

ATTACHMENT B BUDGET

Organization Name: Collin County Health Care Services

Program ID: IMM/LOCALS

Contract Number: HHS000119700018

Budget Categories	Budget for FY 2019
Personnel	\$257,861.00
Fringe Benefits	\$78,854.00
Travel	\$7,605.00
Equipment	\$0.00
Supplies	\$8,242.00
Contractual	\$0.00
Other	\$1,500.00
Total Direct Costs	\$354,062.00
Indirect Costs	\$0.00
Total	\$354,062.00