



**FY2022**

**Hazards**

**Applicant Information**

**Legal Name of Applicant Agency:**

**Mailing Address:**

Collin County

Street / PO Box: 825 N. McDonald Street, Suite 130

City: McKinney

Zip: 75069

**Payee Name:**

Collin County-537-18-0128-00001

**Payee Mailing Address:**

Street / PO Box: 825 N. McDonald Street, Suite 130

City: McKinney

Zip: 75069

**State of Texas Comptroller Vendor ID #** (9  
digit + 3 digit mail code):

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

74873449

**Type of Entity (Choose one)**

City: ☐

Click on appropriate box

County: ☒

Other Political Subdivision: ☐

**Project Period**

Start Date: 7/1/2021

End Date: 6/30/2022

**Counties Served**

County(ies) Served:

COLLIN COUNTY

**Amount of Funding Allocated:**

\$562,786.00

## CONTACT PERSON INFORMATION

Legal Business Name:

Collin County

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.*

Health Director/CEO

Candy Blair

Phone:

972-548-5504

Ext:

Fax:

972-548-4441

E-mail:

cblair@co.collin.tx.us

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

825 N. McDonald #130, McKinney, TX 75069

B-13/FSR Rep:

Jarrad Winman

Phone:

972-548-4732

Ext:

Fax:

972-548-4751

E-mail:

jwinman@co.collin.tx.us

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

2300 Bloomdale Dr., #4192, McKinney, TX 75071

PHEP (HAZARDS) Program Leader:

Taylor Burton

Phone:

972-548-4464

Ext:

Fax:

972-548-5590

E-mail:

tburton@co.collin.tx.us

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

825 N. McDonald #130, McKinney, TX 75069

SNS (CRI) Coordinator:

Amy Davis

Phone:

972-548-4473

Ext:

Fax:

972-548-5590

E-mail:

aldavis@co.collin.tx.us

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

825 N. McDonald #130, McKinney, TX 75069

Authorized Signatory for DocuSign

Chris Hill

Phone:

972-548-4623

Ext:

Fax:

E-mail:

chill@co.collin.tx.us

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

2300 Bloomdale Dr., #4192, McKinney, TX 75071

**Additional Authorized Signatory for  
DocuSign only if applicable  
(FFATA, Certs, etc)**

Phone:

Ext:

Fax:

E-mail:

**DocuSign "CC" Person**

Jarrad Winman

Phone:

972-548-4732

Ext:

Fax:

972-548-4751

E-mail:

jwinman@co.collin.tx.us

Emergency Contact

Sam Grader

Cell Phone:

469-500-5538

Ext:

Fax:

972-548-4441

E-mail:

sgrader@co.collin.tx.us

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

825 N. McDonald #130, McKinney, TX 75069

## 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 (Match) (5)	Other Funds (6)
A. Personnel	\$457,166	\$413,299			\$43,867	
B. Fringe Benefits	\$144,729	\$132,297			\$12,432	
C. Travel	\$392	\$392			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$1,558	\$1,558			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$15,240	\$15,240			\$0	
H. Total Direct Costs	\$619,085	\$562,786	\$0	\$0	\$56,299	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$619,085	\$562,786	\$0	\$0	\$56,299	\$0
				Match Percentage	10.00%	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

## PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

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							
Taylor Burton, PHEP Coordinator	N	Coordinates PHEP grant deliverables & activities	1.00	NA	\$6,315	12	\$75,780
Meredith Nurge, PHEP Planner	N	Performs PHEP activities including special needs, first responder safety, hospital coordination	1.00	NA	\$5,369	12	\$64,428
Charles Ryan Russell, CRI Coordinator (PHEP Specialist)	N	Performs SNS and emergency preparedness activities; assists with MRC	1.00	NA	\$4,293	12	\$51,516
Mandie Sosa, Administrative Assistant PHEP	N	Provides administrative support for the PHEP team	0.50	NA	\$4,517	12	\$27,102
Aubrey Saylor, MRC Coordinator (PHEP Specialist)	N	Coordinates volunteers for SNS and emergency preparedness activities	0.45	NA	\$5,544	12	\$29,938
Jawaid Asghar, Chief Epidemiologist	N	Coordinates epidemiology services and disease investigation	0.54	NA	\$8,626	12	\$55,896
Susana Ramos, Healthcare Analyst / Epidemiology	N	Performs disease & contact investigations, influenza surveillance, PEP distribution	1.00	NA	\$5,405	12	\$64,860
Vada Caffery, Administrative Assistant, Epi	N	Provides administrative support for the Epidemiology team	0.79	NA	\$4,618	12	\$43,779
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0

**SalaryWage Total**

**\$413,299**

### FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

Fringe Benefits: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,200 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0024), Short Term Disability \$2.10/month, Long Term Care \$26.25 per month, Retirement (salary x 0.08), Supplemental Death Benefit (salary x 0.0025), Unemployment insurance (salary x 0.001). Per life insurance HR, the calculation should be employee salary divided by 1000 and then multiplied by 0.05 (this is for one month). Long-Term Disability \$0.0024. Short-Term Disability \$2.10 per month. Long-Term Care \$30.08 per month.

**Total Number of FTEs:**

**6.28**

**Fringe Benefit Rate %**

**32.01%**

**Fringe Benefits Total**

**\$132,297**

## 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: Days & Employees	Travel Costs	
NONE				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	\$0
Airfare	\$0				
Meals	\$0				
Lodging	\$0				
Other Costs	\$0				
<b>Total</b>	\$0				
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	\$0
Airfare	\$0				
Meals	\$0				
Lodging	\$0				
Other Costs	\$0				
<b>Total</b>	\$0				
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

**Total for Conference / Workshop Travel**

**\$0**

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including day travel within DFW metroplex. Will be utilized by all PHEP funded staff.	400	\$0.560	\$224		\$224
Short seminars, conferences, meetings within state of Texas. Will be utilized by all PHEP funded staff.	300	\$0.560	\$168		\$168
			\$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 **\$392**Other / Local Travel Costs: **\$392**Conference / Workshop Travel Costs: **\$0**Total Travel Costs: **\$392**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

## EQUIPMENT AND CONTROLLED ASSETS Budget Category Detail Form

**Legal Name of Respondent:**

**Collin County**

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
NONE				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				\$0

**Total Amount Requested for Equipment:**

**\$0**

## SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Collin County

Itemize and describe each supply item and **provide an estimated quantity and cost (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
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)	\$758
Reflective Safety Vests/Deployment Supplies	<p>Designated reflective safety vests for Medical Reserve Corps members, to be worn at POD sites (drive-thru, outdoor or indoor location), real world events, or exercises and drills. Reflective safety vests will identify roles and specific skillset of volunteers at POD site locations or MRC events, as well as distinguish volunteers from public health emergency preparedness staff. The reflective safety vests will help identify volunteers stationed in various sections at a POD (i.e. Safety, Logistics, Screening, etc.), as well as distinguish our staff and volunteers from other jurisdictions. The reflective safety vests are essential for safety and traffic control at PODs and MRC events. Approximately \$20 each. Specifications: ANSI compliance preferred, breathable material with reflective tape.</p> <p>Deployment supplies are for the MRC members to be prepared for activation to an incident, event or POD site; these supplies include preparedness items and the necessary supplies to sustain activities (i.e., preparedness supplies, "go bag" supplies, blankets, first aid kits, totes, portable chargers, etc....)</p>	\$100



Alternate Dispensing Supplies	Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables, including Mass Prophylaxis operations and dispensing models other than open PODs. Also includes alpha or first responder POD planning not covered by POD supplies. Medical supplies and non-medical office-type supplies, specific quantities or items are not finalized at this time.	\$100
POD Supplies	Various medical and non-medical supplies for deployable POD kits. These include additional POD signage inside the POD, external signage and drive-thru items (such as cones, safety lights, and small barriers), replacement or existing expired POD supplies (such as hand sanitizer, hand held radios, batteries, bandages, scales, masks, PPE, storage containers and bags, training assets for drills, etc...), administrative supplies for drive-thru PODs (such as enclosed clipboards), and POD inventory supplies (such as inventory marking tools and supplies)	\$600
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

## CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Collin County

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

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
NONE						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

**\$0**

## OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
ATT Wireless Cell Phone	Cellular phone service (6 users, ~\$70/month, 12 months) for public health staff. This will continue to support staff communication outside of our office and allow staff to be on-call at all times for activation due to a public health or other emergency. Wireless service for m7440obile hot-spot (2 existing) for data connection during a public health emergency, point of dispensing site (2@ \$50.00, 12 months)	\$6,240
Language Line	On-demand translation services for non-English speaking clients at Points of Dispensing, vaccination clinics, or during epidemiological investigations. Cost is billed as-used.	\$100
Conference/Workshop Registration Fees	Registration fees for: registration for NACCHO Preparedness Summit \$800 X 3, Texas Emergency Management Conference \$200 X 2, or other TBD local are conference/workshop fees relavent to the program	\$3,500
Online Training	Bloodborne pathogens, HIPPA and Confidentiality online training for PHEP staff and Medical Reserve Corps members. The bloodborne pathogens training is intended to educate about bloodborne diseases and proper PPE which during a large scale disaster or POD activation the MRC may be rendering medical care 50 modules @ \$20.00 = \$1000. HIPPA and confidentiality training to assure compliance with Federal HIPPA regulations,PHEP staff and the MRC will be involved with patient data through screening forms at POD sites and at flu clinics. Modules will be purchased as needed	\$1,000
Subscriptions/References	Reference and subscription materials regarding public health for news and studies for overall awareness of current trends and issues (i.e. Epidemiology of Vaccine Preventable Diseases "Pink Book", AAP "Red Book", clinical and epidemiology references on mitigating infectious diseases, Managing Infectious Diseases in Child Care and Schools, Physician's Desk Reference, etc....)	\$1,500

Emergency Prophylaxis	Emergency prophylaxis for outbreaks and events (i.e. Ciprofloxacin, Doxycycline, Amoxicillin; Emergency Prophylaxis will only be purchased for first responders).	\$1,000
Postage	Postage for Medical Reserve Corps mailings of applications, outreach materials, communication, i.e. Correspondence. PHEP mailings and communications with stakeholders.	\$200
Printing and Communication Materials	Printing for additional grant related activities, events and public education or other outreach brochures, flyers, postcards, coloring books, posters and other materials to educate the public about emergency preparedness, public health, High Consequence Infectious Diseases, food borne illness, core program subjects etc; printing of employee business cards, as needed.	\$1,000
CPR Training Costs	Training for grant employees and MRC members to obtain essential CPR skills. This training will ensure responder safety and health at PODs, alternate dispensing locations, and other locations that may utilize the MRC volunteers. Training will prepare public health agency staff and MRC volunteers responding to an incident.	\$500
Facility Rental Fee	Facility rental fees associated with training classes/events (2 events at \$100 each event as one-time payment	\$200
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$15,240**

## Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:

BASE:

***Applies only to governmental entities***. The respondent's current central service cost rate or indirect cost rate. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

**Note:** Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

RATE:

TYPE:

BASE:

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.

GO TO PAGE 2 (below)

## Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

## **SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS**

The budget templates include a SUPPLEMENTAL and a MATCH page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. The MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

Personnel Supplemental  
Travel Supplemental  
Equipment & Controlled Assets Supplemental  
Supplies Supplemental  
Contractual Supplemental  
Other Costs Supplemental

Personnel Match  
Travel Match  
Equipment & Controlled Assets Match  
Supplies Match  
Contractual Match  
Other Costs Match

**PERSONNEL Budget Category Detail Form (Supplemental)**

Legal Name of Respondent: Collin County

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
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
			0.00				
					SalaryWage Total		\$0



### PERSONNEL Budget Category Detail Form (Match)

**Legal Name of Respondent:**

**Collin County**

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							
MATCH - Dr. Sadia Siddiqui, Health Authority	N	Collaborates with Epidemiology department and performs Health Authority duties for PHEP	0.17	NA	\$19,659	12	\$40,505
MATCH - Jarrad Winman, Grant Accountant	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$5,671	12	\$3,362
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$43,867

## FRINGE BENEFITS

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

Fringe Benefits: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,200 for medical/dental/RX and \$4.95 for term life per month), Long Term Disability (salary x 0.0024), Short Term Disability \$2.10/month, Long Term Care \$26.25 per month, Retirement (salary x 0.08), Supplemental Death Benefit (salary x 0.0025), Unemployment insurance (salary x 0.001). Per life insurance HR, the calculation should be employee salary divided by 1000 and then multiplied by 0.05 (this is for one month). Long-Term Disability \$0.0024. Short-Term Disability \$2.10 per month. Long-Term Care \$30.08 per month.

	Fringe Benefit Rate %	28.34%
	Fringe Benefits Total	\$12,432

## TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

### Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0

Total for Conference / Workshop Travel

\$0

### Other / Local Travel Costs

Revised: 3/25/2014

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

**Total for Other / Local Travel**

**\$0**

**Other / Local Travel Costs:** **\$0**

**Conference / Workshop Travel Costs:** **\$0**

**Total Travel Costs:**

**\$0**

## TRAVEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

### Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0

Total for Conference / Workshop Travel

\$0

### Other / Local Travel Costs

Revised: 3/25/2014

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

**Total for Other / Local Travel**

**\$0**

**Other / Local Travel Costs:** **\$0**

**Conference / Workshop Travel Costs:** **\$0**

**Total Travel Costs:**

**\$0**

**EQUIPMENT AND CONTROLLED ASSETS Budget Category**  
**Detail Form (Supplemental)**

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
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

**\$0**

# EQUIPMENT AND CONTROLLED ASSETS Budget Category

## Detail Form (Match)

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
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

**\$0**

## SUPPLIES Budget Category Detail Form (Supplemental)

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 (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0



## SUPPLIES Budget Category Detail Form (Match)

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 (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0

## CONTRACTUAL Budget Category Detail Form (Supplemental)

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 de

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 Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

**\$0**

## CONTRACTUAL Budget Category Detail Form (Match)

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 de

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 Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

**\$0**

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost

Total Amount Requested for Other: \$0

## OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost

Total Amount Requested for Other:

\$0