

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.

PERSONNEL Budget Category Detail Form

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
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
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
SalaryWage Total							\$84,657

504010

504010

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:		Travel Costs	
			Days &	Employees		
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

604910

604910

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

604901

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
None				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
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
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions.	\$650
Reflective Safety Vests/Deployment Supplies	<p>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 preferred, breathable material with reflective tape.</p> <p>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....)</p>	\$650

615101

626123

<p>POD and Dispensing Supplies</p>	<p>Various supplies for deployable POD kits. These include additional 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.</p>	<p style="text-align: right;">\$1,180</p>	<p style="text-align: right;">626131</p>
<p>MRC Supplies</p>	<p>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....)</p>	<p style="text-align: right;">\$500</p>	<p style="text-align: right;">626131</p>
<p style="text-align: right;">TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS</p>		<p style="text-align: right;">\$0</p>	

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**

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	
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. ($\$55/\text{month} \times 2 \text{ staff} \times 12 \text{ months} = \1320)	\$1,320	648015
MiFi Device Service Plans	MiFi device service plans to be used by staff with their cell phone and/or laptop to access the county network, internet, and other software for program activities ($\$40 \times 12 \text{ months} \times 2 \text{ employees} = \960)	\$960	648011
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	626562
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 relevant to the program	\$900	604990
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	604920
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0	

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