



**FY2021  
TB-STATE**

**Applicant Information**

**Legal Name of Applicant Agency:**  
**Mailing Address:**

COLLIN COUNTY HEALTH CARE SERVICES

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

**Payee Name:**

COLLIN COUNTY

**Payee Mailing Address:**

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

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

**DUNS #** (9 digits required for subrecipient contractors):

74873449

**Fiscal Year-End Date (MM/DD)**

09/30

**Type of Entity (Choose one)**

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

Click on appropriate box

**Contract Term:**

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

**State-wide or Counties Served**

State-wide or County(ies) Served:

COLLIN, revised 12/4/2019

**Amount of Funding Allocated:**

\$200,351.00

## BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$139,205	\$116,981			\$22,224	
B. Fringe Benefits	\$61,217	\$52,875			\$8,342	
C. Travel	\$2,281	\$2,281			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$10,838	\$10,838			\$0	
F. Contractual	\$17,376	\$17,376			\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$230,917	\$200,351	\$0	\$0	\$30,566	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$230,917	\$200,351	\$0	\$0	\$30,566	\$0
				Match Percentage	15.26%	

### PERSONNEL Budget Category Detail Form

**Legal Name of Respondent:**

**COLLIN COUNTY HEALTH CARE SERVICES**[illegible]

## FRINGE BENEFITS

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

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1100 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0026), Short Term Disability \$3.20/month, Long Term Care \$26.25/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)

<b>Total Number of FTEs:</b>	<b>2.32</b>	<b>Fringe Benefit Rate %</b>	<b>45.20%</b>
		<b>Fringe Benefits Total</b>	<b>\$52,875</b>

# TRAVEL Budget Category Detail Form

Legal Name of Respondent:

**COLLIN COUNTY HEALTH CARE SERVICES**

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days & Employees		
TB Conference/Workshop/Training	TB Program Updates (Mileage-\$ .58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 1 employees	Mileage	\$87
				Airfare	\$200
				Meals	\$70
				Lodging	\$250
				Other Costs	\$23
				<b>Total</b>	<b>\$630</b>
Other TB Conference	TB program conference related to THISIS or TB program activities (Mileage-\$ .58/mile X150 miles, Airfare \$200 per roundtrip flight per person, Meals-\$35 per person per day ; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin	2 days/ 2 employees	Mileage	\$87
				Airfare	\$400
				Meals	\$140
				Lodging	\$500
				Other Costs	\$23
				<b>Total</b>	<b>\$1,150</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

**\$1,780**

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Home visits to TB patients, visits to providers office for TB education/presentations, site visits for contact investigations	863	\$0.580	\$501		\$501
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$501

Other / Local Travel Costs: \$501

Conference / Workshop Travel Costs: \$1,780

Total Travel Costs:

\$2,281

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

## SUPPLIES Budget Category Detail Form

**Legal Name of Respondent:**

**COLLIN COUNTY HEALTH CARE SERVICES**

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

<b>Description of Item</b> Provide estimated quantity and cost	<b>Purpose &amp; Justification</b>	<b>Total Cost</b>
Medical Supplies - All supplies used in clinic for TB patients: blood draws for T-Spot testing, masks & sanitizer for TB protocol	Medical supplies used in TB clinic such as: (boxes of blood collection tubes @\$55; Masks @\$25.00/bx; hand sanitizer btls @ \$6.50 ea; butterflies for drawing blood - cases @\$60/per case	\$2,868
Medical Supplies - all supplies used for TB patients for services and sanitizing. Need sharps to dispose of biohazard waste.	Antimicrobial Liq. Soap bottles @\$9 ea.; Caviwipes Tub @\$8 ea.; Diamond Grip Gloves Med.bxs @\$10 bx.; Diamond Grip Gloves Lge-bxs @\$10; Vacutainer Needle Holder bags @ \$10 bg; Sharps containers @ \$65/case; other medical supplies to treat and evaluate TB patients	\$3,083
Medical Supplies - TB supplies necessary for the administration of PPDs and blood draws.	Curity Alcohol preps @\$4 bx; Coverlet strip pieces @ \$2 bx	\$1,514
General Office Supplies	Pens for patients to fill out forms @ \$7.19 dz, self stick notes @ \$5.82 pk, highlighters @ \$4.70 pk, binders for charts @ \$7.77 ea, binder tabs @ \$3.77 set, padded envelopes @ \$39.61 bx	\$2,727
Reference Materials	TB reference books/education for providers and TB staff (i.e. AAP "Red Book", Control of Communicable Diseases, etc...)	\$646
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

**Total Amount Requested for Supplies:**

**\$10,838**

## CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY HEALTH CARE SERVICES

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

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
Jerry Barnett	Pharmacist	Needed for TB patients' meds	Monthly	12	\$200.00	\$2,400
Quest (formerly Oxford Immunotec)	T-Spot lab testing	TB blood test	Unit	416	\$36.00	\$14,976
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

**\$17,376**

# PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
Kasi St. John-Nurse E	N	Provides Nurse Case Management of TB cases and contacts	0.34	License	\$5,456.68	12	\$22,224
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$22,224

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1100 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0026), Short Term Disability \$3.20/month, Long Term Care \$26.25/month, Retirement (salary x 0.08), Supplement Death Benefit (salary x 0.0025), Unemployment Insurance (salary x 0.001)	
	Fringe Benefit Rate % 37.54%
	Fringe Benefits Total \$8,342