

**TB Prevention and Control - State**  
**FY2021 Budget**  
**09/01/2020 - 08/31/2021**  
**Contract HHS000483500001 Amendment #1**  
**Grant Award: \$200,351**

**FYI GRANT BUDGET**

9.01.2020

PAJ # 676

**EXPENDITURES:**

**From:**

HC GT-----FUND BALNC

2108-00000-0000-00-00-0000-300251 \$ 200,351

**To:**

HC GT-TB PRG-REG FT	GT293A-2108-600019075-504010	\$ 116,981
HC GT-TB PRG-FICA/MED	GT293A-2108-600019075-524220	8,627
HC GT-TB PRG-EE H/IN	GT293A-2108-600019075-524230	34,712
HC GT-TB PRG-LT DISAB	GT293A-2108-600019075-524235	294
HC GT-TB PRG-ST DISAB	GT293A-2108-600019075-524236	106
HC GT-TB PRG-RETIR	GT293A-2108-600019075-524240	9,023
HC GT-TB PRG-UE INS	GT293A-2108-600019075-524260	113
HC GT-TB PRG-TRAVL	GT293B-2108-600019075-604901	501
HC GT-TB PRG-ED&CONF	GT293B-2108-600019075-604910	1,780
HC GT-TB PRG-SEM REGIS (OTHER)	GT293E-2108-600019075-604990	-
HC GT-TB PRG-OFFICE (SUPPLIES)	GT293C-2108-600019075-615101	
HC GT-TB PRG-MED SUP (SUPPLIES)	GT293C-2108-600019075-626117	10,192
HC GT-TB PRG-PRINT MAT (SUPPLIES)	GT293C-2108-600019075-626562	646
HC GT-TB PRG-CONSLT (CONTRACTUAL)	GT293D-2108-600019075-626401	2,400
HC GT-TB PRG-LAB SVC (CONTRACTUAL)	GT293D-2108-600019075-626423	14,976
		<u>\$ 200,351</u>

9/1/2020

*9/1/2020*

[illegible]

**TB Prevention and Control - State**  
**FY2021 BUDGET WORKSHEET**  
**9/01/2020 - 8/31/2021**  
**Contract HHS000483500001 Amendment #1**  
**Grant Award: \$200,351**

**PROJ CODES:**

GT293Z REVENUE                      GT293Z-2108-600019075-434020      \$      200,351  
 GT293A-F EXPEND

**DSHS APPROVED FY2021 GRANT BUDGET:**

2108-60001-9075

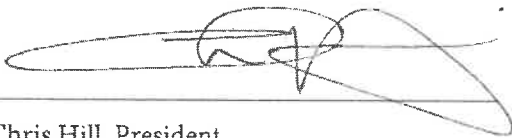
	504010	\$	116,981	
	Fringes		52,875	
SAL/FRGS			169,856	GT293A
	604901		501	
TRAVEL	604910		1,780	GT293B
	626117		10,192	
SUPPLIES	626562		646	GT293C
	626401		2,400	
CONSULTANT	626423		14,976	GT293D
		\$	200,351	

State of Texas	§	Court Order
Collin County	§	2019-2153-12-09
Health Care Foundation	§	


An order of the Collin County Health Care Foundation Board of Trustees approving an amendment and application to a grant contract.

The Collin County Health Care Board of Trustees hereby approves an amendment and application to the FY2020 Tuberculosis Prevention and Control Grant through the Department of State Health Services to increase funding and establish funding for the FY 2021 grant, as detailed in the attached documentation.

A motion was made, seconded, and carried by a majority of the Board members in attendance during a regular session on Monday, December 9, 2019.



Chris Hill, President



ATTEST: Duncan Webb, Trustee

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000483500001  
AMENDMENT NO. 1**

THE DEPARTMENT OF STATE HEALTH SERVICES ("**System Agency**" or "**DSHS**") and COLLIN COUNTY HEALTH CARE SERVICES ("**Grantee**") who are collectively referred to herein as the "Parties," to that certain grant Contract effective September 1, 2019 and denominated DSHS Contract No. HHS000483500001, now want to amend the Contract.

WHEREAS, DSHS has chosen to exercise its option to renew the Contract term;

WHEREAS, the Parties want to add funds for the period beginning September 1, 2019 through August 31, 2020 (hereinafter referred to as "**Fiscal Year 2020**" or "**FY2020**"); As well as add funds for the period beginning September 1, 2020 through August 31, 2021 (hereinafter referred to as "**Fiscal Year 2021**" or "**FY2021**").

WHEREAS, the Parties want to revise the signature document to change the DSHS Contract Representative's name; and

WHEREAS, the Parties want to revise the Statement of Work for Fiscal Year 2021.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **ARTICLE IV** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2021.
2. **ARTICLE V OF THE SIGNATURE DOCUMENT, BUDGET** is hereby amended to add **\$47,523.00** in DSHS funding to the FY2020 Budget of **\$152,828.00** with the Grantee providing **\$30,566.00** in matching funds for a combined total of **\$230,917.00**. The FY2021 Budget is amended by adding **\$200,351.00** in DSHS funding with the Grantee providing **\$30,566.00** in matching funds for a combined total of **\$230,917.00**. The total contract will not to exceed **\$461,834.00**. All expenditures under the Contract will be in accordance with **Attachment B-1, FY2020 and FY2021 Budget**.
3. **ARTICLE VI** of the **Signature Document** is hereby amended to replace the DSHS Contract Representative's name from Ebony White, CTCM to Samantha Lavoie, CTCM.
4. **ARTICLE IV OF ATTACHMENT A, PROGRAMMATIC REPORTING REQUIREMENTS** is hereby amended to include the following FY2021 table below the FY2020 table:

<b>Report Name</b>	<b>Frequency</b>	<b>Period Begin</b>	<b>Period End</b>	<b>Due Date</b>
FY21 Narrative Report	Annually	Sept. 1, 2020	August 31, 2021	March 25, 2021
FSR & Match Reimbursement/Certification Form ("Form B-13A")	Quarterly	Sept. 1, 2020	Nov. 30, 2020	Dec. 31, 2020
FSR & Form B-13A	Quarterly	Dec. 1, 2020	Feb. 28, 2021	March 31, 2021
FSR & Form B-13A	Quarterly	March 1, 2021	May 31, 2021	June 30, 2021
FSR & Form B-13A	Quarterly	June 1, 2021	August 31, 2021	October 17, 2021

5. **Attachment B, Payment for Services Provided**, is hereby supplemented with the addition of **Attachment B-1, FY2020 and FY2021 Budget**, which is attached and incorporated into the Contract.
6. This Amendment shall be effective on the last date of signature.
7. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

**Signature Page Follows.**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
SYSTEM AGENCY CONTRACT NO. HHS000483500001**

**DEPARTMENT OF STATE HEALTH SERVICES    COLLIN COUNTY HEALTH CARE SERVICES**

DocuSigned by:  
Imelda Garcia  
87AFD32AD9D24A9...

Imelda Garcia

Associate Commissioner

DocuSigned by:  
By: Chris Hill  
18E1EF10A4114CF...

Name: Chris Hill

Title: County Judge

Date of Signature: February 28, 2020

Date of Signature: February 28, 2020

**THE FOLLOWING DOCUMENT IS ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:**

**ATTACHMENT B-1 FY2020 AND FY2021 BUDGET**

**ATTACHMENT B-1  
FY2020 and FY2021 BUDGET**

Organization Name: Collin County Health Care Services

Program ID: TB/PC-State

Contract Number: **HHS000483500001- AMENDMENT 1**

**FY2020 BUDGET  
(September 1, 2019 – August 31, 2020)**

<b>Budget Categories</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$116,981	\$22,221	\$139,202
Fringe Benefits	\$52,875	\$8,345	\$61,220
Travel	\$2,281	\$0	\$2,281
Equipment	\$0	\$0	\$0
Supplies	\$10,838	\$0	\$10,838
Contractual	\$17,376	\$0	\$17,376
Other	\$0	\$0	\$0
Total Direct Costs	<b>\$200,351</b>	<b>\$30,566</b>	<b>\$230,917</b>
Indirect Costs	\$0	\$0	\$0
<b>Totals</b>	<b>\$200,351</b>	<b>\$30,566</b>	<b>\$230,917</b>



**FY2021 BUDGET**  
**(September 1, 2020 – August 31, 2021)**

<b>Budget Categories</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$115,103	\$22,224	\$137,327
Fringe Benefits	\$53,960	\$8,342	\$62,302
Travel	\$2,281	\$0	\$2,281
Equipment	\$0	\$0	\$0
Supplies	\$11,631	\$0	\$11,631
Contractual	\$17,376	\$0	\$17,376
Other	\$0	\$0	\$0
Total Direct Costs	<b>\$200,351</b>	<b>\$30,566</b>	<b>\$230,917</b>
Indirect Costs	\$0	\$0	\$0
<b>Totals</b>	<b>\$200,351</b>	<b>\$30,566</b>	<b>\$230,917</b>

## Certificate Of Completion

Envelope Id: 09ABD0F770DA4A8AAC523E0D07DFA6EC

Status: Completed

Subject: Amending \$461,834; HHS000483500001; Collin County A-1; DSHS/TB/PC-STATE

Source Envelope:

Document Pages: 21

Signatures: 2

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1100 W. 49th St.

Enveloped Stamping: Enabled

Austin, TX 78756

Time Zone: (UTC-06:00) Central Time (US & Canada)

PCS\_DocuSign@hhsc.state.tx.us

IP Address: 167.137.1.16

## Record Tracking

Status: Original

1/24/2020 7:51:58 AM

Holder: Texas Health and Human Services

Commission

Location: DocuSign

PCS\_DocuSign@hhsc.state.tx.us

## Signer Events

Chris Hill

chill@co.collin.tx.us

County Judge

Collin County

Security Level: Email, Account Authentication  
(None)

## Signature

DocuSigned by:

Chris Hill  
18E1EF10A4114CF

## Timestamp

Sent: 1/24/2020 7:55:25 AM

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Signed: 2/28/2020 2:51:54 PM

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## Electronic Record and Signature Disclosure:

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Imelda Garcia

ImeldaM.Garcia@dshs.texas.gov

Associate Commissioner

Texas Health and Human Services Commission

Security Level: Email, Account Authentication  
(None)

DocuSigned by:

Imelda Garcia  
87AFD32AD8D24A9

Sent: 2/28/2020 2:51:56 PM

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Signed: 2/28/2020 2:57:13 PM

Signature Adoption: Pre-selected Style

Using IP Address: 107.77.222.115

Signed using mobile

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

CMS Mailbox

cmucontracts@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

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## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

**Carbon Copy Events****Status****Timestamp**

Samantha Lavoie  
samantha.lavoie@dshs.texas.gov  
Security Level: Email, Account Authentication  
(None)  
Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

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Sent: 1/24/2020 7:55:24 AM  
Viewed: 1/27/2020 9:23:16 PM

Laura Thomas  
llthomas@co.collin.tx.us  
Security Level: Email, Account Authentication  
(None)  
Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

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Sent: 1/31/2020 3:31:45 PM  
Viewed: 2/5/2020 11:48:32 AM

Eileen Prentice  
eprentice@co.collin.tx.us  
Security Level: Email, Account Authentication  
(None)  
Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

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**Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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Certified Delivered	Security Checked	2/28/2020 2:57:00 PM
Signing Complete	Security Checked	2/28/2020 2:57:13 PM
Completed	Security Checked	2/28/2020 2:57:13 PM

**Payment Events****Status****Timestamps**

**Laura Thomas**

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**From:** DocuSign System <dse\_na2@docusign.net> on behalf of Texas Health and Human Services Commission via DocuSign <dse\_na2@docusign.net>  
**Sent:** Friday, February 28, 2020 2:57 PM  
**To:** Laura Thomas  
**Subject:** Completed: Amending \$461,834; HHS000483500001; Collin County A-1; DSHS/TB/PC-STATE  
**Attachments:** HHS000483500001 Signature Page A1 Collin County.docx.pdf; Summary.pdf

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



**TEXAS**  
**Health and Human**  
**Services**



Your document has been completed

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**Texas Health and Human Services Commission**  
PCS\_DocuSign@hhsc.state.tx.us

All parties have completed Amending \$461,834; HHS000483500001; Collin County A-1; DSHS/TB/PC-STATE.

Please click on the DocuSign link to review and approve the Health and Human Services Commission document. If you are experiencing trouble opening the document, please make sure you are using Google Chrome or Mozilla Firefox as your



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

Contract Term:

Start Date: 9/1/2020  
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)

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

# 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
				Total	\$630
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
				Total	\$1,150
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$1,780



**Other / Local Travel Costs**

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

Total for Other / Local Travel **\$501**Other / Local Travel Costs: **\$501**Conference / Workshop Travel Costs: **\$1,780**Total Travel Costs: **\$2,281**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

## 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	\$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
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

**\$17,376**

### PERSONNEL Budget Category Detail Form (Patch)

**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
						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