FY2023

Contract Type: CPS/CRI

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
Texas Payee ID No.	17560008736
Federal Employer Identification Number	75-6000873

Type of Entity (Choose one)

Click on appropriate box

- City: ☐
- County: ☑
- Other Political Subdivision: ☐

Project Period

Start Date:	7/1/2022
End Date:	6/30/2023

Counties Served

County(ies) Served: COLLIN COUNTY

Amount of Funding Allocated: $133,431.00

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
Phone: 972-548-5504 Ext:
Fax:
E-mail: cblair@co.collin.tx.us
Mailing Address (street, city, county, state, & zip): 825 N. MCDONALD ST #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: Meredith Nurge
Phone: 972-548-4708 Ext:
Fax:
E-mail: mnurge@co.collin.tx.us
Mailing Address (street, city, county, state, & zip): 825 N. MCDONALD ST #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 ST #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)**: Jarrad Winman
Phone: 972-548-4732 Ext:
Fax:
E-mail: jwinman@co.collin.tx.us

DocuSign "CC" Person: Eric Dickey
Phone: 972-548-5696 Ext:
Fax:
E-mail: edickey@co.collin.tx.us

Emergency Contact: Taylor Burton
Cell Phone: 214-973-2023 Ext:
Fax:
E-mail: tburton@co.collin.tx.us
Mailing Address (street, city, county, state, & zip): 825 N. MCDONALD ST #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 (Match) (5)	Other Funds (6)
A. Personnel	$88,310	$84,657			$3,653	
B. Fringe Benefits	$37,488	$36,047			$1,441	
C. Travel	$5,267	$5,267			$0	
D. Equipment	$0	$0			$0	
E. Supplies	$2,980	$2,980			$0	
F. Contractual	$0	$0			$0	
G. Other	$12,730	$4,480			$8,250	
H. Total Direct Costs	$146,775	$133,431	$0	$0	$13,344	$0
I. Indirect Costs	$0	$0				
J. Total (Sum of H and I)	$146,775	$133,431	$0	$0	$13,344	$0
				Match Percentage	10.00%	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

Revised: 04/14/2014

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
Aubrey Saylor, PHEP Planner	N	Performs PHEP activities to include supporting planning needs, partnering with stakeholders, and other grant functions	0.25	NA	$6,071	12	$18,213
Amy Davis, PHEP Planner	N	Performs PHEP activities to include supporting planning needs, partnering with stakeholders, and other grant functions	1.00	NA	$5,537	12	$66,444
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							$0
					SalaryWage Total		$84,657

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

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), 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.

Total Number of FTEs:	1.25	Fringe Benefit Rate %	42.58%
		Fringe Benefits Total	$36,047

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	
TALON Conference	Conference for public health and emergency preparedness professionals	TBD	5 days/1 employee	Mileage	$400
				Airfare	
				Meals	$300
				Lodging	$1,500
				Other Costs	$300
				Total	$2,500
NACCHO Conference	Conference for public health and emergency preparedness professionals	TBD	7 days/1 employee	Mileage	$50
				Airfare	$700
				Meals	$400
				Lodging	$1,200
				Other Costs	$300
				Total	$2,650
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				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 $5,150

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 PHEP funded staff.	200	$0.585	$117		$117
			$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 $117

Other / Local Travel Costs: $117 **Conference / Workshop Travel Costs:** $5,150 **Total Travel Costs:** **$5,267**

Indicate Policy Used: **Respondent's Travel Policy** Yes **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
None				$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**

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
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc…to produce reports, documentation, and support grant functions.	$650
Reflective Safety Vests/Deployment Supplies	Designated reflective safety vests for Medical Reserve Corps members, to be worn at POD sites (drive-thru, outdoor or indoor location), real world events, or exercises and drills. Reflective safety vests will identify roles and specific skillset of volunteers at POD site locations or MRC events, as well as distinguish volunteers from public health emergency preparedness staff. The reflective safety vests will help identify volunteers stationed in various sections at a POD (i.e. Safety, Logistics, Screening, etc.), as well as distinguish our staff and volunteers from other jurisdictions. The reflective safety vests are essential for safety and traffic control at PODs and MRC events. Approximately $20 each. Specifications: ANSI compliance preffered, breathable material with reflective tape. Deployment supplies are for the MRC members to be prepared for activation to an incident, event or POD site; these supplies include preparedness items and the necessary supplies to sustain activities (i.e., preparedness supplies, "go bag" supplies, blankets, first aid kits, totes, portable chargers, etc....)	$650

POD and Dispensing Supplies	Various supplies for deployable POD kits. These include additonal POD signage inside the POD, external signage and drive-thru items (such as cones, safety lights, small barriers, and stanchions), replacement or existing expired POD supplies (such as hand sanitizer, hand held radios, batteries, bandages, scales, masks, PPE, storage containers and bags, training assets for drills, etc...), administrative supplies for drive-thru PODs (such as enclosed clipboards), and POD inventory supplies (such as inventory marking tools and supplies). Gloves, masks, crowd control posts, signs, etc., as needed to support various deliverables, including Mass Prophylaxis operations and dispensing models other than open PODs. Also includes alpha or first responder POD planning not covered by POD supplies. Office-type supplies, specific quantities or items are not finalized at this time.	$1,180
MRC Supplies	Deployment supplies are for the MRC members to be prepared for activation to an incident, event or POD site; these supplies include preparedness items and the necessary supplies to sustain activities (i.e. preparedness supplies, "go bag" supplies, blankets, first aid kits, totes, portable chargers, etc....)	$500
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Supplies:	$2,980

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
None						$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
ATT Wireless Cell Phone Service Plans	Cell phone voice and data service plan to be used by grant staff using their cell phones to communicate with stakeholders, providers, and others regarding public health activities. ($55/month x 2 staff x 12 months = $1320)	$1,320
MiFi Device Service Plans	MiFi device service plans to be used by staff with their cell phone and/or laptop to access the county network, internet, and other software for program activities ($40 x 12 months x 2 employees = $960)	$960
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 about SNS and mass prophylaxis; printing of employee business cards, as needed.	$650
Conference/Workshop Registration Fees	Registration fees for: registration for NACCHO Preparedness Summit $800 X 1, TALON Conference $100 X 1, or other conference/workshop fees relavent to the program	$900
Online Training	Bloodborne pathogens, HIPAA and Confidentiality, Sexual Harrassment, Saf-T Pak, and Cultural Competancy online training for PHEP staff and Medical Reserve Corps members. The bloodborne pathogens training is intended to educate about bloodborne diseases and proper PPE which during a large scale disaster or POD activation the MRC may be rendering medical care. HIPAA and confidentiality training to assure compliance with Federal HIPAA regulations,PHEP staff and the MRC will be involved with patient data through screening forms at POD sites and at flu clinics. Modules will be purchased as needed.	$650

	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	$0

Total Amount Requested for Other: **$4,480**

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):

Statement		
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 and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH 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 MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

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 amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

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

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

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
							$0
							$0
							$0
			0.00				
					SalaryWage Total		$0

PERSONNEL Budget Category Detail Form (Match)

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
MATCH - Jarrad Winman, Grant Accountant	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	$6,089	12	$3,653
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
							$0
					SalaryWage Total		$3,653

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

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 $30.08 per month.

Fringe Benefit Rate %	39.44%
Fringe Benefits Total	$1,441

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	
				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

TRAVEL Budget Category Detail Form (Match)

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	
				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

EQUIPMENT AND CONTROLLED ASSETS Budget Category
Detail Form (Match)

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

Total Amount Requested for Supplies: $0

Revised: 3/25/2014

SUPPLIES Budget Category Detail Form (Match)

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

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

Revised: 3/25/2014

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**

Revised: 3/25/2014

CONTRACTUAL Budget Category Detail Form (Match)

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**

OTHER COSTS Budget Category Detail Form (Match)

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
MATCH - Volunteer Activities	MRC volunteer training and events participation (26.43/hour - calculated from Independent Sector for 312 hours of service)	$8,250

Total Amount Requested for Other: **$8,250**

Revised: 3/25/2014