TEXAS Department of State Health Services

FY2017 and FY2018

ZIKA Funding

Applicant Information

Legal Name of Applicant Agency:	COLLIN COUNTY
Mailing Address:	
Street / PO Box:	825 N. MCDONALD #130
City:	MCKINNEY
Zip:	75069
Payee Name:	COLLIN COUNTY
Payee Mailing Address:	
Street / PO Box:	825 N MCDONALD #130
City:	MCKINNEY
Zip:	75069
State of Texas Comptroller Vendor ID # (9 digit + 3 digit mail code)**:**	
DUNS # (9 digits required for subrecipient contractors)**:**	74873449

Type of Entity (Choose one)

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

Project Period

Start Date:	3/1/2017
End Date:	6/30/2018

Counties Served

County(ies) Served:	COLLIN COUNTY
Amount of Funding Allocated:	$187,574.00

CONTACT PERSON INFORMATION

Legal Business Name: COLLIN COUNTY

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

Health Director/CEO	CANDY BLAIR			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-5504	Ext:		
Fax:	972-548-4441			
E-mail:	CBLAIR@CO.COLLIN.TX.US			0
B-13/FSR Rep:	EILEEN PRENTICE			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4796	Ext:		
Fax:	972-548-4751			
E-mail:	EPRENTICE@CO.COLLIN.TX.US			2300 BLOOMDALE, #3100, MCKINNEY, TX 75071
PHEP (HAZARDS) Program Leader:	LYNNETTE HUDSON			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4708	Ext:		
Fax:				
E-mail:	LHUDSON@CO.COLLIN.TX.US			4300 COMMUNITY AVE, MCKINNEY, TX 75071
SNS (CRI) Coordinator:	VACANT			Mailing Address (street, city, county, state, & zip):
Phone:		Ext:		
Fax:				
E-mail:				
Authorized Signatory	KEITH SELF			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4623	Ext:		
Fax:				
E-mail:	KEITH.SELF@COLLINCOUNTYTX.GOV			2300 BLOOMDALE, #4192, MCKINNEY, TX 75071
Emergency Contact	JOANN GILBRIDE, HEALTHCARE COORDI			Mailing Address (street, city, county, state, & zip):
Cell Phone:	214-326-1758	Ext:		
Fax:	972-548-4441			
E-mail:	JGILBRIDE@CO.COLLIN.TX.US			825 N. MCDONALD #130, MCKINNEY, TX 75071

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: **COLLIN COUNTY**

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds **(6)**
A. Personnel	$52,800	$52,800			$0	
B. Fringe Benefits	$0	$0			$0	
C. Travel	$2,968	$2,968			$0	
D. Equipment	$0	$0			$0	
E. Supplies	$21,306	$21,306			$0	
F. Contractual	$110,500	$110,500			$0	
G. Other	$0	$0			$0	
H. Total Direct Costs	$187,574	$187,574	$0	$0	$0	$0
I. Indirect Costs	$0	$0				
J. Total (Sum of H and I)	$187,574	$187,574	$0	$0	$0	$0
				Match Percentage	**0.00%**	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

Revised: 04/14/2014

PERSONNEL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

PERSONNEL Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	**Number of Months**	Salary/Wages Requested for Project
Epidemiology Temp/Intern	Y	Disease tracking, following cases, entering data into NEDSS, reporting to DSHS	1.00	N/A	$2,400	11	$26,400
Epidemiology Temp/Intern	Y	Disease tracking, following cases, entering data into NEDSS, reporting to DSHS	1.00	N/A	$2,400	11	$26,400
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
				TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS			$0
					SalaryWage Total		$52,800

FRINGE BENEFITS	**Itemize the elements of fringe benefits in the space below:**			
No fringe calculation, however, federally mandated taxes are included in the estimated monthly salary/wage.				
Total Number of FTEs:	**2.00**		Fringe Benefit Rate %	0.00%
			Fringe Benefits Total	$0

TRAVEL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location City/State	Number of: Days & Employees	Travel Costs	
DSHS Conference/Workshop	Zika planning, response and education for epidemiology team members	Austin, TX	3 days, 3 employees	Mileage	$250
				Airfare	$600
				Meals	$350
				Lodging	$1,500
				Other Costs	
				Total	$2,700
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	$0
				Airfare	$0
				Meals	$0
				Lodging	$0
				Other Costs	$0
				Total	$0
				Mileage	$0
				Airfare	$0
				Meals	$0
				Lodging	$0
				Other Costs	$0
				Total	$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					$0

Total for Conference / Workshop Travel $2,700

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Mileage to health care providers, hospitals, patient homes, and other sites for testing, community education, presentations, and disease intervention.	500	$0.535	$268		$268
			$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 $268

Other / Local Travel Costs: $268 Conference / Workshop Travel Costs: $2,700 **Total Travel Costs:** $2,968

Indicate Policy Used: Respondent's Travel Policy State of Texas Travel Policy

Revised: 3/25/2014

SUPPLIES Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Mosquito Trapping Equipment and Supplies	Environmental Health; Zika Surveillance; including but not limited to lethal ovitraps for control of Aedes mosquitos, bit and kill lethal attractant bait spray, light traps, Omni Directional Fay-Prince Trap with options, CDC mosquito trap with lures, BG Sentinel traps, 4-D cell battery packs, collection cups, etc…	$4,000
Urine and Blood Collection Supplies	Patient testing; Zika Surveillance	$1,000
Pesticide Sensitivity Testing	Analyzing the efficacy of specific pesticides on mosquitos and larvae	$1,000
Printed Educational Materials for the Public	Flyers, brochures, signs, coloring books, utility bill inserts, containing educational information related to Zika	$500
Zika home and/or personal preparedness kits	Zika outrach and education for the public	$1,000
Printed Educational and/or Reference Materials for Healthcare Providers	Provider Education and Outreach related to Zika	$500
Office Supplies	Materials to prepare for table-top exercises, and meetings with community stakeholders	$1,266
(2) Surface Pro Tablets and Accessories (cases, chargers, monitors, keyboards, cables, mouse,etc…)*	Tablet and peripherals for Infectious disease surveillance and disease data entry and reporting responsibilities.	$4,040
Environmental Control Supplies	Granules, Dunks, spray equipment such as hand held foggers, DEET spray, other mosquito repellants for personal use by the public, etc…to assist in mosquito control and assist the public in protecting against Zika	$8,000
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Supplies: **$21,306**

Revised: 3/25/2014

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates $100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
Television broadcasting agency--To Be Named	Television advertising, public service announcements	Zika Outreach and Education via television ads	monthly	6	$1,500.00	$9,000
Radio broadcasting agency--To Be Named	Radio advertising, public service announcements	Zika Outreach and Education via television ads	monthly	6	$1,000.00	$6,000
Newspaper(s)--To Be Named	Newspaper advertising, public service announcements	Zika Outreach and Education via television ads	monthly	6	$1,000.00	$6,000
Other advertising, i.e. theater, websites, billboard, social media--To Be Named	Public service announcements	Zika Outreach and Education via television ads	monthly	6	$1,500.00	$9,000
Contracted Laboratory Services--To Be Named	Onsite laboratory testing of specimens for Zika patients referred by the health department (clinical and/or surveillance following CDC recommendations)	Surge staffing to allow for greater capacity to test for Zika in the community	unit rate	50	$900.00	$45,000
Contracted Phlebotomists/Clinical Staff-To Be Named	Drawing labs and screening patients for Zika	Surge staffing to allow for greater capacity to test for Zika in the community	unit rate	46	$250.00	$11,500
Contracted Environmental Health Services-To Be Named	Surge/support for mosquito collection,	Surveillance and environmental control measures for mosquito activity and prevention	monthly	6	$4,000.00	$24,000
						$0
						$0
					TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for CONTRACTUAL: $110,500

Revised: 3/25/2014