



**FY2015
Ebola Funding**

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):

74873449

Type of Entity (Choose one)

City: Click on appropriate box
County:
Other Political Subdivision:

Project Period

Start Date: 5/1/2015
End Date: 9/30/2016

Counties Served

County(ies) Served:

Collin County

Amount of Funding Allocated:

\$ 183,448.00

CONTACT PERSON INFORMATION

Legal Business Name:

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:
Phone: Ext:
Fax:
E-mail:

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

Financial Rep:
Phone: Ext:
Fax:
E-mail:

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

Lead Program/Project Leader:
Phone: Ext:
Fax:
E-mail:

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

SNS Coordinator: if applicable
Phone: Ext:
Fax:
E-mail:

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

Authorized Signatory:
Phone: Ext:
Fax:
E-mail:

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

Emergency Contact:
Cell Phone: Ext:
Fax:
E-mail:

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

CMPS System Admin:
Phone: Ext:
Fax:
E-mail:

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

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	\$77,826	\$77,826			\$0	
B. Fringe Benefits	\$27,905	\$27,905			\$0	
C. Travel	\$8,963	\$8,963			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$54,595	\$54,595			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$14,159	\$14,159			\$0	
H. Total Direct Costs	\$183,448	\$183,448	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$183,448	\$183,448	\$0	\$0	\$0	\$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	\$77,826	\$77,826	Fringe Benefits	\$27,905	\$27,905
	Travel	\$8,963	\$8,963	Equipment	\$0	\$0
	Supplies	\$54,595	\$54,595	Contractual	\$0	\$0
	Other	\$14,159	\$14,159	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$183,448	Budget Total	\$183,448
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If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

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		
Ebola Virus Disease Symposium	These meetings, trainings, symposia, and events are related to Ebola preparedness and response coordination throughout the state.	TBD	1 trip / 3 days / 6 employees	Mileage	\$700
				Airfare	\$0
				Meals	\$950
				Lodging	\$2,400
				Other Costs	\$600
				Total	\$4,650
EVD Seminar	These meetings, trainings, symposia, and events are related to Ebola preparedness and response coordination throughout the state.	TBD	1 trip / 1 day / 6 employees	Mileage	\$250
				Airfare	\$0
				Meals	\$125
				Lodging	\$0
				Other Costs	\$75
				Total	\$450
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$5,100

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.	3000	\$0.575	\$1,725	\$200	\$1,925
Short seminars, conferences, meetings within state of Texas.	2500	\$0.575	\$1,438	\$500	\$1,938
			\$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 \$3,863

Other / Local Travel Costs: \$3,863

Conference / Workshop Travel Costs: \$5,100

Total Travel Costs: \$8,963

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

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 <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Office Supplies	Clipboards, paper, writing utensils, labels, etc.	\$4,928
Grant Program Supplies	Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables related to Ebola and other highly infectious diseases, including Information Sharing, Mass Care, Non-Pharmaceutical Interventions, Epidemiology, and Mass Prophylaxis operations. Medical/PPE supplies ~\$13,000 and non-medical office-type supplies ~\$2,000; specific quantities or items are not finalized at this time	\$15,370
Scanners	16 Fujitsu fi-7160 document scanners (~\$841.50 ea)	\$13,464
Printers	3 Printers w/extra paper tray (~\$484.17 x 3)	\$1,453
Computer monitors	2 Viewsonic computer monitors (~\$175 ea)	\$350
Phone headsets	2 Plantronic headsets (\$209.00 ea)	\$418
Televisions	7 television screens for education of public in infectious disease events, including wall mounts (x5 40" TVs @ \$639 ea; x2 32" TV @ ~\$387 ea; x7 wall mounts @ ~\$109 ea)	\$4,734
Winzip software	Winzip software licenses for encrypting information in compliance with DSHS confidentiality and security standards (x10 licenses @ ~\$22 ea)	\$223
iPad hardware	8 iPads & accessories to facilitate staff to perform critical disease investigation/public health tasks such as patient monitoring and data collection (x8 iPads with accessories @ ~\$1,023 ea)	\$8,184
iPad wireless service	Wireless service for iPad hardware (\$37.99 /mo. x 18 mo. x 8 iPads)	\$5,471

	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$54,595

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 COST
						\$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 Include quantity and cost/quantity	Purpose & Justification	Total Cost
ATT Wireless Cell Phone	Cellular phone service (6 users, \$50/month, 18 months) for epidemiology staff. This will continue to support epidemiology staff communication outside of the office and allow staff to be on-call at all times for activation due to a public health emergency	\$5,400
Cell phone hardware	New and upgraded phone hardware for existing AT&T cell service lines (iPhone with accessories x6 @ ~\$256 ea)	\$1,536
AT&T Wireless Cards	3 AT&T Unite Pro devices (3 X \$37.99/mo. X 18 months)	\$2,051
Shelves for PPE storage	Shelving hardware for storage of PPE and other supplies (x5 shelving units @ ~\$300 ea)	\$1,500
Subscriptions/References	Reference and other materials for Health Care Services (x4 reference items @ ~\$275/ea; x2 subscription items @ ~\$450/ea)	\$2,000
SPSS	Statistical analysis software for Epidemiology	\$1,672
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$14,159