

Joann Gilbride

From: Joann Gilbride
Sent: Tuesday, February 19, 2019 4:51 PM
To: 'Medina,Elma (DSHS)'; 'LocalPHTeam@dshs.state.tx.us'
Cc: Janna Benson-Caponera; Eileen Prentice; Candy Blair; Samuel Grader
Subject: RE: Collin County Hlth Care Services, FY20/21 RLSS/LPHS Renewal Packet
Attachments: Travel Policy 10.2015.pdf; FY 20 21 RLSS LPHS DSHS Budget Template CCHCS 2 15 2019.xls; FY20_21 RLSS-LPHS Contract Renewal Pkt CCHCS 2 19 2019.doc

Ms. Medina,

There was an update needed on the face page of our packet. Please see the updated attachment along with our budget (no changes) and our travel policy for reference. I am available should you have any questions or concerns.

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: Medina,Elma (DSHS) [mailto:Elma.Medina@dshs.texas.gov]
Sent: Tuesday, February 19, 2019 9:38 AM
To: Joann Gilbride
Cc: Janna Benson-Caponera; Eileen Prentice; Candy Blair; Samuel Grader
Subject: RE: Collin County Hlth Care Services, FY20/21 RLSS/LPHS Renewal Packet

Good morning Ms. Gilbride.

I have received your RLSS/LPHS, FY20/21, Grant Application. Should I have any questions after I thoroughly review your packet, I will contact you.

Thank you.

Elma Medina, CTCM

Contract Manager - RLHO
Contract Management Section, T-502.7, MC 1990
Department of State Health Services
P.O. Box 149347,
Austin, Texas 78714-9347

WK: 512/776-2181: Fax: 512/776-7391
email: elma.medina@dshs.texas.gov

From: Joann Gilbride [mailto:jgillbride@co.collin.tx.us]
Sent: Friday, February 15, 2019 5:11 PM
To: Medina,Elma (DSHS) ; 'llocalPHTeam@dshs.state.tx.us'
Cc: Janna Benson-Caponera ; Eileen Prentice ; Candy Blair ; Samuel Grader
Subject: RE: Collin County Hlth Care Services, FY20/21 RLSS/LPHS Renewal Packet

WARNING: This email is from outside the HHS system. Do not click on links or attachments unless you expect them from the sender and know the content is safe.

Ms. Medina,

Please see the attached budget and renewal packet for the two year contract as requested and let me know if you have any questions or wish to discuss.

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: Medina,Elma (DSHS) [mailto:Elma.Medina@dshs.texas.gov]
Sent: Wednesday, January 23, 2019 3:14 PM
To: Candy Blair
Cc: Janna Benson-Caponera; Joann Gilbride
Subject: Collin County Hlth Care Services, FY20/21 RLSS/LPHS Renewal Packet

Dear Local Health Department Director/Administrator:

This letter is to notify you of your award for the **FY20/21 Regional and Local Services System/Local Public Health Services (RLSS/LPHS) contract** in the amount of **\$43,278.00**. This amount is for a two-year contract term.

The total allocation amount for FY20 (09/01/2019 through 08/31/2020) is \$21,639
The total allocation amount for FY21 (09/01/2020 through 08/31/2021) is \$21,639

The total amount of this Contract will not exceed \$43,278.00.

The renewal forms, instructions, sample forms and budget forms are enclosed. For assistance in completing the renewal packet, please contact Elma Medina at 512-776-2181.

Please submit the **FY20/21 RLSS/LPHS Renewal Documents** via email to LocalPHTeam@dshs.state.tx.us by **Thurs, February 28, 2019, 5:00 p.m.** (Please reference your entity's name and FY20/21 in the subject line, example: **[Entity's name], FY20/21 RLSS/LPHS.**)

The attached documents include:

- *Form A Face Page*
- *Contact Information*
- *Categorical Budget Forms*
- *Exhibit A - Project Service Delivery Plan reflecting the Public Health Issue(s) needing to be addressed: Essential Public Health Service(s) to be provided: Measurable Objective(s); and, Performance Measures(s), Activities, Evaluation/Improvement Plan, and Deliverables. **Note:** A Service Delivery Plan must be completed for each public health issue or public health program addressed by LPHS funded staff.*
- *Template - FY20/21 LPHS Funds Project Service Delivery Plan/Quarterly and Final Performance Report. (Please note: **New instructions for this report**)*

RLSS/LPHS contracts are based on expected state appropriations funding levels and are contingent on continued availability of funding. Therefore, DSHS Regional and Local Health Services will process contracts with State appropriated funds allocated for FY20 and FY21. Adjustments to contracts may be necessary depending on the **final** budget appropriation of state funds.

Sincerely,
Elma Medina

Attachments

Elma Medina, CTCM

Contract Manager - RLHO
Contract Management Section, T-502.7, MC 1990
Department of State Health Services
P.O. Box 149347,
Austin, Texas 78714-9347

WK: 512/776-2181: Fax: 512/776-7391
email: elma.medina@dshs.texas.gov



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.

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.



FY 20/21 Request for Local Public Health Services Funds (LPHS)

Contents

- 1) Form A – Face Page
- 2) Contact Information Form
- 3) Project Service Delivery Plan
- 4) Template – FY20/21 LPHS Project Service Delivery Plan/Quarterly and Final Performance Report (*Please note: New instructions for this report*)

**Contract documents are due to DSHS on or before
February 28, 2019 by COB @ via email to**

LocalPHTeam@dshs.texas.gov

Please reference your entity's name in the subject line of your email.

(Example: [Entity's Name], FY20/21 RLSS/LPHS)

Please contact your contract manager at (512) 776-2181 for assistance in completing the
FY20/21 RLSS/LPHS contract documents.



FY 20/21 Local Public Health Services

FORM A - FACE PAGE

| RESPONDENT INFORMATION | |
|--|---|
| 1) LEGAL NAME: COLLIN COUNTY HEALTH CARE SERVICES | |
| 2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Collin County Health Care Services 825 N. McDonald Street, Suite 130 McKinney, TX 75069 | |
| 3) PAYEE Mailing Address (if different from above): Collin County Auditor's Office 2300 Bloomdale Road, Suite 3100 McKinney, TX 75071 | |
| 4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or if an individual, Social Security Number (9 digit) : <small>*The vendor acknowledges, understands and agrees that the vendor'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> | |
| 5) TYPE OF ENTITY (check all that apply): | |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> Regions/Counties/LHD <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 Organization |
| <input type="checkbox"/> Individual <input type="checkbox"/> FOHC <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> | |
| 6) COUNTIES OR REGION SERVED BY PROJECT: COLLIN See attached County/Region list. | |
| 7) PROJECT CONTACT PERSON | CHECK FUNDING APPLYING FOR: |
| Name: JOANN L. GILBRIDE Phone: 972-548-5503 Fax: 972-548-4441 E-mail: JGILBRIDE@CO.COLLIN.TX.US | X LPHS \$ 43,278 |
| <small>The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications attached in FORM E, and will provide services in accordance with 25 Texas Administrative Code, §§37.51-37.65. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.</small> | |
| 8) AUTHORIZED REPRESENTATIVE <i>(Person authorized to sign Contract)</i> Name: CHRIS HILL Title: COUNTY JUDGE Phone: 972-548-4635 Fax: 972-548-4699 E-mail: CHILL@CO.COLLIN.TX.US | 9) DATE |

GENERAL INSTRUCTIONS FOR THE FACE PAGE

This form provides basic information about the applicant and the proposed project with the Department of State Health Services (DSHS), including the name of the authorized representative. It is the cover page of the proposal and is required to be completed. **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 applicant's proposal.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant 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 applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **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 vendor acknowledges, understands and agrees that the vendor'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.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Texas Building and Procurement Commission or another entity.

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.

- 6) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties or region to be served by the project.
- 7) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 8) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant and authorized to sign contract. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 9) **DATE** - Enter the date this form is completed.



FY 20/21 Local Public Health Services

Division for Regional and Local Health Services

Program Contact Information

Contract Term: September 1, 2019 through August 31, 2021

**Legal Name of
Applicant:**

COLLIN COUNTY HEALTH CARE SERVICES

This form provides information about appropriate program contacts in the applicant's organization. If any of the contact information changes during the term of the contract, please send written notification to the Regional and Local Health Service & Compliance Branch, Mail Code 1990, P.O. Box 149347, Austin, TX 78714 or email to LocalPHTeam@dshs.state.tx.us.

| | |
|---|---|
| Director | |
| Contact: <u>CANDY BLAIR</u> Title: <u>HEALTHCARE ADMINISTRATOR; CCHCS</u> Phone: <u>972-548-5504</u> Fax: <u>972-548-4441</u> E-mail: <u>cblair@co.collin.tx.us</u> | Mailing Address (street, city, county, state, & zip): <u>825 N. McDonald Street, Suite 130</u> <u>MCKINNEY</u> <u>COLLIN COUNTY</u> <u>TEXAS 75069</u> |
| Financial Manager | |
| Contact: <u>JANNA BENSON-CAPONERA</u> Title: <u>GRANT SUPERVISOR; AUDITOR'S OFFICE</u> Phone: <u>972-548-4638</u> Fax: <u>972-548-4643</u> E-mail: <u>jbenson-caponera@co.collin.tx.us</u> | Mailing Address (street, city, county, state, & zip): <u>2300 BLOOMDALE ROAD, SUITE 3100</u> <u>MCKINNEY</u> <u>COLLIN COUNTY</u> <u>TEXAS 75071</u> |
| Contract Coordinator | |
| Contact: <u>JOANN GILBRIDE</u> Title: <u>HEALTHCARE COORDINATOR; CCHCS</u> Phone: <u>972-548-5503</u> Fax: <u>972-548-4441</u> E-mail: <u>jgilbride@co.collin.tx.us</u> | Mailing Address (street, city, county, state, & zip): <u>825 N. McDonald, Suite 130</u> <u>MCKINNEY</u> <u>COLLIN COUNTY</u> <u>TEXAS 75069</u> |
| Additional Staff | |
| Contact: <u>EILEEN PRENTICE</u> Title: <u>GRANT ACCOUNTANT; AUDITOR'S OFFICE</u> Phone: <u>972-548-4796</u> Fax: <u>972-548-4751</u> E-mail: <u>eprentice@co.collin.tx.us</u> | Mailing Address (street, city, county, state, & zip): <u>2300 BLOOMDALE RD., SUITE 3100</u> <u>MCKINNEY</u> <u>COLLIN COUNTY</u> <u>TEXAS 75071</u> |
| Additional Staff | |
| Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____ | Mailing Address (street, city, county, state, & zip): _____ _____ _____ _____ |

FY 20/21 Request for Local Public Health Services Funds Project Service Delivery Plan

Texas Department of State Health Services

Local Health Department: COLLIN COUNTY HEALTH CARE SERVICES

Contract Term: September 1, 2019 through August 31, 2021

Indicate in this plan how requested Local Public Health Services (LPHS) contract funds will be used to address a public health issue through essential public health services. The plan should include a brief description of the public health issue(s) or public health program to be addressed by LPHS funded staff, and measurable objective(s) and activities for addressing the issue. List only public health issues/programs, objectives and activities conducted and supported by LPHS funded staff. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program addressed by LPHS funded staff. (Make additional copies of the table as needed)

| | | |
|---|---|--|
| <p>Public Health Issue: <i>Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.</i> TB – In recent years, the number of suspected and confirmed cases of TB, as well as those with TB infection (TBI), has steadily increased as our county population continues to grow. Consequently, there has been a corresponding increase need for Directly Observed Therapy (DOT) services and Video Observed Therapy (VOT) in order to maintain the standard of care for TB treatment and elimination.</p> | | |
| <p>Essential Public Health Service(s): <i>List the EPHS(s) that will be provided or supported with LPHS Contract funds</i> EPHS#2 Diagnose and investigate community health hazards.</p> | | |
| <p>Objective(s): <i>List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)</i> 1.1 Offer patient DOT within the clinic as well as offsite DOT and VOT to all eligible active TB cases and TBIs.</p> | | |
| <p>Performance Measure: <i>List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.</i> CCHCS will provide a quarterly report detailing the number of patients receiving medication via DOT and VOT.</p> | | |
| <p>Activities <i>List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.</i></p> | <p>Evaluation and Improvement Plan <i>List the standard and describe how it is used to evaluate the activities conducted. This can be a local, state or federal guideline.</i></p> | <p>Deliverable <i>Describe the tangible evidence that the activity was completed.</i></p> |
| <p>1.1. CCHCS will provide patient DOT within the clinic as well as provide offsite DOT and VOT to all eligible active TB cases and TBIs.</p> | <p>1.1. CCHCS will collect and review data on a monthly basis to track DOT and VOT provided to patients onsite at the clinic and offsite.</p> | <p>1.1. CCHCS will provide a report to LPHS each quarter describing the DOT and VOT provided to eligible patients.</p> |

The following **EXAMPLE** of a Service Delivery Plan is offered as a guide for completing the table to address your specific public health issue(s).

| | | |
|--|---|--|
| <p>Public Health Issue: <i>Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.</i></p> <p>The local community lacks an accurate assessment of the local public health system in order to strategically plan and improve the essential public health services provided in the community.</p> | | |
| <p>Essential Public Health Service(s): <i>List the EPHS(s) that will be provided or supported with LPHS Contract funds</i></p> <p>EPHS (9) Evaluate effectiveness, accessibility and quality of personal and population-based health services.</p> | | |
| <p>Objective(s): <i>List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)</i></p> <p>Objective 1.1 By the end of the 2nd quarter FY18, all LHD's funded through LPHS Contract dollars, will have conducted the CDC National Public Health Performance Standards Local Public Health System Performance Assessment Instrument (LPHSPAI).</p> | | |
| <p>Performance Measure: <i>List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.</i></p> <p>Performance Measure – Based on LPHSPAI results, local health departments will submit a draft Service Delivery Plan to be completed by end of 3rd Quarter FY18.</p> | | |
| <p>Activities <i>List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.</i></p> | <p>Evaluation and Improvement Plan <i>List the standard and describe how it is used to evaluate the activities conducted.</i></p> | <p>Deliverable <i>Describe the tangible evidence that the activity was completed.</i></p> |
| <p>1.1.1 Participate in training offered by the state. 1.1.2 Identify necessary partners who will take part in conducting the LPHSPAI instrument. 1.1.3 Conduct LPHSPAI with identified partners. 1.1.4 Submit LPHSPAI data to the CDC for processing. 1.1.5 Gather CDC generated report on local assessment.</p> | <p>1.1.1 LHD's will plan and implement the LPHSPAI instrument in the designated communities no later than March 31st, 2018. 1.1.2 LPHSPAI results will be incorporated into the FY18 Service Delivery Plans.</p> | <p>1.1.1 LPHSPAI data analysis report will be obtained from CDC.</p> |

Texas Department of State Health Services
FY 20/21 Local Public Health Services Funds
Project Service Delivery Plan
Quarterly and Final Performance Report
Contract Term: September 1, 2019 through August 31, 2021

| | | |
|---|-----------------|-----------------------|
| Local Health Department: | Contact: | Contact Phone: |
| Address: <i>Include City, State, Zip</i> | | |
| Contact Email: | | Date: |

Quarterly reports for the LPHS contracts must be entered into the reporting link, <https://www.dshs.state.tx.us/rls/phhsbg.aspx>, on the DSHS RLHO PHHSBG webpage. Complete reporting will include status of the contract activities, identifying barriers to completing activities, and listing deliverables associated with workplan activities. Reporting is cumulative and submitted by the dates indicated below. If you have questions or concerns please send them the DSHS LPHS Contract Team at LocalPHTeam@dshs.texas.gov. For further technical support, please contact RLHO at 512-776-7770 and ask for the RLHO LPHS point of contact, or contact the DSHS Contract Management Unit, Contract Manager at 512-776-2181.

This report is designed to “tab” through the items to complete all of the sections. Indicate the reporting Quarter by clicking on the appropriate gray box.

| | Reporting Periods | Report Due Date |
|---|--|----------------------------|
| <input type="checkbox"/> 1 st Quarter | September 1 st thru November 30 th | December 31 st |
| <input type="checkbox"/> 2 nd Quarter | December 1 st thru February 28 th | March 31 st |
| <input type="checkbox"/> 3 rd Quarter | March 1 st thru May 31 st | June 30 th |
| <input type="checkbox"/> 4 th Quarter/Final Report | June 1 st thru August 31 st (Qtr)/September 1 st thru August 31 st (Final) | September 30 th |
| Public Health Issue(s): <i>Briefly describe the public health issue to be addressed. Number issues if more than one issue is addressed.</i> | | |
| Objective(s): <i>List the measurable objective(s) to be achieved by using resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc)</i> | | |
| Local Health Department: | | |

| | Activity – list each activity conducted to meet the objective. Use numbering system to designate match with objectives and issues. | Status of Activity Provide status of each activity for the reporting quarter | Barriers to conducting activities: List any problems or barriers encountered that impact your ability to conduct or complete the activity | Deliverables: List the deliverable that provides tangible evidence that the activity was completed (4 th quarter only) |
|--|--|---|--|--|
| Q1 | | | | |
| Success Stories <i>Optional</i> | Briefly describe a LHD success story highlighting an event or situation that occurred resulting from efforts funded through LPHS Contract funds. | | | |
| <i>Beginning with the Q2 report, incorporate improvement activities listed in the Project Service Delivery Plan. Please specify if these improvement activities will replace or amend any of the activities listed in the Q1 Report.</i> | | | | |
| Q2 | | | | |
| Success Stories <i>Optional</i> | Briefly describe a LHD success story highlighting an event or situation that occurred resulting from efforts funded through LPHS Contract funds. | | | |
| Q3 | | | | |
| Success Stories <i>Optional</i> | Briefly describe a LHD success story highlighting an event or situation that occurred resulting from efforts funded through LPHS Contract funds. | | | |
| Q4 | | | | |
| Success Stories <i>Optional</i> | Briefly describe a LHD success story highlighting an event or situation that occurred resulting from efforts funded through LPHS Contract funds. | | | |

Texas Department of State Health Services
FY 20/21 Local Public Health Services Funds
Project Service Delivery Plan
Quarterly and Final Performance Report

FINAL REPORT

Local Health Department:

The information requested below should be completed and submitted ONLY with the 4th Quarter's report after the project period is completed. Duplicate the table below as needed for each objective listed in the FY 20/21 Service Delivery Plan.

| Objective: <i>List each objective outlined in the Service Delivery Plan.</i> | Status: <i>Document whether or not the objective was achieved</i> | Comments: <i>Provide an explanation if objective was not met</i> |
|---|--|---|
| | | |

Evaluation Results and Improvement Plan: *Describe the findings from the evaluation of project. List activities that will be conducted during the next contract term to improve the essential public health services or meet the objective. Also, include a plan for improving or amending activities for objectives that were not met during this contract term.*

Evaluation Standard:

Evaluation Activities:

Results/Findings:

Improvement Plan:

NOTICE

**Refer to 2nd Excel file via email for
DSHS Categorical Budget Forms**

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 | \$169,576 | \$32,585 | \$0 | \$0 | \$136,991 | \$0 |
| B. Fringe Benefits | \$54,785 | \$10,513 | \$0 | \$0 | \$44,272 | \$0 |
| C. Travel | \$180 | \$180 | \$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 | \$59,400 | \$0 | \$0 | \$0 | \$59,400 | \$0 |
| H. Total Direct Costs | \$283,941 | \$43,278 | \$0 | \$0 | \$240,663 | \$0 |
| I. Indirect Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| J. Total (Sum of H and I) | \$283,941 | \$43,278 | \$0 | \$0 | \$240,663 | \$0 |
| K. Program Income - Projected Earnings | \$0 | \$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 | \$169,576 | \$169,576 | Fringe Benefits | \$54,785 | \$54,785 |
| | Travel | \$180 | \$180 | Equipment | \$0 | \$0 |
| | Supplies | \$0 | \$0 | Contractual | \$0 | \$0 |
| | Other | \$59,400 | \$59,400 | Indirect Costs | \$0 | \$0 |

| | | | | |
|-------------------|----------------------------|------------------|---------------------|------------------|
| TOTAL FOR: | Distribution Totals | \$283,941 | Budget Total | \$283,941 |
|-------------------|----------------------------|------------------|---------------------|------------------|

*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 |
|--|------------|---|-------|---|-----------------------------------|-------------------------|------------------------------------|
| Program Manager - RN - E | N | Provides programmatic oversight and programmatic accountability | 0.19 | License | \$7,071.34 | 24 | \$32,585 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
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| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS | | | | | | | \$0 |
| | | | | | | SalaryWage Total | \$32,585 |

| 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 % |
| | 32.26% |
| | Fringe Benefits Total |
| | \$10,513 |

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 | |
| NONE | | | | | Mileage |
| | | | | | Airfare |
| | | | | | Meals |
| | | | | | Lodging |
| | | | | | Other Costs |
| | | | | | Total |
| | | | | | Mileage |
| | | | | | Airfare |
| | | | | | Meals |
| | | | | | Lodging |
| | | | | | Other Costs |
| | | | | | Total |
| | | | | | Mileage |
| | | | | | Airfare |
| | | | | | Meals |
| | | | | | Lodging |
| | | | | | Other Costs |
| | | | | | Total |
| | | | | | Mileage |
| | | | | | Airfare |
| | | | | | Meals |
| | | | | | Lodging |
| | | | | | Other Costs |
| | | | | | Total |
| | | | | | |
| TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS | | | | | \$0 |

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

| Justification | Number of Miles | Mileage Reimbursement Rate | Mileage Cost (a) | Other Costs (b) | Total (a) + (b) |
|--|-----------------|----------------------------|------------------|-----------------|-----------------|
| Local travel to offsite patient visits, physician offices, trainings, etc...(Other Costs are toll charges) | 311 | \$0.580 | \$180 | | \$180 |
| | | | \$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

\$180

Other / Local Travel Costs: **\$180**

Conference / Workshop Travel Costs: **\$0**

Total Travel Costs: \$180

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

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 |
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| | | | | \$0 |
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| | | | | \$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 <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small> | Purpose & Justification | Total Cost |
|---|-------------------------|------------|
| NONE | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
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| | | \$0 |
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| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS | | \$0 |

Total Amount Requested for Supplies:

\$0

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 <small>(If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit))</small> | Purpose & Justification | Total Cost |
|---|-------------------------|------------|
| NONE | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
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| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| | | \$0 |
| TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS | | \$0 |

Total Amount Requested for Other:

\$0

Collin County Travel Policy

Table of Contents

| | Page |
|--|-------------|
| 1. Purpose | 2 |
| 2. Scope..... | 2 |
| 3. Definitions..... | 2 |
| 4. General Policy Provisions..... | 3 |
| 5. General Travel Guidelines..... | 4 |
| 6. County Auditor Responsibility | 4 |
| 7. County Official and Department Head Responsibility | 4 |
| 8. Employee Responsibility | 5 |
| 9. Transportation | 6 |
| 9.1 Air Fare..... | 6 |
| 9.2 Auto Rental | 6 |
| 9.3 Use of Personal Vehicle for Travel or Business Purposes..... | 6 |
| 9.4 Taxi and Other Transportation | 7 |
| 10. Lodging..... | 7 |
| 11. Travel Meals..... | 8 |
| 12. Travel Advances | 9 |
| 13. Miscellaneous | 9 |
| 14. Not Reimbursable | 10 |

Collin County Travel Policy

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

4. General Policy Provisions

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

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

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

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

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

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

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

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

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

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

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

Collin County Travel Policy

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

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

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

8. Employee Responsibility

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

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

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

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

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

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

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

Collin County Travel Policy

9. Transportation

9.1 Air Fare

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

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

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

9.2 Auto Rental

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

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

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

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

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

9.3 Use of Personal Vehicle for Travel or Business Purposes

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

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

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

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

Collin County Travel Policy

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

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

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

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

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

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

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

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

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

9.4 Taxi and Other Transportation

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

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

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

10. Lodging

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

Collin County Travel Policy

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

The employee should always seek any discounts available.

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

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

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

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

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

11. Travel Meals and Incidentals

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

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

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

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

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

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

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

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

Collin County Travel Policy

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

Collin County Travel Policy

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.