

General Instructions for Completing Budget Forms DSHS Costs Only Budgeted on Detail Category Pages

*(Examples and instructions for completing the Budget Category Detail Templates are in a separate Excel file located under Templates for Cost Reimbursement Budgets located at :
<http://www.dshs.state.tx.us/grants/forms.shtm>*

- * Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I -Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- * Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- * After you have completed each budget category detail form, go to Form I-Budget Summary and input other sources of funding manually (if any) in Columns 3 - 6 for each budget category.
- * Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions ("Distribution Totals") equals the Budget Total.
- * Enter the total amount of "Program Income" anticipated for this program in row "K" under the "Total Budget" column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractors Financial Procedures Manual located at the following web site:
<http://www.dshs.state.tx.us/contracts/>

FORM I: 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 Sources (5)	Other Funds (6)
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$24,050	\$24,050	\$0	\$0	\$0	\$0
D. Equipment	\$112,206	\$112,206	\$0	\$0	\$0	\$0
E. Supplies	\$258,835	\$258,835	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$134,513	\$134,513	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$529,604	\$529,604	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$529,604	\$529,604	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$0	\$0	Fringe Benefits	\$0	\$0
	Travel	\$24,050	\$24,050	Equipment	\$112,206	\$112,206
	Supplies	\$258,835	\$258,835	Contractual	\$0	\$0
	Other	\$134,513	\$134,513	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$529,604	Budget Total	\$529,604
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0

							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0

SalaryWage Total	\$0
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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 \$30.08 per month.

	Fringe Benefit Rate %	
	Fringe Benefits Total	\$0

FORM I-2: 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		
In State Conferences/Trainings	Staff to attend to find new innovative information and skills to assist in the investigation of HIV/STD, public health follow up activities (2 Staff: Musa Khan & Emily Harden). Rental car or taxi service (or Uber/Lyft) service is needed which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	Harlingen, TX	5 days/2 staff	Mileage	\$150
				Airfare	\$720
				Meals	\$530
				Lodging	\$1,700
				Other Costs	\$1,000
				Total	\$4,100
In State Conferences/Trainings	Staff to attend to find new innovative information and skills to assist in the investigation of HIV/STD, public health follow up activities (3 Staff: Jessica Woods, Teresa Stelling, Emily Harden). Rental car or taxi service (or Uber/Lyft) service is needed which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	Austin, TX	5 days/3 staff	Mileage	\$225
				Airfare	\$700
				Meals	\$800
				Lodging	\$3,700
				Other Costs	\$1,000
				Total	\$6,425
In State Conferences/Trainings	Staff to attend to find new innovative information and skills to assist in the investigation of HIV/STD, public health follow up activities (1 Staff: Emeka Ohagi). Rental car or taxi service (or Uber/Lyft) service is needed which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	Corpus Christi, TX	5 days/1 staff	Mileage	\$75
				Airfare	\$400
				Meals	\$250
				Lodging	\$800
				Other Costs	\$1,000
				Total	\$2,525
	Staff to attend to find new innovative information and skills			Mileage	\$75

In State Conferences/Trainings	to assist in the investigation of HIV/STD, public health follow up activities (1 Staff: Teresa Stelling). Rental car or taxi service (or Uber/Lyft) service is needed which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	El Paso, TX	5 Days/1 Staff	Airfare	\$400
				Meals	\$300
				Lodging	\$800
				Other Costs	\$1,000
				Total	\$2,575
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$6,425

Total for Conference / Workshop Travel **\$22,050**

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Reimbursable mileage for staff to conduct local travel for for DIS grant related activities (5 staff: Emeka Ohagi, Jessica Woods, Musa Khan, Teresa Stelling, Emily Harden)	2200	\$0.625	\$1,375		\$1,375
Local training travel including day travel throughout DFW metroplex (5 staff: Emeka Ohagi, Jessica Woods, Musa Khan, Teresa Stelling, Emily Harden)	1000	\$0.625	\$625		\$625
			\$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

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

**FORM I-3: 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. 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
13 x 26 Enclosed Drive-Thru Screening Tents	For large scale events such as testing sites, education events, and provides flexibility of use during public health emergencies	4	\$8,800	\$35,200
Helmer Scientific iLF120-GX i.Series® Laboratory Freezer 20 cu ft (572 liters); Item Number 5222120-1	Freezer storage for STD lab specimens and for other public health needs, and all health emergencies. Cost includes service agreement cost	1	\$10,140	\$10,140
Helmer Scientific iLR113-GX i.Series® Laboratory Refrigerator 13.3 cu ft (377 liters); Item Number 5112113-1	Fridge storage for STD lab specimens and for other public health needs, and all health emergencies. Cost includes service agreement cost	1	\$6,865	\$6,865

	<p>4 TV's for use in our 2 conference rooms (2 for each room) that are large enough for all healthcare staff and community medical providers that are present to view training, educational materials, presentations, conferences, clearly and effectively. Our conference rooms are 30' x 18' so 1 TV will need to be on opposite sides of the long side of the room so those with eye challenges will be able to effectively see what is going on. The TV's also have Smart capabilities to be able proactively participate in any activity necessary for both our conference rooms that will enhance all training, education materials, presentations, and conferences respectively</p>			
Televisions		4	\$15,000	\$60,000
				\$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:

\$112,206

FORM I-4: 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.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Syphilis Rapid Test Kits (450 test kits x \$45/test)	For specimen collection conducted by DIS when conducting public health follow-up to facilitate case finding and partner services activities.	\$20,250
HIV Rapid Test Kits (450 test kits x \$45/test)	For specimen collection conducted by DIS when conducting public health follow-up to facilitate case finding and partner services activities.	\$20,250
Grant Program Supplies	Doorknob bags (\$0.25 each x 1000), DIS program resource brochures (\$0.67 x 1000), mask testing hoods for protection for DIS in working with patients (3 units (2pk), \$100/unit), Insulated Shipping System (\$160/unit x 10), Absorbent Strips (\$100/unit x 1), Single-Use Cold Packs (\$15/unit x 10), STI Quick Reference Guides (\$4.50/unit x 500), PrEP Pocket Reminder Cards \$1.12/unit x 500, HIV & PEP Guide (\$1.12/unit x 500), STD Prevention Pocket Reminder Cards (\$1.12/unit x 500) and other critical supplies, objectives, and activities necessary for the program	\$7,000

Medical Supplies

Supplies used for DIS field testing and patient services, sanitation, biohazard waste, and supplies necessary for administration of blood draws such as gloves (small) \$230/unit x 40 units = \$9,200, gloves (medium) \$230/unit x 40 units = \$9,200, gloves (large) \$230/unit x 40 units = \$9,200, N95 masks \$235/unit x 40 units = \$9,400, Lysol Cans \$15/unit x 41 units = \$615, Needles \$40/unit x 80 units = \$3200, Lancets \$100/unit x 40 units = \$4,000, Syringes \$755/unit x 40 units = \$30,200, Hand Sanitizer \$50/unit x 40 units = \$2,000, Biohazard Bags \$110/unit x 40 units = \$4,400, Tourniquets \$90/unit x 50 units = \$4,500, Specimen Transport Bags \$125/unit x 40 units = \$5,000, 1 QT Sharps Container \$310/unit x 40 units = \$12,400, 5 QT Sharps Container \$170/unit x 40 units = \$6,800, Urine Collection Container \$160/unit x 40 units = \$6,400, Alcohol Prep Pads \$50/unit x 40 units = \$2,000, Bandage Wraps \$100/unit x 40 units = \$4,000, Bandage Strips \$60/unit x 50 units = \$3,000, Bandage Coverlets \$10/unit x 51 units = \$510, Absorbent Sponges \$70/unit x 41 units = \$2,870, Disinfectant Wipes \$210/unit x 40 units = \$8,400, Butterfly Needles w/ Rubber Tube Set \$110/unit x 40 units = \$4,400, Blood Collection Tubes \$170/unit x 40 units = \$6,800, Gauze Squares \$150/unit x 44 units = \$6,600, Disposable Masks \$130/unit x 40 units = \$5,200, Table Paper \$100/unit x 40 units = \$4,000, PPE Gowns (\$160/unit x 40 units = \$6,400, Face Shields \$110/unit x 40 units = \$4,400, arm simulators for intravenous/intramuscular injections (educational and training purposes, such as field blood draws, 5 units x \$1,300 per unit = \$6,500) and other relevant and necessary medical supplies not listed above

\$181,595

Office Supplies	<p>Items to include Business Card Holders (\$6/unit x 6); File Organizers (\$15/unit x 6); Wall File Organizer (\$17/unit x 6); Bookends (\$14/unit x 6); File Folders (\$10/unit x 10); 2-Pocket Folders (\$20/unit x 10); Envelopes (\$55/unit x 10); Inner Envelopes (\$40/unit x 10); Outer Envelopes (\$45/unit x 10) Packing Tape (\$25/unit x 2) Desk Trays (\$21/unit x 6); Writing Legal Pads Pack (\$50/unit x 6); Mouse Pads (\$6/unit x 6); Permanent Colored Markers (\$8/unit x 6); Dry-Erase Markers (\$5/unit x 6); Dry Erase Board (\$150 units x 5) Stapler (\$13/unit x 6); Staples Pack (\$10/unit x 6); Drawer Organizer (\$16/unit x 6); Correction Fluid (\$4/unit x 6); Planners (\$30/unit x 6); 3-ring Binders (\$3/unit x 6); Sticky Note Pack (\$20/unit x 6); Tape Dispensers (\$8/unit x 6); Scotch Tape Pack (\$13/unit x 6); Office Scissors (\$12/unit x 6); Paper Clip Holder (\$6/unit x 5); Binder Clips Box (\$20/unit x 6); Paper Clips (\$5/unit x 6); Label Maker (\$230/unit x 6); Label Tape (\$40/unit x 15); Hole Punchers (\$30/unit x 6); Push Pins (\$5/unit x 6); File Boxes (\$33/unit x 6); Mobile Folding Cart with Lid (\$30/unit x 6); Folder Dividers (\$6/unit x 6); All-Purpose Cleaner Box (\$40/unit x 6); Wastebasket (\$10/unit x 6); Printer Paper Box (\$75/unit x 6), Bubble Wrap (\$100/unit x 3) = \$7146 and other supplies for staff, to include surge staff that would assist DIS program in case of outbreak response, to produce reports, documentation, and support grant functions and operations.</p>	\$7,960
HIPAA Bags	<p>Description/justification of Supplies: One-time purchase. Locking document security HIPAA bag for program staff to use for field investigation use. (\$40/unit x 12). Enough for 6 staff to have plus a spare if anything happens to the first one.</p>	\$480
Computer-Tablets x 5 (\$2,200/unit)	<p>Computers/tablets to used by DIS, STD clinic, and other related staff for public health operations. Will be used in the clinics for use of scheduling appointments, helping track patient information, recording patient information, tracking inventory records of STD specimen information, storage of investigation information, any information that is useful in building the DIS program reports, and anything that is left out that is critical to the DIS program and the health department's needs.</p>	\$11,000

Desk Phones x 10 (\$350/unit x10 = \$3500)	One-time purchase of desk phones (\$350/unit x 10) to be used as a communications center by health department staff as part of the DIS Communications Plan within the HIV/STD Rapid Response Plan. To communicate with stakeholders, providers, patients, and others regarding public health activities during an emergency.	\$3,500
Headsets	One-time purchase of phone headsets to be used at the communications center by health department staff as part of the program's HIV/STD Rapid Response Plan. To communicate with stakeholders, providers, patients, and others regarding public health activities. (\$130/unit x 20)	\$2,600
Trauma Bags	Trauma bag to be used to be used by program staff for field activities. (\$600/unit x 5)	\$3,000
Computer Privacy Screens	Computer privacy screen protectors for staff computers/monitors involved in DIS and COVID-19 investigations to protect patient data and confidential information. (\$50/unit x 24, 6 employees x 3 screens each (two monitors plus laptop screen)	\$1,200

	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$258,835

280,086

FORM I-5: 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., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]</small>	Purpose & Justification	Total Cost
Shipping Costs for Fridge & Freezer	Shipping Costs with the delivery of our requested fridge and freezer in the Equipment section	\$669
Software for building DIS data collection system interfaces, data processing, and data visualizations - License type and quantity will vary	Software examples may include licenses and maintenance fees for Accurant (background checks and address lookups for contact investigations, \$13.00 per comprehensive report x estimated 100 reports a month x 3 months = \$3,900), Laserfiche (patient information inventory, \$80/month x 3 months for 6 users = \$1,440), Jotform (for patient and internal staff forms) 6 staff x \$79/month x 3 months=\$1,422), DocuSign (used for signing documents like forms of patient consent, \$65/month x 6 users x 3 months = \$1,170), Tableau (interacts with other systems such as ArcGIS and SQL to create databases, smart dashboards, etc., 6 licenses at \$70/month x 3 months = \$1,260) , ArcGIS (mapping software used to highlight areas of need like health disparities, \$1,400/month x 3 = \$4,200, TeleHealth (monthly fees that are for virtual appointments and contact investigations) \$40/month x 3 months x 6 users = \$720, SPSS \$1,200/user x 3 users (statistical and analytical software, used for analyzing patient data information), and/or other systems.	\$17,712
Dues & Subscriptions	Reference and subscription materials regarding public health for news and studies for overall awareness of current trends and issues (i.e. STD/HIV Prevention, etc.) (\$100/unit x 12 = \$1,200)	\$1,200
Conference registration fees	Collin County Mental Health Symposium or similar conferences to receive training to improve public health follow-up skills (\$80/unit x 5)	\$400

Chlamydia Specimen Collection Laboratory Fees (\$65/unit x 100 lab submissions = \$6,500)	Specimen collection fees for DIS program to cover lab fees for full panel STD infections for chlamydia. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.	\$6,500
HIV Specimen Collection Laboratory Fees (\$130/unit x 100 lab submissions = \$13,000)	Specimen collection fees for DIS program to cover lab fees for full panel STD infections for HIV. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.	\$13,000
Gonorrhea Specimen Collection Laboratory Fees (\$65/unit x 100 lab submissions = \$6,500)	Specimen collection fees for DIS program to cover lab fees for full panel STD infections for gonorrhea. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.	\$6,500
Syphilis Specimen Collection Laboratory Fees (\$65/unit x 100 lab submissions = \$6,500)	Specimen collection fees for DIS program to cover lab fees for full panel STD infections for syphilis. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.	\$6,500
Language Line \$500/month x 3 months = \$1,500	Translation services for patients to provide education, information about evaluation and treatment, and contact investigations	\$1,500
Phlebotomy chairs	Phlebotomy chairs for clinical use to be used by program staff and for STD outbreak preparedness in case of surge cases, investigations, increased clinical testing needs. (\$1500/unit x 5)	\$7,500
Phlebotomy Carts	Phlebotomy carts for clinical use to be used by program staff and for outbreak preparedness in case of surge cases/testing. (\$500/unit x 10)	\$5,000
Mobile Chests	Locking mobile legal chest for program staff to use for STD outbreak operations to store HIPAA files and documents. (\$200/unit x 5)	\$2,000

Acoustic Panels	Acoustic panels to be used at the communications center by health department staff as part of the program's HIV/STD Rapid Response Plan. To communicate with stakeholders, providers, patients, and others regarding public health activities. (\$85/unit x 20)	\$1,700
OSBOT Webcams	Description/justification of Supplies: OSBOT webcam to be used by program staff for public health follow-up meetings, presentations, and public health trainings. (\$270/unit x 6)	\$1,620
Camera Equipment	Description/justification of Supplies: Education equipment supplies to produce educational videos for patients, community outreach, stakeholder trainings, and program staff trainings - to include a full-frame mirrorless camera (\$3900/unit x 1), Battery Pack (\$900/unit x2), Microphone system (\$1000/unit x 3), storage bag (\$700/unit x1), tripod (\$700/unit x 1), monopod (\$425/unit x 1), memory storage (\$405/unit x 10), studio lighting kit (\$1075/unit x 3), gimbal (\$1200/unit x 1), capture card (\$600/unit x 1), virtual green screen (\$1200/unit x 1), teleprompter (\$2200/unit x 1)	\$23,000
Key Cabinet	Description/justification of Supplies: One-time purchase. Key cabinet that will be designated for DIS program use to store facility keys and rental car keys. (\$3000/unit x 1)	\$3,000
Smart Boards	Smart boards (\$1350/unit x 3) to assist with DIS meetings and trainings by having interactive data usage and information sharing among program staff to facilitate public health response and surveillance.	\$4,050
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$32,662

Total Amount Requested for Other:

\$134,513

FORM I - 7 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 based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:
TYPE:
BASE:

_____ **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.

_____ 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. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

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 FORMS INSTRUCTIONS

The budget templates (two per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that have utilized all the lines on the primary budget template must use the supplemental templates to list detail information for the respective budget category. For example, after all the lines on the primary budget template for Personnel (tab labeled Form I - 1 Personnel) have been used, go to the supplemental template labeled "Form I - 1a Personnel Supp" and if all the lines are used on this template, go to the next template labeled "Form I - 1b Personnel". The amounts on each supplemental template will automatically total and the total from both templates will automatically be inserted on the last line of the primary budget template.

The supplemental budget templates are:

- Form I-1 Personnel Supplemental
- Form I-2 Travel Supplemental
- Form I-3 Equipment Supplemental
- Form I-4 Supplies Supplemental
- Form I-5 Contractual Supplemental
- Form I-6 Other Supplemental

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL							
Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average 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
							\$0
						SalaryWage Total	\$0

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL							
Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average 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
						SalaryWage Total	\$0

FORM I-2: 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	
In State Conferences/Trainings	Staff to attend to find new innovative information and skills to assist in the investigation of HIV/STD, public health follow up activities (2 Staff: Emeka Ohagi & Musa Khan). Rental car or taxi service (or Uber/Lyft) service is needed which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	Austin, TX	2 Days/2 Staff	Mileage	\$150
				Airfare	\$750
				Meals	\$250
				Lodging	\$900
				Other Costs	\$1,000
				Total	\$3,050
In State Conferences/Trainings (FTSDI)	Staff to attend to find new innovative information and skills to assist in the investigation of HIV/STD, public health follow up activities (1 Staff: Emeka Ohagi). Rental car or taxi service (or Uber/Lyft) service which is what is listed in Other Costs. Mileage is allotted as reimbursement to cover staff expenses driving to the airport from their residence and back to their residence once conference or training has concluded.	TBD	5 Days/1 Staff	Mileage	\$75
				Airfare	\$500
				Meals	\$600
				Lodging	\$1,200
				Other Costs	\$1,000
				Total	\$3,375
				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

\$6,425

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: **\$6,425**

Total Travel Costs: **\$6,425**

FORM I-2: 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

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

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

FORM I-3: 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
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

\$0

FORM I-3: 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**

FORM I-4: 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

Total Amount Requested for Supplies:

--

\$0

FORM I-4: 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

Total Amount Requested for Supplies:

\$0

FORM I-5: 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 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. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

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

FORM I-5: 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 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. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

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

FORM I-6: OTHER Budget Category Detail Form (Supplemental)

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
Conference Webcams	Description/justification of Supplies: Conference webcams to be used by staff for epidemiology meetings, surveillance, investigations, case management, and public health follow up activities. (\$1200/unit x 4)	\$4,800
Rolling Ladder	Rolling ladder to be used to be used by DIS program staff to access their section within the warehouse and support storage needs and maintenace of program equipment and supplies (1 unit x \$1,000)	\$1,000
Storage Crates	Storage crates (\$500/unit x 2) to transport phones and related critical supplies.	\$1,000
Tablet Stands	Tablet Floor Stands for the tablets/laptops for checking in patients and completing digital investigation paperwork (5 units x \$500 unit)	\$2,500
Restaurant Pagers	Pagers that provide efficient communication such as patient use for appointments, especially during health emergencies (2 units x \$225 per unit (comes with 24 per unit). The is use in the clinic for public health follow-up appointments, especially when patient overflows occurs in lobby shared with other clinics. This ensures the ability to quickly have public health follow up clients attend there appointment and not be mixed in with other patients, especially during health emergencies. Each patient will be assigned one once they sign in to also ensure their place in the queue.	\$450
TV Screen Splitters	Screen Splitters for the use for the TV's to be able to effectively share the same materials on the same 2 screens while interacting with the laptop/tablet (\$200/unit x 2 units)	\$400

Backdrop Screen	Backdrop Screen for interviews, broadcasts to the public during health emergencies, and for any other related communication activities. These provide helpful communication to the public for the event such as Monkeypox. The goal is to inform the public of any critical updates.	\$500
Portable Presentation Screens	Portable Presentation Screens available for indoor and outdoor use for presentation of health department materials such as, but not limited to, STD educational materials (\$150/unit x 5 units). These will be used primarily in patient lines and outside use as an instructional construct. An example would be having an outside display showing what to do about informing the clinic of your appointment if we are experiencing an overflow of patient seating in the clinic.	\$750
Barrier Posts w/ Belt	Stainless Steel, Black, 40 in Post Ht, Sloped, 2 PK, posts with belts to mark access points and maintain efficient lines of people in the clinic for public health follow up visits (\$98/unit x 160 units). These will also be used as support for our 4 tents we order in the Equipment section as well (which explains the high quantity).	\$15,680
4 In/4 Out HDMI Matrix Switch	Switch with IR Extension and 3D Ready to have up to 4 displays going with educational, informational, and training materials (1 unit x \$410)	\$410
Plastic Chains	For Indoor and Outdoor use (2 inches in size, 50 ft long, yellow, polyethylene) used with stanchions and ground posts. Will be used with the barrier posts as needed (\$47/unit x 6 units).	\$282
5 Level Rivet Steele Shelving Unit	Industrial shelving units to store DIS supplies (\$880/unit x 3 units)	\$2,640
Uniforms	Uniforms for program staff that will be involved in daily HIV/STD program activities to ensure staff & patient safety, and/or any who are involved in any STD related health emergency. Long-sleeve and short sleeve polos (5 units x \$50/unit x 6 staff = \$1,500), and jackets (1 unit x \$150/unit x 6 staff = \$750)	\$2,250

Total Amount Requested for Other:

\$32,662

