

Joann Gilbride

From: McGhee,Kerri <Kerri.McGhee@dshs.texas.gov>
Sent: Monday, October 21, 2019 10:24 AM
To: Joann Gilbride; Patricia Campbell
Subject: Fiscal Year 20 Budget Revision Request: Additional Funding
Attachments: Blank FY20 Budget Templates with Match.xls; Blank FY21 Budget Templates with Match.xls

Follow Up Flag: Follow up
Flag Status: Flagged

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

Good morning,

The Texas Department of State Health Services, Tuberculosis (TB) Services Branch, is initiating amendments to your current TB State contracts. The contracts will be amended to increase your current contract based on additional funds received by the legislature. You have been awarded an additional \$47,523.00 funds for FY2020; therefore your revised allocation for Fiscal Year (FY) 2020 is \$200,351.00. A new budget for this amount is requested in this new allocation. Since DSHS is amending your contract we are also asking for you to submit a FY2021 budget in the amount of \$200,351.00. The amendment will also extend the contract through 8/31/2021.

In preparing your budget, please consider resources these funds can support to improve contact investigation, evaluation and treatment outcomes.

Please note that for this two year term you will not be required to increase your match amount. The match amount will be based on your original allocation just for F20 and FY21. This will allow time for your agency to prepare to increase your match to the actual required match based on your new allocation in FY22.

I have included a blank budget template for you to complete to show your revised budget for each year. Please note a separate budget will be required for each fiscal year. Please submit your budget by October 30, 2019. If additional time is needed please let me know and I can work with you.

Thank you,

Kerri McGhee, CTCM

Contract Specialist V
Contract Management Section
Texas Department of State Health Services
(512) 776-3181
kerri.mcghee@dshs.texas.gov

Joann Gilbride

From: McGhee, Kerri <Kerri.McGhee@dshs.texas.gov>
Sent: Wednesday, October 23, 2019 9:11 AM
To: casie.stoughton@amarillo.gov; michelle.bonner@amarillo.gov;
Christine.lucio@abilenetx.gov; Annette.lerma@abilenetx.gov; sshaw@acchd.us;
Rosalind McAdams; stephanie.hayden@austintexas.gov;
kymberley.maddox@austintexas.gov; sherry.ulmer@beaumonttexas.gov;
todd.simoneaux@beaumonttexas.gov; celliott@bellcountyhealth.org;
jporubsky@bellcountyhealth.org; cebrown@brazoscountytx.gov;
kconner@brazoscountytx.gov; eguajardo@co.cameron.tx.us;
mgalarza@co.cameron.tx.us; jcavazos@cctxphd.org; schitt@cctxphd.org; Joann
Gilbride; Patricia Campbell; adriang@cctexas.com; rockyb@cctexas.com;
matt.richardson@dentoncounty.com; Tammy Eoff; ShegowFA@elpasotexas.gov;
GallegosMA@elpasotexas.gov; Kaye.reynolds@fortbendcountytx.gov;
Ed.Sturdivant@fortbendcountytx.gov; Ganesh.Shivaramaiyer@dallascounty.org;
Masooma.Hyder@dallascounty.org
Cc: Garcia, Susana K (DSHS); Sutton, Amira (DSHS)
Subject: Additional Information for TB Contracts

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

Good afternoon,

We have received some great questions from individuals and wanted to share our response in hopes that it will assist you in preparing the requested budgets.

If you have any additional questions regarding the additional funds feel free to email me and I can assist with getting a response.

- Q: What are the state expectations for the use of this funding? In other words, what is the state hoping to see us use the funds for? Projects? Processes? Training? Technology? Supplies?
A: The Texas legislature approved additional funding to local health department TB programs to enhance contact investigation, contact evaluation and contact treatment outcomes. Several programs previously raised concerns regarding insufficient funding to perform all aspects involved in contact investigations/evaluation activities. These funds are intended to strengthen contact investigation efforts and reduce the number of contacts who later progress to TB disease as well as reduce/eliminate the number of concerning clusters in Texas.
- Q: How will we be held accountable?
A: THISIS will be used to track progress regarding contact investigation/evaluation activities as well as treatment outcomes among infected contacts. It is therefore really important that all LHD programs understand how to navigate THISIS once Release 3 goes into production. Training will be provided to increase familiarity

with the application. The expectations around conduct contact investigation and contact evaluation are outlined in the TB Work Plan.

- Q: Can the money be used for both LTBI and active disease clients?
A: These funds are provided to enhance contact-associated activities; therefore, funds can be used to improve treatment outcomes among infected contacts.
- Q: Will our ideas for the funds go through an approval process at the state level?
A: Yes – the Contract Management Section and Program review each LHD budget submission and LHDs are notified if modifications/clarification are needed.
- Q: What if one of our earmarked projects gets cancelled or doesn't work out?
A: There is an opportunity to restructure your budget to reflect your new plans. LHD programs can move funds between budget categories if the percent change is 25% or less (The percentage is cumulative), as long as the changes are not in Equipment or Indirect. If the changes are above 25%, then DSHS approval and an amendment is required.
- Q: The state grant year ends in August... will this increase only be in our contract until then so we have 8 months to accomplish our objectives?
A: No, your increased budget for FY '20 extends to FY'21.

Thanks,

Kerri McGhee, CTCM

Contract Specialist V
Contract Management Section
Texas Department of State Health Services
(512) 776-3181
kerri.mcghee@dshs.texas.gov

Joann Gilbride

From: Candy Blair
Sent: Friday, October 25, 2019 3:26 PM
To: Joann Gilbride
Subject: FW: Additional LHD State Funding for TB and THISIS

Importance: High

From: Morris,Sandra (DSHS) [mailto:Sandra.Morris@dshs.texas.gov]

Sent: Friday, October 25, 2019 3:24 PM

To: Abdul-Aziz Alhassan; Amy Fagan; Angela Zena ; Anita K Kurian; Annette Rodriguez; Brian Reed; Candy Blair; Casie Stoughton; Danny Brackin; Dar Kavouspour; David Persse; Eduardo Olivarez; Esmeralda Guajardo; Garry Woo; George Roberts; Hector Gonzalez; Hector Ocaranza; Jacquelyn Johnson-Minter ; James Clint Garza; James Low; Janice Smith; Levin, Jeffrey; Jerry Bennett; Judith Smith; Junda Woo; Latasha Mayon; Lori Palazzo; Lou Kreidler; M desVignes-Kendrick; MaryAnn Rodriguez; Muriel Marshall; Ngombe Bitendelo; Peter Norton; Philip Huang; Robert Resendes (ResendesR@elpasotexas.gov); Shannon Hitt; Sherry Ulmer; Sherry Williams; Williams,Stephen; Tammy Crumley ; Tammy Eoff; Umair A. Shah, MD, MPH (ushah@hcuphes.org); Veerinder Taneja; Virginia Headley ; Abram Oliver ; Alicia Hernandez; Amanda Brogdon; Ami Cotharn; Amy Raborn; Bryn Hannon; Candice Akins; Carol Brown ; Cindy Gonzalez; Cindy Green; Delilah Perez; Dolores Gonzales; Donna Finto; Donna Reeves; Dora Marrufo; Jane Roney; Jeanne Salinas; Joe Paul Gallo; Julia Anderson; Laci Scott; Laura Gomez; Lori Eitelbach (lorraine.eitelbach@wilco.org); Lynda Riquelme; Margie Rodriguez ; Maribel Rojas; Mary Scott, RN ; Narciso Lopez ; Norma Santos; Hernandez,Oscar (DSHS); Pam Andrews ; Richard Stancil; Rita Espinoza; Saeed Azadi; Teresa Nowland; Theresa King ; Tommy Camden; Veronica Y. Dominguez

Cc: Garcia,Susana K (DSHS); Miller,Lauren (DSHS); Rocha,Felipe (DSHS); Sales,Rose-Marie (DSHS); Rodriguez,MariaG (DSHS)

Subject: Additional LHD State Funding for TB and THISIS

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

Dear TB directors and managers,

Earlier this week, guidance was provided by DSHS' Contract Management Section to use your additional state funds to ramp up staffing (this may include temporary staff) to enter in THISIS, the backlog of cases and contacts for your jurisdiction. We are working to resolve the issues you've shared with us regarding THISIS and will provide routine updates.

I ask for your partnership in addressing this backlog so that we, as the TB community will have meaningful data to guide our practice. My plans are to discuss this in greater detail at our upcoming meeting scheduled November 5, 2019.

Thank you for working with us and please don't hesitate to contact me if you have any questions.

In partnership,

Sandra

Sandra A. Morris, M.P.H.
Manager
Tuberculosis and Hansen's Disease Branch
Texas Department of State Health Services
Mail Code 7909
P.O. Box 149347
Austin, TX 78714-9347
512/533-3128 (office)
512/289-0963 (mobile)

Joann Gilbride

From: Joann Gilbride
Sent: Wednesday, October 30, 2019 7:57 PM
To: 'McGhee,Kerri'
Cc: 'Samantha.Lavoie@dshs.texas.gov'; Candy Blair; Samuel Grader; Eileen Prentice; Laura Thomas
Subject: RE: Fiscal Year 20 Budget Revision Request: Additional Funding
Attachments: CCHCS FY20 TB State Budget Templates with Match 10 29 2019.xls; Travel Policy 10.2015.pdf; CCHCS FY21 TB State Budget Templates with Match 10 30 19.xls

Importance: High

Ms. McGhee,

Please see the following information as requested:

- FY2020 TB State Budget Templates (amendment)
- FY2021 TB State Budget Templates
- Collin County Travel Policy

Please let me know if you need any additional information and we appreciate the state's continued support of our department's TB elimination efforts.

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: McGhee,Kerri [mailto:Kerri.McGhee@dshs.texas.gov]
Sent: Monday, October 21, 2019 10:24 AM
To: Joann Gilbride <jgillbride@co.collin.tx.us>; Patricia Campbell <pcampbell@co.collin.tx.us>
Subject: Fiscal Year 20 Budget Revision Request: Additional Funding

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therefore your revised allocation for Fiscal Year (FY) 2020 is \$200,351.00. A new budget for this amount is requested in this new allocation. Since DSHS is amending your contract we are also asking for you to submit a FY2021 budget in the amount of \$200,351.00. The amendment will also extend the contract through 8/31/2021.

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I have included a blank budget template for you to complete to show your revised budget for each year. Please note a separate budget will be required for each fiscal year. Please submit your budget by October 30, 2019. If additional time is needed please let me know and I can work with you.

Thank you,

Kerri McGhee, CTCM

Contract Specialist V

Contract Management Section

Texas Department of State Health Services

(512) 776-3181

kerri.mcghee@dshs.texas.gov



FY2020
TB-STATE

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

COLLIN COUNTY HEALTH CARE SERVICES

Street / PO Box: **825 N. MCDONALD ST. #130**
City: **MCKINNEY**
Zip: **75069**

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: **825 N. MCDONALD ST. #130**
City: **MCKINNEY**
Zip: **75069**

State of Texas Comptroller Vendor ID # (11 digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contractors):

74873449

Fiscal Year-End Date (MM/DD)

Type of Entity (Choose one)

City: ☐ Click on appropriate box
County: ☒
Other Political Subdivision: ☐
Nonprofit Organization: ☐
Community-Based Organization: ☐
Hospital: ☐
State Controlled Institution of Higher Learning: ☐
Other: ☐
Faith Based (Nonprofit Org): ☐

Contract Term:

Start Date: **9/1/2019**
End Date: **8/31/2020**

State-wide or Counties Served

State-wide or County(ies) Served:

Collin County, revised 10/30/2019

Amount of Funding Allocated:

\$200,351.00

CONTACT PERSON INFORMATION

Legal Business Name: COLLIN COUNTY HEALTH CARE SERVICES

This form provides information about the appropriate contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written/e-mail notification to the Assigned Contract Manager.

Health Director / CEO / Executive Director: Candy Blair
Direct Phone: 972-548-5504 Ext:
E-mail: cblair@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

B-13 Submitter: Laura Thomas
Direct Phone: 972-548-4511 Ext:
E-mail: llthomas@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale #4192, McKinney, TX 75071

Program Lead Person: Candice Akins
Direct Phone: 972-548-5509 Ext:
E-mail: cakins@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

Contract Lead Person: Joann Gilbride
Direct Phone: 972-548-5503 Ext:
E-mail: jgilbride@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

Contract Authorized Signatory: Chris Hill
Direct Phone: 972-548-4623 Ext:
E-mail: chill@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale #4192, McKinney, TX 75071

Additional Contract Authorized Signatory:
Direct Phone: Ext:
E-mail:

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

FFATA/Assurances Signatory:
Direct Phone Ext:

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

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 (Match) (5)	Other Funds (6)
A. Personnel	\$144,535	\$115,103			\$29,432	
B. Fringe Benefits	\$65,012	\$53,960			\$11,052	
C. Travel	\$2,281	\$2,281			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$11,331	\$11,331			\$0	
F. Contractual	\$17,376	\$17,376			\$0	
G. Other	\$300	\$300			\$0	
H. Total Direct Costs	\$240,835	\$200,351	\$0	\$0	\$40,484	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$240,835	\$200,351	\$0	\$0	\$40,484	\$0
				Match Percentage	20.21%	

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated	Number of Months	Salary/Wages Requested for Project
Name + Functional Title					Monthly Salary/Wage		
Chau Nguyen- Public Health Nurse-E	N	Provides Nurse Case Management of TB cases and contacts	0.41	License	\$5,789.52	12	\$28,484
Lindsey Thomas-Healthcare Analyst / Contact Investigator-E	N	Performs contact investigation duties related to TB cases	0.41	NA	\$4,396.80	12	\$21,632
Sovanary Chhuon-Outreach Worker-E	N	Provides directly observed therapy to TB cases and contacts, may assist with contact investigations	0.42	NA	\$3,455.38	12	\$17,415
Julia Chavez-Medical Assistant-E	N	Provides clinical and administrative support to the TB program and its patients; translates for Spanish speaking TB patients during TB services	0.42	Certification	\$3,198.53	12	\$16,121
Healthcare Analyst (MA or LVN preferred) - P	Y	THISIS, data collection and reporting duties, case registrar duties, may provide clinical support and/or contact investigation duties to the TB program and its patients	1	License/Certification preferred	\$3,931.33	8	\$31,451
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
					SalaryWage Total		\$115,103

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:	2.66		Fringe Benefit Rate %	46.88%
			Fringe Benefits Total	\$53,960

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		
DSHS Conference/Workshop/Training	TB Program Updates (Mileage-\$.58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 1 employees	Mileage	\$87
				Airfare	\$200
				Meals	\$70
				Lodging	\$250
				Other Costs	\$23
				Total	\$630
FY2020 DSHS TB Conference	TB program state conference (Mileage-\$.58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day ; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 2 employees	Mileage	\$87
				Airfare	\$400
				Meals	\$140
				Lodging	\$500
				Other Costs	\$23
				Total	\$1,150
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$1,780

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Home visits to TB patients, visits to providers office for TB education/presentations, site visits for contact investigations	863	\$0.580	\$501		\$501
			\$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 **\$501**Other / Local Travel Costs: **\$501**Conference / Workshop Travel Costs: **\$1,780**Total Travel Costs: **\$2,281**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

Detail Form

COLLIN COUNTY HEALTH CARE SERVICES

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
NONE				\$0
				\$0
				\$0
				\$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

\$0

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.)

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Medical Supplies - All supplies used in clinic for TB patients: blood draws for T-Spot testing, masks & sanitizer for TB protocol	Medical supplies used in TB clinic such as: (boxes of blood collection tubes @\$55; Masks @\$25.00/bx; hand sanitizer btls @ \$6.50 ea; butterflies for drawing blood - cases @\$60/per case	\$2,868
Medical Supplies - all supplies used for TB patients for services and sanitizing. Need sharps to dispose of biohazard waste.	Antimicrobial Liq. Soap bottles @\$9 ea.; Caviwipes Tub @\$8 ea.; Diamond Grip Gloves Med.bxs @\$10 bx.; Diamond Grip Gloves Lge-bxs @\$10; Vacutainer Needle Holder bags @ \$10 bg; Sharps containers @ \$65/case; other medical supplies to treat and evaluate TB patients	\$2,783
Medical Supplies - TB supplies necessary for the administration of PPDs and blood draws.	Curity Alcohol preps @\$4 bx; Coverlet strip pieces @ \$2 bx	\$1,514
General Office Supplies	Pens for patients to fill out forms @ \$7.19 dz, self stick notes @ \$5.82 pk, highlighters @ \$4.70 pk, binders for charts @ \$7.77 ea, binder tabs @ \$3.77 set, padded envelopes @ \$39.61 bx	\$2,727
Reference Materials	TB reference books/education for providers and TB staff (i.e. AAP "Red Book", Control of Communicable Diseases, etc...)	\$1,439
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$11,331

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., 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
Jerry Barnett	Pharmacist	Needed for TB patients' meds	Monthly	12	\$200.00	\$2,400
Quest (formerly Oxford Immunotec)	T-Spot lab testing	TB blood test	Unit	416	\$36.00	\$14,976
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$17,376

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
Conference Registration	Fees paid to attend the FY2020 TB Conference hosted by DSHS (\$150 X 2)	\$300
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$300

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

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
Kasi St. John-Nurse E	N	Provides Nurse Case Management of TB cases and contacts	0.46	License	\$5,331.88	12	\$29,432
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$29,432

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 % 37.55%
	Fringe Benefits Total \$11,052



FY2021
TB-STATE

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

COLLIN COUNTY HEALTH CARE SERVICES

Street / PO Box: **825 N. MCDONALD ST. #130**
City: **MCKINNEY**
Zip: **75069**

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: **825 N. MCDONALD ST. #130**
City: **MCKINNEY**
Zip: **75069**

State of Texas Comptroller Vendor ID # (11 digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contractors):

74873449

Fiscal Year-End Date (MM/DD)

Type of Entity (Choose one)

City: ☐ Click on appropriate box
County: ☐
Other Political Subdivision: ☐
Nonprofit Organization: ☐
Community-Based Organization: ☐
Hospital: ☐
State Controlled Institution of Higher Learning: ☐
Other: ☐
Faith Based (Nonprofit Org): ☐

Contract Term:

Start Date: **9/1/2020**
End Date: **8/31/2021**

State-wide or Counties Served

State-wide or County(ies) Served:

Amount of Funding Allocated:

CONTACT PERSON INFORMATION

Legal Business Name: COLLIN COUNTY HEALTH CARE SERVICES

This form provides information about the appropriate contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written/e-mail notification to the Assigned Contract Manager.

Health Director / CEO / Executive Director: Candy Blair
Direct Phone: 972-548-5504 Ext:
E-mail: cblair@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

B-13 Submitter: Laura Thomas
Direct Phone: 972-548-4511 Ext:
E-mail: llthomas@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale #4192, McKinney, TX 75071

Program Lead Person: Candice Akins
Direct Phone: 972-548-5509 Ext:
E-mail: cakins@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

Contract Lead Person: Joann Gilbride
Direct Phone: 972-548-5503 Ext:
E-mail: jgilbride@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald St. #130, Mckinney, TX 75069

Contract Authorized Signatory: Chris Hill
Direct Phone: 972-548-4623 Ext:
E-mail: chill@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale #4192, McKinney, TX 75071

Additional Contract Authorized Signatory:
Direct Phone: Ext:
E-mail:

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

FFATA/Assurances Signatory:
Direct Phone Ext:

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

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 (Match) (5)	Other Funds (6)
A. Personnel	\$146,447	\$116,981			\$29,466	
B. Fringe Benefits	\$63,940	\$52,875			\$11,065	
C. Travel	\$2,281	\$2,281			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$10,538	\$10,538			\$0	
F. Contractual	\$17,376	\$17,376			\$0	
G. Other	\$300	\$300			\$0	
H. Total Direct Costs	\$240,882	\$200,351	\$0	\$0	\$40,531	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$240,882	\$200,351	\$0	\$0	\$40,531	\$0
				Match Percentage	20.23%	

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated	Number of Months	Salary/Wages Requested for Project
Name + Functional Title					Monthly Salary/Wage		
Chau Nguyen- Public Health Nurse-E	N	Provides Nurse Case Management of TB cases and contacts	0.33	License	\$5,959.73	12	\$23,601
Lindsey Thomas-Healthcare Analyst / Contact Investigator-E	N	Performs contact investigation duties related to TB cases	0.33	NA	\$4,487.82	12	\$17,772
Sovanary Chhuon-Outreach Worker-E	N	Provides directly observed therapy to TB cases and contacts, may assist with contact investigations	0.33	NA	\$3,548.67	12	\$14,053
Julia Chavez-Medical Assistant-E	N	Provides clinical and administrative support to the TB program and its patients; translates for Spanish speaking TB patients during TB services	0.33	Certification	\$3,273.80	12	\$12,964
Healthcare Analyst (MA or LVN preferred) - P	Y	THISIS, data collection and reporting duties, case registrar duties, may provide clinical support and/or contact investigation duties to the TB program and its patients	1	License/Certification preferred	\$4,049.27	12	\$48,591
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
					SalaryWage Total		\$116,981

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:	2.32		Fringe Benefit Rate %	45.20%
			Fringe Benefits Total	\$52,875

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		
DSHS Conference/Workshop/Training	TB Program Updates (Mileage-\$.58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 1 employees	Mileage	\$87
				Airfare	\$200
				Meals	\$70
				Lodging	\$250
				Other Costs	\$23
				Total	\$630
FY2020 DSHS TB Conference	TB program state conference (Mileage-\$.58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day ; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 2 employees	Mileage	\$87
				Airfare	\$400
				Meals	\$140
				Lodging	\$500
				Other Costs	\$23
				Total	\$1,150
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$1,780

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Home visits to TB patients, visits to providers office for TB education/presentations, site visits for contact investigations	863	\$0.580	\$501		\$501
			\$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 **\$501**Other / Local Travel Costs: **\$501**Conference / Workshop Travel Costs: **\$1,780**Total Travel Costs: **\$2,281**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

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/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
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

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.)

[illegible]

	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$10,538

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., 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
Jerry Barnett	Pharmacist	Needed for TB patients' meds	Monthly	12	\$200.00	\$2,400
Quest (formerly Oxford Immunotec)	T-Spot lab testing	TB blood test	Unit	416	\$36.00	\$14,976
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$17,376

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
Conference Registration	Fees paid to attend the FY2020 TB Conference hosted by DSHS (\$150 X 2)	\$300
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$300

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

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
Kasi St. John-Nurse E	N	Provides Nurse Case Management of TB cases and contacts	0.45	License	\$5,456.68	12	\$29,466
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$29,466

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 % 37.55%
	Fringe Benefits Total \$11,065

Collin County Travel Policy

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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.