

## Joann Gilbride

---

**From:** Clark,Sandy (DSHS) <Sandy.Clark@dshs.state.tx.us>  
**Sent:** Thursday, February 16, 2017 8:15 AM  
**To:** Joann Gilbride  
**Cc:** Aldridge,Tiffany (DSHS); Garza,Eric (DSHS); Eileen Prentice  
**Subject:** FW: Contractor Application Packet - IDCU/SUR - FY2018-FY2019 - Collin County  
**Attachments:** Travel Policy 10.2015.pdf; Contractor Info Form FY 2018 2019 IDCU CCHCS revised 2 14 2017.doc; DSHSCostsOnlyBudget FY2018 2019 CCHCS IDCU SUR rev 2 16 17.xls

**Importance:** High

Hello Joann,

The Program has approved your budget.

Since we are on a short timeline, I went ahead and moved 2 items from supplies to other on the budget. Attached is the revised budget.

If you have any questions, please get back with me.

Thanks,

Sandy Clark, CTCM  
Contract Manager  
DCP/RLH Contract Management Unit  
Division for Disease Control and Prevention  
Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714-9347

Phone: 512-776-2264

Fax: 512-776-7391

Email: [sandy.clark@dshs.state.tx.us](mailto:sandy.clark@dshs.state.tx.us)

---

**From:** Joann Gilbride [mailto:jgillbride@co.collin.tx.us]  
**Sent:** Tuesday, February 14, 2017 7:00 PM  
**To:** Clark,Sandy (DSHS) <Sandy.Clark@dshs.state.tx.us>  
**Cc:** Garza,Eric (DSHS) <Eric.Garza@dshs.state.tx.us>; Aldridge,Tiffany (DSHS) <Tiffany.Aldridge@dshs.state.tx.us>; Eileen Prentice <eprentice@co.collin.tx.us>; Candy Blair <cblair@co.collin.tx.us>  
**Subject:** RE: Contractor Application Packet - IDCU/SUR - FY2018-FY2019 - Collin County  
**Importance:** High

Sandy,

Please see the revised forms as requested and know how much our county appreciates the state's support of our epi and surveillance efforts. Please let me know if you need anything else.

Thank you,

Joann L. Gilbride  
Healthcare Coordinator  
Collin County Health Care Services  
825 N. McDonald #130  
McKinney, TX 75069  
P: 972-548-5503  
F: 972-548-4441

---

**From:** Clark,Sandy (DSHS) [<mailto:Sandy.Clark@dshs.state.tx.us>]  
**Sent:** Saturday, February 11, 2017 8:57 AM  
**To:** Joann Gilbride; Candy Blair  
**Cc:** Garza,Eric (DSHS); Aldridge,Tiffany (DSHS)  
**Subject:** FW: Contractor Application Packet - IDCU/SUR - FY2018-FY2019 - Collin County  
**Importance:** High

Good morning,

Your request for the additional funding for personnel on this contract has been approved.

The award for this 2-year project is \$342,445. The available funds for FY18 expenditures will be \$171,223 and the available funds for FY19 expenditures will be \$171,222.

Please revise the budget and the contractors information form and return to me by February 14<sup>th</sup>.

If you have any questions, please get back with me.

Thanks,

Sandy Clark, CTCM  
Contract Manager  
DCP/RLH Contract Management Unit  
Division for Disease Control and Prevention  
Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714-9347

Phone: 512-776-2264  
Fax: 512-776-7391  
Email: [sandy.clark@dshs.state.tx.us](mailto:sandy.clark@dshs.state.tx.us)

---

**From:** Joann Gilbride [<mailto:jgillbride@co.collin.tx.us>]  
**Sent:** Friday, January 20, 2017 8:05 PM  
**To:** Clark,Sandy (DSHS) <[Sandy.Clark@dshs.state.tx.us](mailto:Sandy.Clark@dshs.state.tx.us)>

Cc: Bastis,David (DSHS) <[David.Bastis@dshs.state.tx.us](mailto:David.Bastis@dshs.state.tx.us)>; Garza,Eric (DSHS) <[Eric.Garza@dshs.state.tx.us](mailto:Eric.Garza@dshs.state.tx.us)>; Eileen Prentice <[equentice@co.collin.tx.us](mailto:equentice@co.collin.tx.us)>; Candy Blair <[cblair@co.collin.tx.us](mailto:cblair@co.collin.tx.us)>

**Subject:** RE: Contractor Application Packet - IDCU/SUR - FY2018-FY2019 - Collin County

**Importance:** High

Sandy,

As requested, please see the attached budget and application for the FY2018 – FY2019 IDCU SUR funding. Please note, although the intention is to fully fund two epidemiologists with the award, the salary and fringe costs alone for those positions in our county for two years exceed the award of \$294,584. Be assured that we will have two employees working full time, however, their salary and fringe costs simply don't fall below the total award amount and we will have to request the balance of the personnel and fringe not covered by the grant be taken from our departmental (county) funds unless there is a possibility that DSHS would increase our award amount to cover the remaining salary and fringe. Consequently, I have included local funding costs on the final budget as well as reduced the FTE's to meet the DSHS award amount. I have provided a snapshot below of what the total salary and fringe of both positions is expected to be without any other costs for your reference. Please let me know if you wish to discuss.

| <b>FORM I: BUDGET SUMMARY (REQUIRED)</b> |                     |                                    |                             |                                  |                              |                    |
|------------------------------------------|---------------------|------------------------------------|-----------------------------|----------------------------------|------------------------------|--------------------|
| Legal Name of Respondent:                |                     | COLLIN COUNTY HEALTH CARE SERVICES |                             |                                  |                              |                    |
| Budget Categories                        | Total Budget<br>(1) | DSHS Funds Requested<br>(2)        | Direct Federal Funds<br>(3) | Other State Agency Funds*<br>(4) | Local Funding Sources<br>(5) | Other Funds<br>(6) |
| A. Personnel                             | \$244,110           | \$244,110                          | \$0                         | \$0                              | \$0                          | \$0                |
| B. Fringe Benefits                       | \$90,614            | \$90,614                           | \$0                         | \$0                              | \$0                          | \$0                |
| C. Travel                                | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| D. Equipment                             | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| E. Supplies                              | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| F. Contractual                           | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| G. Other                                 | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| H. Total Direct Costs                    | \$334,724           | \$334,724                          | \$0                         | \$0                              | \$0                          | \$0                |
| I. Indirect Costs                        | \$0                 | \$0                                | \$0                         | \$0                              | \$0                          | \$0                |
| J. Total (Sum of H and I)                | \$334,724           | \$334,724                          | \$0                         | \$0                              | \$0                          | \$0                |
| K. Program Income - Projected Earnings   | \$0                 | \$0                                |                             |                                  |                              |                    |

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                  | \$244,110          | \$244,110        | Fringe Benefits     | \$90,614           | \$90,614         |
|                   | Travel                     | \$0                | \$0              | Equipment           | \$0                | \$0              |
|                   | Supplies                   | \$0                | \$0              | Contractual         | \$0                | \$0              |
|                   | Other                      | \$0                | \$0              | Indirect Costs      | \$0                | \$0              |
|                   |                            |                    |                  |                     |                    |                  |
| <b>TOTAL FOR:</b> | <b>Distribution Totals</b> |                    | <b>\$334,724</b> | <b>Budget Total</b> |                    | <b>\$334,724</b> |

Thank you,

Joann L. Gilbride  
Healthcare Coordinator  
Collin County Health Care Services  
825 N. McDonald #130  
McKinney, TX 75069

P: 972-548-5503

F: 972-548-4441

---

**From:** Clark,Sandy (DSHS) [<mailto:Sandy.Clark@dshs.state.tx.us>]

**Sent:** Monday, January 09, 2017 8:45 AM

**To:** Joann Gilbride; Candy Blair

**Cc:** Bastis,David (DSHS); Garza,Eric (DSHS)

**Subject:** Contractor Application Packet - IDCU/SUR - FY2018-FY2019 - Collin County

Dear Contractor:

The Health and Human Services (HHS) System is dedicated to improving the health, safety, and well-being of Texans. This mission is fulfilled through key contracting partnerships with various entities throughout the State of Texas. In an effort to enhance our contracting endeavors, HHS System staff will begin the process of distributing contract documents within the next few months. This effort will ensure that contracts are in place timely for efficient service delivery.

The Department of State Health Services, Emerging and Acute Infectious Diseases Branch Program is initiating the IDCU/SUR contract application process for this infectious disease surveillance contract. The budgets from both contracts that have the Program ID's of IDCU/SUREB and IDCU/SUR have been combined into one contract using the Program ID of IDCU/SUR. You will not have a contract with the Program ID of IDCU/SUREB. The beginning date for the IDCU/SUR contract will be September 1, 2017 and extend through August 31, 2019. The IDCU/SUR contract will have a 2-year contract term.

The award for this 2-year project is \$294,584. The available funds for FY18 expenditures will be \$147,292 and the available funds for FY19 expenditures will be \$147,292. Two (2) full time Epidemiologists will be funded on this contract.

When you receive the IDCU/SUR contract documents for the upcoming state fiscal year, please review, complete the related documents, sign the contract, and return the documents by the deadline requested. If you receive a contract via DocuSign, please submit electronically by the requested due date. As the contract documents are reviewed, please note that services should begin September 1, 2017 and upon official notification of the 2018-2019 final legislative appropriations, if necessary, DSHS will adjust the contract award accordingly.

Attached is the budget template and another file which includes instructions on how to complete the budget. **Please complete the Budget to reflect the total \$294,584 DSHS award amount.** Please include on the budget the personnel and fringe for the two (2) Epidemiologists and the travel to attend the required EPI workshop in Austin for both years of the contract. Please return your completed budget to me by close of business January 20th, 2017. Due to our tight timeline, please submit the budget before the deadline, if possible.

I have also included a contractor information form for you to fill out and return to me. It is not necessary that the form is signed at the bottom, but please list the authorized representative.

If you have any questions or have concerns regarding the contract renewal process, please contact me at [sandy.clark@dshs.state.tx.us](mailto:sandy.clark@dshs.state.tx.us) or 512-776-2264.

Thanks,

Sandy Clark, CTCM  
Contract Manager  
DCP/RLH Contract Management Unit  
Division for Disease Control and Prevention

Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714-9347

Phone: 512-776-2264  
Fax: 512-776-7391  
Email: [sandy.clark@dshs.state.tx.us](mailto:sandy.clark@dshs.state.tx.us)

---

This email has been scanned for spam and viruses. Click [here](#) to report this email as spam.

---

This email has been scanned for spam and viruses. Click [here](#) to report this email as spam.

---

This email has been scanned for spam and viruses. Click [here](#) to report this email as spam.