

#### FY2022

Contract Type: CPS/PHIG (Year 5)

### **Applicant Information**

Legal Name of Applicant Agency:	Collin County	
Mailing Address:		
Street / P	Box: <mark>825 N. McDonald St #130</mark>	
	City: McKinney	
	Zip: <mark>TX</mark>	
Payee Name:	Collin County	
•		
Payee Mailing Address:		
Street / P	Box: 825 N. McDonald St. #130	
	City: McKinney, TX	
	Zip: <mark>75069</mark>	
State of Tayon Comptroller Vander ID #	(0	
State of Texas Comptroller Vendor ID # digit + 3 digit mail code):	(9	17560008736 026
UEI Code (This is a required field, if receiving fede	ral fur S1ETLAGRNCC5	17300000730 020
our code (This is a required held, if receiving lead	al full of ETEASBINGOS	
Type of Entity (Choose one)		
	City: Click on appropriate	e box
	ounty: 🔽	
Other Political Subd	rision:	
<b>-</b>		
Project Period	Data	40/4/0000
	Date:	12/1/2026 11/30/2027
EIR	Date.	11/30/2021
Counties Served		
County(ies) S	erved:	
- , ,		
	a	
	Collin	
	Collin	

#### **CONTACT PERSON INFORMATION**

Collin County

Legal Business Name:

				organization in addition to those on the FACE PAGE. If any of the
tollowing inforr	nation changes during	g the term of the co	ntract, please send writter	notification to the Contract Management Unit.
Health Directo	r/CEO	Candy Blair		Mailing Address (street, city, county, state, & zip):
Phone:	972-548-5504	Ext:		Mailing Address (street, city, county, state, & zip).
Fax:	372-340-3304	LXt.		
E-mail:	cblair@co.collin.tx.u	IS		
B-13/FSR Rep		Andrea Pease		Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4732	Ext:		ivaling Address (street, city, county, state, & zip).
Fax:	912-340-4132	LXI.		2300 BLOOMDALE RD. #4192, MCKINNEY, TX
E-mail:	apease@co.collin.tx	CUS		75069
L maii.	ародоощоологинга			10000
ΡΗΕΡ (ΗΔ7ΔΕ	RDS) Program Leader	Meredith Nurge		Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4708	Ext:		Mailing Address (Street, City, County, State, & Zip).
Fax:	012 040 4100	LXt.		
E-mail:	mnurge@co.collin.t	x.us		825 N. MCDONALD #130, MCKINNEY, TX 75069
SNS (CRI) Cod	ordinator:	Amy Davis		Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4473	Ext:		
Fax:				
E-mail:	aldavis@co.collin.tx	us		825 N. MCDONALD #130, MCKINNEY, TX 75069
Authorized Sig	natory for <b>DocuSign</b>	Chris Hill		Mailing Address (street, city, county, state, & zip):
Phone:	972-548-4623	Ext:		maining rear ood (on ook, only, ocarry, ocare, a zip).
Fax:	0.2 0.0 .020			2300 BLOOMDALE RD. #4192, MCKINNEY, TX
E-mail:	chill@co.collin.tx.us			75069
Additional Au	thorized Signatory for			
	y if applicable			
(FFATA, Certs		Andrea Pease		
Phone:	972-548-4732	Ext:		
Fax:	972-340-4732	LXI.		
E-mail:	apease@co.collin.tx	CUS		
	<u> </u>			
Desugian "C	C" Darson	Christian Jimene	_	
DocuSign "Co Phone:	972-548-5619	Ext:	2	
Fax:	972-340-3019	EXI.		
E-mail:	cjimenez@co.collin	tyris		
L IIIaii.	ojimenez@co.collin	.trdo		
<b>5</b>		To do Donto		Matter Address (street attended to the country of the Co. 1)
Emergency Co		Taylor Burton		Mailing Address (street, city, county, state, & zip):
Cell Phone: Fax:	214-973-2023	Ext:		
E-mail:	tburton@co.collin.tx	us		825 N. MCDONALD #130, MCKINNEY, TX 75069
=				

# **BUDGET SUMMARY (REQUIRED)**

		Total	DSHS Funds	Direct Federal	Other State	Local Funding	Other
В	Sudget Categories	Budget	Requested	Funds	Agency Funds*	Local Fullding	Funds
		(1)	(2)	(3)	(4)	(5)	(6)
A.	Personnel	\$115,401	\$115,401				
B.	Fringe Benefits	\$56,700	\$56,700				
C.	Travel	\$0	\$0				
D.	Equipment	\$0	\$0				
E.	Supplies	\$0	\$0				
F.	Contractual	\$0	\$0				
G.	Other	\$0	\$0				
Н.	Total Direct Costs	\$172,101	\$172,101				
I.	Indirect Costs	\$0	\$0				
J.	Total (Sum of H and I)	\$172,101	\$172,101				

# **TRAVEL Budget Category Detail Form**

Conference / Workshop Travel Costs					
Description of		1 4!	Number of:		
Conference/Workshop	Justification	Location City/State	Days & Employees	Travel Costs	
				Mileage	\$0
				Airfare	\$0
				Meals	\$0 \$0 \$0 \$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0 \$0 \$0 \$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	
				Mileage	\$0 \$0 \$0 \$0
				Airfare	\$0
				Meals	\$0 ¢0
				Lodging	\$0 \$0
				Other Costs	\$0
				Total	
				Mileage Airfare	\$0 \$0
				Meals	φO
				Lodging	\$0 \$0
				Other Costs	\$0
				Total	\$0
				Total	Ψ0
	TOTAL EDOM TRAVEL OURD EMENTAL CONTENTS	#MODICOL: 25	DUDOET OUESTS		**
	TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE	/WORKSHOP	BUDGET SHEETS		\$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
т	OTAL FROM TRAVEL	SUPPLEMENTAL OTHER/LOCAL TR	RAVEL COSTS	BUDGET SHEETS	\$0
			Total :	for Other / Loca	al Travel \$0
Other / Local Travel Costs:	\$0 Co	nference / Workshop Travel Costs:	: \$0	Total Trav	<u>-</u>
Indicate Police	cy Used:	Respondent's Travel Policy	/	State of Te	xas Travel Policy

#### **PERSONNEL Budget Category Detail Form**

Legal Name of Respondent: Collin County

PERSONNEL	Vacant			Certification or License	Estimated Monthly	Number	Salary/Wages Requested for
Name + Functional Title	Y/N			(Enter NA if not required)	Salary/Wage	of Months	Project
Financial Analyst (Christian Jimenez)	N	Assists with grant performance goals and deliverables; supports grant functions and special projects as needed	1.00	NA	\$7,452	3	\$22,356.0
Health Care Analyst (Alison Thrasher)	N	Provides administrative support for Epidemiology, Immunizations, and other Health Care programs	1.00	NA	\$5,552	3	\$16,656.0
Functional Analyst (Crystal Pang)	N	Assists with management of departmental databases, software, and reporting; Identifies areas for improvement and supports information system projects	1.00	NA	\$6,764	3	\$20,292.0
Functional Analyst (Patrick Hill)	N	Assists with management of departmental databases, software, and reporting; Identifies areas for improvement and supports information system projects	1.00	NA	\$6,730	3	\$20,190.0
Financial Analyst (Eric Dickey)	N	Assists with grant performance goals and deliverables; supports grant functions and special projects as needed	1.00	NA	\$6,849	3	\$20,547.0
Health Care Analyst	Y	Provides administrative support for Epidemiology, Immunizations, and other Health Care programs	1.00	NA	\$5,120	3	\$15,360.0
							\$
							\$ \$
							\$
							\$
							\$
							\$ \$
							\$
							\$
							\$
							\$
							\$ \$
							<u> </u>
				TOTAL FROM PERSON	INEL SUPPLEMEN	ITAL SHEETS	 \$
					SalaryWag	e Total	\$115,40
0.0024), Short Term Disability \$2.10/month, Lon	65), Insura g Term Ca	the elements of fringe benefits in the same Premiums (\$1,400 for medical/dental/RX are \$30.08 per month, Retirement (salary x 0.095 employee salary then multiply by 1.5, and then	nd \$4.95 fo ), Unemplo	r term life per month), Lo byment insurance (salary	x 0.001). Per Coll		
Total Number of FTEs:		6.00		] Fringe F	Benefit Rate %		49.13%

Fringe Benefits Total

\$56,700

### **EQUIPMENT AND CONTROLLED ASSETS Budget Category**

### **Detail Form**

Legal Name of Respondent:	Collin County

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

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
	TOTAL FROM EQUIPMENT SUPP	LEMENTAL B	UDGET SHEETS	\$0

Total Amount Requested for Equipment:	\$0

# **SUPPLIES Budget Category Detail Form**

Legal Name of Respondent:	Collin County				
Itemize and describe each supply item and <b>provide an estima</b> be categorized by each general type (e.g., office, computer, me	ated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each edical, educational, etc.)	supply item. Costs may			
Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost			
		Г			
		ı			
		i			
	-	I			
	+	<u> </u>			
		1			
		<u>.                                    </u>			
	+				
	+	I			
	+	<u> </u>			
		 I			
		<u>.                                    </u>			
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0			
	Total Amount Requested for Supplies:	\$0			

### **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
	-	TOTAL FROM	I CONTRACTUAL SU	PPLEMENTAL B	UDGET 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
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0
	Total Amount Requested for Other:	\$0

### **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)	
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.	Dr 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.	in
GO TO PAGE	GE 2 (below)

### Page 2, FORM I - 7 Indirect Costs

If using an <u>central service</u> or <u>indirect cost rate</u> , 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)**

PERSONNEL	Vacant			Certification or	Estimated Monthly	Number of	Salary/Wages Requested for Project
Name + Functional Title	Y/N	Job Summary	FTEs	License (Enter NA if not required)	Salary/Wage	Months	Project
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$U
							\$U
							ΦO
							φυ ΩΦ
							Ψ0 \$0
							φ <u>υ</u> \$0
							\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
							<u>φ</u>
							<u>\$0</u>
							\$0
							\$0
							\$0
							\$0
							\$0

	0.00		\$0
			\$0
			\$0
			\$0
			\$0 \$0
			\$0 \$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0 \$0

### **TRAVEL Budget Category Detail Form (Supplemental)**

Conference / Workshop Travel Costs					
Description of		Location	Number of:		
Conference/Workshop	Justification	(City, State)	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

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 / Loca	I Travel \$0
Other / Local Travel Costs:	\$0 Cor	nference / 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	
				\$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	
		0.1
itemize and describe each supply item and <b>provide an estimated qua</b> be categorized by each general type (i.e., office, computer, medical, clie	ntity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each	supply item. Costs may
Description of Item	ent incentives, educational, etc.)	
[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
		\$0
	<u>I</u>	
	Total Amount Requested for Supplies:	\$0
	Total Alliount Nequested for Supplies.	ΨΟ

### **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)

Collin County	
Purpose & Justification	Total Cost
· · · · · · · · · · · · · · · · · · ·	
	Purpose & Justification

Total Amount Requested for Other: \$0