

FORM I: 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 Sources (5)	Other Funds (6)
A. Personnel	\$28,260	\$28,260	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$8,020	\$8,020	\$0	\$0	\$0	\$0
C. Travel	\$288	\$288	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$16,590	\$16,590	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$9,444	\$9,444	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$62,602	\$62,602	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$62,602	\$62,602	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$28,260	\$28,260	Fringe Benefits	\$8,020	\$8,020
	Travel	\$288	\$288	Equipment	\$0	\$0
	Supplies	\$16,590	\$16,590	Contractual	\$0	\$0
	Other	\$9,444	\$9,444	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$62,602	Budget Total	\$62,602
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. *DO NOT* include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
Registered Nurse P	Y	Performs COVID-19 vaccine administration, reports vaccine data to the State, requests additional vaccine from State partners, monitors vaccine to ensure vaccine efficacy	100%	N/A	\$5,652.00	5	\$28,260
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
SalaryWage Total							\$28,260

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 %		28.38%
Fringe Benefits Total		\$8,020

FORM I-2: 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:	Travel Costs	
			Days/Employees		
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Mileage for conducting local vaccine provider vaccine storage and handling education and delivering or picking up COVID-19 vaccines	514	\$0.560	\$288		\$288
			\$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

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-3: EQUIPMENT 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. 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
None				\$0
				\$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

FORM I-4: SUPPLIES Including CONTROLLED ASSETS Budget Category

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.** Pro Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for defini to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification
Computer-Tablets X 1 included docking station, keyboard, stylus, mouse, and two monitors; \$2433 each	Computers to be used by health department staff for vaccine support operations.
Desk Phones X 1; \$749.10 ea	Desk phones to be used by health department staff to communicate with patients, healthcare providers and others regarding vaccines.
Cell Phone-Voice and Data X 1 includes standard mobile phone, case, and car charger; \$247.99 ea	Cell phones to be used by health department staff to communicate with patients, healthcare providers and others regarding vaccine operations.
Cell Phone Service Plan X 1 employees for 1 year annual cost of voice and data plan \$576 ea	Cell phone voice and data service plan to be used by health department staff using their cell phones to communicate with patients, healthcare providers and others regarding vaccine operations.
Scanner - Top Feed X 1; county standard desktop scanner; \$957 ea	Scanners to be used by vaccine support staff to produce electronic files for retention of vaccination reports and related documents
Personal protective equipment for vaccine adminstration; Type of product, pricing per item and quantities estimated and will vary	Gloves, masks, FIT test hood and bitter/sweet solution, and related PPE supplies to support health department clinics, city and county first responder agencies, local health care agencies, and other community stakeholders to preserve existing infrastructure and the community against the spread of disease.
Supplies for dispensing COVID-19 vaccine; Type of product and pricing per item and quantities estimated and will vary	Needles, syringes, bandages, gauze, sharps containers, hand sanitizer, alcohol pads, data loggers, mobile vaccine cooler batteries, and other supplies for health department vaccine clinics and local health care agencies to provide COVID-19 vaccinations.

/ Detail Form

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Provide a justification for each supply item.
Justification of supplies and detailed instructions

Total Cost
\$2,433
\$749
\$248
\$576
\$957
\$4,627
\$7,000
\$0

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

\$16,590

FORM I-5: 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., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
None						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]</small>	Purpose & Justification	Total Cost
Adobe DC software licenses X1; \$360 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in vaccine tasks.	\$360
Software-EA licenses X 1 includes Microsoft Office Suite; \$634 ea to install on tablets	Computer software to be used by health department staff to communicate by email, produce vaccine operation	\$634
Office chairs for staff at \$450 per chair X 1 employees	Cost for office chairs for staff to have at desk area	\$450
Overtime, compensatory time, and paid time off buyout	Overtime costs and time off buyout costs associated with staff working vaccine operations	\$8,000
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$9,444