



FY2022

Contract Type: CPS/PH Workforce

Applicant Information

Legal Name of Applicant Agency:

COLLIN COUNTY

Mailing Address:

Street / PO Box: **825 N. MCDONALD ST #130**

City: **MCKINNEY, TX**

Zip: **75069**

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: **825 N. MCDONALD ST #130**

City: **MCKINNEY, TX**

Zip: **75069**

State of Texas Comptroller Vendor ID # (9

digit + 3 digit mail code):

17560008736026

DUNS # (9 digits required for subrecipient contractors):

S1ETLA9BNCC5 (UEI)

Type of Entity (Choose one)

City:

☐

Click on appropriate box

County:

☒

Other Political Subdivision:

☐

Project Period

Start Date: **Upon execution**

End Date: **6/30/2024**

Counties Served

County(ies) Served:

COLLIN COUNTY

Amount of Funding Allocated:

\$1,250,000.00

CONTACT PERSON INFORMATION

Legal Business Name:

COLLIN COUNTY

This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

Health Director/CEO: Candy Blair
Phone: 972-548-5508 Ext:
Fax:
E-mail: cblair@co.collin.tx.us

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

825 N. MCDONALD #130, MCKINNEY, TX 75069

B-13/FSR Rep: Andrea Pease
Phone: 972-548-4732 Ext:
Fax:
E-mail: apease@co.collin.tx.us

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

2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

PHEP (HAZARDS) Program Leader: Meredith Nurge
Phone: 972-548-4708 Ext:
Fax:
E-mail: mnurge@co.collin.tx.us

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

825 N. MCDONALD #130, MCKINNEY, TX 75069

SNS (CRI) Coordinator: Amy Davis
Phone: 972-548-4473 Ext:
Fax:
E-mail: aldavis@co.collin.tx.us

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

825 N. MCDONALD #130, MCKINNEY, TX 75069

Authorized Signatory for DocuSign: CHRIS HILL
Phone: 972-548-4623 Ext:
Fax:
E-mail: CHILL@CO.COLLIN.TX.US

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

2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

Additional Authorized Signatory for DocuSign **only if applicable** (FFATA, Certs, etc): Andrea Pease
Phone: 972-548-4732 Ext:
Fax:
E-mail: apease@co.collin.tx.us

DocuSign "CC" Person: Eric Dickey
Phone: 972-548-5696 Ext:
Fax:
E-mail: edickey@co.collin.tx.us

Emergency Contact: Taylor Burton
Cell Phone: 214-973-2023 Ext:
Fax:
E-mail: tburton@co.collin.tx.us

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

825 N. MCDONALD #130, MCKINNEY, TX 75069

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 (5)	Other Funds (6)
A. Personnel	\$812,969	\$812,969				
B. Fringe Benefits	\$325,089	\$325,089				
C. Travel	\$24,371	\$24,371				
D. Equipment	\$0	\$0				
E. Supplies	\$21,597	\$21,597				
F. Contractual	\$0	\$0				
G. Other	\$65,974	\$65,974				
H. Total Direct Costs	\$1,250,000	\$1,250,000				
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$1,250,000	\$1,250,000				

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated	Number of Months	Salary/Wages Requested for Project
Name + Functional Title					Monthly Salary/Wage		
Obiageli Oluka, Epidemiologist, 300471	N	Performs disease & contact investigations, COVID-19 surveillance and reporting, supports response activities	1.00	NA	\$5,850	26	\$152,100
Epidemiologist, 300469	Y	Performs disease & contact investigations, COVID-19 surveillance and reporting, supports response activities	1.00	NA	\$5,205	5	\$26,025
Eric Dickey, Financial Analyst, 300526	N	Assist with grant performance goals and deliverables, supports grant functions related to COVID-19	1.00	NA	\$5,284	32	\$169,088
Jimmie Patrick Hill, Functional Analyst, 300530	N	Assists with COVID-19 related duties to include monitoring, updating, and maintaining health department's databases/software. Identifies areas for improvement, testing updates and new software.	1.00	NA	\$5,046	16	\$80,736
Alison Thrasher, Health Care Analyst, 300527	N	Provides administrative support for Epidemiology, Immunizations, and supports with COVID-19 tasks and response activities	1.00	NA	\$4,332	30	\$129,960
Elmer Pitliao, Registered Nurse, 300529	N	Performs COVID-19 vaccine administration, reports vaccine data to the State, requests additional vaccine from State partners, monitors vaccine to ensure vaccine efficacy	1.00	NA	\$5,690	11	\$62,590
Olivia Jones, Asset Management Technician, 300528	N	Maintains inventory system and manages the procurement and disposition of assets and supplies related to COVID-19	1.00	NA	\$3,729	30	\$111,870
Matthew Irby, PHEP Planner	N	Creates preparedness and response plans, partners with stakeholders on vaccine initiatives, supports grant functions related to COVID-2019 vaccines.	1.00	NA	\$5,800	4	\$23,200
Megan VanDerKooi, PHEP Planner	N	Creates preparedness and response plans, partners with stakeholders on vaccine initiatives, supports grant functions related to COVID-2019 vaccines.	1.00	NA	\$5,730	5	\$28,650
Evan Vance, PHEP Planner	N	Creates preparedness and response plans, partners with stakeholders on vaccine initiatives, supports grant functions related to COVID-2019 vaccines.	1.00	NA	\$5,750	5	\$28,750
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
					SalaryWage Total		\$812,969

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,400 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/month, Retirement (salary x 0.095), Unemployment Insurance (salary x 0.001). Per life insurance HR, the calculation should be employees salary x 1.5 and then multiplied by 0.085 to include A&D.

Total Number of FTEs:	10.00		Fringe Benefit Rate %	39.99%
			Fringe Benefits Total	\$325,089

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		
Preparedness Summit Conference or similar conference	Conference for Public Health and Emergency Preparedness Professionals	Atlanta, GA	7 days / 3 employees	Mileage	\$300
				Airfare	\$2,100
				Meals	\$1,500
				Lodging	\$5,250
				Other Costs	\$400
				Total	\$9,550
Diseases in Nature Conference or similar conference	Conference for Epidemiology Professionals	San Antonio, TX	5 days / 1 employee	Mileage	\$150
				Airfare	\$700
				Meals	\$500
				Lodging	\$1,250
				Other Costs	\$300
				Total	\$2,900
Texas Emergency Management Conference	Conference for public health and emergency preparedness professionals	Ft Worth, TX	6 days/3 employees	Mileage	\$600
				Airfare	\$0
				Meals	\$1,250
				Lodging	\$4,500
				Other Costs	\$200
				Total	\$6,550
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$19,000

Revised: 3/25/2014

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	8200	\$0.655	\$5,371		\$5,371
			\$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 **\$5,371**

Other / Local Travel Costs: **\$5,371**

Conference / Workshop Travel Costs: **\$19,000**

Total Travel Costs: **\$24,371**

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

EQUIPMENT AND CONTROLLED ASSETS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

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

[illegible]

Total Amount Requested for Equipment:

\$0

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Computer-Tablets x 5 including docking station, key board, stylus, mouse, backpacks, and two monitors; \$2677 each	Computers to used by health department staff for public health operations.	\$13,385
Desk Phones x 5; \$165.00 ea	Desk phones to be used by health department staff to communicate with stakeholders, providers and others regarding public health activities. Price also includes maintenance.	\$825
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)	\$192
Printer-Color-Medium with additional paper tray x 3; \$687 each printer, \$169 extended warranty, \$241 additional tray	Printers to be used by staff to produce grant related documents	\$3,300
Scanner - Top Feed x 5; county standard desktop scanner; \$779 ea	Scanners to be used by staff to produce electronic files for retention of disease investigation reports and related documents	\$3,895

TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS
--

\$0

Total Amount Requested for Supplies:

\$21,597

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **COLLIN COUNTY**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
Conference registration fees for 12 staff members	Preparedness Summit Conference, Diseases in Nature, Collin County Mental Health Symposium, Texas Emergency Managers Conference, or similar conference for 12 staff members	\$11,000
Adobe DC software licenses x5; \$200 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks.	\$1,000
Software-EA licenses X 5 including Microsoft Office Suite;	Computer software to be used by health department staff to communicate by email, produce disease reports, enter and track disease surveillance data	\$3,000
Certifications and staff training	Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harassment, Cultural Competency, De-Escalation, continuing education, and any other applicable trainings that improve healthcare interactions with patients.	\$15,000
Software for building vaccine data collection system interfaces, data processing, and data visualizations - License type and quantity will vary	Software examples may include licenses and maintenance fees for Laserfiche, Jotform, DocuSign, Tableau, ArcGIS, SQL, or other systems.	\$6,350
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.	\$300
Cell Phone Service Plan x 7 employees for 2 years (7 employees x 2 years x \$576); 2 employees for 15 months of services (2 employees x \$720); annual cost of voice and data plan \$576 ea	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 regarding public health activities	\$1,300
3x Workstation Desk Package for staff; \$3758 ea.	Cost for necessary furniture required due to new positions resulting from expanded workforce	\$11,274
7x Office Chairs for staff; \$417.80 ea.	Cost for necessary furniture required for staff workstations	\$3,303

2x Office Desk Cubicle Package for staff; \$6723.50 ea.	Cost for necessary furniture required due to new positions resulting from expanded workforce	\$13,447
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$65,974

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. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

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.

RATE:

TYPE:

BASE:

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.

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 INSTRUCTIONS

The budget templates include a SUPPLEMENTAL page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The SUPPLEMENTAL budget templates are:

Personnel Supplemental
Travel Supplemental
Equipment & Controlled Assets Supplemental
Supplies Supplemental
Contractual Supplemental
Other Costs Supplemental

PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

COLLIN COUNTY[illegible]

[illegible]

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	\$0
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Revised: 3/25/2014

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

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

Total Amount Requested for Equipment:

\$0

SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

COLLIN COUNTY

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
		\$0

Total Amount Requested for Supplies:

\$0

CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: COLLIN COUNTY

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

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

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

COLLIN COUNTY[illegible]

[illegible]

Total Amount Requested for Other:

\$0