Collin County

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
				$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: 7/6/2009

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent: Collin County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) 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**
Office Supplies	Clipboards, paper, writing utensils, labels, etc. (approximately $100/FTE)	$216
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Supplies: **$216**

Revised: 7/6/2009

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County

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 co 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)
Contractor funds to be left with DSHS	MSA Risk Assessment	Individual county and aggegrate MSA risk assessment required	Lump Sum	1	$33,534.00
			TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS		

Total Amount Requested for CONTRACTUAL:

Revised: 7/6/2009

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: Collin County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
Emergency Preparedness Kits	Emergency preparedness kits for distribution during personal preparedness training ($20/kit, 1500 kits)	$30,000
Printing and Communication Materials	These funds will be used to print educational items included in the training packet which include 1) pre- and post-tests, 2) FEMA Food and Water pamphlet, 3) family communications card, 4) 72-hour kit materials list, 5) pop quiz, 6) Ready.gov Family Emergency Plan, 7) Collin County Disaster Plan, and other assorted emergency pamphlets and documents. Each of these documents is priced differently depending on the number of copies needed, vendor chosen, paper used, number of sheets, color vs. black and white, etc.	$22,380
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other: **$52,380**

Revised: 7/6/2009

FORM I - 7 Indirect Costs

Legal Name of Respondent: Collin County

Total amount of indirect costs allocable to the project: **Amount:**

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate **or** indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

RATE:
TYPE:
BASE:

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: http://www.dshs.state.tx.us/contracts/

GO TO PAGE 2 (below)

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH page (one per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. The MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.
The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.
The amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

Form I-1a Personnel Supplemental
Form I-2a Travel Supplemental
Form I-3a Equipment Supplemental
Form I-4a Supplies Supplemental
Form I-5a Contractual Supplemental
Form I-6a Other Supplemental

Form I-1b Personnel Match
Form I-2b Travel Match
Form I-3b Equipment Match
Form I-4b Supplies Match
Form I-5b Contractual Match
Form I-6ba Other Match

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

Legal Name of Respondent: Collin County

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
MATCH - Buyer, IT, Other County Staff (E)	N	Supports PHEP team	0.06	NA	$4,250.67	6	$1,530
MATCH - Accountant I (E)	N	Completes FSRs and maintains fiscal auditing documentation	0.06	NA	$4,250.67	6	$1,530
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
					SalaryWage Total		$3,060

FRINGE BENEFITS Itemize the elements of fringe benefits in the space below:

Fringe Benefit Rate %	30.00%
Fringe Benefits Total	$918

Revised: 7/6/2009

FORM I-6: OTHER Budget Category Detail Form (Match)

Legal Name of Respondent: Collin County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost
MATCH - Volunteer Activities	MRC volunteer training and events participation ($21.35/hour - calculated from Independent Sector - for 300 hours of service)	$6,405

Total Amount Requested for Other: **$6,405**

Revised: 7/6/2009

Grant Review Committee
Review Form

Grant Name: Risk-Based Funding

Department Name/Number: Auditor's Office

Department Contact: Janna Caponera **Phone:** 4638

The County Auditor's Office, in conjunction with the Grant Review Committee (GRC), has reviewed the application and/or award as detailed above, and the application and/or award is:

☐ **Recommended**. The GRC has reviewed this grant application and/or award and recommends its approval to Commissioners Court.

☐ **Not Recommended** The GRC has reviewed this application and/or award and does not recommend its approval to Commissioners Court.

☐ **No Recommendation** The information provided by the requesting department is not enough for the GRC to make an informed recommendation to Commissioners Court regarding this application and/or award.

Completed by:

Janna Caponera — October 26, 2011

GRC Chair/Designee Printed Name — Date

Budget and Finance (BFO) Comments:

Grant requires total In-Kind match of 9.2% from County.

☒ Recommended ☐ Not Recommended ☐ No Recommendation

County Auditor Comments:

Grant requires 9.2% county match.

☒ Recommended ☐ Not Recommended ☐ No Recommendation

Information Technology (IT) Comments:

☐ Recommended ☐ Not Recommended ☐ No Recommendation

Purchasing Comments:

Purchasing policies and procedures will apply.

☐ Recommended ☐ Not Recommended ☐ No Recommendation

Human Resources (HR) Comments:

☐ Recommended ☐ Not Recommended ☐ No Recommendation

Totals:

_____Recommended _____Not Recommended _____No Recommendation