

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT 2014-001265-00**



This Contract is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and Collin County (Contractor), a Governmental, (collectively, the Parties) entity.

1. Purpose of the Contract: DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations.

2. Total Amount: The total amount of this Contract is \$126,633.00.

3. Funding Obligation: This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.

4. Term of the Contract: This Contract begins on 09/01/2013 and ends on 08/31/2014. DSHS has the option, in its sole discretion, to renew the Contract. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.

5. Authority: DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.

6. Program Name: CPS/CRI CPS - Cities Readiness Initiative

7. Statement of Work:

Contractor shall perform activities in support of the Public Health Emergency Preparedness Cooperative Agreement (Funding Opportunity Number CDC-RFA-TP12-120102CONT13) from the Centers for Disease Control and Prevention (CDC). To comply with the Public Health Emergency Preparedness (PHEP) cooperative agreement's capabilities-based approach, Cities Readiness Initiative (CRI) requirements support the Medical Countermeasure Dispensing and Medical Materiel Management and Distribution capabilities. The Cities Readiness Initiative supports medical countermeasure distribution and dispensing (MCMDD) for all-hazards events including the ability of jurisdictions to develop capabilities to respond to large-scale biological attacks with anthrax as the primary threat consideration and to broaden activities to improve all-hazards planning capabilities.

Contractor shall perform the activities required under this Program Attachment in the Service Area designated in the most recent version of Section 8. "Service Area" of this contract.

CDC will no longer use the MCMDD composite measure as an indicator of MCMDD preparedness and operational capability within local/planning jurisdictions, CRI areas, states, directly funded localities, territories, and freely associated states. Instead, CRI requirements include a minimum Progress Report (Technical Assistance Review) score of 69 (average of all CRI jurisdictional local TAR scores in a single state). Each local planning jurisdiction within the 72 CRI metropolitan statistical areas, including the four directly funded localities, must conduct three different drills. The results of the drill data submissions and compliance with dispensing and distribution standards shall be reviewed during site visits to evaluate local MCMDD preparedness.

Contractor shall develop plans and infrastructure so the targeted Metropolitan Statistical Area (MSA) is prepared to provide medical countermeasures to the identified population within 48 hours after the federal decision to do so during a large-scale public health emergency. To accomplish this, the Contractor shall:

- A. Meet the requirements of Capability 8: Medical Countermeasure Dispensing and the associated functions, tasks, and resource elements for this capability; and
- B. Enhance the jurisdiction's capability to establish a network of Points of Dispensing (PODs) operated by volunteers or paid staff trained on current POD Standards
- C. Meet the requirements of Capability 9: Medical Materiel Management and Distribution and associated functions, tasks, and resource elements for this capability and
- D. Enhance the jurisdiction's capability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Contractor shall coordinate planning and program implementation activities to ensure that state and local health departments, hospitals, other health care entities, health care providers, state and local public safety agencies, and emergency management agencies are able to mount a collective medical countermeasure response featuring seamless interaction of event-specific planning and operational components in the following areas of medical countermeasure core planning functions (based on prior TAR assessments):

1. Development of a Plan With Strategic National Stockpile Elements
2. Management of Strategic National Stockpile / Command and Control
3. Requesting Medical Countermeasures Assets
4. Tactical Communications Plan

5. Public Information and Communication
6. Security
7. Regional/Local Distribution Site (if applicable)
8. Inventory Management
9. Distribution (if applicable)
10. Dispensing Medical Countermeasures
11. Coordination with Hospitals and Alternate Care Facilities
12. Training and Exercising

Contractor shall comply with all applicable federal and state laws, rules and regulations including, but not limited to, the following:

- A. Public Law 107-117, Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States, Act. 2002;
- B. Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002;
- C. Public Law 109-417, Pandemic and All-Hazards Preparedness Act of 2006; and
- D. Chapter 81, Texas Health and Safety Code.

Contractor shall comply with all applicable regulations, standards and guidelines in effect on the beginning date of this program Attachment.

The following documents are incorporated by reference and made a part of this Program Attachment:

- A. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Public Health Emergency Preparedness Cooperative Agreement, Funding Opportunity Number CDC-RFA-TP12-120102CONT13
- B. Public Health Emergency Preparedness Workplan for the Cities Readiness Initiative, which is hereby attached as Exhibit A
- C. Texas Strategic National Stockpile Program Manual <http://www.snstexas.info>;
- D. Texas Public Health and Medical Emergency Management 5-Year Strategic Plan
- E. Tactical Guide, Companion Document to the Texas Public Health and Medical Emergency Management 5-Year Strategic Plan 2012 to 2016
- F. Homeland Security Exercise and Evaluation Plan (HSEEP) Documents:
https://hseep.dhs.gov/pages/1001_HSEEP7.aspx;
- G. Community Preparedness Section Exercise Team Web Site:
<http://www.dshs.state.tx.us/comp/comp/exercise/>.
- H. Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011 at:
http://www.cdc.gov/phpr/capabilities/DSLRCapabilities_July.pdf
- I. Contractors Financial Procedures Manual dated September 1, 2012 or latest version located at:
<http://www.dshs.state.tx.us/contracts/cfpm.shtm>;

Funds awarded herewith must be matched by costs or third party contributions that are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching. The non-federal contributions (match) may be provided directly or through donations from public or private entities and may be in cash or in-kind donations, fairly evaluated. The costs that the contractor incurs in fulfilling its matching or cost-sharing requirement are subject to the same requirements, including the cost principles, that are applicable to the use of Federal funds, including prior approval requirements and other rules for allowable costs as described in 45 CFR 74.23 and 45 CFR 92.24.

Contractor is required to provide matching funds for this Program Attachment not less than 10% of total costs. Refer to the DSHS Contractor's Financial Procedures Manual, Chapter 9 at <http://www.dshs.state.tx.us/contracts/cfpm.shtm> for additional guidance on match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in Contractor's contract budget and Contractor must follow procedures for generally accepted accounting practices and meet audit requirements.

Contractor shall coordinate activities and response plans within the jurisdiction with the state, regional and other local jurisdictions, among local agencies and with hospitals and major health care entities, jurisdictional Metropolitan Medical Response Systems, and Councils of Government.

Contractor shall cooperate with DSHS to coordinate all planning, training, and exercises performed under this Contract with the State of Texas, Texas Division of Emergency Management of the State of Texas, or other points-of-contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

Contractor shall inform DSHS in writing if it shall not continue performance under this Program Attachment within thirty (30) days of receipt of an amended standard(s) or guideline(s). DSHS may terminate this Program Attachment immediately or within a reasonable period of time as determined by DSHS.

Contractor shall develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this Program Attachment, including partial Full Time Equivalents (FTEs) and temporary staff.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Contractor's expenditures on a quarterly basis. If expenditures are below that projected in Contractor's total Contract amount, Contractor's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

Performance Measures:

Contractor shall provide sufficient documentation of planning, training, and exercising per the functions and tasks of Capability 8, Medical Countermeasure Dispensing found in the Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011 to meet the requirements of the evidence-based benchmark, demonstrated capability to receive, stage, store, distribute, and dispense materiel during a public health emergency. This benchmark includes a composite performance indicator of preparedness from the Division of Strategic National Stockpile (DSNS) in CDC's Office of Public Health Preparedness and Response. This indicator can be found on the DSNS extranet at <http://emergency.cdc.gov/stockpile/extranet>

Contractor shall perform activities for Medical Countermeasure Dispensing, Capability 8 noted in the attached Exhibit A.

Contractor shall comply with the following activities for the CDC-defined performance measure related to Medical Countermeasure Dispensing, Capability 8:

- o Prepare for and participate in the Progress Report (Technical Assistance Review)
- o Perform and submit metrics on three (3) Division of Strategic National Stockpile (DSNS) operational

drills and After Action Reviews / Improvements Plans to the exercise team no later than April 1, 2014

- o Demonstrate compliance with current programmatic medical countermeasure guidance through submission of point of dispensing (POD) standards data

- o Conduct all exercises and training in accordance with Homeland Security Exercise Evaluation Program (HSEEP) guidance

Perform one full-scale dispensing exercise that includes all pertinent jurisdictional leadership and emergency support function leads, planning and operational staff, and all applicable personnel in the MSA within the 2011 to 2016 performance period

Contractor shall comply with the following activities for the CDC-defined performance measure related to Medical Materiel Management and Distribution, Capability 9:

- o Direct and activate medical materiel management and distribution

- o Acquire medical materiel

- o Maintain updated inventory management and reporting system

- o Establish and maintain security

- o Distribute medical materiel

- o Recover medical materiel and demobilize distribution operations

Contractor shall provide reports as requested by DSHS to satisfy information-sharing requirements set forth in Texas Government Code, Sections 421 .071 and 421.072 (b) and (c).

BILLING INSTRUCTIONS:

Contractor shall request payment electronically through the Contract Management and Procurement System (CMPS) with acceptable supporting documentation for reimbursement of the required services/deliverables. Billing will be performed according to CMPS instructions found at the following link <http://www.dshs.state.tx.us/cmeps/>. For assistance with CMPS, please email CMPS@dshs.state.tx.us or call 1-855-312-8474.

8. Service Area

Collin County

This section intentionally left blank.

10. Procurement method:

Non-Competitive

Interagency/Interlocal

GST-2012-Solicitation-00034

RLHS GOLIVE CRI PROPOSAL

11. Renewals:

Number of Renewals Remaining: 3 Date Renewals Expire: 08/31/2017

12. Payment Method:

Cost Reimbursement

13. Source of Funds:

93.069, 93.069

14. DUNS Number:

074873449

This section intentionally left blank.

16. Special Provisions

General Provisions, Compliance and Reporting Article I, Reporting Section 1.03, is revised to include the following:

Contractor shall provide DSHS with monthly supporting documents/reports in the format provided by DSHS, any financial reports, and any other reports that DSHS determines necessary to accomplish the objectives and monitor compliance of this Program Attachment.

Contractor shall submit copies of all documentation addressing the activities specified in Exhibit A to DSHS by a date to be determined by DSHS. via the Texas SNS SharePoint web link:
<http://www.snstexas.info>

If Contractor is legally prohibited from providing such reports, contractor shall immediately notify DSHS.

General Provisions, Services Article II., Section 2.02 Disaster Services is amended to include the following:

In the event of a local, state, or federal emergency the Contractor has the authority to utilize approximately 5% of staff's time supporting this Program Attachment for response efforts. DSHS shall reimburse Contractor up to 5% of this Program Attachment funded by Center for Disease Control and Prevention (CDC) for personnel costs responding to an emergency event. Contractor shall maintain records to document the time spent on response efforts for auditing purposes. Allowable activities also include participation of drills and exercises in the pre-event time period. Contractor shall notify the Assigned Contract Manager in writing when this provision is implemented.

General Provisions, Payment Methods and Restrictions Article IV, Billing Submission Section 4.02, is amended to include the following:

Contractor shall submit requests for reimbursement or payment, or revisions to previous reimbursement request(s), no later than August 14, 2014 for costs incurred between the services dates of September 1, 2013 and July 31, 2014.

General Provisions, Terms and Conditions of Payment Article V, is revised to include:

DSHS will monitor Contractor's billing activity and expenditure reporting on a quarterly basis. Based on these reviews, DSHS may reallocate funding between contracts to maximize use of available funding.

General Provisions, Allowable Costs and Audit Requirements Article VI, Allowable Costs Section 6.01, is amended to include the following:

For the purposes of this Program Attachment, funds may not be used for fund raising activities, lobbying, research, construction, major renovations, clinical care, purchase vehicles, reimbursement of pre-award costs, funding an award to another party or provider who is ineligible, or backfilling costs for staff.

General Provisions, Access and Inspection Article IX, Access Section 9.01 is hereby revised to include the following:

In addition to the site visits authorized by this Article of the General Provisions, Contractor shall allow DSHS to conduct on-site quality assurance reviews of Contractor. Contractor shall comply with all DSHS

documentation requests and on-site visits. Contractor shall make available for review all documents related to the Statement of Work and Exhibit A, the CRI Work Plan, upon request by the DSHS Program staff.

General Provisions, General Business Operations of Contractor Article XII, Section 12.20 Equipment (Including Controlled Assets), is revised as follows:

Contractor is required to initiate the purchase of equipment approved no later than August 31, 2014 as documented by issue of a purchase order or written order confirmation from the vendor on or before August 31 2014. In addition, all equipment must be received no later than 60 calendar days following the end of the Program Attachment term.

General Provisions, General Terms Article XIII, Amendment Section 13.15, is amended to include the following:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least 90 days prior to the end of the term of this Program Attachment.

17. Documents Forming Contract. The Contract consists of the following:

- a. Contract (this document) 2014-001265-00
- b. General Provisions Subrecipient General Provisions
- c. Attachments Budgets
- d. Declarations Certification Regarding Lobbying, Fiscal
Federal Funding Accountability and
Transparency Act (FFATA) Certification
- e. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

18. Conflicting Terms. In the event of conflicting terms among the documents forming this Contract, the order of control is first the Contract, then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

19. Payee. The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: Collin County
Vendor Identification Number: 17560008736 026

20. Entire Agreement. The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract, including any attachments and addendums.

Department of State Health Services

By: David Gruber
Signature of Authorized Official
09/27/2013
Date

Name and Title
1100 West 49th Street
Address
Austin, TX 787-4204
City, State, Zip

Telephone Number

E-mail Address

Collin County

By: Keith Self
Signature of Authorized Official
09/23/2013
Date

Keith Self County Judge
Name and Title
2300 Bloondale Rd, Suite 3100
Address
McKinney Texas 75071
City, State, Zip
(972) 548-4638

Telephone Number

keith.self@co.collin.tx.us

E-mail Address



FY2014
Cities Readiness Initiative

Applicant Information

Legal Name of Applicant Agency/Contract #:
Mailing Address:

Collin County

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

Payee Name:

Collin County

Payee Mailing Address:

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

State of Texas Comptroller Vendor ID # (9
digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contractors):

074873449

Type of Entity (Choose one)

City: ☐

Click on appropriate box

County: ☒

Other Political Subdivision: ☐

Project Period

Start Date: 9/1/2013
End Date: 8/31/2014

Counties Served

County(ies) Served:

Collin County

Amount of Funding Requested:

\$ 126,633.00

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: 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

Financial Rep: Eileen Prentice
Phone: (972) 548-4796 Ext:
Fax: (972) 548-4751
E-mail: eprentice@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):

2300 Bloomdale, #3100, McKinney, TX 75071

Lead Program/Project Leader: Jacob Bathman
Phone: (972) 548-5535 Ext:
Fax: (972) 548-4747
E-mail: jbathman@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):

2300 Bloomdale, #3100, McKinney, TX 75071

SNS Coordinator: If applicable Ashleigh Foy
Phone: (214) 491-6840 Ext:
Fax: (972) 548-4747
E-mail: afoy@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):

4300 Community Ave, McKinney, TX 75071

Authorized Signatory: 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

Emergency Contact: Kelley Stone
Cell Phone: (214) 686-6111 Ext:
Fax: (972) 548-4747
E-mail: kstone@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):

4300 Community Ave, McKinney, TX 75071

CMPS System Admin: Janna Benson-Caponera
Phone: (972) 548-4638 Ext:
Fax: (972) 548-4751
E-mail: jbenson-caponera@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):

2300 Bloomdale, #3100, McKinney, TX 75071

FORM I: BUDGET SUMMARY INSTRUCTIONS

DSHS Costs Only Budgeted on Detail Category Pages

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

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

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

Column 2: DSHS funds requested. (automatically posted from each detail budget category form)

Column 3: Federal funds awarded directly to respondent to be used on the DSHS project.

Column 4: Funds awarded to respondent from other state agencies to be used on the DSHS project.

Column 5: Funds provided by local governments (city, county, hospital districts, etc) (MATCH)

Column 6: Funds from other sources. (respondents unrestricted funds including private foundations, donations, fundraising, etc)

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

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

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

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

Examples Of Program Income

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

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

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$85,695	\$83,016			\$2,679	
B. Fringe Benefits	\$14,506	\$13,808			\$698	
C. Travel	\$6,772	\$6,772			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$4,900	\$4,900			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$27,436	\$18,137			\$9,299	
H. Total Direct Costs	\$139,309	\$126,633	\$0	\$0	\$12,676	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$139,309	\$126,633	\$0	\$0	\$12,676	\$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 Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$85,695	\$85,695	Fringe Benefits	\$14,506	\$14,506
	Travel	\$6,772	\$6,772	Equipment	\$0	\$0
	Supplies	\$4,900	\$4,900	Contractual	\$0	\$0
	Other	\$27,436	\$27,436	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$139,309	Budget Total	\$139,309
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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

PERSONNEL		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
Name + Functional Title E = Existing or P = Proposed								
Ashleigh Foy, CRI Coordinator (E)		N	Performs SNS and emergency preparedness activities; assists with MRC	1	NA	\$3,459.00	12	\$41,508
Rebecca Drekmann, MRC Coordinator (E)		N	Coordinate volunteers for SNS and emergency preparedness activites	1	NA	\$3,459.00	12	\$41,508
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS								\$0
						SalaryWage Total		\$83,016

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$4.95 for term life per month), Long Term Disability (salary x 0.0025), Short Term Disability \$1.91/month, Long Term Care \$15/month, Retirement (salary x 0.135), Supplement Death Benefit (salary x .003), Unemployment Insurance (salary x 0.001)

	Fringe Benefit Rate %	16.63%
	Fringe Benefits Total	\$13,808

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:	Travel Costs	
			Days/Employees		
Public Health Preparedness Summit	Conference for public health and emergency preparedness professionals	TBD	5 days/ 1 employee	Mileage	\$50
				Airfare	\$450
				Meals	\$250
				Lodging	\$650
				Other Costs	\$100
				Total	\$1,500
Integrated Training Summit (ITS)	HHS-hosted Integrated Medical, Public Health, Preparedness and Response Training Summit	Nashville, TN	4 days/ 1 employee	Mileage	\$40
				Airfare	\$400
				Meals	\$200
				Lodging	\$500
				Other Costs	\$100
				Total	\$1,240
Region VI TALON MRC Meeting	Regional MRC annual meeting; joint meeting with Region IV	TBD	3 days/ 1 employee	Mileage	\$80
				Airfare	\$350
				Meals	\$150
				Lodging	\$500
				Other Costs	\$100
				Total	\$1,180
IAEM-USA 61st Annual Conference	IAEM conference for stakeholders at all levels of government, the private sector, public health and related professions to exchange ideas on collaborating to protect lives and property from disaster.	Orlando, FL	5 days/ 1 employee	Mileage	\$50
				Airfare	\$450
				Meals	\$250
				Lodging	\$650
				Other Costs	\$100
				Total	\$1,500
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$5,420

Revised: 1/27/2012

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. Will be utilized by all CRI funded staff.	1450	\$0.565	\$819	\$50	\$869
Short seminars, conferences, meetings within state of Texas. Will be utilized by all CRI funded staff.	500	\$0.565	\$283	\$200	\$483
			\$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 **\$1,352**

Other / Local Travel Costs: **\$1,352**

Conference / Workshop Travel Costs: **\$5,420**

Total Travel Costs: **\$6,772**

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

Collin County

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 \$450/FTE)	\$900
POD Supplies	Various medical and non-medical supplies for each of 27 deployable POD kits (approximately \$75/POD kit)	\$2,000
Grant Program Supplies	Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables, including Mass Prophylaxis operations and dispensing models other than open PODs. Also includes alpha or first responder POD planning not covered by POD Supplies. Medical supplies ~\$1,000 and non-medical office-type supplies ~\$1,000; specific quantities or items are not finalized at this time	\$2,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$4,900

Revised: 1/27/2012

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 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
						\$0
						\$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

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
ATT Wireless	Phone/data service (2 users, \$81.25/month, 12 months)	\$1,950
Conference Registration Fees	Registration fees for Public Health Summit (\$600/person, 1 person). Integrated Training Summit (\$300/person, 1 person), and IAEM-USA 61st Annual Conference (\$600/person, 1 person)	\$1,500
Facility Rental Fee	Facility rental fees associated with training classes/events (2 events, \$150 each event as one-time payment)	\$300
Outreach	Annual budget for MRC recruitment and outreach materials, including print advertising	\$4,785
Printing and Communication Materials	Printing fee for SNS brochures & materials	\$2,000
Storage Space	Annual lease (1086 ft sq for \$7/sq ft) for response kits and material storage	\$7,602
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$18,137

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount: \$0

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.

RATE:

TYPE:

BASE:

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.

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)

Page 2, FORM I - 7 Indirect Costs

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 (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL							
Name + Functional Title E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$0

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

Legal Name of Respondent:

Collin County

PERSONNEL							
Name + Functional Title E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Eileen Prentice, MATCH - Accountant I (E)	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$4,465.00	12	\$2,679
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$2,679

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$765 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0025), Short Term Disability \$1.91/month, Long Term Care \$15/month, Retirement (salary x 0.135), Supplement Death Benefit (salary x .003), Unemployment Insurance (salary x 0.001)	
	Fringe Benefit Rate % 26.04%
	Fringe Benefits Total \$698

FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

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
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Revised: 1/27/2012

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

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

FORM I-2: TRAVEL Budget Category Detail Form (Match)

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
Airfare					
Meals					
Lodging					
Other Costs					
Total	\$0				
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
Airfare					
Meals					
Lodging					
Other Costs					
Total	\$0				
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Revised: 1/27/2012

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

Detail Form (Supplemental)

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.

[illegible]

\$0

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

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.

[illegible]

Total Amount Requested for Equipment:

\$0

FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)

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 (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0

FORM I-4: SUPPLIES Budget Category Detail Form (Match)

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 (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies: \$0

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

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 contractors as "To Be Named." Justification for any contract that de

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
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

\$0

FORM I-5: CONTRACTUAL Budget Category Detail Form (Match)

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 contractors as "To Be Named." Justification for any contract that de

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
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

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

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

Total Amount Requested for Other:

\$0

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 (\$22.57/hour, calculated from Independent Sector, for ~412 hrs of service)	\$9,299

Total Amount Requested for Other:

\$9,299



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SIGNATURE PAGE

Contract Number 2014-001265-00
 Program ID - Program Name CPS/CRI - CPS - Cities Readiness Initiative
 Contract Amount \$126,633
 Contract Term 9/1/2013 - 8/31/2014

Contractor Signature

☒ I certify that I am authorized to sign this document, and any attachments or addendums thereto, and I have read and agree to all parts of the contract.

Signed By: Keith Self

Date Signed: 9/23/2013

DSHS Signature

☐ I certify that I am authorized to sign this document, and any attachments or addendums thereto, and I have read and agree to all parts of the contract.

Signed By:

Date Signed:

Navigation Links

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