

**TB Prevention and Control - State**

**FY 2020**

**9/01/19 to 8/31/20**

**CONTRACT HHS000483500001**

**Grant Award \$200,351**

**FYI GRANT BUDGET**

9.01.19

PAJ 1490

**REVENUE ESTIMATES:**

**From:**

HC-TB PRG-ST N/C

GT065Q-2108-600019075-434020

\$ 47,523

**To:**

HC GT-----FUND BALNC

2108-00000-0000-00-00-0000-300251

\$ 47,523

**NOTES 2020-03-02:**

This budget amendment is required to adjust the current revenue project code budget as as to agree with Contract HHS000483500001 Amendment #1 executed on 2020-02-28 for \$200,351, an increase of

\$47,523 on AI-48109 2020-03-23

*R 3/5/2020*



CLERK: E007726

PA JOURNAL  
SOURCE PROJECT STRING

GL YEAR/PER/JNL

REF1

EFF DATE

REF2

REF3

REF4

T

AMOUNT

|               |     |        |                  |            |    |              |         |   |            |
|---------------|-----|--------|------------------|------------|----|--------------|---------|---|------------|
| 1490          | PAJ | GT065Q | -2108-600019075- | 09/01/2019 | NC | TB STATEFY20 | LTHOMAS | 5 | -47,523.00 |
| GT065Q Total: |     |        |                  |            |    |              |         |   | -47,523.00 |

\*\* END OF REPORT - Generated by Laura Thomas \*\*

TB Prevention and Control - State

FY 2020

9/01/19 to 8/31/20

CONTRACT HHS000483500001

Grant Award \$200,351

BA ENTRY WORKSHEET

GRANT BUDGET - GT065Q

| CURRENT   | DSHS APP'D | BA        |
|-----------|------------|-----------|
| PROJ CODE | FY20       | ADJUST    |
| BUDGET    | BUDGET     | REQUIRED  |
| GT065Q    | 2.28.2020  | 2.28.2020 |
| 152,828   | 200,351    | 47,523    |



02/28/2020 16:21  
E007726

Collin County, TX - 11.3 Production  
PROJECT BUDGET REPORT

FOR 09/01/2019 - 08/31/2020

| Original<br>Budget | Net Budget<br>Amendments | Revised<br>Budget | Encumbrances | Actuals | Available<br>Budget | Percent<br>Used |
|--------------------|--------------------------|-------------------|--------------|---------|---------------------|-----------------|
|--------------------|--------------------------|-------------------|--------------|---------|---------------------|-----------------|

PROJECT: GT065Q - DSHS TB STATE REV 2020

DEPT/PROG: 600019075 - HC-TB PRGM

|            |      |                 |                  |        |          |               |            |            |     |         |       |        |
|------------|------|-----------------|------------------|--------|----------|---------------|------------|------------|-----|---------|-------|--------|
| F GT065Q   |      | -2108-600019075 | HC-TB PRG-ST N/C |        | 55.24%   |               |            |            |     |         |       |        |
| 0.00       | 0.00 | -152,828.00     | -152,828.00      | 0.00   | 0.00     | -84,415.78    | -68,412.22 | 55.24%     |     |         |       |        |
| EFF DATE   | JNL  | LINE            | SRC              | REF1   | REF2     | REF3          | CHECK      | AMOUNT     | D/C | GLYrPr  | GLJnl | GLLine |
| 09/01/2019 | 5    | 1               | PAJ              | 46746  | 7/1/2019 | TB STATE FY20 |            | 152,828.00 | C   |         |       |        |
| 09/30/2019 | 1118 | 1               | GEN              | EPRENT | RECORD   | RECVBL SEP    |            | 22,172.84  | C   | 2019/12 | 6126  | 2      |
| 09/30/2019 | 1312 | 1               | GEN              | LTHOMA | RECORD   | TBSTATE 9/19  |            | 648.00     | C   | 2019/12 | 6495  | 2      |
| 10/30/2019 | 808  | 1               | GEN              | LTHOMA | RECORD   | TBSTATE 1019  |            | 14,890.79  | C   | 2020/01 | 4996  | 2      |
| 10/30/2019 | 861  | 1               | GEN              | LTHOMA | RECORD   | TBSTATE 1219  |            | 1,296.00   | C   | 2020/01 | 5160  | 2      |
| 11/30/2019 | 670  | 1               | GEN              | LTHOMA | RECORD   | TBSTATE11.19  |            | 22,860.31  | C   | 2020/02 | 3973  | 2      |
| 12/30/2019 | 719  | 1               | GEN              | LTHOMA | RECORD   | TBSTATE12/19  |            | 22,547.84  | C   | 2020/03 | 4561  | 2      |

TOTALS FOR DEPT/PROG/DEPT/PROG: 600019075 - HC-TB PRGM  
0.00 -152,828.00 -152,828.00 0.00 0.00 -84,415.78 -68,412.22 55.24%

TOTALS for FUND/FUND: 2108 -  
0.00 -152,828.00 -152,828.00 0.00 0.00 -84,415.78 -68,412.22 55.24%

FUNDING SOURCE TOTALS for Project: GT065Q - DSHS TB STATE REV 2020

|   |             |             |      |      |            |            |        |
|---|-------------|-------------|------|------|------------|------------|--------|
| 0.00  | -152,828.00 | -152,828.00 | 0.00 | 0.00 | -84,415.78 | -68,412.22 | 55.24% |
| TOTALS for PROJECT: GT065Q - DSHS TB STATE REV 2020 |             |             |      |      |            |            |        |
| 0.00  | -152,828.00 | -152,828.00 | 0.00 | 0.00 | -84,415.78 | -68,412.22 | 55.24% |

TOTALS FOR FUNDING SOURCE STRINGS  
0.00 -152,828.00 -152,828.00 0.00 0.00 -84,415.78 -68,412.22 55.24%

|              |                            |   |                                  |                      |                      |                 |                                   |
|--------------|----------------------------|---|----------------------------------|----------------------|----------------------|-----------------|-----------------------------------|
| REPORT TOTAL | Original<br>Budget<br>0.00 | Net Budget<br>Amendments<br>-152,828.00 | Revised<br>Budget<br>-152,828.00 | Requisitions<br>0.00 | Encumbrances<br>0.00 | Actuals<br>0.00 | Available<br>Budget<br>-68,412.22 |
|--------------|----------------------------|---|----------------------------------|----------------------|----------------------|-----------------|-----------------------------------|



REPORT OPTIONS

|   |                 |                        |                     |
|---|-----------------|------------------------|---------------------|
| Template Information                        |                 | PROJBUDRPT             |                     |
| Report template code:                       |                 | Project Budget Report  |                     |
| Template description:                       |                 |                        |                     |
| Master template:                            |                 |                        |                     |
| Report Options                              |                 | 8 columns              |                     |
| Format:                                     |                 | Short                  |                     |
| Segment description:                        |                 | Y                      |                     |
| Print report definitions?                   |                 | Y                      |                     |
| Showing funding source strings as credits?  |                 | N                      |                     |
| Double space the report?                    |                 | Y                      |                     |
| Exclude project strings with zero balances? |                 | Y                      |                     |
| Include cents in dollar amounts?            |                 | N                      |                     |
| Amounts exceed 999 million?                 |                 | 0%                     | of available budget |
| Only include project strings that exceed    |                 |                        |                     |
| Column Definitions                          |                 |                        |                     |
| Column 1 code:001                           | Original Budget |                        |                     |
| Column 2 code:002                           | Amendments      |                        |                     |
| Column 3 code:005                           | Revised Budget  |                        |                     |
| Column 4 code:007                           | Requisitions    |                        |                     |
| Column 5 code:006                           | Encumbrances    |                        |                     |
| Column 6 code:008                           | Actuals         |                        |                     |
| Column 7 code:011                           | Available       |                        |                     |
| Column 8 code:015                           | PCTUsd(enc/act) |                        |                     |
| Project String Selection                    |                 |                        |                     |
| Expense                                     | Funding Source  |                        |                     |
| Project:                                    | GT065Q          |                        |                     |
| Phase:                                      | 2108            |                        |                     |
| Task:                                       | 600019075       |                        |                     |
| Sub-Task:                                   |                 |                        |                     |
| Report Options                              |                 |                        |                     |
| Beginning year/month:                       | 2019/9          |                        |                     |
| Ending year/month:                          | 2020/8          |                        |                     |
| Group by Major Project?                     | N               |                        |                     |
| Group by Budget Level                       | N               |                        |                     |
| Sorting Options                             |                 |                        |                     |
| 1: PROJECT                                  | 2: FUND/FUND    | 3: DEPT/PROG/DEPT/PROG | 4: OBJECT/          |
| Total                                       | Total           | Total                  | Total               |
| Page break Y                                | Page break Y    | Page break Y           | Page break N        |
| Detail Options                              |                 |                        |                     |
| Include string description:                 | Long            |                        |                     |
| Include Project String Detail:              | Y               |                        |                     |
| Include Employee Detail:                    | N               |                        |                     |

REPORT OPTIONS

|                                |   |
|--------------------------------|---|
| Include Journal Detail:        | Y |
| Include Actual Detail:         | Y |
| Include Encumbrance Detail:    | N |
| Include Budget Detail:         | Y |
| Include vendor info:           | N |
| Include unposted transactions: | N |
| Journal source code(s):        |   |

\*\* END OF REPORT - Generated by Laura Thomas \*\*

**Laura Thomas**

---

**From:** McGhee,Kerri <Kerri.McGhee@dshs.texas.gov>  
**Sent:** Monday, December 16, 2019 3:58 PM  
**To:** Joann Gilbride  
**Cc:** Lavoie,Samantha (DSHS); Sutton,Amira (DSHS); Candy Blair; Janna Benson-Caponera; Laura Thomas  
**Subject:** RE: Fiscal Year 20 Budget Revision Request: Additional Funding  
**Attachments:** CCHCS FY21 TB State Budget Templates with Match 12 5 19.xls; CCHCS FY20 TB State Budget Templates with Match 12 4 2019.xls; Travel Policy 10.2015.pdf  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

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

Good afternoon,

The attached budgets have been approved. Please save a copy for your records.

Thanks,

**Kerri McGhee, CTCM**

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

---

**From:** Joann Gilbride <jgillbride@co.collin.tx.us>  
**Sent:** Thursday, December 5, 2019 9:50 AM  
**To:** McGhee,Kerri <Kerri.McGhee@dshs.texas.gov>  
**Cc:** Lavoie,Samantha (DSHS) <Samantha.Lavoie@dshs.texas.gov>; Sutton,Amira (DSHS) <Amira.Sutton@dshs.texas.gov>; Candy Blair <cblair@co.collin.tx.us>; Janna Benson-Caponera <jbenson-caponera@co.collin.tx.us>; Laura Thomas <llthomas@co.collin.tx.us>  
**Subject:** RE: Fiscal Year 20 Budget Revision Request: Additional Funding  
**Importance:** High

Ms. McGhee,

Per your request, I removed "DSHS" from the description of the conferences in the FY2021 Travel budget. Please see the attached FY2021 budget template and policy and let me know if you need anything else.

Thank you,

Joann L. Gilbride, MBA  
Healthcare Coordinator





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)**

09/30

**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 12/4/2019

**Amount of Funding Allocated:**

\$200,351.00





FY2020  
TB-STATE

**Applicant Information**

**Legal Name of Applicant Agency:**

COLLIN COUNTY HEALTH CARE SERVICES

**Mailing Address:**

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)**

09/30

**Type of Entity (Choose one)**

City: ☐

County: ☒

Other Political Subdivision: ☐

Nonprofit Organization ☐

Community-Based Organization ☐

Hospital ☐

State Controlled Institution of Higher Learning ☐

Other ☐

Faith Based (Nonprofit Org) ☐

Click on appropriate box

**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 12/4/2019

**Amount of Funding Allocated:**

\$200,351.00



**BUDGET SUMMARY (REQUIRED)**

Legal Name of Respondent:

**COLLIN COUNTY HEALTH CARE SERVICES**

| Budget Categories         | Total<br>Budget<br>(1) | DSHS Funds<br>Requested<br>(2) | Direct Federal<br>Funds<br>(3) | Other State<br>Agency Funds*<br>(4) | Local Funding<br>(Match)<br>(5) | Other<br>Funds<br>(6) |
|---------------------------|------------------------|--------------------------------|--------------------------------|-------------------------------------|---------------------------------|-----------------------|
| A. Personnel              | \$137,324              | \$115,103                      |                                |                                     | \$22,221                        |                       |
| B. Fringe Benefits        | \$62,305               | \$53,960                       |                                |                                     | \$8,345                         |                       |
| C. Travel                 | \$2,281                | \$2,281                        |                                |                                     | \$0                             |                       |
| D. Equipment              | \$0                    | \$0                            |                                |                                     | \$0                             |                       |
| E. Supplies               | \$11,631               | \$11,631                       |                                |                                     | \$0                             |                       |
| F. Contractual            | \$17,376               | \$17,376                       |                                |                                     | \$0                             |                       |
| G. Other                  | \$0                    | \$0                            |                                |                                     | \$0                             |                       |
| H. Total Direct Costs     | \$230,917              | \$200,351                      | \$0                            | \$0                                 | \$30,566                        | \$0                   |
| I. Indirect Costs         | \$0                    | \$0                            |                                |                                     |                                 |                       |
| J. Total (Sum of H and I) | \$230,917              | \$200,351                      | \$0                            | \$0                                 | \$30,566                        | \$0                   |
|                           |                        |                                |                                | Match Percentage                    | 15.26%                          |                       |



**COLLIN COUNTY HEALTH CARE SERVICES**

|   |             |   |                 |
|---|-------------|---|-----------------|
| <b>FRINGE BENEFITS</b>  |             | 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) |             |   |                 |
| <b>Total Number of FTEs:</b>  | <b>2.66</b> | <b>Fringe Benefit Rate %</b>                                | <b>46.88%</b>   |
|   |             | <b>Fringe Benefits Total</b>                                | <b>\$53,960</b> |



# TRAVEL Budget Category Detail Form

Legal Name of Respondent:

COLEMAN COUNTY HEALTH CARE SERVICES

## Conference / Workshop Travel Costs

| Description of<br>Conference/Workshop                            | Justification   | Location<br>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

**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<br>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.)

| Description of Item<br>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 | \$3,083    |
| 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:

\$11,631



# **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<br>(Agency or Individual)         | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification                | METHOD OF<br>PAYMENT<br>(i.e., hourly, daily,<br>weekly, monthly,<br>quarterly, cost<br>reimb., unit rate,<br>lump sum) | # of Payments | RATE OF<br>PAYMENT (i.e.,<br>hourly, daily,<br>weekly, monthly,<br>quarterly, cost<br>reimb., unit rate,<br>lump sum) | TOTAL COST |
|---|--|------------------------------|---|---------------|---|------------|
| Jerry Barnett                                     | Pharmacist                                 | Needed for TB patients' meds | Monthly   | 12            | \$200.00  | \$2,400    |
| Quest (formerly Oxford<br>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<br>Include quantity and cost/quantity | Purpose & Justification | Total Cost |
|---|-------------------------|------------|
| Conference Registration                                   | NONE                    |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
|   |                         |            |
| TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS               |                         | \$0        |

**Total Amount Requested for Other:**

\$0

**Legal Name of Respondent:**

| <b>PERSONNEL</b>        | Vacant<br>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 |               |   |      |   |                               |                  |                                    |
| Kasi St. John-Nurse E   | N             | Provides Nurse Case Management of TB cases and contacts | 0.35 | License   | \$5,331.88                    | 12               | \$22,221                           |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   |                               |                  | \$0                                |
|                         |               |   |      |   | <b>SalaryWage Total</b>       |                  | <b>\$22,221</b>                    |

**Itemize the elements of fringe benefits in the space below:**

|  |                       |         |
|--|-----------------------|---------|
|  | Fringe Benefit Rate % | 37.55%  |
|  |                       |         |
|  |                       |         |
|  | Fringe Benefits Total | \$8,345 |