CONTACT PERSON INFORMATION

Legal Business Name:	COLLIN COUNTY	
		ntractor's organization in addition to those on the FACE PAGE. If any of the and written notification to the Contract Management Unit.
Health Director/CEO	Candy Blair	Mailing Address (street, city, county, state, & zip):
Phone: <u>972-548-5508</u>	Ext:	
Fax: E-mail: <mark>cblair@co.collin.tx</mark> .	us	825 N. MCDONALD #130, MCKINNEY, TX 7506
B-13/FSR Rep:	JARRAD WINMAN	Mailing Address (street, city, county, state, & zip):
Phone: 972-548-4732	Ext:	
Fax: E-mail: JWINMAN@CO.C	OLLIN.TX.US	2300 BLOOMDALE RD. #4192, MCKINNEY, TX
PHEP (HAZARDS) Program Leade	r: Taylor Burton	Mailing Address (street, city, county, state, & zip):
Phone: 972-548-4464	Ext:	
Fax:		825 N. MCDONALD #130, MCKINNEY, TX 7506
	X.03	
SNS (CRI) Coordinator:	Amy Davis	Mailing Address (street, city, county, state, & zip):
Phone: 972-548-4473	Ext:	
ax:		
E-mail: aldavis@co.collin.t	X.US	825 N. MCDONALD #130, MCKINNEY, TX 7506
Authorized Cignoton (for DecuCign		Mailing Address (street sity southy state 9 sin)
Authorized Signatory for DocuSigr Phone: 972-548-4623	CHRIS HILL Ext:	Mailing Address (street, city, county, state, & zip):
Fax:		
E-mail: CHILL@CO.COLL	IN.TX.US	2300 BLOOMDALE RD. #4192, MCKINNEY, TX
Additional Authorized Signatory fo	r	
DocuSign only if applicable (FFATA, Certs, etc)		
Phone:	Ext:	
Fax:		
E-mail:		
DocuSign "CC" Person	JARRAD WINMAN	
Phone: <u>972-548-4732</u> Fax:	Ext:	
E-mail: JWINMAN@CO.C	OLLIN.TX.US	
Emergency Contact	SAMUEL GRADER	Mailing Address (street, city, county, state, & zip):
Cell Phone: <u>469-500-5538</u>	Ext:	
Fax:SGRADER@CO.C		825 N MCDONALD #130 MCKINNEY TX 7506

MCKINNEY, TX 75069

MCKINNEY, TX 75069

(INNEY, TX 75069

TEXAS Department of State Health Services	FY2022 Contract Type: CPS/PH Workforce Applicant Information
City	COLLIN COUNTY 825 N. MCDONALD ST #130 MCKINNEY, TX 75069
Payee Name:	COLLIN COUNTY
City	825 N. MCDONALD ST #130 MCKINNEY, TX 75069
State of Texas Comptroller Vendor ID #(9digit + 3 digit mail code):DUNS # (9 digits required for subrecipient contractors):	74873449
Type of Entity (Choose one) City County Other Political Subdivision	
End Date	Upon execution 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

B	Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (5)	Other Funds (6)
Α.	Personnel	\$756,853	\$756,853				
Β.	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				
Η.	Total Direct Costs	\$1,250,000	\$1,250,000				
Ι.	Indirect Costs	\$0	\$0				
J.	Total (Sum of H and I)	\$1,250,000	\$1,250,000				

PERSONNEL Budget Category Detail Form

PERSONNEL	Vacant			Certification or License	Estimated Monthly	Number	Salary/Wages Requested for
Name + Functional Title	Y/N	Job Summary	FTEs	(Enter NA if not required)	Salary/Wage	of Months	Project
pidemiologist	N	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	1.00	NA	\$5,601	15	\$84,01
Epidemiologist	N	Performs disease & contact investigations, COVID-2019 surveillance and reporting, supports PHEP activities	1.00	NA	\$5,601	15	\$84,01
inancial Analyst	Y	Assist with grant performance goals and deliverables, supports grant functions related to COVID-19	1.00	NA	\$5,144	23	\$118,31
Health Care Analyst	Y	Provides administrative support for Epidemiology, PHEP, Immunizations programs	1.00	NA	\$4,293	23	\$98,73
Asset Management Technician	Y	Maintains inventory system and manages the procurement and disposition of assets and supplies related to COVID-19	1.00	NA	\$3,624	23	\$83,35
Registered Nurse	Y	Performs COVID-19 vaccine administration, reports vaccine data to the State, requests additional vaccine from State partners, monitors vaccine to ensure vaccine efficacy	1.00	RN	\$7,396	23	\$170,10
unctional Analyst	Y	Monitors, updates, and maintains health department's databases/software, identifying areas for improvement, testing updates and new software	1.00	NA	\$5,144	23	\$118,31
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							م \$
							\$
							\$
	*			TOTAL FROM PERSON	NEL SUPPLEMEN	TAL SHEETS	\$
					SalaryWag	e Total	\$756,85

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

Total Number of FTEs:	7.00	Fringe Benefit Rate %	40.74%
		Fringe Benefits Total	\$308,342

TRAVEL	. Budget	Category	Detail	Form
--------	----------	----------	--------	------

COLLIN COUNTY

Legal Name of Respondent:

Prep Prep	Justification ference for Public Health and Emergency paredness Professionals	Location City/State	Days & Employees 5 days / 3 employees	Travel Cos Mileage Airfare Meals Lodging Other Costs Total	\$555 \$1,500 \$919 \$1,860 \$600
Prep Prep	aredness Professionals		5 days / 3	Airfare Meals Lodging Other Costs	\$1,50 \$91 \$1,86 \$60
Prep Prep	aredness Professionals			Meals Lodging Other Costs	\$1,500 \$915 \$1,860 \$600
Prep Prep	aredness Professionals			Lodging Other Costs	\$1,860 \$60
			employees	Other Costs	\$60
iseases in Nature Conference or similar conference Conf					
iseases in Nature Conference or similar conference Conf				Total	
iseases in Nature Conference or similar conference Cont					\$5,42
iseases in Nature Conference or similar conference Cont	for a fact that the Defective			Mileage	\$552
iseases in Nature Conference or similar conference Conf	for the Fall with the Duff with the			Airfare	\$1,500
			o dayor o	Meals	\$915
	referice for Epidemiology Professionals		employees	Lodging	\$1,860
				Other Costs	\$600
				Total	\$5,421
				Mileage	\$0
				Airfare	\$(
				Meals	\$0
				Lodging	\$(\$(\$(\$(
				Other Costs	\$(
				Total	\$1
				Mileage	\$(
				Airfare	\$0
				Meals	\$(
				Lodging	\$(
				Other Costs	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
				Total	\$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 FF	ROM TRAVEL	SUPPLEMENTAL OTHER/LOCAL TF	RAVEL COSTS	BUDGET SHEETS	\$0

Respondent's Travel Policy

Total for Other / Local Travel \$840

Other / Local Travel Costs: \$840

Total Travel Costs: \$11,694

ts: \$840 Conference / Workshop Travel Costs: \$10,854

State of Texas Travel Policy

Indicate Policy Used:

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 \$0
	TOTAL FROM EQUIPMENT SUPP	LEMENTAL B	UDGET SHEETS	\$0

Total Amount Requested for Equipment:

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
Computer-Tablets x 5 including docking sation, 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, etcto produce reports, documentation, and support grant functions. (Individual supply items will not exceed \$499.00)	
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	\$2,000 \$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 remorely	\$350

TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:



Revised: 3/25/2014

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.

	0					
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
		TO	TAL FROM CONTRACTUAL SU	PPLEMENTAL B	UDGET SHEETS	\$0

Total Amount Requested for CONTRACTUAL:

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)	\$12,00
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.	\$1,80
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	\$3,81
Certifications and staff training	Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harassment, Diversity/Equity/Inclusion, and continuing education	\$17,30
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.	\$ 5.00
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	\$5,000 \$6,210
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.	station for data entry and grant related functions	\$900
8x Office Chairs for staff; \$465 ea. Cell Phone Service Plan x 7 employees for 2 years (7 employees x 2 years x \$576); 2 employees for 15 months o services (2 employees x \$720); annual cost of voice and	f department staff using their cell phones to communicate with	\$3,72
data plan \$576 ea	activities	\$9,504
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$



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 cognizan agency or state single audit coordinating agency. Expired rate agreements ar not acceptable. Attach a copy of the rate agreement to this form (Form I - Indirect)	e BASE:
Applies only to governmental entities. The respondent's current <u>central serv</u> cost rate or indirect cost rate. Attach a copy of Certification of Cost Allocati Plan or Certification of Indirect Costs. Note: Governmental units with only a Central Service Cost Rate must also inclu the indirect cost of the governmental units department (i.e. Health Department), 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 the Cost Allocation Plan that is submitted to DSHS.	on TYPE: BASE: de In (
A cost allocation plan. A cost allocation plan as specified in the DSHS Contract Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.	
GO TO PA	AGE 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 <u>do not use an indirect cost rate</u> and <u>governmental entities with only a central service rate</u> 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 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

PERSONNEL Budget Category Detail Form (Supplemental)

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title	1/N	Computers to used by health	FIES	not required)	Salai y/waye	Montins	Flojeci
		department staff for vaccine support					
		operations.					
			_				
			_				
			_				
			-				
			-				
			-				
			-				
			_				
			_				
	1		1			1	

onference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	5
				Mileage	ç
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	
				Mileage Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	
				Mileage	
				Airfare	
				Meals	
				Lodging	
		1		Other Costs	
				Total	

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Total Travel Costs:

\$0

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
			Tota	l for Other / Loca	I Travel \$0

Conference / Workshop Travel Costs: \$0

Other / Local 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
				\$0

Total Amount Requested for Equipment:

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
		\$0

Total Amount Requested for Supplies:

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:

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent:	COLLIN COUNTY				
	1				
Description of Item					
[If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost			
[in applicable, module quantity and coolequalities (i.e. in or anno a coole anity]					

Total Amount Requested for Other: