

Joann Gilbride

From: Joann Gilbride
Sent: Friday, June 26, 2020 5:50 PM
To: 'Paradise,Caeli (DSHS)'
Cc: Janna Benson-Caponera; Jarrad Winman; Candy Blair; Taylor Burton; Samuel Grader
Subject: RE: New COVID-19 Contract
Attachments: Face Page COVID Supplemental 6 11 2020 final.docx; Epidemiologist----Health Care Services.doc; Travel Policy 10.2015.pdf; Draft Grant SOW Att A.DOCX; 2020 Compensation Plan COVID-19 Supplemental.pdf; DSHS Budget COVID Supplemental CCHCS 6 26 2020.xls

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Ms. Paradise,

The revisions you requested to our grant application based on the program's recommendations have been completed. Please see the attached and let me know if you have any questions:

- Face Page
- Draft Statement of Work (from DSHS)
- Budget Templates
- Job Description (Epidemiologist)
- Compensation Plan
- Travel Policy

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: Paradise,Caeli (DSHS) [mailto:Caeli.Paradise@dshs.texas.gov]
Sent: Wednesday, June 3, 2020 2:00 PM
To: Joann Gilbride <jgillbride@co.collin.tx.us>
Subject: FW: New COVID-19 Contract

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

Good Afternoon,

DSHS has received COVID-19 funding to be distributed to local health departments through a new contract. See Draft Grant SOW for the activities tied to this funding. The new contract will begin August 1, 2020 (or later) through April 30, 2022. If the contract is not executed by August 1, 2020, it will begin upon execution.

The amount of funding to be allocated to **Collin County Health Care Services** is **\$456,278.00** for the contract period (approximately 21 months). Please develop a budget for this amount using the attached **DSHS Budget Template**. I have also attached the instructions for the DSHS Budget Template. If including Indirect Cost, supporting documentation must be submitted with the budget.

Also, complete the attached **Face Page** and include the following information:

- Box 11 - Contact information on the Financial Officer;
- Box 12 - Contact information on the individual who will complete the FFATA form, if different from the Signature Authority;
- Box 13 - Contact information on the individual who will receive a copy of the contract via DocuSign responsible for facilitating the contract signing;
- Box 14 - Contact information on the individual officially authorized to sign contracts for **Collin County Health Care Services**.

Please return the Budget and Face Page by Thursday June 18th.

Feel free to contact me if you have any questions.

Caeli Paradise, CTCM
Contract Manager
Contract Management Section(CMS)
Department of State Health Services(DSHS)
P.O. Box 149347
Austin, Texas 78714 – Mail Code 1990
Phone: (512) 776-3767
Fax: (512) 776-7391
Caeli.paradise@dshs.texas.gov

Department of State Health Services

FORM A: FACE PAGE

This form requests basic information about the contractor and project, including contact information for the person authorized to sign the contract.

CONTRACTOR INFORMATION		
1) LEGAL BUSINESS NAME : COLLIN COUNTY HEALTH CARE SERVICES		
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 825 N MCDONALD #130 MCKINNEY, TX 75090		Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): COLLIN COUNTY AUDITOR'S OFFICE 2300 BLOOMDALE ROAD, SUITE 3100 MCKINNEY, TX 75070		Check if address change <input type="checkbox"/>
4) DUNS Number (9-digit) required if receiving federal funds:		
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit)		756000873
6) TYPE OF ENTITY (check all that apply):		
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
X County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify):
7) PROPOSED CONTRACT TERM:		
	Start Date: 8/1/2020	End Date: 4/30/2022
8) COUNTIES SERVED BY PROJECT: COLLIN		
9) PROPOSED AMOUNT OF FUNDING: \$456,278		11) FINANCIAL OFFICER Name: LINDA RIGGS Title: COUNTY AUDITOR Phone: 972-548-4643 Email: countyauditor@co.collin.tx.us
10) PROJECTED EXPENDITURES Does the contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractor's current fiscal year (excluding amount requested in line 9 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>		
13) PERSON AUTHORIZED TO SIGN CONTRACT Check if change <input type="checkbox"/>		12) PERSON TO COMPLETE FEDERAL FORMS IN DOCUSIGN Name: CHRIS HILL Title: COUNTY JUDGE Phone: 972-548-4635 Email: chill@co.collin.tx.us
Name: CHRIS HILL Title: COUNTY JUDGE Phone: 972-548-4635 Email: chill@co.collin.tx.us		14) PERSON TO BE COPIED IN DOCUSIGN Name: JARRAD WINMAN Title: GRANT ACCOUNTANT/AUDITOR Phone: 972-548-4732 Email: jwinman@co.collin.tx.us

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the contractor and the proposed project with the Department of State Health Services (DSHS). Please follow the instructions below to complete the face page form and return with the contractor's budget.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the contractor. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving ANY federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

Institutions of higher education as defined by §61.003 of the Education Code.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **PROJECTED AMOUNT OF FUNDING** - The total two-year amount of funding from DSHS, **contingent on funding**, for proposed project activities. This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If contractor's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for contractor's current fiscal year, contractor must arrange for a financial compliance audit (Single Audit). This is not applicable to this contract.
- 11) **PROJECT CONTACT PERSON** - Enter the name, title, phone, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, title, phone, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **PERSON AUTHORIZED TO SIGN CONTRACT** - Enter the name, title, phone, and email address of the person authorized to sign the contract. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **PERSON TO BE COPIED IN DOCUSIGN** - Enter the name, title, phone, and email address of the person to be copied in DocuSign when the contract is routed to LHD for signature.

General Instructions for Completing Budget Forms DSHS Costs Only Budgeted on Detail Category Pages

*(Examples and instructions for completing the Budget Category Detail Templates are in a separate Excel file located under Templates for Cost Reimbursement Budgets located at :
<http://www.dshs.state.tx.us/grants/forms.shtm>*

- * Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I -Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- * Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- * After you have completed each budget category detail form, go to Form I-Budget Summary and input other sources of funding manually (if any) in Columns 3 - 6 for each budget category.
- * Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions ("Distribution Totals") equals the Budget Total.
- * Enter the total amount of "Program Income" anticipated for this program in row "K" under the "Total Budget" column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractors Financial Procedures Manual located at the following web site:
<http://www.dshs.state.tx.us/contracts/>

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$221,594	\$221,594	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$91,522	\$91,522	\$0	\$0	\$0	\$0
C. Travel	\$1,150	\$1,150	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$9,774	\$9,774	\$0	\$0	\$0	\$0
F. Contractual	\$100,000	\$100,000	\$0	\$0	\$0	\$0
G. Other	\$32,238	\$32,238	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$456,278	\$456,278	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$456,278	\$456,278	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$221,594	\$221,594	Fringe Benefits	\$91,522	\$91,522
	Travel	\$1,150	\$1,150	Equipment	\$0	\$0
	Supplies	\$9,774	\$9,774	Contractual	\$100,000	\$100,000
	Other	\$32,238	\$32,238	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$456,278	Budget Total	\$456,278
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY

PERSONNEL								
Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project	
Epidemiologist (P)	Y	Supports the health department's efforts in identification of cases, contact tracing, morbidity and mortality surveillance, enhancing laboratory testing and reporting capacity, preventing and controlling COVID-19 in healthcare settings, monitor and mitigate COVID-19 spread within the community and from being introduced from other jurisdictions; will be tasked with compiling or preparing various reports to DSHS related to COVID-19 grant deliverables	100%	NA	\$5,276.06	21	\$110,797	
Epidemiologist (P)	Y	Supports the health department's efforts in identification of cases, contact tracing, morbidity and mortality surveillance, enhancing laboratory testing and reporting capacity, preventing and controlling COVID-19 in healthcare settings, monitor and mitigate COVID-19 spread within the community and from being introduced from other jurisdictions; will be tasked with compiling or preparing various reports to DSHS related to COVID-19 grant deliverables	100%	NA	\$5,276.06	21	\$110,797	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS								\$0
						SalaryWage Total	\$221,594	

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1300 for medical/dental/RX and \$3.09for 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)
	Fringe Benefit Rate %
	41.30%
	Fringe Benefits Total
	\$91,522

FORM I-2: 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

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local DFW travel to events supporting the COVID-19 efforts in monitoring healthcare system capacity, information sharing, & helping high risk groups.	1000	\$0.575	\$575		\$575
On-site visits to conduct contact tracing, enhance data and surveillance, provide guidance/education to mitigate the spread of COVID-19 in the community.	1000	\$0.575	\$575		\$575
			\$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

FORM I-3: 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. See attached example for equipment definition and detailed instructions to complete this form.

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

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Computer-Tablets X 2 included docking station, keyboard, stylus, mouse, and two monitors; \$2433 each	Computers to be used by health department staff for disease investigations, creating documentation, analyzing data	\$4,866
Desk Phones X 2; \$749.10 ea	Desk phones to be used by health department staff to communicate with patients, healthcare providers and others regarding disease investigations	\$1,498
Cell Phone-Voice and Data X 2 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	\$496
Scanner - Top Feed X 2; county standard desktop scanner; \$957 ea	Scanners to be used by health department staff members to produce electronic files for retention of disease investigation reports and related documents	\$1,914
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)	\$1,000
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$9,774

FORM I-5: 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., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
Hospital Group, Educational Facility, or other Appropriate Vendor--To Be Determined	Preparedness Needs Assessment	A preparedness needs assessment for Collin County will serve as a strategic tool to assist the health department in monitoring, preventing, and controlling COVID-19 as described in the Statement of Work. The preparedness needs assessment will focus on core grant functions such as enhancing contact tracing, improving morbidity and mortality surveillance, enhancing laboratory testing, monitoring and mitigating COVID-19 introductions from connected jurisdictions, working with healthcare system to manage and monitor system capacity, and improving the understanding of jurisdictional communities with respect to COVID-19 risk.	Lump Sum	1	#####	\$100,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$100,000

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]</small>	Purpose & Justification	Total Cost
Adobe Suite license (estimated \$ 2500 ea) X 4	Computer software to be used by health department staff to create graphic designs, web and printed content for for data analytics, epidemiology, surveillance, and outreach projects	\$10,000
MiFi Device and Service Plan X 2 ; MiFi Device cost \$0, annual cost of MiFi service \$444 ea, cost for 21 months \$777 ea	MiFi devices to be used by health department staff with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$1,554
Adobe DC software licenses X 2; \$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.	\$132
Software-EA licenses X 2 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	\$1,268
Cell Phone Service Plan X 2 ; annual cost of voice and data plan \$576 ea; cost for 21 months \$1008 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	\$2,016
Printing and Communication Materials	Printing for COVID-19 grant related activities, events and public education or other outreach brochures, flyers, postcards, coloring books, posters and other materials to educate the public in harmony with requirements in the Statement of Work; printing of employee business cards, as needed.	\$17,268
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Other:

\$32,238

ATTACHMENT A-2 SUPPLEMENTAL STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.
 - 1. Enhanced contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing methods as well as healthcare-specific and other proximity/location-based methods.

- B. Improve morbidity and mortality surveillance, including:
 - 1. Establish or enhance community-based surveillance
 - a. Surveillance of populations and individuals without severe illness, travel to high-risk locations, or contacts to known cases.
 - 2. Monitor and report daily incidence rate.
 - 3. Track and send Emergency Department and outpatient visits for coronavirus (COVID)-like illness, as well as other illnesses, to CDC. Send copies of all admit, discharge, and transfer (ADT) messages to Centers for Disease Control and Prevention (CDC) National Syndromic Surveillance Program (NSSP).
 - 4. Monitor and utilize CDC's National Healthcare Safety Network (NHSN) acute care, long-term care, and ambulatory care setting data for confirmed 2019 novel coronavirus (COVID-19) infection or for COVID-like illness.
 - 5. Provide accurate accounting of COVID-19 associated deaths. Establish electronic death reporting to CDC.
 - 6. Establish or enhance electronic case reporting from healthcare facilities to public health, including for COVID-19.

- C. Enhance laboratory testing and reporting capacity:
 - 1. Establish or expand capacity to test all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance.
 - 2. Screen for past infection (e.g., serology) for health care workers, employees of high-risk facilities, critical infrastructure workforce, and childcare providers.
 - 3. Obtain all jurisdictional laboratory test data electronically, including from new, non-traditional testing settings, and using alternative file formats (e.g., .csv or .xls) to help automate. In addition to other reportable results, this should include all COVID-19 –

- related testing data, including all tests to detect severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) and serology testing.
4. Report all COVID-19 – related line level testing data (negatives, positives, indeterminants, serology) daily to CDC.
- D. Prevent and control COVID-19 in healthcare settings and protect other vulnerable or high-risk populations:
1. Assess and monitor infections in healthcare workers across the healthcare spectrum.
 2. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.
 3. Monitor and help implement mitigation strategies for COVID-19 in all high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).
 4. Monitor and help implement mitigation strategies for other high-risk employment settings (e.g., meat processing facilities), and congregate living settings (e.g., prisons, youth homes, shelters).
- E. Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel).
- F. Work with healthcare system to manage and monitor system capacity.
1. Assess and monitor the number and availability of critical care staff, necessary PPE and potentially life-saving medical equipment, as well as access to testing services.
 2. Utilize electronic case report (eCR) data to enhance morbidity and mortality surveillance and to help monitor the health of the community and inform decisions for the delivery of public health services.
 3. Leverage NHSN data to monitor healthcare worker staffing, testing, and treatment supplies.
- G. Improve understanding of jurisdictional communities with respect to COVID-19 risk:
1. Build understanding of population density and high-risk population density (i.e. population of >65 yrs., proportion of population with underlying conditions, households with limited English fluency, healthcare seeking behavior, populations without insurance and below poverty level.
 2. Monitor compliance indicators (Number of Violations/ complaints related to mandatory or recommended community mitigation).
- H. Submit a monthly report on the report template provided by the DSHS. Monthly reports are due on or before the 15th of each month. Each report must cover activities that occurred during the preceding month. Submit monthly reports by electronic mail to EAIDBcontracts@dshs.texas.gov. All reports should be clearly identified with the Grantees

Name, Contract Number, IDCU/SUR, and the month the report covers.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at http://www.System_Agency.state.tx.us/grants/forms/b13form.doc. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to all addresses/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.state.tx.us and
EMAIL: CMSInvoices@dshs.texas.gov and
EMAIL: EAIDBcontracts@dshs.texas.gov

- B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B of this Contract.
- C. Grantee will submit requests for reimbursement (Form B-13) and financial expenditure template monthly by the last business day of the month following the month in which expenses were incurred or services provided. Grantee shall maintain all documentation that substantiate invoices and make the documentation available to the DSHS upon request. In the event a cost reimbursed under the Contract is later determined to be unallowable then the Grantee will reimburse DSHS for that cost.
- D. Grantee will submit quarterly FSRs to DSHS by the last business day of the month following the end of each quarter of the Contract for DSHS review and financial assessment.
- E. Grantee will submit request for reimbursement (B-13) as a final close-out invoice not later than forty-five (45) calendar days following the end of the term of the Contract. Reimbursement requests received in the DSHS office more than forty-five (45) calendar days following the termination of the Contract may not be paid.
- F. Grantee will submit a final FSR as a final close-out FSR not later than forty-five (45) calendar days following the end of the term of the Contract.

**Collin County Compensation Plan
2020**

Exempt Positions					
Job Title	Job Code	Grade	Minimum	Midpoint	Maximum
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.

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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.