

**Joann Gilbride**

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**From:** Kirkpatrick,Tray (DSHS) <Tray.Kirkpatrick@dshs.texas.gov>  
**Sent:** Thursday, January 10, 2019 9:25 AM  
**Subject:** Local Health Department-Immunization Funding  
**Attachments:** MEMO LHD level funding.doc

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good morning,

Please see the attached memo regarding funding for the Local Health Department, Immunization Contracts.

This email has been sent to all contacts within your department.

Please let me know if you have any questions.

Thank you

*Tray Kirkpatrick, CTCM  
Contract Manager  
Contract Management Section  
Room T-502  
P.O. Box 149347  
Austin, TX 78714-Mail Code 1990*

*Phone. 512-776-3448  
Fax. 512-776-7391*

\*Please note\* My email address has changed to reflect @dshs.texas.gov domain. Please be sure to update your contact information with the new address.



December 17, 2018

**Re: Funding Increases for Local Health Department (LHD)  
Immunization Contracts**

Dear LHD Immunization Partners,

The Texas Department of State Health Services (DSHS) Immunization Unit has started the process of creating an updated funding formula for LHD contract activities. As such, it is necessary for the DSHS Immunization Unit to maintain level funding for all LHD contracts until the funding formula evaluation process is complete.

The funding formula evaluation process is expected to take at least two years and is expected to begin in the spring of 2019. Therefore, we do not expect LHD funding increases until at least FY2022 or until a new funding formula is officially adopted.

Thank you for your continued partnership with the DSHS Immunization Unit.

Sincerely,

Diane M. Romnes  
Interim Immunization Unit Director

## Joann Gilbride

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**From:** Joann Gilbride  
**Sent:** Tuesday, January 22, 2019 12:07 AM  
**To:** 'Kirkpatrick,Tray (DSHS)'  
**Cc:** Candy Blair; Torres Johnson; Eileen Prentice; Kathy Nagel; Ashley Burns; Samuel Grader  
**Subject:** RE: Immunization/Locals: FY20 Contract Packet-Collin County Health Care Services  
**Attachments:** FY20 ILA RENEWAL PACKET IMM LOCALS CCHCS 1 21 2019.docx; FY20 Imm Budget Template CCHCS 1 21 2019.xls; Travel Policy 10.2015.pdf

**Importance:** High

Tray,

The attached budget, ILA, and related documentation for the renewal of our Immunizations grant contract are attached for your review. As indicated below, please include the following individuals for the DocuSign process:

Authorized Signatory : Judge Chris Hill -- [CHill@co.collin.tx.us](mailto:CHill@co.collin.tx.us).

Secondary Project Contact Person: Eileen Prentice --[EPrentice@co.collin.tx.us](mailto:EPrentice@co.collin.tx.us)

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

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**From:** Kirkpatrick,Tray (DSHS) [<mailto:Tray.Kirkpatrick@dshs.texas.gov>]  
**Sent:** Wednesday, January 09, 2019 1:56 PM  
**To:** Muriel Marshall; Candy Blair; Joann Gilbride; Torres Johnson; Eileen Prentice; Kathy Nagel  
**Subject:** Immunization/Locals: FY20 Contract Packet-Collin County Health Care Services

Dear Contractor:

Good afternoon. I am the Contract Manager for the Immunization/Locals Program. Attached is the IMM/LOCAL FY20 ILA Packet (updated List of Regional Managers), FY20 Budget Template, FY20 Budget Template with instructions, FFATA Form, and a Texas Counties and Regions Form. Form C1 has been added for completion. The contract period for the FY19 IMM/LOCALS Contract is 9/01/2019 - 8/31/2020.

**Please see important bullet points and instructions:**

- *We will be mailing the FY20 Contract out 4/01/19 this coming year.*

- *ILA Renewal Packet Face Page/Contact Page: Please ensure you have identified the Point of Contact or Project Contact Person and the Emergency Contact Person.*
- *DocuSign-Two email address' will receive the contract; The "Authorized Signatory" (for electronic signature) and a secondary "Project Contact Person". The two you assign will be the only two that will have open access to the contract from their inbox. Please include these names in the body of the email as they could be different then what is listed on the Face Page.*
- *It is important we receive the completed attached documents as they were received separately and no later than 1/22/2019.*
- *Please submit the Budget Template completed with your contract name at the top of the Budget Summary Page and in excel format.*
- *If necessary, please include as separate documents, the **Travel Policy** and **Indirect Cost Certificate or Proposal**.*
- *If necessary, please complete in full the Program Income Spending Plan (ILA Packet).*
- *Please include the **Job Descriptions-Personnel Detail** as separate documents.*

***Your allocation is \$354,062.00***

Please complete the attached forms as instructed and return to Tray Kirkpatrick, Contract Manager, at [tray.kirkpatrick@dshs.texas.gov](mailto:tray.kirkpatrick@dshs.texas.gov) by January 22, 2019.

If you have any questions or concerns, please feel free to contact me.

Thank you,

Tray Kirkpatrick

***Tray Kirkpatrick, CTCM***

***Contract Manager***

***Contract Management Section***

***Room T-502***

***P.O. Box 149347***

***Austin, TX 78714-Mail Code 1990***

***Phone. 512-776-3448***

***Fax. 512-776-7391***

\*Please note\* My email address has changed to reflect @dshs.texas.gov domain. Please be sure to update your contact information with the new address.

**InterLocal Application  
For  
Immunization Program Funds  
Fiscal Year 2020**

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

**Issue date: 1/08/2019**

**Due date: 1/22/2019**

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

## I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Unit announces the expected availability of Fiscal Year (FY) 2020 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 January 22, 2019 to [DSHSImmunizationContracts@dshs.texas.gov](mailto:DSHSImmunizationContracts@dshs.texas.gov) and Tray Kirkpatrick at [tray.kirkpatrick@dshs.texas.gov](mailto:tray.kirkpatrick@dshs.texas.gov).**

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 Unit 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 Section. Communications concerning this Application may be addressed by email or fax to:

**Phone and Fax Numbers:**

512.776.3448

512.776.7391 fax

**CMS Contact Email:**

[tray.kirkpatrick@dshs.texas.gov](mailto:tray.kirkpatrick@dshs.texas.gov)

### **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 C-1 Program Contract Information
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan
  
- Form I. Budget (see separate file)
- Appendix B. Copy of Approved Indirect Rate (if applicable)

**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:	Check if address change <input type="checkbox"/>
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds:	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. and Mail Code 756000873	
<small>*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.</small>	
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):	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>	
7) PROPOSED BUDGET PERIOD:      Start Date: September 1, 2019      End Date: August 31, 2020	
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: countyauditor@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: <b>DSHS Assurances and Certification</b> . 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.	
13) AUTHORIZED SIGNATORY (DocuSign)      Check if change <input checked="" type="checkbox"/>	
Name: Chris Hill Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: chill@co.collin.tx.us	

## 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://fm.xcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fm.xcpa.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 09/01/2019 – 08/31/2020.
- 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.

# 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 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	4	
A-1	Texas Counties and Regions List	X	6	
B	Table of Contents and Checklist – completed and included	X	7	
C	Contact Person Information – completed and included	X	8	
C-1	Program Contact Information – completed and included	X	9	
D	Job Descriptions (with supplemental documentation attached if required)	X	10	
E	Program Income Spending Page	X	11	
G	FFATA form	X	12	
I	Budget Summary Form and Detail Pages	X	--	
Appendix B	Copy of Approved Indirect Rate – included (if applicable)	--	--	N/A

## 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 Section**.*

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>	HEALTHCARE 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>	Ashley Burns	<b>Street:</b>	2300 Bloomdale Rd., Suite 3100
<b>Title:</b>	Auditor's Office / Grant Accountant	<b>City:</b>	McKinney
<b>Phone:</b>	972-548-4642 <b>Ext:</b>	<b>County:</b>	Collin
<b>Fax:</b>	972-548-4751	<b>State, Zip:</b>	Texas 75071
<b>Email:</b>	arburns@co.collin.tx.us		
<b>Emergency Contact:</b>	Torres Johnson	<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>	tmjohnson@co.collin.tx.us		

## FORM C-1: PROGRAM CONTACT INFORMATION

This form provides information about the appropriate program contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written notification to the **Immunization Unit**.

Area of Work	Program Contact Name	Phone	Email
<b>Immunization Program Manager</b>	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
<b>Contract Coordinator(s)</b>	Joann Gilbride	972-548-5503	jgilbride@co.collin.tx.us
<b>School Compliance Coordinator(s)</b>	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
<b>Perinatal Hepatitis B Case Manager(s)</b>	Frank Rojas	972-548-5599	frojas@co.collin.tx.us
	Aisha Souri	972-548-5524	asouri@co.collin.tx.us
<b>Disease Surveillance Coordinator(s)</b>	Jawaid Asghar	972-548-5534	jasghar@co.collin.tx.us
<b>Clinical Coordinator(s)</b>	Torres Johnson	972-548-5549	tmjohnson@co.collin.tx.us
<b>TVFC &amp; ASN Coordinator(s)</b>	Fiona Price	972-548-5540	fprice@co.collin.tx.us
	Tricia Brown	972-548-4787	tbrown@co.collin.tx.us
<b>Communications Coordinator(s)</b>	Joann Gilbride	972-548-5503	jgilbride@co.collin.tx.us
<b>Texas Immunization Registry Coordinator(s)</b>	Monica Haywood	972-548-5508	mhaywood@co.collin.tx.us
	Tricia Brown	972-548-4787	tbrown@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 2019.

N/A

## Form E: PROGRAM INCOME SPENDING PLAN

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

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	\$ 19,723	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$ 7,466	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$ 27,189	

FORM G: Federal Funding Accountability and Transparency Act (FFATA)  
Personnel Activity Detail Form for Local Health Department Immunization Staff

<b>Legal Name of Applicant:</b>	COLLIN COUNTY HEALTH CARE SERVICES
---------------------------------	------------------------------------

List Personnel	I. Program Planning & Evaluation	II. Vaccine Management VFC OPS	III. Registries	IV. Provider Quality Assurance VFC AFIX	V. Perinatal Hepatitis B Prevention	VI. Education, Information, Training & Collaborations	VII. Epidemiology and Surveillance	VIII. Population Assessment	IX Service Delivery	Total equals 100%
Functional Title + Code E=Existing or P=Proposed	% Time	% Time	% Time	% Time	% Time	% Time	% Time	% Time	% Time	100% Time
Program Manager-RN-E	20	10	5	5		30	5	20	5	100%
Immunizations – LVN-E	10	15	5	10		15		20	25	100%
Immunizations – LVN-E	10	15	5	10		15		20	25	100%
Immunizations – RN-E	10	15	5	10		15		20	25	100%
Immunizations – RN-E	10	15	5	10		15		20	25	100%
IPOS/ImmTrac Outreach- E			50			15		15	20	100%
IPOS/ImmTrac Outreach- E		30	40	10		10		5	5	100%
VFC Specialist – E		50		40				10		100%
Support Tech – E			20			5		10	65	100%
Support Tech - E			20			5		10	65	100%
Health Care Analyst – E					90		10			100%
HC Coordinator-E	70	10		5		5	10			100%
										100%

## Regional Program Managers FY 2020

### PUBLIC HEALTH REGION 1

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

[Leigh.Johnston@dshs.texas.gov](mailto:Leigh.Johnston@dshs.texas.gov)

### PUBLIC HEALTH REGION 2 & 3

Cheryl Millican  
Immunization Program Manager  
1301 South Bowen Road, Suite 200  
Arlington, Texas 76013-2262  
(817) 264-4795  
(817) 264-4800 – Fax

[Cheryl.Millican@dshs.texas.gov](mailto:Cheryl.Millican@dshs.texas.gov)

### PUBLIC HEALTH REGION 4 & 5 NORTH

Tammie Little  
Immunization Program Manager  
1517 W. Front Street  
Tyler, Texas 75702  
(903) 533-5310  
(903) 533-9502 - Fax

[Tammie.Little@dshs.texas.gov](mailto:Tammie.Little@dshs.texas.gov)

### PUBLIC HEALTH REGION 6 & 5 SOUTH

Sabrina Stanley  
Immunization Program Manager  
5425 Polk, Suite J  
Houston, Texas 77023  
(713) 767-3454  
(713) 767-3889 - Fax

[Sabrina.Stanley@dshs.texas.gov](mailto:Sabrina.Stanley@dshs.texas.gov)

### PUBLIC HEALTH REGION 7

Debbie Shelton  
Immunization Program Manager  
2408 South 37th Street  
Temple, Texas 76504-7168  
(254) 778-6744  
(254) 771-2612 - Fax

[Debbie.Shelton@dshs.texas.gov](mailto:Debbie.Shelton@dshs.texas.gov)

### PUBLIC HEALTH REGION 8

Laurie Henefey  
Immunization Program Manager  
112 Joe Carper Drive  
Uvalde, Texas 78801  
(830) 591-4386 Extension 213  
(830) 278-1831 - Fax

[Laurie.Henefey@dshs.texas.gov](mailto:Laurie.Henefey@dshs.texas.gov)

### PUBLIC HEALTH REGION 9 & 10

Donna Anders  
Immunization Program Manager  
2301 N. Big Spring #300  
Midland, Texas 79705-7649  
(432) 571-4137  
(432) 571-4190 - Fax

[Donna.Anders@dshs.texas.gov](mailto:Donna.Anders@dshs.texas.gov)

### PUBLIC HEALTH REGION 11

Rebecca Lopez  
Immunization Program Manager  
601 W. Sesame Drive  
Harlingen, Texas 78550  
(956) 421-5553  
(956) 443-3216 - Fax

[Rebecca.Lopez@dshs.texas.gov](mailto:Rebecca.Lopez@dshs.texas.gov)

## **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	\$657,203	\$256,832	\$0	\$0	\$400,371	\$0
B. Fringe Benefits	\$283,874	\$77,461	\$0	\$0	\$206,413	\$0
C. Travel	\$8,540	\$8,540	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$11,729	\$9,729	\$0	\$0	\$2,000	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$1,500	\$1,500	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$962,846	\$354,062	\$0	\$0	\$608,784	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$962,846	\$354,062	\$0	\$0	\$608,784	\$0
K. Program Income - Projected Earnings	\$73,938	\$27,189			\$46,749	

**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	\$657,203	\$657,203	Fringe Benefits	\$283,874	\$283,874
	Travel	\$8,540	\$8,540	Equipment	\$0	\$0
	Supplies	\$11,729	\$11,729	Contractual	\$0	\$0
	Other	\$1,500	\$1,500	Indirect Costs	\$0	\$0

<b>TOTAL FOR:</b>	<b>Distribution Totals</b>	<b>\$962,846</b>	<b>Budget Total</b>	<b>\$962,846</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							
Immunizations RN-Program Manager	N	Provides program oversight & QA	0.44	RN License	\$5,925.19	12	\$31,285
Immunization-LVN-E	N	Provides Imm Svcs, Outreach, audits	0.44	LVN License	\$4,713.47	12	\$24,887
Immunization-LVN-E	N	Provides Imm Svcs, Outreach, audits	0.44	LVN License	\$3,519.18	12	\$18,581
Immunization-RN-E	N	Provides Imm Svcs, Outreach, audits	0.44	RN License	\$5,684.84	12	\$30,016
Immunization RN-E	N	Provides Imm Svcs, Outreach, audits	0.44	RN License	\$5,851.01	12	\$30,893
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & Provider Ed.	0.44	NA	\$3,013.91	12	\$15,913
IPOS/Imm Trac Outreach Spec. E	N	Provides ImmTrac Svcs & VFC Back Up	0.44	NA	\$2,617.06	12	\$13,818
VFC Specialist.-E	N	Provides Vaccine Inventory, Accountability & Provider QA	0.44	NA	\$3,976.72	12	\$20,997
Support Tech-E	N	Provides Immunization Cler. Sup	0.44	NA	\$2,827.42	12	\$14,929
Support Tech-E	N	Provides Immunization Cler. Sup	0.44	NA	\$2,954.05	12	\$15,597
Health Care Analyst - E	N	Perinatal Hep B & Epidemiology	0.44	NA	\$4,575.27	12	\$24,157
HC Coordfinator-E	N	Provides Prog. Planning & Evaluation	0.2	NA	\$6,566.45	12	\$15,759
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
					SalaryWage Total		\$256,832

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:	
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1100 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0026), Short Term Disability \$3.20/month, Long Term Care \$26.25/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)		
	Fringe Benefit Rate %	30.16%
	Fringe Benefits Total	\$77,461

# 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	3 days, 3 employees	Mileage	\$500
				Airfare	
				Meals	\$600
				Lodging	\$900
				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	3 days, 3 employees	Mileage	\$500
				Airfare	
				Meals	\$600
				Lodging	\$900
				Other Costs	
				Total	\$2,000
EPI VAC or Epidemiology Training	Current immunization program updates, collaboration with other health departments and regions	Austin, TX or TBD	3 days, 3 employees	Mileage	\$500
				Airfare	\$800
				Meals	\$600
				Lodging	\$900
				Other Costs	
				Total	\$2,800
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$6,800

**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.	3000	\$0.580	\$1,740		\$1,740
			\$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

\$1,740

Other / Local Travel Costs: \$1,740

Conference / Workshop Travel Costs: \$6,800

Total Travel Costs: \$8,540

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy 

Revised: 7/6/2009

# FORM I-3: EQUIPMENT AND CONTROLLED ASSETS Budget Category Detail Form

Legal Name of Respondent:

**COLLIN COUNTY HEALTH CARE SERVICES**

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached example for equipment definition and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
None				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				\$0

Total Amount Requested for Equipment:

**\$0**

## FORM I-4: SUPPLIES Budget Category Detail Form

**Legal Name of Respondent:**

**COLLIN COUNTY HEALTH CARE SERVICES**

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
Medical Supplies	Needles 23G 1 IN 200@\$8.25/bx, bandaids, alcohol pads	\$3,500
General Office Supplies	Post it notes, pens for public to fill out forms, highlighters	\$2,343
Reference Materials	AAP "Red Book", "Pink Book", and other reference manual copies for providers for community education	\$2,086
Grant Program Supplies	Stickers, coloring books, posters, and other items to support immunization education and outreach activities with patients and stakeholders such as health care providers, schools, hospitals, etc...	\$1,800
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

**Total Amount Requested for Supplies:**

**\$9,729**

## FORM I-5: CONTRACTUAL Budget Category Detail Form

**Legal Name of Respondent:** **COLLIN COUNTY HEALTH CARE SERVICES**

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

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
NONE						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

**\$0**

## FORM I-6: OTHER Budget Category Detail Form

**Legal Name of Respondent:**

**COLLIN COUNTY HEALTH CARE SERVICES**

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	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
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$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.

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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.

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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.

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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

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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.