

**InterLocal Application
For
Immunization Program Funds
Fiscal Year 2022**

www.ImmunizeTexas.com

Issue date: 12/23/2020

Due date: 1/15/2021

Immunization Unit
P.O. Box 149347
Austin, Texas 78714-9347

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Unit announces the expected availability of Fiscal Year (FY) 2022 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

Please submit the completed renewal application electronically no later than January 15, 2021 to DSHSImmuneContracts@dshs.texas.gov and Holly Zoerner at holly.zoerner@dshs.texas.gov.

The renewal application includes a form for Indirect Costs (I-7) within the budget template. DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Unit has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the contact is **Holly Zoerner** of the Contract Management Section. Communications concerning this Application may be addressed by email or fax to:

Phone and Fax Numbers:

512.776.3742

512.776.7391 fax

CMS Contact Email:

holly.zoerner@dshs.texas.gov

III. TABLE OF CONTENTS

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- Form A. Face Page - Application for Financial Assistance
- Form A-1. Texas Counties and Regions List (see separate file)
- Form B. Table of Contents and Checklist
- Form C. Contact Person Information (last block is for emergency contact)
- Form C-1 Program Contract Information
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan

- Form I. Budget (see separate file)
- Appendix B. Copy of Approved Indirect Rate (if applicable)

Department of State Health Services

FORM A: FACE PAGE

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: COLLIN COUNTY HEALTH SERVICES	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 825 N. McDonald, Suite 130, McKinney, TX 75069	Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address (if different from above):	Check if address change <input type="checkbox"/>
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds:	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. and Mail Code 756000873	
*The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning	
<input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):	
*If incorporated, provide 10-digit charter number assigned by Secretary of State:	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2021 End Date: August 31, 2022	
8) COUNTIES SERVED BY PROJECT: Collin County	
9) AMOUNT OF FUNDING REQUESTED: \$354,062	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> **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	Name: Candy Blair Phone: 972-548-5504 Fax: 972-548-4441 Email: cblair@co.collin.tx.us 12) FINANCIAL OFFICER Name: LINDA RIGGS Phone: 972-548-4643 Fax: 972-548-4751 Email: countyauditor@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract.	
13) AUTHORIZED SIGNATORY (DocuSign) Check if change <input type="checkbox"/>	
Name: Chris Hill Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: chill@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), including the signature of the authorized representative. It is the cover page of the renewal and is required to be completed. Signature affirms the facts contained in the contractor's response are truthful and the contractor is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the contractor's renewal application.

- 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 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 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 or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving ANY American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The contractor acknowledges, understands and agrees the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 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> or http://www.sos.state.tx.us/corp/nonprofit_org.shtml and/or the Texas State Comptroller at https://fm.xcpa.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. Budget period is 09/01/2021 – 08/31/2022.
- 8) COUNTIES SERVED BY PROJECT - Enter the proposed counties served by the project.
- 9) AMOUNT OF FUNDING REQUESTED - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). 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).
- 11) PROJECT CONTACT PERSON - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) FINANCIAL OFFICER - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) AUTHORIZED REPRESENTATIVE - Enter the name, title, phone, fax, and email address of the person authorized to represent the contractor. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) SIGNATURE OF AUTHORIZED REPRESENTATIVE - The person authorized to represent the contractor must sign in this blank.
- 15) DATE - Enter the date the authorized representative signed this form.

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Contractor:

Collin County

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	x		
A-1	Texas Counties and Regions List	x		
B	Table of Contents and Checklist – completed and included	x		
C	Contact Person Information – completed and included	x		
C-1	Program Contact Information – completed and included	x		
D	Job Descriptions (with supplemental documentation attached if required)			x
E	Program Income Spending Page	x		
F	Budget Summary Form and Detail Pages	x		
Appendix B	Copy of Approved Indirect Rate – included (if applicable)			x

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of

Contractor: Collin County Health Care Services

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

Contacts must include, but are not limited to: Executive Director, Financial Contact, Program Contact, and Emergency Contact information.

<p>Contact: <u>Candy Blair</u></p> <p>Title: <u>Healthcare Administrator</u></p> <p>Phone: <u>972-548-5504</u></p> <p>Fax: <u>972-548-5550</u></p> <p>Email: <u>cblair@co.collin.tx.us</u></p>	<p>Mailing Address</p> <p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75069</u></p>
<p>Contact: <u>Sam Grader</u></p> <p>Title: <u>Health Care Coordinator/Program Contact</u></p> <p>Phone: <u>972-548-5503</u> Ext: _____</p> <p>Fax: <u>975-548-4441</u></p> <p>Email: <u>sgrader@co.collin.tx.us</u></p>	<p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75069</u></p>
<p>Contact: <u>Janna Benson-Caponera</u></p> <p>Title: <u>Auditor's Office/Grant Supervisor</u></p> <p>Phone: <u>972-548-4638</u> Ext: _____</p> <p>Fax: <u>972-548-4751</u></p> <p>Email: <u>Jbenson-caponera@co.collin.tx.us</u></p>	<p>Street: <u>.2300 Bloomdale Rd., Suite 3100</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75071</u></p>
<p>Contact: <u>Jarred Winman</u></p> <p>Title: <u>Grant Accountant/Auditor</u></p> <p>Phone: <u>972-548-4732</u> Ext: _____</p> <p>Fax: <u>972-548-4751</u></p> <p>Email: <u>jwinman@co.collin.tx.us</u></p>	<p>Street: <u>2300 Bloomdale Rd., Suite 3100</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75071</u></p>
<p>Emergency Contact: <u>Torres Johnson</u></p> <p>Title: <u>Immunization Program Manager</u></p> <p>Phone: <u>972-548-5549</u> Ext: _____</p> <p>Fax: <u>972-548-4441</u></p> <p>Email: _____</p>	<p>Street: <u>825 N. McDonald, Suite 145</u></p> <p>City: <u>McKinney</u></p> <p>County: <u>Collin</u></p> <p>State, Zip: <u>Texas 75069</u></p>

FORM D: JOB DESCRIPTIONS

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2021.

N/A- No Changes From 2021

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line K, Row 2)
\$

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$46,654	Offset expenditures for salaries for immunization staff.
B. Fringe Benefits	\$20,961	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$67,615	

Regional Program Managers FY 2022

<p><u>PUBLIC HEALTH REGION 1</u> Leigh Johnston Immunization Program Manager 6302 Iola Ave. Lubbock, Texas 79424 (806) 783-6412 (806) 783-6435 – Fax</p> <p><u>Leigh.Johnston@dshs.texas.gov</u></p>	<p><u>PUBLIC HEALTH REGION 7</u> Debbie Shelton Immunization Program Manager 2408 South 37th Street Temple, Texas 76504-7168 (254) 778-6744 (254) 771-2612 - Fax</p> <p><u>Debbie.Shelton@dshs.texas.gov</u></p>
<p><u>PUBLIC HEALTH REGION 2 & 3</u> Cheryl Millican Immunization Program Manager 1301 South Bowen Road, Suite 200 Arlington, Texas 76013-2262 (817) 264-4795 (817) 264-4800 – Fax</p> <p><u>Cheryl.Millican@dshs.texas.gov</u></p>	<p><u>PUBLIC HEALTH REGION 8</u> Laurie Henefey Immunization Program Manager 112 Joe Carper Drive Uvalde, Texas 78801 (830) 591-4386 Extension 213 (830) 278-1831 - Fax</p> <p><u>Laurie.Henefey@dshs.texas.gov</u></p>
<p><u>PUBLIC HEALTH REGION 4 & 5 NORTH</u> Amanda Rich Immunization Program Manager 1517 W. Front Street Tyler, Texas 75702 (903) 533- 5350 (903) 533-9502 - Fax</p> <p><u>Amanda.Rich@dshs.texas.gov</u></p>	<p><u>PUBLIC HEALTH REGION 9 & 10</u> Donna Anders Immunization Program Manager 2301 N. Big Spring #300 Midland, Texas 79705-7649 (432) 571-4137 (432) 571-4190 - Fax</p> <p><u>Donna.Anders@dshs.texas.gov</u></p>
<p><u>PUBLIC HEALTH REGION 6 & 5 SOUTH</u> Sabrina Stanley Immunization Program Manager 5425 Polk, Suite J Houston, Texas 77023 (713) 767--3411 (713) 767-3889 - Fax</p> <p><u>Sabrina.Stanley@dshs.texas.gov</u></p>	<p><u>PUBLIC HEALTH REGION 11</u> Mason Covio Immunization Program Manager 601 W. Sesame Drive Harlingen, Texas 78550 (956) 421-5553-5581 (956) 443-3216 - Fax</p> <p><u>Mason.Covio@dshs.texas.gov</u></p>