

Joann Gilbride

From: Joann Gilbride
Sent: Wednesday, March 25, 2020 11:51 AM
To: 'Boggs,Jennifer (DSHS)'
Cc: DSHS PHEP; Janna Benson-Caponera; Candy Blair; Taylor Burton; Janice Nicholson; Samuel Grader
Subject: RE: COVID-19 Crisis CoAg FY20 Budget Template Request - Collin County
Attachments: FY20 COVID 19 Budget CCHCS 3 25 2020.xls; FY20 COVID 19 Pre-Award Cost Budget - CCHCS 3 24 2020.xls; 2020 Compensation Plan.pdf; Travel Policy 10.2015.pdf; Epidemiologist----Health Care Services.doc

Importance: High

Ms. Boggs,

Please see the two budget templates you requested for the FY2020 COVID-19 CoAg grant. For reference, the Pre-Award Budget reflects that we are not submitting vouchers for past expenditures, so the Pre-Award Budget is zero. The FY2020 COVID-2019 Budget captures our anticipated expenditures going forward. I have included a job description, compensation plan, and our county's travel policy for your review.

Since the blank template did not have a CC option for Docusign, please add the following contact person for the routing of this contract:

- Janice Nicholson, jnicholson@co.collin.tx.us , 972-548-4732

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: Monday, March 23, 2020 2:34 PM
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>
Cc: DSHS PHEP <PHEP@dshs.texas.gov>
Subject: COVID-19 Crisis CoAg FY20 Budget Template Request - Collin County

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

COVID 19 Funding Allocation – Component B

Dear Public Health Emergency Preparedness Partner,

1. Centers for Disease Control and Prevention (CDC) has provided funding to perform required and allowable activities in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802).
2. Required activities:
 - a. Surveillance, Laboratory Testing, and Reporting
 - i. Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death.
 - ii. Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings.
 - iii. Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements.
 - iv. Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, reporting.
 - v. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g. school closures and cancellation of mass gatherings).
 - vi. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g. shortages of personal protective equipment).
 - b. Community Intervention Implementation Plan
 - i. Recipients must develop a brief COVID-19 community intervention implementation plan that describes how the state and local jurisdictions will achieve the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

Jurisdictions may use discretion to allocate this funding for their highest priority response needs in the following categories. With prior approval, reimbursement may be allowed for pre-award costs incurred on or after January 20, 2020, for certain public health expenses related to surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities associated with COVID-19 response activities and otherwise allowable under this guidance.

Domain 1: Incident Management for Early Crisis Response

- • Emergency Operations and Coordination
- • Responder Safety and Health
- • Identification of Vulnerable Populations

Domain 2: Jurisdictional Recovery

- • Jurisdictional Recovery

Domain 3: Information Management

- • Information Sharing
- • Emergency Public Information and Warning and Risk Communication

Domain 4: Countermeasures and Mitigation

- • Nonpharmaceutical Interventions
- • Quarantine and Isolation Support
- • Distribution and Use of Medical Materiel

Domain 5: Surge Management

- • Surge Staffing
- • Public Health Coordination with Healthcare Systems
- • Infection Control

Domain 6: Biosurveillance

- • Public Health Surveillance and Real-time Reporting
- • Public Health Laboratory Testing, Equipment, Supplies, and Shipping
- • Data Management

Alteration or renovation of non-federal facilities that directly support activities in these six domains are allowable activities, subject to prior approval.

These contracts will be upon execution with a termination of March 15, 2021. **Please read the following carefully.**

Please find attached two blank FY20 Budget Templates for your completion. One budget template for any pre-award costs which date back to January 20,2020 and the second budget to cover the required activities going forward.

These budget templates should be completed and returned to ACM by **- Noon Wednesday, March 25, 2020.**

COVID-19 funding: The FY20 allocation dollar amount is **\$669,893.00** for Program ID: CPS/COVID 19.

- Please find attached the FY20 Budget Templates, including the Face Page and Contact Page.
- The submitted budget will be reviewed and processed in the order in which it is received. Please note FY20 contractors are not required to provide matching funds.
- As a reminder, the budget templates are locked to prevent the deletion of formulas. Budgets will only be accepted on the new budget templates labeled FY2020 on the Face Page.

- Dollar amounts must be in whole numbers. Budgets using cents or with inadequate justifications will be returned for revision.
- Please limit full-time equivalent (FTE) effort to two decimal places.
- Please do not use formulas in the Excel cells.

Please complete and email the FY20 Budget Template **Jennifer Boggs** at Jennifer.Boggs@dshs.texas.gov and CC the PHEP inbox PHEP@dshs.texas.gov by **Wednesday, March 25, 2020**.

Please contact me with any questions.

Thank you,

Jennifer Boggs, CTCM
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



FY2020

COVID-2019 PRE-AWARD COST BUDGET**Applicant Information****Legal Name of Agency:****Mailing Address:**

COLLIN COUNTY

Street / PO Box: 825 N MCDONALD, SUITE #130

City: MCKINNEY

Zip: 75069

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: 825 N MCDONALD, SUITE #130

City: MCKINNEY

Zip: 75069

State of Texas Comptroller Vendor ID #

(11 digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contracts):

74873449

Fiscal Year-End Date (MM/DD)

09/2020

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: 12/1/2019

End Date: 8/31/2020

State-wide or Counties Served

State-wide or County(ies) Served:

COLLIN

Amount of Funding Allocated:

\$0.00

CONTACT PERSON INFORMATION

Legal Business Name:

COLLIN COUNTY

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 #130, MCKINNEY, TX 75069

B-13 Submitter:

JANICE NICHOLSON

Direct Phone: 972-548-4732

Ext:

E-mail: JNICHOLSON@CO.COLLIN.TX.US

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

2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

Program Lead Person:

TAYLOR BURTON

Direct Phone: 972-548-4464

Ext:

E-mail: TBURTON@CO.COLLIN.TX.US

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

825 N. MCDONALD #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 #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 RD. #4192, MCKINNEY, TX, 75069

Additional Contract Authorized Signatory:

Direct Phone:

Ext:

E-mail:

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

FFATA/Assurances Signatory:

Direct Phone

Ext:

E-mail:

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

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY

Budget Categories	TOTAL BUDGET	DSHS Funds Requested (Allocation Amount)
A. Personnel	\$0	\$0
B. Fringe Benefits	\$0	\$0
C. Travel	\$0	\$0
D. Equipment	\$0	\$0
E. Supplies	\$0	\$0
F. Contractual	\$0	\$0
G. Other	\$0	\$0
H. Total Direct Costs	\$0	\$0
I. Indirect Cost Rate Amount	\$0	\$0
J. Total (Sum of H and I)	\$0	\$0

Direct Federal Funds	\$0.00
Other State Agency Funds	\$0.00
Local Funding Sources	\$0.00
Other Funds	\$0.00

Contract Total	\$0.00
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PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY[illegible]

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1200 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0024), Short Term Disability \$2.10/month, Long Term Care \$30.08/month, Retirement (salary x 0.08), Unemployment Insurance (salary x 0.001)

Total Number of FTEs:	0.00		Fringe Benefit Rate %	
			Fringe Benefits Total	\$0

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

Total for Conference / Workshop Travel

\$0

Revised: 07-13-2017

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
None			\$0		\$0
			\$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 Other / Local Travel Costs: Conference / Workshop Travel Costs: Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

Legal Name of Respondent:

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
				\$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

Itemize and describe each supply item and provide an estimated quantity and cost.

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
none		
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$0

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
None						\$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
None		
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other: \$0



FY2020
COVID-2019 BUDGET

Applicant Information

Legal Name of Agency:

COLLIN COUNTY

Mailing Address:

Street / PO Box: 825 N MCDONALD #130

City: MCKINNEY, TX

Zip: 75069

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: 825 N MCDONALD #130

City: MCKINNTY, TX

Zip: 75069

State of Texas Comptroller Vendor ID #

(11 digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contracts):

74873449

Fiscal Year-End Date (MM/DD)

09/2020

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: 12/1/2019

End Date: 8/31/2020

State-wide or Counties Served

State-wide or County(ies) Served:

COLLIN

Amount of Funding Allocated:

\$669,893.00

Minimum Unduplicated Clients to be Served

CONTACT PERSON INFORMATION

Legal Business Name:

COLLIN COUNTY

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 #130, MCKINNEY, TX 75069

B-13 Submitter:

JANICE NICHOLSON

Direct Phone: 972-548-4732

Ext:

E-mail: JNICHOLSON@CO.COLLIN.TX.US

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

2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

Program Lead Person:

TAYLOR BURTON

Direct Phone: 972-548-4464

Ext:

E-mail: TBURTON@CO.COLLIN.TX.US

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

825 N MCDONALD #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 #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 RD. #4192, MCKINNEY, TX 75069

Additional Contract Authorized Signatory:

Direct Phone:

Ext:

E-mail:

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

FFATA/Assurances Signatory:

Direct Phone

Ext:

E-mail:

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

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY

Budget Categories	TOTAL BUDGET	DSHS Funds Requested (Allocation Amount)
A. Personnel	\$361,512	\$361,512
B. Fringe Benefits	\$134,049	\$134,049
C. Travel	\$13,358	\$13,358
D. Equipment	\$0	\$0
E. Supplies	\$157,710	\$157,710
F. Contractual	\$0	\$0
G. Other	\$3,264	\$3,264
H. Total Direct Costs	\$669,893	\$669,893
I. Indirect Cost Rate Amount	\$0	\$0
J. Total (Sum of H and I)	\$669,893	\$669,893

Direct Federal Funds	\$0.00
Other State Agency Funds	\$0.00
Local Funding Sources	\$0.00
Other Funds	\$0.00

Contract Total	\$669,893.00
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PERSONNEL Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY

PERSONNEL	Position Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Total Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Epidemiologist (N)	Y	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	100%	NA	\$4,977	11	\$54,752
Compensatory Time Buyout for Employees	N	Buyout for compensatory time balances due to employees' rapid accruals related to COVID-2019 response	100%	NA	\$3,000	11	\$33,000
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0

SalaryWage Total \$361,512

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:			
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1200 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0024), Short Term Disability \$2.10/month, Long Term Care \$30.08/month, Retirement (salary x 0.08), Unemployment Insurance (salary x 0.001)				
Total Number of FTEs:	7.00		Fringe Benefit Rate %	37.08%
			Fringe Benefits Total	\$134,049

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		
COVID or PHEP or DSHS Conference	Conference for public health and emergency preparedness professionals	TBD	4 days/3 employee	Mileage	\$2,000
				Airfare	\$2,000
				Meals	\$2,800
				Lodging	\$3,500
				Other Costs	\$200
				Total	\$10,500
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$10,500

Revised: 07-13-2017

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 grant funded staff.	3000	\$0.575	\$1,725		\$1,725
Short seminars, conferences, meetings within state of Texas. Will be utilized by all grant funded staff.	1970	\$0.575	\$1,133		\$1,133
			\$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 **\$2,858****Other / Local Travel Costs:** **\$2,858****Conference / Workshop Travel Costs:** **\$10,500****Total Travel Costs:** **\$13,358**

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

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
				\$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

Itemize and describe each supply item and provide an estimated quantity and cost.		
Description of Item <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Computer-Tablets X 6 included docking station, keyboard, stylus, mouse, and two monitors; \$2433 each	Computers to be used by health department staff for disease investigations	\$14,598
Software-EA licenses X 6 includes Microsoft Office Suite; \$634 ea to install on tablets	Computer software to be used by health department staff to communicate by email, produce disease investigation reports, enter and track disease surveillance data	\$3,804
Desk Phones X 6; \$749.10 ea	Desk phones to be used by health department staff to communicate with patients, healthcare providers and others regarding disease investigations	\$4,495
Cell Phone-Voice and Data X 6 includes standard mobile phone, case, and car charger; \$247.99 ea	Cell phones to be used by health department staff to communicate with patients, healthcare providers and others regarding disease investigations	\$1,488
Cell Phone Service Plan X 6 ; annual cost of voice and data plan \$576 ea	Cell phone voice and data service plan to be used by health department staff using their cell phones to communicate with patients, healthcare providers and others regarding disease investigations	\$3,456
Adobe DC software licenses X 6; \$66.10 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in disease investigation tasks.	\$3,966
Printer-Color-Medium with additional paper tray X 2; \$928 each printer, \$291 each paper tray	Printers to be used by Epidemiologists to produce disease investigation reports and related documents	\$2,438
Scanner - Top Feed X 6; county standard desktop scanner; \$957 ea	Scanners to be used by Epidemiologists to produce electronic files for retention of disease investigation reports and related documents	\$5,742
Emergency Prophylaxis	Emergency prophylaxis for outbreaks and events (i.e. Ciprofloxacin, Doxycycline, Amoxicillin; Emergency Prophylaxis will only be purchased for first responders).	\$5,000
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions.(Individual supply items will not exceed \$499.00)	\$2,000
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; printing of employee business cards, as needed.	\$2,000
Personal Protective Equipment-type of product, pricing per item and quantities estimated and will vary (Kleenguard A70 Bound Seam EWA Hooded Coveral w/boots \$19.27ea X 2500, Michrochem 1500 Plus Storm Flap Zip Closure Serged Seams Elastic Wrist Collared Coverall \$4.62ea X 2500, Kleenguard A70 Sleeve Protector \$1.92 ea X 2500, Kleenguard Boot Cover w/Vinyl Sole \$1.80ea X 1000, Kleenguard Disposable Boot Cover \$1.62ea X 2500, 55 Gal Drum Hand Sanitizer \$2199 ea X 5, Instant Hand Sanitizer 500 mL \$9.29ea X 200, N-95 Masks \$3.58ea X 8000, Isolation Gown w/Thumb Loop \$44.58bx X 500, Infrared Forehead Digital Thermometer \$69.99ea X 200, Full Length Disposable Face Shield \$105.45bx X 50, Nitrile Gloves \$20.80bx X 300)	Gloves, gowns, faceshields, masks, respirators, FIT test hood and bitter/sweet solution, and related PPE supplies to support health department clinics, city and county first responder agencies, local health care agencies, and other community stakeholders to preserve existing infrastructure against the spread of disease.	\$100,000
Supplies for Testing and Transport of Specimens-type of product and pricing per item and quantities estimated and will vary (Swabs \$1.25 ea X 2000, Remel M4RT Viral Transport Media \$271.36case X 30, Infrared Forehead Digital Thermometer \$69.99ea X 200, Biohazard bags and SaTPak box \$46.14case X 20, Nitrile Gloves \$20.80bx X 300)	Gloves, thermometers, viral transport media, biohazard bags and shipping boxes, swabs and other supplies to support health department clinics and local health care agencies provide disease testing to patients and/or the public.	\$8,723
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$157,710

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
NONE						\$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
Conference/Workshop Registration Fees	Registration fees for; registration for Texas Emergncy Management Conference \$100 X 6 or other TBD local area conference/workshop fees relavent to the program	\$600
MiFi Device and Service Plan X 6 ; MiFi Device cost \$0, annual cost of MiFi service \$444 ea	MiFi devices to be used by Epidemiologists with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$2,664
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$3,264

**Collin County Compensation Plan
2020**

Exempt Positions					
<u>Job Title</u>	<u>Job Code</u>	<u>Grade</u>	<u>Minimum</u>	<u>Midpoint</u>	<u>Maximum</u>
Assistant Emergency Management Specialist	100305	514	59,729	77,797	95,864
Building Projects Coordinator	100089	514	59,729	77,797	95,864
Deputy Elections Administrator	100030	514	59,729	77,797	95,864
Epidemiologist	100256	514	59,729	77,797	95,864
Financial Analyst II	100038	514	59,729	77,797	95,864
GIS Analyst	100040	514	59,729	77,797	95,864
IT Security Analyst	100398	514	59,729	77,797	95,864
Program Administrator	100105	514	59,729	77,797	95,864
Senior Administrator	100035	514	59,729	77,797	95,864
Audio/Visual Administrator	100354	513	55,175	71,846	88,517
Law Librarian	100119	513	55,175	71,846	88,517
Records Management Officer	100370	513	55,175	71,846	88,517
Unified Communication Administrator	100307	513	55,175	71,846	88,517
WIC Supervisor	100246	513	55,175	71,846	88,517
Administrative Manager (D.A.)	100213	512	51,001	66,409	81,815
Counselor (Substance Abuse)	100110	512	51,001	66,409	81,815
Court Coordinator	100029	512	51,001	66,409	81,815

Job Title: **Epidemiologist**

Department: Public Health

Job Grade #: 76

**Immediate
Supervisor:** Local Health Authority

BRIEF DESCRIPTION OF THE JOB:

Performs advanced level professional and administrative work and functions as a highly skilled, technical expert in the field of epidemiology or public health under the general administrative supervision of a higher level health professional.

ESSENTIAL FUNCTIONS:

This information is intended to be descriptive of the key responsibilities of the position. The following examples do not identify all duties performed by any single incumbent.

Physical Strength Code		ESSENTIAL FUNCTIONS
1	S	Coordinates epidemiology services and disease investigation, provides epidemiologic consultation, develops plans for and monitors disease detection, bioterrorism, prevention and control.
2	S	Reviews health policy, legislation, health resources, infrastructure and services to determine impact of disease prevention, control, and response.
3	S	Analyzes available data on disease and health in Collin County and prepares epidemiological and statistical reports and summaries.
4	S	Maintains Collin County Bioterrorism Response and Preparedness Plan.
5	S	Provides training to county and local officials, educates the public, analyzes and develops protocols.
6	S	Evaluates and implements emergency planning, communication and monitoring programs.

JOB REQUIREMENTS:

JOB REQUIREMENTS	
Formal Education / Knowledge	Work requires specialized knowledge in a general professional or technical field. Work requires professional level of knowledge of a discipline equivalent to that which is acquired in a Masters degree-level of study in epidemiology, public health, or closely related field from an accredited college or university. Bachelor's degree in public health related field from an accredited college or university with related training certifications in epidemiology or related public health field.
Experience	With Masters' degree, at least two years experience in epidemiology or a closely related field. With Bachelor's degree, at least three years experience in epidemiology or a closely related field.
Certifications and Other Requirements	N/A
Reading	Work requires the ability to read current principles, practices, methods, literature and new developments in the field of community disease control.
Math	Work requires the ability to perform general math calculations such as addition, subtraction, multiplication, division, and the ability to develop, maintain, manipulate and analyze databases of statistical information.
Writing	Work requires the ability to compile and analyze epidemiologic data and prepare reports, and make complex medical information understandable to the general public.
Managerial	N/A
Budget Responsibility	Work requires the ability to work within and monitor status of grant-funded program.
Supervisory / Organizational Control	Job has potential supervision of administrative personnel and project consultants.
Complexity	Work is of the broadest scope, dealing with highly complex concepts and issues of great importance to the County. Highly important policies, procedures or precedents are approved or rejected by individuals in this classification.
Interpersonal / Human Relations Skills	Work requires the ability to maintain effective working relationships with staff, other health districts/departments, colleagues, public and private officials and community groups, and the general public. Work requires the ability to communicate effectively with large groups and general public.

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.