

ATTACHMENT B BUDGET

Organization Name: Collin County Health Care Services

Program ID: IMM/COVID-19

Contract Number: HHS001019500012

Budget Categories	Total Budget Amount
Personnel	\$1,970,704.00
Fringe	\$580,095.00
Travel	\$15,920.00
Equipment	\$18,673.00
Supplies	\$200,982.00
Contractual	\$0.00
Other	\$119,772.00
Total Direct	\$2,906,146.00
Indirect	\$0.00
Total	\$2,906,146.00

Remainder of page intentionally left blank

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	\$1,320,096	\$1,320,096	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$392,069	\$392,069	\$0	\$0	\$0	\$0
C. Travel	\$3,920	\$3,920	\$0	\$0	\$0	\$0
D. Equipment	\$18,673	\$18,673	\$0	\$0	\$0	\$0
E. Supplies	\$186,918	\$186,918	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$73,756	\$73,756	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$1,995,432	\$1,995,432	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$1,995,432	\$1,995,432	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$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	\$1,320,096	\$1,320,096	Fringe Benefits	\$392,069	\$392,069
	Travel	\$3,920	\$3,920	Equipment	\$18,673	\$18,673
	Supplies	\$186,918	\$186,918	Contractual	\$0	\$0
	Other	\$73,756	\$73,756	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$1,995,432	Budget Total	\$1,995,432
-------------------	----------------------------	--------------------	---------------------	--------------------

*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: 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	\$650,608	\$650,608	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$188,026	\$188,026	\$0	\$0	\$0	\$0
C. Travel	\$12,000	\$12,000	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$14,064	\$14,064	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$46,016	\$46,016	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$910,714	\$910,714	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$910,714	\$910,714	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$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	\$650,608	\$650,608	Fringe Benefits	\$188,026	\$188,026
	Travel	\$12,000	\$12,000	Equipment	\$0	\$0
	Supplies	\$14,064	\$14,064	Contractual	\$0	\$0
	Other	\$46,016	\$46,016	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$910,714	Budget Total	\$910,714
-------------------	----------------------------	------------------	---------------------	------------------

*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.