

**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: 972-548-5508 Ext:   
Fax:   
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:   
E-mail: JWINMAN@CO.COLLIN.TX.US

Mailing Address (street, city, county, state, & zip):  
2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

PHEP (HAZARDS) Program Leader: Taylor Burton  
Phone: 972-548-4464 Ext:   
Fax:   
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:   
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 RD. #4192, MCKINNEY, TX 75069

**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:   
E-mail: JWINMAN@CO.COLLIN.TX.US

Emergency Contact SAMUEL GRADER  
Cell Phone: 469-500-5538 Ext:   
Fax:   
E-mail: SGRADER@CO.COLLIN.TX.US

Mailing Address (street, city, county, state, & zip):  
825 N. MCDONALD #130, MCKINNEY, TX 75069



FY2022

Contract Type: CPS/PH Workforce

**Applicant Information**

**Legal Name of Applicant Agency:**  
**Mailing Address:**

COLLIN COUNTY

Street / PO Box: 825 N. MCDONALD ST #130  
City: MCKINNEY, TX  
Zip: 75069

**Payee Name:**

COLLIN COUNTY

**Payee Mailing Address:**

Street / PO Box: 825 N. MCDONALD ST #130  
City: MCKINNEY, TX  
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: Upon execution  
End Date: 6/30/2023

**Counties Served**

County(ies) Served:  
  
COLLIN COUNTY

**Amount of Funding Allocated:**

\$1,250,000.00

## 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 (5)	Other Funds (6)
A. Personnel	\$756,853	\$756,853				
B. Fringe Benefits	\$308,342	\$308,342				
C. Travel	\$11,694	\$11,694				
D. Equipment	\$0	\$0				
E. Supplies	\$25,015	\$25,015				
F. Contractual	\$0	\$0				
G. Other	\$148,096	\$148,096				
H. Total Direct Costs	\$1,250,000	\$1,250,000				
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$1,250,000	\$1,250,000				



**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	
Preparedness Summit Conference or similar conference	Conference for Public Health and Emergency Preparedness Professionals		5 days / 3 employees	Mileage	\$552
				Airfare	\$1,500
				Meals	\$915
				Lodging	\$1,860
				Other Costs	\$600
				<b>Total</b>	<b>\$5,427</b>
Diseases in Nature Conference or similar conference	Conference for Epidemiology Professionals		5 days / 3 employees	Mileage	\$552
				Airfare	\$1,500
				Meals	\$915
				Lodging	\$1,860
				Other Costs	\$600
				<b>Total</b>	<b>\$5,427</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

**Total for Conference / Workshop Travel** \$10,854

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 all day travel within Dallas-Fort Worth metroplex will be utilized by all staff performing	1500	\$0.560	\$840		\$840
			\$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** \$840

Other / Local Travel Costs: \$840      Conference / Workshop Travel Costs: \$10,854      **Total Travel Costs:** \$11,694

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
				\$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 <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Computer-Tablets x 5 including docking station, key board, stylus, mouse, and two monitors ; \$2677 each	Computers to used by health department staff for public health operations.	\$13,385
Desk Phones x 5; \$308.00 ea	Desk phones to be used by health department staff to communicate with stakeholders, providers and others regarding public health activities	\$1,540
Cell Phone-Voice and Data x 7 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 public health activities	\$1,736
Scanner - Top Feed x 5; county standard desktop scanner; \$957 ea	Scanners to be used by staff to produce electronic files for retention of disease investigation reports and related documents	\$4,785
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)	\$2,000
Printer-Color-Medium with additional paper tray x 1; \$928 each printer, \$291 each tray	Printers to be used by staff to produce grant related documents	\$1,219
MiFi Device for x7 staff staff; Device cost \$50 ea.	MiFi devices to be used by staff with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$350
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

**\$25,015**

## 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
						\$0
						\$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
Conference registration fees for 12 staff members	Preparedness Summit Conference, Diseases in Nature, Collin County Mental Health Symposium or similar conference for 12 staff members; registration fees cost \$500 per person (\$500 x 12 x 2 years = \$12000)	\$12,000
Adobe DC software licenses x5; \$360 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks.	\$1,800
Software-EA licenses X 5 including Microsoft Office Suite;	Computer software to be used by health department staff to communicate by email, produce disease reports, enter and track disease surveillance data	\$3,810
Certifications and staff training	Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harassment, Diversity/Equity/Inclusion, and continuing education	\$17,300
Software for building vaccine data collection system interfaces, data processing, and data visualizations - License type and quantity will vary	Software examples may include licenses and maintenance fees for Laserfiche, Jotform, DocuSign, Tableau, ArcGIS, SQL, or other systems.	\$51,218
Facility enhancements	Minor facility enhancements for hardware upgrades to support functions of grant staff and public health workforce expansion	\$10,000
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; printing of employee business cards, as needed.	\$5,000
MiFi Device Service plans for 7x staff for 2 years; annual cost of MiFi service \$444 ea; (7 staff x 2 years x \$444 annual cost)	MiFi devices to be used by staff with their cell phone and/or tablet to access the county network, internet, and other software to conduct disease investigations while working remotely	\$6,216
Postage	Postage for outreach materials, mailings, and communications with stakeholders.	\$200
2x Office Desk Cubicle Package for staff; \$7577 ea.	Cost for necessary furniture required due to new positions resulting from expanded workforce	\$15,154
3x Workstation Desk Package for staff; \$3758 ea.	Cost for necessary furniture required due to new positions resulting from expanded workforce	\$11,274
3x Mobile Carts for printing, laptop storage and mobile services; \$300 ea.	Mobile carts to be used by staff to print materials and a mobile station for data entry and grant related functions	\$900
8x Office Chairs for staff; \$465 ea.	Cost for necessary furniture required for staff workstations	\$3,720
Cell Phone Service Plan x 7 employees for 2 years (7 employees x 2 years x \$576); 2 employees for 15 months of services (2 employees x \$720); 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 stakeholders, providers, and others regarding public health activities	\$9,504
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$148,096**



## **SUPPLEMENTAL INSTRUCTIONS**

The budget templates include a SUPPLEMENTAL 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 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 SUPPLEMENTAL budget templates are:

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



**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 \$0
				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**

Other / Local Travel Costs					
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**

Other / Local Travel Costs:  Conference / Workshop Travel Costs:  **Total Travel Costs:**







