

Joann Gilbride

From: Joann Gilbride
Sent: Wednesday, August 28, 2019 1:07 PM
To: 'Boggs,Jennifer (DSHS)'
Cc: Candy Blair; Taylor Burton; Eileen Prentice; Samuel Grader; 'phep@dshs.texas.gov'
Subject: RE: FY20 Allocation-Budget Revisions-Collin County Health Department
Attachments: Final_FY20 HAZARDS Budget Templates wMatch CCHCS 8 27 2019.xls
Importance: High

Ms. Boggs,

Please see our revised FY20 Hazards Budget Template as requested. The additional funds have been used up in the Personnel and Fringe categories to add Epidemiology intern hours in support of our disease investigation and related activities. Only \$16 of Travel funds were shifted to Personnel/Fringe in order to balance the total budget. All other category amounts and supplies/other costs requested remain unchanged. Please let me know if you have any questions or wish to discuss.

Thank you,

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

From: Boggs,Jennifer (DSHS) [mailto:Jennifer.Boggs@dshs.texas.gov]
Sent: Friday, August 16, 2019 8:55 AM
To: Janna Benson-Caponera <jbenson-caponera@co.collin.tx.us>; Candy Blair <cblair@co.collin.tx.us>; Taylor Burton <tburton@co.collin.tx.us>; Amy L. Davis <aldavis@co.collin.tx.us>; Joann Gilbride <jgillbride@co.collin.tx.us>; Chris Hill <chill@co.collin.tx.us>; Meredith Nurge <mnurge@co.collin.tx.us>; Eileen Prentice <eprentice@co.collin.tx.us>; Aubrey Saylor <asaylor@co.collin.tx.us>
Subject: FY20 Allocation-Budget Revisions-Collin County Health Department

***** **WARNING:** External Email. Do not click links or open attachments that are unsafe. *****

Good afternoon:

As you know, the Texas Department of State Health Services (DSHS) received a modest increase to the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, Laboratory Response Network (LRN), and Cities Readiness Initiative (CRI) allocations for Budget Period 1 (July 1, 2019 – June 30, 2020). The Texas base (Hazards) funding increased 2.2%; CRI funding increased 3.2%; and LRN funding increased 2.2% from the prior budget period.

Please find attached your current FY20 HAZARDS Budget Template to add your revisions. You will have two (2) weeks to complete and submit a revised budget. The revised budget template should be completed and returned to **Jennifer Boggs**, Jennifer.Boggs@dshs.texas.gov and CC the PHEP inbox (PHEP@dshs.texas.gov) by **Friday, August 30, 2019**.

Your additional FY20 allocation dollar amount is **\$11,997.00** for a new total allocation of **\$557,324.00** for Program ID: CPS/HAZARDS.

Please read the following carefully.

- The submitted budget will be reviewed and processed in the order in which it is received. Please note FY20 contractors are required to provide matching funds of 10% of the allocation amount.
- Dollar amounts must be in whole numbers. Budgets with dollar amounts not represented as whole numbers or inadequate justifications will be returned for revision.
- Please limit FTEs to two decimal places.
- Please do not use cents or formulas in the Excel cells.

****For revisions, please skip a line and add your changes (see below).**

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Office Supplies	Office supplies needed to support PHP activities, supplies include copy paper, pens, printer and fax supplies, paper clips, sticky notes, etc.	\$1,096
Custodial Supplies	Custodial supplies needed to support PHP activities, supplies included paper towels, cleaning supplies, and toilet paper	\$750
Office Supplies	Office supplies needed to support PHP activities, supplies include copy paper, pens, printer and fax supplies, paper clips, sticky notes, etc.	\$300

Please use
WHOLE
numbers

If any other revisions are made to the budget (besides adding the new allocation), please describe the changes in the email when you submit the revised budget. Please include:

- a brief description of how much funding is being redirected;
- a brief description of which category funds are being redirected from/to/within and why; and
- ensure a brief justification is included in the revised budget.

Amendments will be initiated in September 2019.

Thank you,

Jennifer Boggs
Contract Specialist V
Contract Management Section (CMS)
Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
(512)776-3967 (Direct)
(512)776-7391 (Fax)
Jennifer.Boggs@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.



**FY2020
HAZARDS**

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

Collin County

Street / PO Box: 825 N. McDonald Street, Suite #130
City: McKinney
Zip: 75069

Payee Name:

Collin County-537-18-0128-00001

Payee Mailing Address:

Street / PO Box: 825 N. McDonald Street, Suite #130
City: McKinney
Zip: 75069

State of Texas Comptroller Vendor ID # (9
digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contractors):

74873449

Type of Entity (Choose one)

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

Project Period

Start Date: 7/1/2019
End Date: 6/30/2020

Counties Served

County(ies) Served:

Collin County, revised 8/27/2019

Amount of Funding Allocated:

\$557,324.00

CONTACT PERSON INFORMATION

Legal Business Name:

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

Health Director/CEO
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

B-13/FSR Rep:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

PHEP (HAZARDS) Program Leader:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

SNS (CRI) Coordinator:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

Authorized Signatory for **DocuSign**
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

**Additional Authorized Signatory for
DocuSign only if applicable
(FFATA, Certs, etc)**

Phone: Ext:
Fax:
E-mail:

DocuSign "CC" Person
Phone: Ext:
Fax:
E-mail:

Emergency Contact
Cell Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$415,164	\$368,721			\$46,443	
B. Fringe Benefits	\$169,429	\$157,739			\$11,690	
C. Travel	\$13,109	\$13,109			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$6,755	\$6,755			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$11,000	\$11,000			\$0	
H. Total Direct Costs	\$615,457	\$557,324	\$0	\$0	\$58,133	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$615,457	\$557,324	\$0	\$0	\$58,133	\$0
				Match Percentage	10.43%	

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

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

PERSONNEL							
Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Taylor Burton, PHEP Coordinator	N	Coordinates PHEP grant deliverables & activities	1.00	NA	\$5,574	12	\$66,888
Meredith Nurge, PHEP Planner	N	Performs PHEP activities including special needs, first responder safety, hospital coordination	1.00	NA	\$4,852	12	\$58,224
Mandie Sosa, Administrative Assistant PHEP	N	Provides administrative support for the PHEP team	0.70	NA	\$3,616	12	\$30,374
Aubrey Saylor, MRC Coordinator	N	Coordinates volunteers for SNS and emergency preparedness activities	0.51	NA	\$4,960	12	\$30,355
Jawaid Asghar, Epidemiologist	N	Coordinates epidemiology services and disease investigation	0.70	NA	\$7,705	12	\$64,722
Susana Ramos, Epidemiology Analyst	N	Performs disease & contact investigations, influenza surveillance, PEP distribution	1.00	NA	\$4,470	12	\$53,640
Vada Caffery, Administrative Assistant, Epi	N	Provides administrative support for the Epidemiology team	0.50	NA	\$3,821	12	\$22,926
							\$0
Epidemiology Interns (# of total interns will vary since each intern can work a max of 1080 hours; department will hire interns as necessary to expend salary funds)	Y	Performs disease & contact investigations, influenza surveillance, PEP distribution	2.00	NA	\$1,733	12	\$41,592
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
SalaryWage Total							\$368,721

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)

Total Number of FTEs:	7.41		Fringe Benefit Rate %	42.78%
			Fringe Benefits Total	\$157,739

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days & Employees		
Quarterly PHEP Contractor Meeting (four meetings)	Required contractor meeting conducted by DSHS	Austin, TX	4 meetings / 2 days / 2 employee	Mileage	\$2,000
				Airfare	
				Meals	\$1,400
				Lodging	\$1,700
				Other Costs	\$100
				Total	\$5,200
Preparedness Coalition Symposium or Texas Emergency Management Conference	Conference for public health and emergency preparedness professionals	TBD	4 days/2 employee	Mileage	\$200
				Airfare	\$700
				Meals	\$400
				Lodging	\$1,200
				Other Costs	\$100
				Total	\$2,600
TALON Conference	Conference for public health and emergency preparedness professionals	TBD	4 days/2 employee	Mileage	\$200
				Airfare	\$700
				Meals	\$400
				Lodging	\$1,200
				Other Costs	\$100
				Total	\$2,600
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$10,400

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. Will be utilized by all PHEP funded staff.	3000	\$0.545	\$1,635		\$1,635
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.	1970	\$0.545	\$1,074		\$1,074
			\$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 **\$2,709****Other / Local Travel Costs:** **\$2,709****Conference / Workshop Travel Costs:** **\$10,400****Total Travel Costs:** **\$13,109**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Collin County

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

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions.	\$1,000
Reflective Safety Vests/Deployment Supplies	<p>Designated reflective safety vests for Medical Reserve Corps members, to be worn at POD sites (drive-thru, outdoor or indoor location), real world events, or exercises and drills. Reflective safety vests will identify roles and specific skillset of volunteers at POD site locations or MRC events, as well as distinguish volunteers from public health emergency preparedness staff. The reflective safety vests will help identify volunteers stationed in various sections at a POD (i.e. Safety, Logistics, Screening, etc.), as well as distinguish our staff and volunteers from other jurisdictions. The reflective safety vests are essential for safety and traffic control at PODs and MRC events. Approximately \$20 each. Specifications: ANSI compliance preferred, breathable material with reflective tape.</p> <p>Deployment supplies are for the MRC members to be prepared for activation to an incident, event or POD site; these supplies include preparedness items and the necessary supplies to sustain activities (i.e., preparedness supplies, "go bag" supplies, blankets, first aid kits, totes, portable chargers, etc....)</p>	\$1,518

[illegible]

\$6,755

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County

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

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent: Collin County

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
ATT Wireless Cell Phone	Cellular phone service (5 users, ~\$70/month, 12 months) for public health staff. This will continue to support staff communication outside of our office and allow staff to be on-call at all times for activation due to a public health or other emergency. Wireless service for mobile hot-spot (2 existing) for data connection during a public health emergency, point of dispensing site (2@ \$50.00, 12 months)	\$5,400
Language Line	On-demand translation services for non-English speaking clients at Points of Dispensing, vaccination clinics, or during epidemiological investigations. Cost is billed as-used.	\$100
Conference/Workshop Registration Fees	Registration fees for; registration for Texas Emergnecy Management Conference \$100 X 2; registration for Preparedness Coalition \$100 X 2 and TALON Conference \$50 X 2 or other TBD local are conference/workshop fees relavent to the program	\$500
Online Training	Bloodborne pathogens, HIPPA and Confidentiality online training for PHEP staff and Medical Reserve Corps members. The bloodborne pathogens training is intended to educate about bloodborne diseases and proper PPE which during a large scale disaster or POD activation the MRC may be rendering medical care 100 modules @ \$15.00 = \$1500. HIPPA and confidentiality training to assure compliance with Federal HIPPA regulations,PHEP staff and the MRC will be involved with patient data through screening forms at POD sites and at flu clinics. Modules will be purchased as needed.	\$1,500
Subscriptions/References	Reference and subscription materials regarding public health for news and studies for overall awareness of current trends and issues (i.e. Epidemiology of Vaccine Preventable Diseases "Pink Book", AAP "Red Book", clinical and epidemiology references on mitigating infectious diseases, Managing Infectious Diseases in Child Care and Schools, Physician's Desk Reference, etc....)	\$1,200
Emergency Prophylaxis	Emergency prophylaxis for outbreaks and events (i.e. Ciprofloxacin, Doxycycline, Amoxicillin; Emergency Prophylaxis will only be purchased for first responders).	\$100
Postage	Postage for Medical Reserve Corps mailings of applications, outreach materials, communication, i.e.Correspondence. PHEP mailings and communications with stakeholders.	\$500
Printing and Communication Materials	Printing for additional grant related activities, events and public education or other outreach brochures, flyers, postcards, coloring books, posters and other materials to educate the public about emergency preparedness, public health, High Consequence Infectious Diseases, food borne illness, core program subjects etc; printing of employee business cards, as needed.	\$1,000
CPR Training Costs	Training for grant employees and MRC members to obtain essential CPR skills. This training will ensure responder safety and health at PODs, alternate dispensing locations, and other locations that may utilize the MRC volunteers. Training will prepare public health agency staff and MRC volunteers responding to an incident.	\$500
Facility Rental Fee	Facility rental fees associated with training classes/events (2 events at \$100 each event as one-time payment	\$200
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$11,000

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
MATCH - Dr. Sadia Siddiqui, Health Authority	N	Collaborates with Epidemiology department and performs Health Authority duties for PHEP	0.19	NA	\$18,550	12	\$42,294
MATCH - Eileen Prentice, Accountant I	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$6,915	12	\$4,149
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$46,443

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 %	25.17%
	Fringe Benefits Total	\$11,690