

## **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<br>(1) | DSHS Funds Requested<br>(2) | Direct Federal Funds<br>(3) | Other State Agency Funds*<br>(4) | Local Funding Sources<br>(5) | Other Funds<br>(6) |
|--|---------------------|-----------------------------|-----------------------------|----------------------------------|------------------------------|--------------------|
| A. Personnel                           | \$316,920           | \$316,920                   | \$0                         | \$0                              | \$0                          | \$0                |
| B. Fringe Benefits                     | \$130,115           | \$130,115                   | \$0                         | \$0                              | \$0                          | \$0                |
| C. Travel                              | \$4,125             | \$4,125                     | \$0                         | \$0                              | \$0                          | \$0                |
| D. Equipment                           | \$0                 | \$0                         | \$0                         | \$0                              | \$0                          | \$0                |
| E. Supplies                            | \$22,832            | \$22,832                    | \$0                         | \$0                              | \$0                          | \$0                |
| F. Contractual                         | \$0                 | \$0                         | \$0                         | \$0                              | \$0                          | \$0                |
| G. Other                               | \$26,008            | \$26,008                    | \$0                         | \$0                              | \$0                          | \$0                |
| H. Total Direct Costs                  | \$500,000           | \$500,000                   | \$0                         | \$0                              | \$0                          | \$0                |
| I. Indirect Costs                      | \$0                 | \$0                         | \$0                         | \$0                              | \$0                          | \$0                |
| J. Total (Sum of H and I)              | \$500,000           | \$500,000                   | \$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       | \$316,920          | \$316,920    | Fringe Benefits | \$130,115          | \$130,115    |
|                   | Travel          | \$4,125            | \$4,125      | Equipment       | \$0                | \$0          |
|                   | Supplies        | \$22,832           | \$22,832     | Contractual     | \$0                | \$0          |
|                   | Other           | \$26,008           | \$26,008     | Indirect Costs  | \$0                | \$0          |

|                   |                            |                  |                     |                  |
|-------------------|----------------------------|------------------|---------------------|------------------|
| <b>TOTAL FOR:</b> | <b>Distribution Totals</b> | <b>\$500,000</b> | <b>Budget Total</b> | <b>\$500,000</b> |
|-------------------|----------------------------|------------------|---------------------|------------------|

\*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

| <b>PERSONNEL</b>  |               |  |       |   |   |                        |  |
|---|---------------|--|-------|---|---|------------------------|--|
| Functional Title + Code<br>E = Existing or P = Proposed | Vacant<br>Y/N | Justification  | FTE's | Certification or<br>License (Enter NA if<br>not required) | Total Average<br>Monthly<br>Salary/Wage | Number<br>of<br>Months | Salary/Wages<br>Requested for<br>Project |
| Community Health Specialist 300554,<br>Deyanira Velez   | Y             | Provides administrative support for<br>immunizations programs, supports grant<br>functions related to COVID-19, supports<br>community outreach initiatives                                     | 1.00  | NA  | \$3,748.00                              | 20                     | \$74,960                                 |
| PHEP Planner 300553, Jeffrey Button                     | Y             | Provides administrative support for<br>PHEP, partners with stakeholders on<br>vaccine initiatives, supports grant<br>functions related to COVID-19, supports<br>community outreach initiatives | 1.00  | NA  | \$5,300.00                              | 23                     | \$121,900                                |
| PHEP Planner 300555, Howard Randolph                    | Y             | Provides administrative support for<br>PHEP, partners with stakeholders on<br>vaccine initiatives, supports grant<br>functions related to COVID-19, supports<br>community outreach initiatives | 1.00  | NA  | \$5,220.00                              | 23                     | \$120,060                                |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
|   |               |  |       |   |   |                        | \$0                                      |
| TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS         |               |  |       |   |   |                        | \$0                                      |

Revised: 7/6/2009

SalaryWage Total

\$316,920

**FRINGE BENEFITS**

Itemize the elements of fringe benefits in the space below:

a. Fringe Benefits: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,200 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 %

41.06%

Fringe Benefits Total

\$130,115

## FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

| Conference / Workshop Travel Costs                               |               |                        |                |              |            |
|--|---------------|------------------------|----------------|--------------|------------|
| Description of<br>Conference/Workshop                            | Justification | Location<br>City/State | Number of:     | Travel Costs |            |
|  |               |                        | Days/Employees |              |            |
|  |               |                        |                | Mileage      |            |
|  |               |                        |                | Airfare      |            |
|  |               |                        |                | Meals        |            |
|  |               |                        |                | Lodging      |            |
|  |               |                        |                | Other Costs  |            |
|  |               |                        |                | <b>Total</b> | <b>\$0</b> |
|  |               |                        |                | Mileage      |            |
|  |               |                        |                | Airfare      |            |
|  |               |                        |                | Meals        |            |
|  |               |                        |                | Lodging      |            |
|  |               |                        |                | Other Costs  |            |
|  |               |                        |                | <b>Total</b> | <b>\$0</b> |
|  |               |                        |                | Mileage      |            |
|  |               |                        |                | Airfare      |            |
|  |               |                        |                | Meals        |            |
|  |               |                        |                | Lodging      |            |
|  |               |                        |                | Other Costs  |            |
|  |               |                        |                | <b>Total</b> | <b>\$0</b> |
|  |               |                        |                | Mileage      |            |
|  |               |                        |                | Airfare      |            |
|  |               |                        |                | Meals        |            |
|  |               |                        |                | Lodging      |            |
|  |               |                        |                | Other Costs  |            |
|  |               |                        |                | <b>Total</b> | <b>\$0</b> |
|  |               |                        |                |              |            |
| TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS |               |                        |                |              | <b>\$0</b> |

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) |
|--|-----------------|----------------------------|------------------|-----------------|-----------------|
| Out of office meetings, seminars, exercises, training, including all day travel within Dallas-Fort Worth metroplex will be utilized by all staff performing COVID-19 duties. | 6600            | \$0.625                    | \$4,125          |                 | \$4,125         |
|  |                 |                            | \$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

\$4,125

Other / Local Travel Costs: \$4,125

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$4,125

Revised: 7/6/2009

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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.

[illegible]

**Total Amount Requested for Equipment:**

**\$0**



## 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<br>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]  | Purpose & Justification  | Total Cost |
|---|--|------------|
| Computer-Tablets x 3 including docking stations, key boards, stylus, mouse, six monitors, USB hub power switches, Microsoft EA Licensing OfficePro Plus; \$3236.00 each | Computers to used by health department staff for disease investigations, creating documentation, analyzing data, and other public health activities  | \$9,708    |
| Desk Phones x 3; \$310.00 ea.   | Desk phones to be used by health department staff to communicate with stakeholders, providers and others regarding public health activities  | \$930      |
| Cell Phone-Voice and Data x 3 includes standard mobile phone, case, and car charger; \$222 each   | Cell phones to be used by health department staff to communicate with patients, healthcare providers and others regarding public health activities   | \$666      |
| Cell Phone Service Plan x 1 employees for 23 months; \$55 per month, annual cost of voice and data plan \$660 each  | Cell phone voice and data service plan to be used by health department staff using their cell phones to communicate with stakeholders, providers, and others public health activities  | \$1,265    |
| Scanner - Top Feed x 3; county standard desktop scanner; \$779 each   | Scanners to be used by staff to produce electronic files for retention of reports and related documents and for stakeholder outreach   | \$2,337    |
| Office Supplies   | Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions. (Individual supply items will not exceed \$499.00)  | \$400      |
| 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; printing of employee business cards, as needed. | \$542      |

|  |   |         |
|--|---|---------|
| Furniture/Workstations/Cubicles  | Cost for necessary Furniture/Cubicles/Workstations required due to new positions resulting from expanded workforce. | \$4,224 |
| Mifi Data plans for mobile vaccine computers to use at for community outreach x \$40/month/device (\$480 each annually per year), 23 months, x 3 devices | Mifi Data plans for computers/tablets for vaccine appointments  | \$2,760 |
|  |   | \$0     |
|  |   | \$0     |
|  |   | \$0     |
|  |   | \$0     |
|  |   | \$0     |
|  |   | \$0     |
|  |   | \$0     |
| TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS   |   | \$0     |

**Total Amount Requested for Supplies:**

**\$22,832**

## 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<br>(Agency or Individual)         | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT<br>(i.e., Monthly,<br>Hourly, Unit, Lump<br>Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT (i.e.,<br>hourly rate, unit<br>rate, lump sum<br>amount) | TOTAL |
|---|--|---------------|---|---------------------------------------|---|-------|
|   |  |               |   |                                       |   | \$0   |
|   |  |               |   |                                       |   | \$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<br>[If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]                                      | Purpose & Justification   | Total Cost |
|---|---|------------|
| Adobe DC software licenses x3; \$87 ea.   | Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks | \$261      |
| Software for building COVID-19 data collection system interfaces, data processing, and data visualizations - licensed type and quantity will vary | Software examples may include licenses & maintenance fees for Laserfische, Jotform, Docusign, Tableau, ArcGIS, SQL, or other systems            | \$2,471    |
| Conference registrations fees for 3 staff members   | Collin County Mental Health Symposium or similar conference for 3 staff members; registration fees cost \$104 per person                        | \$312      |
| Certifications and Staff Training   | Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harrasment, or similar training   | \$270      |
| Rental Car expenses (estimated \$934.52 month x 23 months)  | Vehicle for Health Disparities staff for community outreach and grant related activities  | \$21,494   |
| Fuel Supply for rental vehicles (estimated \$52.17 per month) x 23 months   | Fuel for rental car for 22 months for staff to conduct outreach activities  | \$1,200    |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
|   |   | \$0        |
| TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS   |   | \$0        |

Total Amount Requested for Other:

**\$26,008**

Revised: 7/6/2009

## FORM I - 7 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 (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

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



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

Legal Name of Respondent:

Collin County

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

## FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

### Conference / Workshop Travel Costs

| Description of<br>Conference/Workshop | Justification | Location<br>(City, State) | Number of:<br>Days/Employees | Travel Costs |     |
|---------------------------------------|---------------|---------------------------|------------------------------|--------------|-----|
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$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-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

### Conference / Workshop Travel Costs

| Description of<br>Conference/Workshop | Justification | Location<br>(City, State) | Number of:<br>Days/Employees | Travel Costs |     |
|---------------------------------------|---------------|---------------------------|------------------------------|--------------|-----|
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |
|                                       |               |                           |                              | Mileage      |     |
|                                       |               |                           |                              | Airfare      |     |
|                                       |               |                           |                              | Meals        |     |
|                                       |               |                           |                              | Lodging      |     |
|                                       |               |                           |                              | Other Costs  |     |
|                                       |               |                           |                              | <b>Total</b> | \$0 |

Total for Conference / Workshop Travel

\$0

Revised: 7/6/2009

**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   |
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|                     |                         |                 |               | \$0   |
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|                     |                         |                 |               | \$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<br>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)] | Purpose & Justification | Total Cost |
|--|-------------------------|------------|
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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<br>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)] | Purpose & Justification | Total Cost |
|--|-------------------------|------------|
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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<br>(Agency or Individual) | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT (i.e.<br>Monthly, Hourly, Unit,<br>Lump Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT<br>(i.e. hourly rate,<br>unit rate, lump<br>sum amount) | TOTAL |
|---|--|---------------|---|---------------------------------------|--|-------|
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
|   |  |               |   |                                       |  | \$0   |
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|   |  |               |   |                                       |  | \$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<br>(Agency or Individual) | DESCRIPTION OF SERVICES<br>(Scope of Work) | Justification | METHOD OF<br>PAYMENT (i.e.<br>Monthly, Hourly, Unit,<br>Lump Sum) | # of Months,<br>Hours, Units,<br>etc. | RATE OF<br>PAYMENT<br>(i.e. hourly rate,<br>unit rate, lump<br>sum amount) | TOTAL |
|---|--|---------------|---|---------------------------------------|--|-------|
|   |  |               |   |                                       |  | \$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<br>[If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)] | Purpose & Justification | Total Cost |
|--|-------------------------|------------|
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Total Amount Requested for Other:

\$0

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

Legal Name of Respondent:

Collin County

| Description of Item<br>[If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)] | Purpose & Justification | Total Cost |
|--|-------------------------|------------|
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Total Amount Requested for Other:

\$0