TEXAS Department of State Health Services

FY2022

COVID-19 Vaccine Capacity Project 1

Applicant Information

Legal Name of Applicant Agency: COLLIN COUNTY

Mailing Address:

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)

Click on appropriate box

City: ☐
County: ☑
Other Political Subdivision: ☐

Project Period

Start Date: Upon execution
End Date: 6/30/2024

Counties Served

County(ies) Served: COLLIN COUNTY

Amount of Funding Allocated: $1,995,432.00

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			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-5508	Ext:		
Fax:				
E-mail:	cblair@co.collin.tx.us			825 N. MCDONALD #130, MCKINNEY, TX 75069
B-13/FSR Rep:	JARRAD WINMAN			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4732	Ext:		
Fax:				
E-mail:	JWINMAN@CO.COLLIN.TX.US			2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069
PHEP (HAZARDS) Program Leader:	Meredith Nurge			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4708	Ext:		
Fax:				
E-mail:	mnurge@co.collin.tx.us			825 N. MCDONALD #130, MCKINNEY, TX 75069
SNS (CRI) Coordinator:	Amy Davis			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4473	Ext:		
Fax:				
E-mail:	aldavis@co.collin.tx.us			825 N. MCDONALD #130, MCKINNEY, TX 75069
Authorized Signatory for **DocuSign**	CHRIS HILL			Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4623	Ext:		
Fax:				
E-mail:	CHILL@CO.COLLIN.TX.US			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	Taylor Burton			Mailing Address (street, city, county, state, & zip):
Cell Phone:	972-548-4464	Ext:		
Fax:				
E-mail:	tburton@co.collin.tx.us			825 N. MCDONALD #130, MCKINNEY, TX 75069

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	$1,311,009	$1,311,009				
B. Fringe Benefits	$401,038	$401,038				
C. Travel	$4,038	$4,038				
D. Equipment	$18,673	$18,673				
E. Supplies	$186,918	$186,918				
F. Contractual	$0	$0				
G. Other	$73,756	$73,756				
H. Total Direct Costs	$1,995,432	$1,995,432				
I. Indirect Costs	$0	$0				
J. Total (Sum of H and I)	$1,995,432	$1,995,432				

PERSONNEL Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY

PERSONNEL Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Financial Analyst	N	Assist with grant performance goals and deliverables, supports grant functions related to COVID-19	1.00	NA	$5,780	36	$208,080
Functional Analyst	N	Assist with grant performance goals and deliverables, intregration of technology solutions for vaccine data systems, supports grant functions related to COVID-18	1.00	NA	$5,780	36	$208,080
Registered Nurse	N	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	$5,991	24	$143,784
Registered Nurse	N	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	$5,991	24	$143,784
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	$5,991	24	$143,784
Registered Nurse	N	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	$5,991	6	$35,946
Nurse Practitioner	N	Manages COVID-19 vaccine staff and assists with questions from patients and adverse reactions	1.00	NA	$7,146	7	$50,022
Medical Assistant	N	Assist with COVID-19 vaccine data entry, paperwork, and phone calls. May augment medical staff as necessary	1.00	NA	$3,277	5	$16,385
Medical Assistant	N	Assist with COVID-19 vaccine data entry, paperwork, and phone calls. May augment medical staff as necessary	1.00	NA	$3,277	24	$78,648
Health Care Analyst	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	NA	$4,414	16	$70,624
Health Care Analyst	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	NA	$4,414	16	$70,624
Health Care Analyst	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	NA	$4,414	16	$70,624
Health Care Analyst	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	NA	$4,414	16	$70,624
							$0
							$0
							$0
							$0
							$0
							$0
							$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							$0
					SalaryWage Total		$1,311,009

FRINGE BENEFITS **Itemize the elements of fringe benefits in the space below:**

a. Fringe Benefits: FICA/Medicare (salary x 0.0765), Insurance Premiums ($1,300 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

Total Number of FTEs:	**13.00**	**Fringe Benefit Rate %**	30.59%
		Fringe Benefits Total	$401,038

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	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				Mileage	$0
				Airfare	$0
				Meals	$0
				Lodging	$0
				Other Costs	$0
				Total	$0
				Mileage	$0
				Airfare	$0
				Meals	$0
				Lodging	$0
				Other Costs	$0
				Total	$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					$0

Total for Conference / Workshop Travel $0

Revised: 3/25/2014

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 day travel within DFW metroplex. Will be utilized by all staff performing COVID-19 duties.	2210	$0.560	$1,238		$1,238
Long term care or underserviced vaccine outreach visits, visitis for provider education	5000	$0.560	$2,800		$2,800
			$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 $4,038

Other / Local Travel Costs: $4,038 **Conference / Workshop Travel Costs:** $0 **Total Travel Costs:** **$4,038**

Indicate Policy Used: **Respondent's Travel Policy** **State of Texas Travel Policy**

Revised: 3/25/2014

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
Vaccine Freezer Storage	To store vaccines requiring ultra cold temperature	1	$18,673	$18,673
				$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: **$18,673**

Revised: 3/25/2014

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 9 included docking station, keyboard, stylus, mouse, and two monitors; $2433 each	Computers to be used by health department staff for vaccine support operations.	$21,897
Desk Phones X 9; $749.10 ea	Desk phones to be used by health department staff to communicate with patients, healthcare providers and others regarding vaccines.	$6,742
Cell Phone-Voice and Data X 9 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.	$2,232
Cell Phone Service Plan X 7 employees for 2 year and 2 employees at 3 years 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 disease investigations	$11,520
Scanner - Top Feed X 9; county standard desktop scanner; $957 ea	Scanners to be used by vaccine support staff to produce electronic files for retention of disease investigation reports and related documents	$8,613
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)	$3,000
Printer-Color-Medium with additional paper tray X 2; $928 each printer, $291 each paper tray	Printing items associated with vaccine operations and clinics	$2,438
Ultra-low cold data logger kits and recalibration, primary and backups x 6; $147 ea logger, $50 recalibration every two years per logger	Data loggers for ensuring temperature stability for vaccine products. Recalibration every two years to ensure data loggers are performing appropriately.	$1,182

Personal Protective Equipment (PPE) - type of product, pricing per item and quantities estimated and will vary	PPE to be used as protective barrier by staff providing vaccination services and those with support roles. Items will include those not provided in vaccine shipments and those needed by ancillary staff such as front counter staff. These supplies may include gloves, masks, and similar items for use in vaccine clinics over 2 years of operations.	$20,544
Supplies used for dispensing COVID vaccine --type of product and pricing per item and quantities estimated and will vary	Items necessary for vaccination operations to be used by staff members involved in the administration of vaccines to the public. Items may include trash liners, biohazard bags, gauze, needles, crash carts, hand sanitizer, sharps containers, and epi pens for use over 2 years of operations.	$60,000
Onsite AED Defibrillator X 2; $1,398 each	AED to be used in case of emergencies while at mobile vaccine clinics; 4 total	$2,796
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.	$13,000
Mobile vaccine storage bags; small: 2 x $679; and large: 4 x $899	Mobile vaccine storage bags to transport COVID-19 vaccine to underserved communities and perform vaccinations	$4,954
Computer-Tablets X 10 with accessories at $2,700 each	Computers to be used by health department staff for vaccine support operations and all necessary accessories	$27,000
Mobile computer charging station/dock	Cost for multi-computer charging station for 10 computers that are used for mobile vaccination clinics	$1,000
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Supplies: **$186,918**

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
				TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS		$0

Total Amount Requested for CONTRACTUAL: **$0**

Revised: 3/25/2014

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent: COLLIN COUNTY

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
MiFi Device and Service Plan for x 7 staff 2 years and for 2 staff for 3 years; MiFi Device cost $0, annual cost of MiFi service $444 ea	MiFi Devices for additional staff	$8,880
Adobe DC software licenses X9; $360 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in vaccine tasks.	$3,240
Software-EA licenses X 9 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	$5,706
Postage	Postage for outreach materials and communication. PHEP mailings and communications with stakeholders.	$3,000
Office chairs for staff at $450 per chair X 9 employees	Cost for office chairs for staff to have at desk area	$4,050
Data cards for mobile vaccine computers to use at clinics x 10 at $444 each annually, for two years	Data cards (with data plan) for computers/tablets for vaccine appointments	$8,880
Electronic vaccine data system upgrades	Vaccine data system upgrades to include electronic medical record system and API enhancements for inter-system integration	$40,000
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other:	**$73,756**

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 cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**	**RATE:** **BASE:**	
Applies only to governmental entities . The respondent's current central service cost rate **or** indirect cost rate. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.** **Note:** Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In 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 of the Cost Allocation Plan that is submitted to DSHS.	**RATE:** **TYPE:** **BASE:**	
A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.		

GO TO PAGE 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 do not use an indirect cost rate and governmental entities with only a central service rate 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)

Legal Name of Respondent: COLLIN COUNTY

PERSONNEL Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
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							$0
							$0
							$0
							$0
							$0
							$0
			0.00				
					SalaryWage Total		$0

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	
				Total	$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	$0
				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 for Conference / Workshop Travel $0

Revised: 3/25/2014

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 $0

Other / Local Travel Costs: $0 **Conference / Workshop Travel Costs:** $0 **Total Travel Costs:** **$0**

Revised: 3/25/2014

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

Total Amount Requested for Equipment: **$0**

Revised: 3/25/2014

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: **$0**

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: **$0**

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent: COLLIN COUNTY

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost

Total Amount Requested for Other: **$0**