

**InterLocal Application  
For  
Immunization Program Funds  
Fiscal Year 2017**

**[www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)**

**Issue date: 04/08/2016**

**Due date: 04/29/2016**

Immunization Branch  
P.O. Box 149347  
Austin, Texas 78714-9347

## I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Branch announces the expected availability of Fiscal Year (FY) 2017 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

**Please submit the completed renewal application electronically no later than April 29, 2016 to [DSHSImmunizationContracts@dshs.state.tx.us](mailto:DSHSImmunizationContracts@dshs.state.tx.us).** If your email is returned for any reason contact Tray Kirkpatrick at 512.776.3448 and/or resubmit your electronic copy to [tray.kirkpatrick@dshs.state.tx.us](mailto:tray.kirkpatrick@dshs.state.tx.us). Renewal applications received after this deadline will not be considered for funding.

The renewal application includes a form for Indirect Costs (I-7) within the budget template. DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Branch has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

## II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the contact is **Tray Kirkpatrick** of the Contract Management Unit. Communications concerning this Application may be addressed by email or fax to:

**Phone and Fax Numbers:**

512.776.3448

512.776.7391 fax

**CMU Contact Email:**

[tray.kirkpatrick@dshs.state.tx.us](mailto:tray.kirkpatrick@dshs.state.tx.us)

### **III. TABLE OF CONTENTS**

**THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:**

- Form A. Face Page - Application for Financial Assistance
- Form A-1. Texas Counties and Regions List (see separate file)
- Form B. Table of Contents and Checklist
- Form C. Contact Person Information (last block is for emergency contact)
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan
- Form H. Work Plan
- Form I. Budget (see separate file)
- Appendix B. Copy of Approved Indirect Rate (if applicable)

# FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check ☒ counties to be served and include behind Form A: Face Page.

Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R
<b>-A-</b>			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	<b>-D-</b>			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
<b>-B-</b>			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	<b>-I-</b>			Montague	<input type="checkbox"/>	02	<b>-T-</b>		
Bee	<input type="checkbox"/>	11	<b>-E-</b>			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	<b>-J-</b>			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	<b>-N-</b>			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	<b>-F-</b>			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	<b>-O-</b>			<b>-U-</b>		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	<b>-K-</b>			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	<b>-P-</b>			<b>-V-</b>		
<b>-C-</b>			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	<b>-G-</b>			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	<b>-W-</b>		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	<b>-L-</b>			<b>-R-</b>			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input checked="" type="checkbox"/>	03	<b>-H-</b>			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	<b>-Y-</b>		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	<b>-S-</b>			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	<b>-Z-</b>		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	<b>-M-</b>			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07	<b>STATEWIDE</b>	<input type="checkbox"/>	

## FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the contractor and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the renewal and is required to be completed. Signature affirms the facts contained in the contractor's response are truthful and the contractor is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the contractor's renewal application.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the contractor. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9 digit Dun and Bradstreet Data Universal Numbering System (DUNS) number or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving **ANY** American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The contractor acknowledges, understands and agrees the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> or [http://www.sos.state.tx.us/corp/nonprofit\\_org.shtml](http://www.sos.state.tx.us/corp/nonprofit_org.shtml) and/or the Texas State Comptroller at [https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

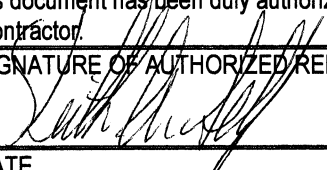
Institutions of higher education as defined by §61.003 of the Education Code.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is 09/01/2015 – 08/31/2017.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If contractor's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for contractor's current fiscal year, contractor must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the contractor. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the contractor must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

**Department of State Health Services**  
**FORM A: FACE PAGE**

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: <b>COLLIN COUNTY HEALTH CARE SERVICES</b>	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 825 N. McDONALD #130, MCKINNEY, TX 75069	
Check if address change <input type="checkbox"/>	
3) PAYEE Name and Mailing Address (if different from above): COLLIN COUNTY AUDITOR'S OFFICE, 2300 BLOOMDALE RD, SUITE 3100, MCKINNEY, TX 75071	
Check if address change <input type="checkbox"/>	
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds: N/A	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 756000873	
<i>*The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2015 End Date: August 31, 2017	
8) COUNTIES SERVED BY PROJECT: COLLIN	
9) AMOUNT OF FUNDING REQUESTED: 354,062	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?**  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name JOANN GILBRIDE Phone: 972-548-5503 Fax: 972-548-4441 Email: jgilbride@co.collin.tx.us
**Projected expenditures should include anticipated expenditures under all Federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable	12) FINANCIAL OFFICER Name: JEFF MAY Phone: 972-548-4641 Fax: 972-548-4751 Email: jgilbride@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the contractor and I (the person signing below) am authorized to represent the contractor.	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Keith Self Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: keith.self@co.collin.tx.us	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 
	15) DATE 4/25/16

## FORM B: TABLE OF CONTENTS AND CHECKLIST

**Legal Business Name of Contractor:**

COLLIN COUNTY HEALTH CARE SERVICES

*This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.*

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	X	1	
A-1	Texas Counties and Regions List	X	2	
B	Table of Contents and Checklist – completed and included	X	3	
C	Contact Person Information – completed and included	X	4	
D	Job Descriptions (with supplemental documentation attached if required)		5	NA
E	Program Income Spending Page	X	6	
F	Work Plan – included	X	7	
G	FFATA form	X	8	
I	Budge Summary Form and Detail Pages	X	9	
Appendix B	Copy of Approved Indirect Rate – included (if applicable)		10	NA

## FORM C: CONTACT PERSON INFORMATION

**Legal Business Name of**

**Contractor:** COLLIN COUNTY HEALTH CARE SERVICES

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

**Contacts must include, but are not limited to: Executive Director, Financial Contact, Program Contact, and Emergency Contact information.**

<b>Contact:</b>	CANDY BLAIR	<b>Mailing Address</b>	
<b>Title:</b>	ADMINISTRATOR	<b>Street:</b>	825 N. McDonald, Suite 145
<b>Phone:</b>	972-548-5504	<b>City:</b>	McKinney
<b>Fax:</b>	972-548-5550	<b>County:</b>	Collin
<b>Email:</b>	cblair@co.collin.tx.us	<b>State, Zip:</b>	Texas 75069

<b>Contact:</b>	JOANN GILBRIDE	<b>Street:</b>	825 N. McDonald, Suite 145
<b>Title:</b>	Health Care Coordinator / Program Contact	<b>City:</b>	McKinney
<b>Phone:</b>	972-548-5503 <b>Ext:</b>	<b>County:</b>	Collin
<b>Fax:</b>	972-548-4441	<b>State, Zip:</b>	Texas 75071
<b>Email:</b>	jgilbride@co.collin.tx.us		

<b>Contact:</b>	Janna Benson-Caponera	<b>Street:</b>	2300 Bloomdale Rd., Suite 3100
<b>Title:</b>	Auditor's Office / Grant Supervisor	<b>City:</b>	McKinney
<b>Phone:</b>	972-548-4638 <b>Ext:</b>	<b>County:</b>	Collin
<b>Fax:</b>	972-548-4751	<b>State, Zip:</b>	Texas 75071
<b>Email:</b>	Jbenson-caponera@co.collin.tx.us		

<b>Contact:</b>	Kathy Nagel	<b>Street:</b>	2300 Bloomdale Rd., Suite 3100
<b>Title:</b>	Auditor's Office / Accountant, Audit Specialist	<b>City:</b>	McKinney
<b>Phone:</b>	972-548-4646 <b>Ext:</b>	<b>County:</b>	Collin
<b>Fax:</b>	972-548-4751	<b>State, Zip:</b>	Texas 75071
<b>Email:</b>	knagel@co.collin.tx.us		

<b>Emergency Contact:</b>	Janine Greenway	<b>Street:</b>	825 N. McDonald, Suite 145
<b>Title:</b>	Immunization Program Manager	<b>City:</b>	McKinney
<b>Phone:</b>	972-548-5549 <b>Ext:</b>	<b>County:</b>	Collin
<b>Fax:</b>	972-548-4441	<b>State, Zip:</b>	Texas 75069
<b>Email:</b>	jgreenway@co.collin.tx.us		



## **FORM D: JOB DESCRIPTIONS**

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2016.

**NONE**

## Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line K, Row 2)  
\$ 22,088

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$ 15,682	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$ 6,406	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$ 22,088	

<b>Legal Name of Applicant:</b>	COLLIN COUNTY HEALTH CARE SERVICES
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[illegible]

## **Regional Program Managers FY 2017**

### **HEALTH SERVICE REGION 1**

Leigh Johnston  
Immunization Program Manager  
6302 Iola Ave.  
Lubbock, Texas 79424  
(806)783-6412  
(806) 655-7151 (Cell)  
(806) 783-6435 – Fax

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❖ UNIT A

**Program Stewardship and Accountability**

**Contractor General Requirement Unit A-1:**

Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the *Department of State Health Services (DSHS) Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Adhere to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* found at <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them available to Contractor's staff.
- Lapse no more than 5% of total funded amount of the contract.
  - Maintain and adjust spending plan throughout the contract term to avoid lapsing funds.
  - Account for and use Program Income appropriately throughout the contract term.
  - Maintain staffing levels to meet required activities of the contract and to ensure that all funds in the personnel category are expended.
  - The funded amount of the contract may be reduced if more than 5 percent of the funded amount of contract is lapsed in the previous fiscal year.
- Submit required Quarterly Local Health Department (LHD) Inter-Local Agreement (ILA) Reports to DSHS Immunization Contracts at [dshsimmunizationcontracts@dshs.state.tx.us](mailto:dshsimmunizationcontracts@dshs.state.tx.us) by Close of Business (COB) Central Standard Time (C.S.T.) on December 31, 2016; on March 31, 2017; June 30, 2017; and September 30, 2017 or the next business day if the date falls on a weekend or state approved holiday.
- Submit Corrective Action Plan (CAP) letter to DSHS Contract Management Unit (CMU) within fifteen (15) business days after On-Site Evaluation if findings are not resolved at time of site visit to the satisfaction of the DSHS Health Service Region (HSR) Immunization Program Manager and DSHS Immunization Branch Contracts staff.

**Contractor General Requirement Unit A-2:**

Complete Texas Vaccines for Children (TVFC) site visits, TVFC unannounced visits, and follow-up visits assigned by DSHS Immunization Branch or DSHS HSR Immunization Program staff within prescribed timeframes outlined in the *TVFC*



*Operations Manual*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Conduct TVFC site visit follow-up and submit results following the process described and within deadlines established in the *TVFC Operations Manual*.
- Conduct TVFC site visits in 100% of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct TVFC unannounced storage and handling visits at TVFC enrolled provider offices within the jurisdiction following the process described and within deadlines established in the *TVFC Operations Manual*.

**Contractor General Requirement Unit A-3:**

Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and TVFC Operations Manual*.

**Activities:**

- Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics.
- Ensure that all expired, spoiled/wasted vaccines is appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system.
- Maintain storage and handling policies and procedures according to the *TVFC Operations Manual*.  
(<http://www.dshs.state.tx.us/immunize/tvfc/tvfc.manual.shtm>)
- Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each clinic location.
- Ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.

**Contractor General Requirement A-4:**

Implement a plan to assure that vaccines provided through the TVFC program are not provided inadvertently to fully privately insured individuals, including children covered by the State Children's Health Insurance Program (CHIP).

Establish and maintain protocols for screening individuals for eligibility and insurance coverage before administering vaccines provided through the TVFC program. Contractors may use the TVFC Program Patient Eligibility Screening Record (C-10) and

the Adult Safety Net (ASN) Program Adult Eligibility Screening Record (EF11-12842) or electronically store this information.

Any child who, upon screening, meets one of the eligibility criteria listed below and is 18 years of age or younger qualifies for state or federal vaccine through the TVFC program:

- a. Eligible for Vaccine For Children (VFC) Vaccine:
  - Medicaid Enrolled,
  - No Health Insurance,
  - American Indian or Alaskan Native, or
  - Underinsured\* served by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or a deputized provider.
- b. Eligible for State/Federal Vaccine:
  - Enrolled in CHIP\*\*, or
  - Other Underinsured\*\*\*.

\* *Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a FQHC or RHC or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.*

\*\* *Children enrolled in separate state CHIP. These children are considered insured and are eligible for vaccines through the TVFC Program as long as the provider bills CHIP for the administration of the vaccine.*

\*\*\* *Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC Program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.*

## **❖ Unit B**

### **Assessing Program Performance**

#### **Contractor General Requirement Unit B-1:**

Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.



**Activities:**

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule(s), and the importance of not missing any vaccines.
- Inform and educate parents of infants, children, adolescents, adults (men and women), grandparents, seniors, health-care providers, and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location of community vaccination clinics.
- Conduct at least one monthly immunization education activity specifically directed to one of the target groups as directed by the DSHS Immunization Branch.
- Conduct at least twelve (12) outreach and educational activities during the contract period in accordance with Texas Health and Safety Code Chapter 161, Subsection A, Section 161.0095, to each of the following audiences: health-care providers, health-care clinics, hospitals, and any other health-care facility providing health care to adolescents 14 to 18 years of age and report results on the Quarterly Report. Outreach and education activities must focus on the immunization registry and the option for an individual who is 18 years of age or older to consent to having their immunization records stored within the immunization registry. Additional outreach and educational activities may focus on high schools, colleges, and universities.
- Document the activity with the number and type of participants and evaluate activity by obtaining feedback from participants.
- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Awareness Month (NIAM), National Adult Immunization Week (NAIW), and National Influenza Vaccination Week (NIVW).
- Develop and implement a written communications and customer service plan to assure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by the DSHS Immunization Branch, such as the Dairy Queen Coupon project, the Hallmark Card Governor's Program, and others.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.
- Promote [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com), the Immunization Branch's website; *The Upshot*, an electronic newsletter; and the Vaccine Advisory, a vaccine newsletter, to providers in the Contractor's jurisdiction.

- Promote and distribute immunization literature for the public to TVFC providers and Contractor's clinics.
- Provide information to clients, families, health-care providers, and the general public on the purpose of the Texas immunization registry, (ImmTrac); the benefits of ImmTrac participation; and the importance of maintaining a complete immunization history in ImmTrac.
- Inform the general public about the TVFC and ASN Programs and the eligibility criteria for participating in the programs.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Distribute ASN information and educational materials at venues and clinics that serve eligible adults.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction the most current Centers for Disease Control and Prevention (CDC) *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training. The most current pink book, titled *Epidemiology and Prevention of Vaccine-Preventable Disease* can be found on the CDC website at: (<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>)

Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Identify providers, hospitals, schools, child-care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations.
- Document communications, group meetings, and planning of activities that promote the Best Practices identified in contract agreement. Documents are to be accessible during site visits.
- Report new group members on the Quarterly Report.

**Contractor General Requirement Unit B-2:**

As directed by the DSHS Immunization Branch, complete 100 percent of assigned child-care facility and Head Start center assessments and child-care audits. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

As directed by the DSHS Immunization Branch, complete 100 percent of assigned public and private school assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

**Activities:**

- Complete and report 100 percent of required audits/assessments as assigned by the DSHS Immunization Branch. These will include:
  - Texas Child-Care Immunization Assessment
  - Child-Care Audit
  - Annual Report of Immunization Status (school self-assessments)
  - School Audit
  - Texas School Immunization Validation Survey
  - Texas County Retrospective Immunization School Survey (TCRISS)
- Assigned surveys/assessments must be completed utilizing the instructions in *DSHS Immunization Contractors Guide for Local Health Departments* and the *Population Assessment Manual*.
- Monitor vaccination and exemptions per respective areas for completed audits/assessments.
- Analyze, provide feedback, and monitor vaccination trends for public school districts, private schools, licensed child-care facilities, and registered family homes to increase vaccination coverage using audit/assessment data.
- Identify trends and areas of need for LHD jurisdictions and coordinate interventions.
- Collaborate with schools, licensed child-care centers, and registered child-care homes to identify needed improvements. Report these results/findings to the DSHS Immunization Branch.

**Contractor General Requirement Unit B-3:**

Work with TVFC providers to develop quality improvement processes to increase coverage levels and decrease missed opportunities using Assessment, Feedback, Incentives, and eXchange (AFIX) components, as appropriate, and move toward use of Immunization Information System (IIS) as primary source of data for provider coverage level assessment. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and the *Texas Vaccine for Children (TVFC) Program Provider Manual*.

**Activities:**

- Conduct immunization coverage level assessments utilizing the AFIX online tool and (CoCASA) in 100% of subcontracted entities as listed in the ILA and non-LHD immunization clinics, if applicable.
- Conduct follow-up activities for all TVFC compliance site-visits for private providers in their jurisdiction, utilizing the CDC Provider Education, Assessment,

and Reporting (PEAR) system and directly enter data into PEAR to document follow-up activities for TVFC compliance site visits for all sub-contracted entities and non-local health department clinics. The contractor shall submit the final assessment results in the PEAR system within twenty-four (24) hours of conducting the visit.

- Conduct TVFC unannounced storage and handling visits at TVFC provider offices utilizing the CDC PEAR system and directly enter data into PEAR to document TVFC Unannounced storage and handling visit results at provider offices. The contractor shall submit the final unannounced storage and handling visit results in the PEAR system within twenty-four (24) hours of conducting the visit.

**Contractor General Requirement Unit B-4:**

Investigate and document at least 90% of reportable confirmed or probable vaccine-preventable disease (VPD) cases within thirty (30) days of initial report to public health in accordance with DSHS *Emerging and Acute Infectious Disease Guidelines* at: <http://www.dshs.state.tx.us/IDCU/investigation/Investigation-Guidance/>. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Adhere to the DSHS *Emerging and Acute Infectious Disease Guidelines* found at: <http://www.dshs.state.tx.us/IDCU/investigation/Investigation-Guidance>, *NBS Data Entry Guidelines*, and current *Epi-Case Criteria Guide* (both found at: <https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/>) in conducting this General Requirement and the associated activities.
- Complete all data entry into NEDSS Base System (NBS) following the *NBS data Entry Guidelines* at: <https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/>.
- Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history should be assessed through ImmTrac, provider offices, school records, or patient records.
- Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) sent from DSHS through NBS and Health Alert Network (HAN).
- Provide feedback on any unmet performance measures during each Quarterly Report review.
- All new VPD surveillance staff will attend Introduction to NBS training and complete the certification process in order to gain access to the NBS system.

**Contractor General Requirement Unit B-5:**

Educate, inform, and train the medical community and local providers within Contractor's jurisdiction on immunization activities listed below. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Provide training on TVFC requirements and updates (as described in the *TVFC Operations Manual*) to TVFC providers annually at a minimum.
- Document annual training in PEAR for each Provider Identification Number (PIN) in jurisdiction.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.
- Provide training, information, and technical assistance to promote the effective use of ImmTrac by private providers (which includes education regarding the benefits of ImmTrac participation).
- Educate private providers about the ImmTrac enrollment process and the statutory requirement to report immunizations.
- As directed by the DSHS Immunization Branch identify first responders and their immediate family in the community and inform them of the opportunity to be included in ImmTrac.
- Conduct educational training for hospital and health-care providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of hepatitis B surface antigen (HBsAg)-positive women.
- Provide training on the prevention of Perinatal Hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.
- Educate and update providers on the most current ACIP recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* (<http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>) to all immunization providers within Contractor's jurisdiction.
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) must be distributed to patients at: (<http://www.cdc.gov/vaccines/hcp/vis/index.html>)
- Promote a healthcare workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, VPDs, and the delivery of immunization services.
- Educate healthcare workers on the need to be vaccinated themselves.
- Provide information to community health-care employers (hospitals, clinics, doctor's offices, long-term care facilities) about the importance of vaccination of

health-care workers.

- Educate private providers to send National Immunization Surveys (NIS) to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local Women Infant and Children (WIC) programs to assure that children participating in WIC are screened and referred to their “medical home” for vaccination using a documented immunization history in accordance with the *Standards for Child and Adolescent Immunization Practices* at: <http://www.cdc.gov/vaccines/recs/vac-admin/rev-immz-stds.htm>.
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the CDC Continuing Education web site at <http://www.cdc.gov/vaccines/ed/default.htm>.
- Report on education, training, outreach activities or collaborative efforts conducted to the medical community and local providers in the Contractor’s jurisdiction and the outcomes on each Quarterly Report.

### ❖ Unit C

## **Assuring Access to Vaccines**

### **Contractor General Requirement Unit C-1:**

Engage American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations located within contracted LHD boundaries in immunization activities. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

#### **Activities:**

- Perform education, training, outreach activities and provide technical assistance for American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations.
- Report on education, training, outreach activities, or collaborative efforts conducted to American Indian tribal governments, tribal organizations representing those governments, and tribal epidemiology centers of Alaskan Native Villages and Corporations and the outcomes on each Quarterly Report.

### **Contractor General Requirement Unit C-2:**

Provide immunization services and ACIP-recommended vaccines in Contractor’s clinics to children, adolescents, and adults to maximize vaccine coverage levels within

Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Ensure that all ACIP recommended vaccines are routinely available to TVFC patients.
- Ensure that all vaccines listed on the ASN vaccine formulary are available to eligible adult patients.
- Ensure that every adult uninsured client identified as at-risk for any VPD be offered vaccinations on-site and on-demand or be provided contact information and be referred to the nearest ASN provider. A list of ASN providers can be found at <https://www.dshs.state.tx.us/asn/>.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable, as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visit at each client encounter.
- Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home.
- Use a Reminder/Recall manual system, Texas Wide Immunization Client Encounter System {TWICES}, ImmTrac, or other system).
- Establish "standing orders" for vaccination in Contractor's clinics, consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act).
- Implement an employee immunization policy according to CDC recommendations in Contractor's clinics.

Enroll and sustain a network of TVFC providers to administer federally funded vaccines to program-eligible populations according to CDC/ACIP and National Vaccine Advisory Committee (NVAC) standards.

Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Conduct recruitment activities as defined in the *TVFC Operations Manual* with providers on the DSHS-supplied provider recruitment list.

- Target adolescent health-care providers for recruitment and emphasize adolescent vaccine requirements and recommendations

**Contractor General Requirement Unit C-3:**

Assure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities:**

- Annually sign Deputization Addendum, and provide immunization services to underinsured children.
- Report monthly the number of vaccine doses administered to underinsured clients by age categories 0-6 years and 7-18 years of age as directed by the DSHS Immunization Branch.
- Report monthly the number of unduplicated underinsured clients served by age categories 0-6 years and 7-18 years of age as directed by the DSHS Immunization Branch.

**Contractor General Requirement Unit C-4:**

Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission.

- a. Identification of HBsAg-positive pregnant women.
- b. Timely newborn post-exposure prophylaxis (PEP) with hepatitis B vaccine and hepatitis B immune globulin (HBIG).
- c. Timely completion of doses two and three of hepatitis B vaccine.
- d. Timely completion of post-vaccination serology testing.

Ensure all pregnant women are screened for HBsAg and that all HBsAg-positive pregnant women are reported to the DSHS Immunization Branch. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

**Activities:**

- Develop a surveillance system that includes prenatal care providers, obstetrical and gynecological care providers, family practitioners, and labor and delivery facilities to assure all HBsAg-positive pregnant women are reported to the DSHS Immunization Branch within one week of diagnosis.
- Educate prenatal care providers to ensure they are screening pregnant women for HBsAg status during each pregnancy; implement procedures for documenting HBsAg screening results in prenatal care records, and forward original laboratory results to the delivery facility.



- Educate delivery hospitals to ensure they verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery, regardless of prenatal test results as required by law.
- Provide DSHS produced educational materials on how to prevent perinatal hepatitis B transmission for distribution to appropriate clients in agencies that include WIC, religious organizations, refugee/immigration assistance programs, and other community-based organizations.
- Provide trainings, as directed by the DSHS Immunization Branch, to delivery hospitals on reporting HBsAg positive test results for women who have delivered at their facilities.
- Submit all Perinatal Hepatitis B educational training conducted each quarter on the Education, Training, Information, and Collaborations (EITC) tab of the quarterly report

Ensure that all infants born to HBsAg-positive women and women whose HBsAg status is unknown will receive the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

**Activities:**

- Ensure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at-risk infants within 12 hours of birth.
- Identify labor and delivery facilities that do not have standing orders and/or policies and educate providers to establish standing orders and policies to administer to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth.
- Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and HBIG within 12 hours of birth.
- Report to the DSHS Immunization Branch all infants born to HBsAg-positive women within fifteen (15) calendar days of the event.

Ensure that 100% of the number of identified infants born to HBsAg-positive women will complete the hepatitis B vaccine series and post-vaccination serology testing. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

**Activities:**

- Administer or obtain from the provider or ImmTrac the complete hepatitis B vaccine series. Infants shall complete the hepatitis B vaccine series by 6 to 8

- months of age if the infant receives a single antigen or Pediarix<sup>®</sup> vaccine.
- Perform post-vaccination serologic testing or obtain from the provider the post - vaccination serologic testing results to determine immunity against hepatitis B. Post vaccination serologic testing shall be done by 9 months of age if the infant received a single antigen or Pediarix<sup>®</sup> vaccine.
- For all cases documented as a lost to follow-up on the Perinatal Hepatitis B case management form, report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Branch on the Perinatal Hepatitis B case management form.

**Contractor General Requirement Unit C-5:**

All household contacts over 24 months of age and sexual partners of reported HBsAg-positive women shall be referred for serologic testing to determine susceptibility status in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual*.

Household contacts over the age of 24 months and sexual contacts are not eligible for the program. They should be referred to health care providers for screening and vaccination if susceptible. The number of contacts over age 24 months identified and referred to a health care provider is to be documented on the woman's case management form.

Ensure all household contacts below or equal to 24 months of age are case managed as appropriate to ensure the infant completes the hepatitis B vaccine series and receives post-vaccination serologic testing as needed. A contact case management form should be completed for all contacts under or equal to 24 months of age and case management activities performed.

**❖ Unit D**

**Immunization Information Technology Infrastructure - Assure that the immunization information technology infrastructure supports program goals and objectives.**

**Contractor General Requirement Unit D-1:**

Promote provider site participation and assure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives.

Effectively utilize ImmTrac, the statewide immunization registry, in Contractors' clinics.

Work in good faith, and as specified herein, to increase overall enrollment into ImmTrac for all age groups including adults.

Work in good faith and as specified herein, to ensure ImmTrac registered private providers use ImmTrac effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities under the requirements above shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*

**Activities:**

- Recruit new private provider sites for ImmTrac.
- Search for the client's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at: <http://www.cdc.gov/vaccines/schedules/index.html>.
- Report to ImmTrac all immunizations administered to children (younger than 18 years of age) and consented adults in Contractor's clinics, either directly into ImmTrac or through TWICES.
- Follow and explain recommended guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at [http://www.dshs.state.tx.us/immunize/docs/consent\\_guidelines.pdf](http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf).
- Offer updated *Immunization History Report* to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated patient-held records, clinic medical record) and enter into ImmTrac any historical immunizations not in ImmTrac.
- Verbally and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.
- Provide orientation to all ImmTrac providers at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs).
- Explain and demonstrate the effective use of ImmTrac according to the instructions located in the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.
- Train ImmTrac providers' staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.
- Conduct outreach (including, but not limited to, the specific outreach described in the *DSHS Immunization Contractors Guide for Local Health Departments*) to families of children 19 to 35 months of age who are not up-to-date on their immunizations according to ImmTrac; locate additional immunization histories; and enter history data into ImmTrac.
- Collaborate with prenatal health-care providers, birth registrars, hospital staff,

pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation. Includes the dissemination of DSHS educational materials as appropriate.

- Identify and contact families of children for whom ImmTrac consent has been granted but who do not have complete immunization records in ImmTrac.
- Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers.
- Collaborate with partners and develop a provider recruitment strategy to include complementary vaccinators, such as pharmacists and school-located vaccination clinics.
- Encourage ImmTrac participation among providers.
- Use and train providers on the use of the new IIS as the system becomes available.

**Contractors General Requirement Unit D-2:**

Assure provider participation in vaccine ordering and inventory management using the Electronic Vaccine Inventory (EVI) system.

- Educate providers regarding vaccine ordering policies.
- Train providers to use the EVI system for inventory and order entry.
- Train providers on the use of the new IIS system as the system becomes available.

Assist all other TVFC providers in local jurisdiction with maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and the current *TVFC Operations Manual*.

**Activities:**

- Evaluate maximum vaccine stock levels twice a year in **all** TVFC provider clinics under Contractor's jurisdiction and assess providers' inventories when visiting clinics.
- Review 100% of monthly biological reports, vaccine orders (when applicable), and temperature recording forms for accuracy and to ensure that the vaccine supply is appropriately maintained and within established maximum stock levels. Review and approval for vaccine orders (when applicable) must be documented in EVI.
- Ship overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS HSR Immunization Program Manager to avoid vaccine waste. Contractor is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.
- If vaccine is available locally, submit Vaccine Transfer Authorization Form (EC-67) to DSHS HSR Immunization Program Managers for approval prior to

conducting transfers and/or deliveries to support the TVFC providers requesting assistance.

- Educate and assist all TVFC providers with TVFC Provider Choice, as directed by the DSHS Immunization Branch.
- Offer provider updates, training, and information as changes to vaccine management occur.

## **General Instructions for Completing Budget Forms DSHS Costs Only Budgeted on Detail Category Pages**

*(Examples and instructions for completing the Budget Category Detail Templates are in a separate Excel file located under Templates for Cost Reimbursement Budgets located at :  
<http://www.dshs.state.tx.us/grants/forms.shtm>*

- \* Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I -Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- \* Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- \* After you have completed each budget category detail form, go to Form I-Budget Summary and input other sources of funding manually (if any) in Columns 3 - 6 for each budget category.
- \* 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.
- \* Enter the total amount of "Program Income" anticipated for this program in row "K" under the "Total Budget" column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractors Financial Procedures Manual located at the following web site:  
<http://www.dshs.state.tx.us/contracts/>

# FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$568,654	\$268,339	\$0	\$0	\$300,315	\$0
B. Fringe Benefits	\$224,898	\$75,135	\$0	\$0	\$149,763	\$0
C. Travel	\$5,080	\$5,080	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$8,008	\$4,008	\$0	\$0	\$4,000	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$1,500	\$1,500	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$808,140	\$354,062	\$0	\$0	\$454,078	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$808,140	\$354,062	\$0	\$0	\$454,078	\$0
K. Program Income - Projected Earnings	\$50,416	\$22,088			\$28,328	

NOTE: The "Total Budget" amount for each Budget Category 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 "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	\$568,654	\$568,654	Fringe Benefits	\$224,898	\$224,898
	Travel	\$5,080	\$5,080	Equipment	\$0	\$0
	Supplies	\$8,008	\$8,008	Contractual	\$0	\$0
	Other	\$1,500	\$1,500	Indirect Costs	\$0	\$0

<b>TOTAL FOR:</b>	<b>Distribution Totals</b>	<b>\$808,140</b>	<b>Budget Total</b>	<b>\$808,140</b>
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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 HEALTH CARE SERVICES

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
Functional Title + Code E = Existing or P = Proposed								
Program Manager/Sup - E	N	N	Provides program oversight & QA	0.55	RN License	\$5,198.97	12	\$34,313
Immunization-LVN-E	N	N	Provides Imm Svcs, Outreach, audits	0.55	LVN License	\$4,370.75	12	\$28,847
Immunization-LVN-E	N	N	Provides Imm Svcs, Outreach, audits	0.55	LVN License	\$3,696.19	12	\$24,395
Immunization-RN-E	N	N	Provides Imm Svcs, Outreach, audits	0.55	RN License	\$4,951.43	12	\$32,679
Immunization RN-E	Y	Y	Provides Imm Svcs, Outreach, audits	0.55	RN License	\$5,084.70	12	\$33,559
IPOS/Imm Trac Outreach Spec. E	N	N	Provides Imm Trac Svcs & Provider Ed.	0.55	NA	\$2,452.67	12	\$16,188
IPOS/Imm Trac Outreach Spec. E	N	N	Provides Imm Trac Svcs & Provider Ed.	0.55	NA	\$2,492.52	12	\$16,451
VFC Specialist -E	N	N	Provides Vaccine Inventory, Accountability & Provider QA	0.55	NA	\$3,174.17	12	\$20,950
Support Tech-E	N	N	Back up for VFC Specialist, provides Vaccine Inventory, Accountability & Provider QA	0.55	NA	\$2,340.33	12	\$15,446
Support Tech-E	N	N	Provides Immunization Cler. Sup	0.55	NA	\$2,340.33	12	\$15,446
Chief Epidemiologist	N	N	Epidemiology & Perinatal Hep B supv.	0.2	NA	\$6,320.83	12	\$15,170
HC Coordinator-E	N	N	Provides Prog. Planning & Evaluation	0.25	NA	\$4,964.92	12	\$14,895
								\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS						SalaryWage Total		
						\$268,339		

## FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA/Medicare: 7.65%; Employee Insurance: \$800 monthly per employee; long-term disability: .25%; short-term disability: \$1.91; long-term care based on employee election; retirement: 8.5%; Supplemental Death benefit: .3%; Unemployment Insurance: .1%

	Fringe Benefit Rate %	28.00%
	Fringe Benefits Total	\$75,135

Revised: 7/6/2009



# **FORM I-2: TRAVEL Budget Category Detail Form**

Legal Name of Respondent:

**COLLIN COUNTY HEALTH CARE SERVICES**

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
Immunizaation Branch Mandatory Meeting (fall)	Current immunization program updates, collaboration with other health departments and regions	Austin, TX	2 days, 2 employees	Mileage	\$500
				Airfare	
				Meals	\$500
				Lodging	\$1,000
				Other Costs	
				Total	\$2,000
TVFC Annual Training (January/February)	Current immunization program updates, collaboration with other health departments and regions	Austin, TX or TBD	2 days, 2 employees	Mileage	\$500
				Airfare	
				Meals	\$500
				Lodging	\$1,000
				Other Costs	
				Total	\$2,000
				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

\$4,000

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Mileage to schools, health care providers, daycares for audits and unannounced visits. Mileage for day travel (Arlington, Dallas, etc..) for training.	2000	\$0.540	\$1,080		\$1,080
			\$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

\$1,080

Total Travel Costs:

\$5,080

Conference / Workshop Travel Costs:

\$4,000

Other / Local Travel Costs:

\$1,080

Indicate Policy Used:

Respondent's Travel Policy ☒

State of Texas Travel Policy ☐

Revised: 7/6/2009

# Detail Form

**COLLIN COUNTY HEALTH CARE SERVICES**

[illegible]

**05**



**Legal Name of Respondent:**

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.

**Total Amount Requested for CONTRACTUAL:**

Revised: 7/6/2009

**Legal Name of Respondent:**

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost per unit)]</small>	Purpose & Justification	Total Cost
Postage	Mass mail outs to providers/recruitment list, etc. Monthly \$125 x 12	\$1,500
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0
		\$0

**\$1,500**

# Collin County Travel Policy

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# Collin County Travel Policy

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## 1. **Purpose**

Commissioners Court recognizes expenditure of public funds for travel is necessary to conduct County business. This policy establishes appropriate requirements, limitations, and guidelines for county employee business travel. The purpose of this policy is to:

- Establish the appropriate use of, and limitations on use of, public funds for travel by employees
- Ensure travel expenses of employees are for legitimate, reasonable business travel
- Provide an expectation to employees to be conscientious in their use of public funds for travel
- Require accountability for the use of public funds by County employees and officials

The County Auditor shall have the discretion to approve departures from this policy if such departure fulfills the purposes set out in this Section.

## 2. **Scope**

This policy applies to all employees whose travel expenses are paid from public funds controlled by the County or by County Officials. Travel expenses for non-county employees are not covered by this policy and travel parameters should be established before the expense is incurred on a case by case basis.

## 3. **Definitions**

As used in the policy, travel for **County business** shall pertain to either of the following:

- Business travel for the purpose of conducting official authorized County business.
- Professional/Educational Travel to attend meetings, conferences, and training programs for professional growth and development as well as for the mutual benefit of the County.

For purposes of this policy, **employee** includes elected officials, appointed officials and paid employees of Collin County. This policy does not cover travel for volunteers, consultants, or other person representing the County on a business trip. Parameters for travel for others not covered by this policy must be established in advance of the travel on a case by case basis.

A **business meal** is a meal expense incurred by an employee for the employee and another person. The other person may be another employee or an outside person. The meal has to be incurred in conjunction with a business purpose related to County business. The business meal is not considered a travel meal under this policy.

A **travel meal** is a meal expense incurred by an employee for travel purposes. There are two types of travel meals:

- Day Travel Meal – a meal expense for any travel that does not include an overnight stay. The cost of day travel meals are normally paid through payroll and require employment taxes and withholdings to be taken from the reimbursement.
- Overnight Travel Meal – a meal expense for any travel that does include an overnight stay.



# Collin County Travel Policy

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## **4. General Policy Provisions**

Qualifying travel expenses will be paid or reimbursed for an employee traveling on County business, provided the employee keeps and submits invoices, receipts, and all other required documentation for those expenses. Meals during travel are paid on a per diem basis (fixed amount per day) and do not require receipts.

All expenses must be ordinary, reasonable, necessary, and have a valid business purpose.

The policy covers items normally encountered as business or travel expense.

Travel expenses are not allowed for two or more county employees on the same receipt and travel voucher. Each employee must pay for their individual travel expenses. Exceptions can be made by the County Auditor if necessary.

Duplicate travel expense payments or reimbursements to an employee are prohibited. This includes payment or reimbursement for the trip by both the County and outside party.

If travel expenses of an employee are being paid by another source, the employee may claim reimbursement for travel expenses from the County for any expenses allowed under this policy that are not reimbursed by the other source, with proper documentation.

If travel expenses are paid from grant funds, the grantor may have specific requirements for travel expenses. The employee should check with the County Auditor's Office prior to travel. If the travel expenses allowed by this policy are greater than the expense reimbursement from the grant, the employee may submit the additional expenses separately for reimbursement if funds are available and budgeted in a budget that is available for use by the employee.

Travel outside of the continental United States requires prior approval of the Commissioners Court at least 30 days before the departure date of the trip.

Employees may, on occasion, combine personal and County travel on the same trip provided there is no additional cost to the County; personal travel is not reimbursed. An exception is allowed when a family member is formally representing Collin County and has been expressly invited for that purpose such as when an elected official is receiving an award from another organization or government; the invitation must be submitted to the County Auditor with the travel documentation.

If an employee is combining personal and business travel, the County will only pay for or reimburse expenses for the business travel portion of the trip. There should be no additional cost to the County for the personal travel. The County Auditor shall determine the cut off between personal and business travel. If there is any personal travel involved in a business trip, the employee, before they complete their travel plans, shall seek the opinion of the County Auditor as to the estimated cut off between personal and business expenses.

If a county vehicle is used for transportation, the employee must follow all other applicable County policies and procedures.

# Collin County Travel Policy

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## **5. General Travel Guidelines**

An estimate of the expected travel expenses must be completed in a format approved by the County Auditor and submitted to the Auditor's Office prior to travel. Travel estimates related to inmate transport are not required to be submitted to the Auditor's Office. The County Auditor shall determine if there are sufficient budgeted funds available for the trip; if there is not sufficient funding, the County Auditor will notify the department. Any travel without sufficient budgeted funding may only be reimbursed to the amount of available budget.

If an advance of estimated expenses for the trip is required, the request for an advance must be submitted in sufficient time to permit processing and approval of the advance. Sufficient time is determined by the County Auditor. An advance is dependent upon availability of budgeted funds. The County Auditor has the authority to refuse to issue an advance, in accordance with the Local Government Code.

The County Auditor shall establish deadlines for submitting travel documentation. Employees submitting travel documents after the established deadline risk being held personally liable for the expenses.

Travel should be scheduled well in advance when possible in order to take advantage of lower rates.

All records for travel and training using public funds are open to inspection under the Texas Open Records Act, unless otherwise prohibited by law.

Requisitions/Purchase orders are not required for any travel related expenses including registration.

## **6. County Auditor Responsibility**

The County Auditor shall be responsible for implementation and interpretation of this policy, as well as enforcement of the policy, in accordance with Local Government Code 112.002, 112.006, and 112.007.

The County Auditor shall issue, maintain, and update any accounting procedure, control, and form needed to ensure compliance with this policy.

The County Auditor shall notify the Commissioners Court whenever there is a change in the optional standard mileage rate set by the IRS; the rate will be used to reimburse employees for use of their personal vehicle as of the effective date of the IRS implementation.

## **7. County Official and Department Head Responsibility**

County officials and department heads are responsible for ensuring travel expenditures are valid and appropriate.

County officials and department heads should ensure budgeted travel funds are available before authorizing travel for their employees. If travel is authorized without budgeted funds available, the County official or department head may be held responsible for reimbursing the County for any amount not budgeted.

County officials and department heads are expected to send the fewest number of individuals required to a seminar, conference, or meeting, taking into consideration the objectives or needs of the department.

# Collin County Travel Policy

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If there are any questions regarding this policy, the County official or department head should seek County Auditor opinion prior to travel if unusual circumstances are involved or the policy does not provide clear guidance.

Any exceptions to this Policy must be approved by Commissioners Court prior to expenditure of public funds for travel.

## **8. Employee Responsibility**

Employees should use good judgment and be aware they are spending public funds. An employee on official county business should exercise the same care in incurring expenses and accomplishing official business that a prudent person would exercise if traveling for personal business. Excess costs, indirect routes, delays, or luxury accommodations unnecessary or unjustified in the performance of official business are not considered as exercising prudence.

In accordance with this Policy and procedures established by the County Auditor, employees traveling on County business will be paid or reimbursed for reasonable expenses incurred if travel funds have been budgeted.

Employees traveling on official county business must submit all required receipts for audit and reimbursement or risk being held personally liable for their travel expenses.

Employees are personally responsible for any expense not allowed under this policy. If the disallowed expense has been charged on a County procurement card, the employee shall promptly reimburse the County for that charge in accordance with the Procurement Card Policy.

Any employee found to be submitting false travel claims is subject to disciplinary action, up to and including termination and possible prosecution.

When making travel arrangements, the employee must submit appropriate documentation to the County Auditor of any reasonable accommodations needed under the Americans with Disabilities Act. Reasonable accommodation requests should be coordinated with travel, transportation, lodging, meals, and conference officials, as necessary, to comply with the needs of the employee.

If a death, serious injury or grave illness occurs in an employee's immediate family, the employee is authorized to immediately return at county expense. When, during a period of official travel, an employee dies due to illness or injury not induced by personal misconduct, the county will pay all transportation expenses to return the employee. The employees' next of kin may travel at county expense to make necessary arrangements. Expenses will be reimbursed according to this County policy. If injured while traveling, the injury must be reported to the County Risk Manager.

# Collin County Travel Policy

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## **9. Transportation**

### **9.1 Air Fare**

Employees must use discretion to obtain the best airfare deal for the County. Employees may not incur higher airfare to obtain a personal benefit such as frequent flyer miles or other incentives.

Employees are required to travel by economy class or coach class, unless there are documented extenuating circumstances. The documentation must be submitted to the County Auditor with their travel documents.

The County will pay reasonable fees for luggage or other expenses when traveling by air.

### **9.2 Auto Rental**

Rental vehicles may be an authorized expense if determined by the department head or County official as necessary.

Employees are not permitted to purchase insurance in connection to rental car agreements. Collin County insurance policy provides vehicle insurance for all employees on travel status; employees will be held responsible for any purchase of rental car insurance.

Only County employees may be permitted to drive or be listed as drivers on a rental car paid by the County.

The employee should minimize the cost of fuel when renting a vehicle, taking into account the rental car company policy.

Receipts for the auto rental, fuel and other related expenses must be submitted.

### **9.3 Use of Personal Vehicle for Travel or Business Purposes**

The County will pay, when an employee provides their own transportation, the optional standard mileage rate used by the IRS to calculate the costs of operating a vehicle for business purposes, including travel for business purposes.

Miles claimed must be reasonable in relation to the location visited.

No other automobile expense will be paid for use of a personal vehicle other than the current mileage rate established by the IRS for business mileage. County officials and department heads may, only for use of their personal vehicle, choose to be paid less than the IRS optional mileage rate. All other employees must be reimbursed at the IRS optional mileage rate.

Mileage is paid based on IRS rules as detailed in the Travel Expenses and Transportation Expenses in IRS Publication 17. Mileage should be calculated on an exact mileage basis or using Google travel maps. If the employee is receiving an auto allowance no mileage is permitted within Collin County and travel outside the County must begin and end at the Collin County border. Details are summarized below with definitions of each of these locations. If an employee uses a personal vehicle for overnight travel for County business, the rules on the following table apply:

## Collin County Travel Policy

	From Your Home	From Your Primary Work Location	From A Temporary Work Location
To Your Home		No mileage allowed	Mileage allowed
To Your Primary Work Location	No mileage allowed		Mileage allowed
To A Temporary Work Location	Mileage allowed	Mileage allowed	Mileage allowed to a second temporary location

**Home Location:** The place where you reside. Transportation expenses between your home and your main or regular place of work are personal commuting expenses and are not reimbursed.

**Primary Work Location:** This is your principal place you work.

**Temporary Work Location:** This is for personal vehicle miles driven going from home or one work location to another in the course of your business day, when your job requires you to work in another location. It could be for business meetings or business luncheons in another location away from your primary work location; training or seminar away from your primary work location; or travel to the airport or parking at the airport for a business trip.

If traveling, incidental miles driven at the destination are submitted for payment with other travel expenses upon return. Incidental miles should be reasonable.

Personal vehicle travel exceeding 350 miles one-way (700 miles total) on official county business will be reimbursed at the lower of 1) the most appropriate airline rate plus the cost of a rental car, or 2) the calculated cost for total business miles driven.

A motor pool vehicle may be available for employees who prefer not to use their personal vehicle. Please refer to the Vehicle Usage and Take Home Vehicle Policy before utilizing a motor pool vehicle.

If two or more employees are traveling in the same private vehicle, only one mileage allowance will be paid or reimbursed.

Tolls from toll roads may be reimbursed if a receipt is provided or a printout of the NTTA statement identifying which tolls were for County business.

### **9.4 Taxi and Other Transportation**

Taxi, shuttle, or other transportation may be an authorized expense when necessary as determined by the department head or elected official.

Receipts for taxi, shuttle, or other transportation are required.

Tips for transportation are not part of the per diem and are reimbursable.

## **10. Lodging**

The actual cost of lodging, including hotel taxes, will be paid or reimbursed for a traveling employee on official county business.

## Collin County Travel Policy

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Accommodations should be the most reasonable available at the time of the stay.

The employee should always seek any discounts available.

The traveler must submit an itemized, detailed statement/receipt for lodging.

An employee may stay at the home of a friend or family, but there will be no payment or reimbursement for lodging.

The County will only pay or reimburse the single person cost of the lodging for the employee if there is only one employee staying in the room. If there are two or more employees staying in the room, the cost of the room should be paid by one employee and not allocated. If the expenses need to be allocated, the County Auditor will perform the allocation. If there is a cost for a non-employee lodger staying in the room with an employee, the County will only reimburse or pay the single room rate.

The County will not pay or reimburse the employee for additional lodging not considered a part of the business trip (i.e., personal trip or vacation).

If an employee has an emergency requiring a change in the length of the stay, resulting in additional charges, the additional charges, within reason, are allowable for payment or reimbursement.

### **11. Travel Meals and Incidentals**

Travel meals and incidentals will be paid or reimbursed based on per diem bases for overnight travel and an actual basis for day travel.

Travel meals may be paid or reimbursed for each day the employee is on travel status.

Travel meals purchased within Collin County borders for day travel meals (non-overnight) will not be paid or reimbursed except as needed for inmate transport.

The County will pay or reimburse travel meals for the employee only with the exception of Inmate Transport. A meal may be provided to an employee if the inmate requires a meal while being transported, even if the employee is in Collin County. The inmate transport employee's meal will not be subject to payroll taxation. Both meals will be reimbursed or paid.

A travel meal purchased by the employee for friends, family, other employees, or county officials will not be paid or reimbursed.

Meals provided by a third party may not be paid or reimbursed.

Meals for business meetings are not considered travel expenses and are not covered by this policy.

**Overnight Travel:** Employees will be paid or reimbursements on a per diem basis for meals and incidentals related to overnight travel. Incidentals include all taxes and tips related to travel. The per diem rate is **80%** of the rate established by the Governmental Services Administration (GSA) with the federal government and will vary by city or county and state. Per diem meals will not be paid or reimbursed to employees when meals are provided by a third party or conference. Meal payments for the first and last day of travel will be reduced to 75% of a full day meal reimbursement in accordance

## Collin County Travel Policy

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with GSA standards. Per diem will not be paid for the first day of a trip when an employee departs after 7:00pm. The County Auditor shall publish the GSA per diem allowable rate each year by January 1 on the intranet website.

Under very limited circumstances the County Auditor may reimburse an employee for amounts in excess of the meal and incidental amount if the employee provides written justification and detailed receipts to the County Auditor.

**Day Travel Meals:** An itemized receipt must be submitted to be reimbursed for a day travel meal. Incidentals should be itemized and submitted to the Auditor. Only one employee per receipt can be submitted. Per IRS regulations, the cost for meals incurred while attending an event not requiring an overnight stay is considered taxable income. Employees will be reimbursed through payroll for the exact cost of their meal in gross pay before payroll taxes and withholdings are deducted. Tips will generally be paid or reimbursed at 15%, with a maximum of 20% allowable; tips at fast food establishments are not reimbursed.

### **12. Travel Advances**

The County may provide advances for travel based on the estimated cost of the travel as provided by the department or employee.

An affidavit requesting a travel advance must be completed for each advance of funds and must be approved by the elected official or department head, or designee. The affidavit must be submitted according to the deadlines established by the County Auditor.

Travel advance limitations:

- Advances will not be provided for estimated expenditures less than \$100.
- Advances will not be provided for non-overnight travel expenses.
- Advances will not be provided after the travel is completed.
- Advances will not be disbursed when a traveler has a travel reimbursement request that is more than 30 days past due.
- Only one advance of funds shall be authorized for each scheduled travel.
- Advance must be returned within 10 business days if trip is cancelled.
- The employee is personally responsible for funds advanced. Any loss must be repaid.
- An advance may only be used for employee travel and not for travel of another person.

### **13. Miscellaneous**

Reimbursable miscellaneous expenses include:

- Internet connectivity charges for County-provided equipment.
- Charges for business-related telephone calls.
- Excess baggage charges will be paid or reimbursed only when transporting County materials.
- Charges for reasonable and actual expenses will be paid or reimbursed for laundry services necessary due to travel that exceeds one week.
- Tolls and parking fees.

Parking expense is permitted and reimbursable with proper documentation. If the parking cost is \$6 or less for the entire trip no receipt is required. If more than \$6 a receipt will be required for

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reimbursement; however, if a receipt is not given such as a parking meter a written explanation as to such must be provided.

### **14. Not Reimbursable**

Miscellaneous expenses while traveling that will not be reimbursed or paid include:

- Alcoholic drinks
- Pet care expenses
- Personal travel insurance
- Insurance coverage for privately owned vehicles
- Expenses for the repairs of privately owned vehicles
- Interest charges levied on overdue invoices or credit card statements
- Personal expenses, such as barbers, hairdressers, toiletry items, health club fees, prescriptions, and non-prescription medications
- Hotel pay-per-view video and mini-bar expenses
- Expenses related to lost or stolen items
- ATM fees
- Entertainment expenses, even if provided by the conference unless it involves a meal
- Use of a personal cell phone to make calls
- In general, personal expenses are not reimbursable, and are assumed to include any expenses which are not a necessary consequence of travel on behalf of the County
- Between meal snacks, gum, candy bars, etc., will not be paid or reimbursed by the county.