

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS - CITIES READINESS INITIATIVE

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2011-038526

CONTRACT TERM: 08/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 08/01/2011 THRU: 08/31/2012

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$76,403.00	\$78,656.00	\$2,253.00
Fringe Benefits	\$21,451.00	\$22,087.00	\$636.00
Travel	\$4,572.00	\$4,572.00	\$0.00
Equipment	\$625.00	\$625.00	\$0.00
Supplies	\$4,241.00	\$4,241.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$47,560.00	\$48,771.00	\$1,211.00
Total Direct Charges	\$154,852.00	\$158,952.00	\$4,100.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$14,097.00	\$14,801.00	\$704.00
Income Total	\$14,097.00	\$14,801.00	-\$704.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$154,852.00	\$158,952.00	\$4,100.00
Performing Agency Share	\$14,097.00	\$14,801.00	\$704.00
Receiving Agency Share	\$140,755.00	\$144,151.00	\$3,396.00
Total Reimbursements Limit	\$140,755.00	\$144,151.00	\$3,396.00
JUSTIFICATION			
This amendment is to extend the contract end date and to extend the equipment purchase deadline date.			

Financial status reports are due: 11/30/2011, 03/01/2012, 05/30/2012, 08/31/2012, 10/30/2012