

FY2021 TB-STATE

Applicant Information

Legal Name of Applicant Agency: Mailing Address:	COLLIN COUNTY HEALTH CARE SERVICES
Street / PO Box City	825 N. MCDONALD ST. #130 MCKINNEY 75069
Payee Name:	COLLIN COUNTY
City	: 825 N. MCDONALD ST. #130 : MCKINNEY : 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 Hospita State Controlled Institution of Higher Learning Other Faith Based (Nonprofit Organization)	
Contract Term: Start Date End Date	0/04/0004
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	XII.
B. Fringe Benefits	\$61,217	\$52,875			\$8,342	
C. Travel	\$2,281	\$2,281			\$0	
D. Equipment	\$0	\$0			\$0	4
E. Supplies	\$10,838	\$10,838			\$0	
F. Contractual	\$17,376	\$17,376	1. 我是表别说:		\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$230,917	\$200,351	3	\$ 0	\$30,566	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$230,917	\$200,351		\$0	\$30,566	\$ 0
				Match Percentage	15.26%	

Revised: 04/14/2014

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

PERSONNEL Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Chau Nguyen- Public Health Nurse-E	N	Provides Nurse Case Management of TB cases and contacts	0.33	License	\$5,959.73	12	\$23,601
Lindsey Thomas-Healthcare Analyst / Contact Investigator-E	N	Performs contact investigation duties related to TB cases	0.33	NA	\$4,487.82	12	\$17,772
Sovanary Chhuon-Outreach Worker-E	N	Provides directly observed therapy to TB cases and contacts, may assist with contact investigations	0.33	NA	\$3,548.67	12	\$14,053
Julia Chavez-Medical Assistant-E	N	Provides clinical and administrative support to the TB program and its patients; translates for Spanish speaking TB patients during TB services	0.33	Certification	\$3,273.80	12	\$12,964
Healthcare Analyst (MA or LVN preferred)	Υ	Data entry of backlog into THISIS, data collection and reporting duties, case registrar duties, may provide clinical support and/or contact investigation duties to the TB program and its patients	1	License/Certification preferred	\$4,049.27	12	\$48,591
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			L	TOTAL FROM PERSO	NNEL SUPPLEME	NTAL SHEETS	\$(
					SalaryWa		\$116,981
FRINGE BENEFITS FRINGE BENEFITS: FICA/Medicare (sala Term Disability (salary x 0.0026), Short Te Benefit (salary x 0.0025), Unemployment	ry x 0.07 erm Disal	bility \$3.20/month, Long Term Care \$26.2	ical/denta	al/RX and \$4.95 for ten	m life per mont	n), Long	

		Salarywage Total	Ψ110,001
EDINGE RENEEITS: FICA/Medicare (salary	temize the elements of fringe benefits in the s x 0.0765), Insurance Premiums (\$1100 for median control of the state of th	cal/dental/RX and \$4.95 for term life per month), Long]
Term Disability (salary x 0.0026), Short Term Benefit (salary x 0.0025), Unemployment Ins	surance (salary x 0.001)	5/month, Retirement (salary x 0.08), Supplement Death	
Total Number of FTEs:	2.32	Fringe Benefit Rate %	45.20%
			450.075
		Fringe Benefits Total	\$52,875

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

Conference / Workshop Travel Costs			Number of:		
Description of Conference/Workshop	Justification	Location City/State	Days & Employees	Travel Co	osts
				Mileage	\$87
	TB Program Updates (Mileage-\$.58/mile X150 miles, Airfare			Airfare	\$200
TB Conference/Workshop/Training	\$200 per roundtrip flight per person, Meals-\$35 per person	ŀ	2 days/ 1	Meals	\$70
	per day; \$23 parking/tolls, \$250 per night/per person lodging	Austin	employees	Lodging	\$250
	at hotel)			Other Costs	\$20
		:		Total	\$630
				Mileage	\$87
	TB program conference related to THISIS or TB program			Airfare	\$400
	activities (Mileage-\$.58/mile X150 miles, Airfare \$200 per		2 days/ 2 employees	Meals	\$140
Other TB Conference	roundtrip flight per person, Meals-\$35 per person per day ; \$23 parking/tolls, \$250 per night/per person lodging at hotel)	Austin		Lodging	\$500
				Other Costs	\$23
				Total	\$1,150
				Mileage	\$(
				Airfare	\$(
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]		Lodging	\$(
				Other Costs	\$(
				Total	\$(
				Mileage	\$(
				Airfare	\$(
				Meals	\$(
				Lodging	\$(
				Other Costs	\$(
				Total	\$(
	TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE	E/WORKSHOP	BUDGET SHEET	S	\$

Total for Conference / Workshop Travel

\$1,780

Revised: 3/25/2014

Other / Local Travel Costs Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Home visits to TB patients, visits to providers office for TB education/presentations, site visits for contact investigations	863	\$0.580	\$501		\$501
			\$0		\$0
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	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 Police	;y

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY HEALTH CARE SERVICES

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

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Medical Supplies - All supplies used in clinic for TB patients: blood draws for T-Spot testing, masks & sanitizer for TB protocol	Medical supplies used in TB clinic such as: (boxes of blood collection tubes @\$55; Masks @\$25.00/bx; hand sanitizer btls @ \$6.50 ea; butterflies for drawing blood - cases @\$60/per case	
		\$2,868
Medical Supplies - all supplies used for TB patients for services and sanitizing. Need sharps to dispose of biohazard waste.	Antimicrobial Liq. Soap bottles @\$9 ea.; Caviwipes Tub @\$8 ea.; Diamond Grip Gloves Med.bxs @\$10 bx.; Diamond Grip Gloves Lge-bxs @\$10; Vacutainer Needle Holder bags @ \$10 bg; Sharps containers @ \$65/case; other medical supplies to	
	treat and evaluate TB patients	\$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	
	lea, billider tabs @ \$0.77 Sct, padded envelopes @ \$00.07 Sx	\$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:	\$10,83

Revised: 3/25/2014

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:	COLLIN COUNTY HEALTH CARE SERVICES		
Legal Maille of Respondent.	COLLIN COUNTY TILALITY 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
Titiliano (e e)						\$0
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		TOTAL FF	ROM CONTRACTUAL SU	JPPLEMENTAL E	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 Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Kasi St. John-Nurse E	N	Provides Nurse Case Management of TB cases and contacts	0.34	License	\$5,456.68	12	\$22,224
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	<u> </u>			1	SalaryWag	e Total	\$22,22

						SalaryWage Total	\$22,224
FRINGE BENEFITS	Itemize t	the elements of fringe	benefits in the	space	below:		
FRINGE BENEFITS: FICA/Medica month), Long Term Disability (sala 0.08), Supplement Death Benefit	are (salary x 0.076 ary x 0.0026), Shor	65), Insurance Premium ort Term Disability \$3.20	s (\$1100 for med /month, Long Te	lical/de rm Car	ntal/RX and \$	4.95 for term life per th, Retirement (salary x	
0.08), Supplement Death Benefit	salary x 0.0025), (Onemployment insuran	ce (salary x 0.00	')			
0.08), Supplement Death Benefit	salary x 0.0025), t	Onemployment insuran	Ce (salary x 0.00		Fri	nge Benefit Rate %	37.54%