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)		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-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)	•	Number of Months	Salary/Wages Requested for Project
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage	e 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 (City		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	<u> </u>	
				Total	\$0	
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs	<u> </u>	
				Total	\$0	
				Mileage Airfare		
				Meals		
				Lodging		
				Other Costs	ሰ ሳ	
				Total	\$0	

Total for Conference / Workshop Travel



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
			Tota	I for Other / Loca	I Travel \$0
Other / Local Travel Costs: \$0] Co	nference / Workshop Travel Costs:	\$0	Total Travel	Costs: \$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 (City, Sta		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	<u> </u>	
				Total	\$0	
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs	**	
				Total	\$0	

Total for Conference / Workshop Travel



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
			Tota	I for Other / Loca	I Travel \$0
Other / Local Travel Costs: \$0] Co	nference / Workshop Travel Costs:	\$0	Total Travel	Costs: \$0

FORM I-3: EQUIPMENT 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	
				\$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:



FORM I-3: EQUIPMENT 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	
				\$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:



FORM I-4: SUPPLIES including CONTROLLED ASSETS Budget Category Detail Fo

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** 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 Amount Requested for Supplies:

rm (Supplemental)

. Provide a justification for each

Total Cost

FORM I-4: SUPPLIES including CONTROLLED ASSETS Budget Category Detail Fo

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** 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 Amount Requested for Supplies:

orm (Supplemental)

e. Provide a justification for each

Total Cost

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

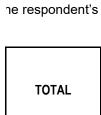
Legal Name of Respondent:

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 th 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 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 Amount Requested for CONTRACTUAL:



e service to be

TOTAL	
	\$0
	\$0
	\$0
	\$0 \$0
	\$0
	\$0 \$0
	\$0
	\$0
	\$0
	\$0
	\$ 0
	\$0

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

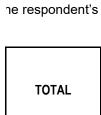
Legal Name of Respondent:

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 th 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 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 Amount Requested for CONTRACTUAL:



e service to be

TOTAL	
	\$0
	\$0
	\$0
	\$0 \$0
	\$0
	\$0 \$0
	\$0
	\$0
	\$0
	\$0
	\$ 0
	\$0

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

Legal Name of Respondent:	Collin County	
	<u>_</u>	
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:

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

Legal Name of Respondent:	Collin County	
	<u>_</u>	
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: