



FY23- TB STATE

TB State

Applicant Information

Legal Name of Applicant Agency:

Collin County

Mailing Address:

Street / PO Box: 825 N. McDonald Street, Suite 130

City: McKinney

Zip: 75069

Payee Name:

Collin County

Payee Mailing Address:

Street / PO Box: 825 N. McDonald Street, Suite 130

City: McKinney

Zip: 75069

State of Texas Comptroller Vendor ID # (11 digit + 3 digit mail code):

DUNS # (9 digits required for subrecipient contractors):

74873449

Fiscal Year-End Date (MM/DD)

08/23

Type of Entity (Choose one)

- City: Click on appropriate box
- County:
- Other Political Subdivision:
- Nonprofit Organization:
- Community-Based Organization:
- Hospital:
- State Controlled Institution of Higher Learning:
- Other:
- Faith Based (Nonprofit Org):

Contract Term:

Start Date: 9/1/2022

End Date: 8/31/2023

State-wide or Counties Served

State-wide or County(ies) Served:

Collin County

Amount of Funding Allocated:

\$299,599.00

CONTACT PERSON INFORMATION

Legal Business Name: Collin County

This form provides information about the appropriate contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written/e-mail notification to the Assigned Contract Manager.

Health Director / CEO / Executive Director: Candy Blair
Direct Phone: 972-548-5504 Ext:
E-mail: cblair@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald, Suite 130, McKinney, Texas 75069

B-13 Submitter: Irma Salera
Direct Phone: 972-548-4511 Ext:
E-mail: isalera@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale Rd, Suite 3100, McKinney, Texas 75069

Program Lead Person: Candice Akins
Direct Phone: 972-548-5509 Ext:
E-mail: cakins@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald, Suite 130, McKinney, Texas 75069

Contract Lead Person: Christian Jimenez
Direct Phone: 972-548-5619 Ext:
E-mail: cjimenez@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. McDonald, Suite 130, McKinney, Texas 75069

Contract Authorized Signatory: County Judge Chris Hill
Direct Phone: 972-548-4632 Ext:
E-mail: chill@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale Rd., Suite 4192 McKinney, Texas 75071

Additional Contract Authorized Signatory: Irma Salera
Direct Phone: 972-548-4511 Ext:
E-mail: isalera@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 Bloomdale Rd, Suite 3100, McKinney, Texas 75069

FFATA/Assurances Signatory: Irma Salera
Direct Phone: 972-548-4511 Ext:

Mailing Address (street, city, county, & zip):

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	\$224,182	\$181,474			\$42,708	
B. Fringe Benefits	\$102,323	\$85,111			\$17,212	
C. Travel	\$1,463	\$1,463			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$27,331	\$27,331			\$0	
F. Contractual	\$2,400	\$2,400			\$0	
G. Other	\$1,820	\$1,820			\$0	
H. Total Direct Costs	\$359,519	\$299,599	\$0	\$0	\$59,920	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$359,519	\$299,599	\$0	\$0	\$59,920	\$0
				Match Percentage	20.00%	

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
Chau Nguyen (ID: 010719) - Registered Nurse (RN)	N	Provides nurse case management of TB cases and contacts	0.40	License	\$6,738	12	\$32,342
Lindsey Kurian (ID: 010714) - Health Care Analyst	N	Performs contact investigation duties related to TB cases	0.40	NA	\$5,045	12	\$24,216
Sovanary Chhuon (ID: 011852) - TB Outreach	N	Provides directly observed therapy to TB cases and contacts, may assist with contact investigations	0.40	NA	\$4,003	12	\$19,214
Lus Alonso-Valadez (ID: 012985)- Medical Assistant	N	Provides clinical and administrative support to the TB program and its patients; translates for Spanish speaking TB patients during TB services	0.45	Certification	\$3,247	12	\$17,534
Rachel Davidson (ID: 012729) - Health Care Analyst	N	Provides nurse case management of TB cases and contacts	0.45	License	\$4,554	12	\$24,592
Functional Analyst	Y	Monitors, updates, and maintain TB department's databases/software, identifying areas for improvement, testing updates and new software	1.00	NA	\$5,298	12	\$63,576
							\$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	\$181,474

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:	3.10	Fringe Benefit Rate % 46.90%
		Fringe Benefits Total \$85,111

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:	Travel Costs												
			Days & Employees													
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		Total	\$0
Mileage																
Airfare																
Meals																
Lodging																
Other Costs																
Total	\$0															
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		Total	\$0
Mileage																
Airfare																
Meals																
Lodging																
Other Costs																
Total	\$0															
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td style="text-align: right;">\$0</td></tr> <tr><td>Airfare</td><td style="text-align: right;">\$0</td></tr> <tr><td>Meals</td><td style="text-align: right;">\$0</td></tr> <tr><td>Lodging</td><td style="text-align: right;">\$0</td></tr> <tr><td>Other Costs</td><td style="text-align: right;">\$0</td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table>	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															
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td style="text-align: right;">\$0</td></tr> <tr><td>Airfare</td><td style="text-align: right;">\$0</td></tr> <tr><td>Meals</td><td style="text-align: right;">\$0</td></tr> <tr><td>Lodging</td><td style="text-align: right;">\$0</td></tr> <tr><td>Other Costs</td><td style="text-align: right;">\$0</td></tr> <tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$0</td></tr> </table>	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

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel expenses for staff to conduct home-visits to TB patients, visits to providers office for TB education/presentations, and site visits for contact	2500	\$0.585	\$1,463		\$1,463
			\$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 \$1,463

Other / Local Travel Costs: \$1,463

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$1,463

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
				\$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
Reference Materials	TB reference books/education for providers and TB staff (i.e. AAP "Red Book" \$55/unit x 20, Control of Communicable Diseases \$90/unit x 10, etc.)	\$2,000
Computer-Tablet x1 including docking station, backpack, key board, stylus, mouse, and two monitors; \$2977 each	Computer to be used by health department staff for TB operations.	\$2,977
Desk phone x1; \$308 each	Desk phone to be used by health department staff to communicate with stakeholders, providers, and other regarding TB activities	\$308
Scanner - Top Feed x1; county standard desktop scanner \$957 each	Scanner to be used by TB staff to produce electronic files for TB reports and related documents.	\$957
Medical Supplies: Personal Protection Equipment (PPE) masks \$25/box x 20 units = \$500	Protection equipment masks for TB program use (Face covering, N95, etc.)	\$500
Medical Supplies: Bandages for drawing blood; \$60/per case x 30 units = \$1800	Bandages for TB program medical supply needs	\$1,800
Medical Supplies: Blood Collection Tubes \$55/unit x 35 = \$1925	Collecton tubes for TB program medical supply needs	\$1,925
Medical Supplies: Hand Sanitizer refill 1000ml; \$120/unit x 5	For TB program staff sanitation while conducting TB program activities	\$600
Medical Supplies: Antimicrobial soap refill \$140/case x 5	Supplies for staff sanitation needs	\$700
Medical Supplies: Caviwipes \$100/case x 20	Supplies to clean, sanitize, and disinfect TB program areas	\$2,000
Medical Supplies: Medium Disposable Gloves \$340/case x 5	Personal protection equipment for TB program staff	\$1,700
Medical Supplies: Large Disposable Gloves \$340/case x 5	Personal protection equipment for TB program staff	\$1,700

Medical Supplies: Vacutainer Needle Holder Bags \$10/unit x 50	Supplies for proper storage and handling of biohazardous/sharps material	\$500
Medical Supplies: Sharps containers \$73.15/case x 6	Supplies for proper storage and handling of biohazardous/sharps waste	\$439
Medical Supplies: Alcohol Prep Wipes \$4/unit x 150	Supplies for TB program medical supply needs	\$600
Medical Supplies: Coverlet Bandages \$5/unit x 100	Bandages for TB program medical supply needs	\$500
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$8,125

Total Amount Requested for Supplies:

\$27,331

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
Jerry Barnett	Pharmacist	Needed for TB patient medications	Monthly	12	\$200.00	\$2,400
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: **\$2,400**

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>Include quantity and cost/quantity</small>	Purpose & Justification	Total Cost
AT&T Phone Service - Voice and Data Plan	Required for the cell phone - \$55/month data usage plan x 12 months for staff. Outreach worker needs to report adverse reactions immediately to Physician. Outreach worker needs to be able to find patients' home by calling them when they are in the field. Outreach worker needs to be able to call 911 if a medical emergency occurs at the home of a TB patient.	\$660
Software-EA License x1 including Microsoft Office Suite	Computer software to be used by health department staff to communicate by email, produce TB reports, enter and track TB data.	\$800
Adobe DC software license x1; \$360 each	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks.	\$360
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$1,820

Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount: \$0

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 (Indirect Costs)**

RATE:	EXAMPLE 8.75%
BASE:	EXAMPLE - Modified total direct, including subgrants and subcontracts up to the first \$25,000; excluding equipment, capital equipment, as well as the portion of each subgrant and subcontract in excess of \$25,000.00.

INSTRUCTIONS: Organizations that have an approved indirect cost rate should complete the section above by marking the box and indicating the rate and base. A copy of the approved rate agreement that will be in effect during the contract term should be submitted with the Budget Templates. If a rate agreement is pending, submit the latest approved agreement.

I attest that I have not had an approved indirect cost rate and I am requesting/electing to utilize the de minimis indirect cost rate.

I elect not to request indirect costs.

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	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
Name + Functional Title							
							\$0
							\$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
Kasi St. John - Nurse (RN)	N	Provides nurse case management of TB cases and contacts	0.57	License	\$6,211	12	\$42,708
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$42,708

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
<p>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.</p>	
	Fringe Benefit Rate %
	40.30%
	Fringe Benefits Total
	\$17,212

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

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
			\$0		\$0

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

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

Total for Conference / Workshop Travel

\$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
			\$0		\$0

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

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

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

**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
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

\$0

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 <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Medical Supplies: Ancillary Supplies/Needles \$85/unit x 20	Needles for TB program medical supply needs	\$1,700
Medical Supplies: 3cc Syringe \$300/case x 10	Syringes for TB program medical supply needs	\$3,000
Medical Supplies: Disinfectant spray \$125/case x 5	For sanitation and disinfection of TB program areas	\$625
Medical Supplies: Biohazard Specimen Bags \$120/case x 5	Bags to remove biohazardous waste related to TB program	\$600
Office Supplies: Printing paper \$100/unit x 3	Printing supplies for printing TB program communication activities	\$300
Office Supplies: Staples Pack \$10/unit x 5	Staple packs for TB staff to document files and other items	\$50
Office Supplies: Writing Legal Pads \$50/unit x 1	Writing legal pads for TB Program staff documentation	\$50
Office Supplies: Sticky Notes Pack \$20/unit x 2	Sticky notes for TB program staff notetaking and documentation	\$40
Office Supplies: Miscellaneous office supplies to include 3-ring binders, paper clips, folders, scotch tape, tape dispensers (\$12/unit x 5)	Miscellaneous office supplies for TB staff use for program activities	\$60
Medical Supplies: Small Disposable Gloves \$340/case x 5	Personal protection equipment for TB program staff	\$1,700

Total Amount Requested for Supplies:

\$8,125

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
						\$0

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

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
						\$0

Total Amount Requested for CONTRACTUAL: \$0

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

<u>Collin County</u>

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

Total Amount Requested for Other:

\$0

OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

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

Total Amount Requested for Other:

\$0