

Interlocal Application For Immunization Program Funds Fiscal Year 2024

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Issue date: 2/7/2023
Due date: 2/16/2023

Immunization Unit
P.O. Box 149347
Austin, Texas 78714-9347

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Unit announces the expected availability of Fiscal Year (FY) 2024 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

Please submit the completed renewal application electronically no later than February 16, 2023 to cms_covidimm@dshs.texas.gov.

The renewal application includes a form for Indirect Costs (I-7) within the budget template. DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Unit has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the contact is **Amie Creighton/Shelva Mays** of the Contract Management Section. Communications concerning this Application may be addressed by email or fax to:

CMS Contact Email:

Amie.creighton@dshs.texas.gov

Shelva.mays@dshs.texas.gov

III. TABLE OF CONTENTS

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

Form A. Face Page – INCLUDED on Budget template

Form B. Table of Contents and Checklist

Form C. Contact Person Information – INCLUDED on Budget template

Form D. Job Descriptions

Form E. Program Income Spending Plan

Form F. Budget (see separate file)

Form G. FFATA Form

Appendix B. Copy of Approved Indirect Rate (if applicable)

NOTE: FORM A: Face Page and FORM C: CONTACT PERSON INFORMATION are located on the first two tabs of the attached FY24 Budget Template.

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name Collin County

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input checked="" type="checkbox"/>		
B	Table of Contents and Checklist - completed and included	<input checked="" type="checkbox"/>		
C	Contact Person Information - completed and included	<input checked="" type="checkbox"/>		
D	Job Descriptions (with supplemental documentation attached if required)	<input checked="" type="checkbox"/>		
E	Program Income Spending Page	<input checked="" type="checkbox"/>		
F	Budget Summary Form and Detail Pages	<input checked="" type="checkbox"/>		
G	FFATA Form - completed and included	<input checked="" type="checkbox"/>		
Appendix B	Copy of Approved Indirect Rate - included (if applicable)	<input type="checkbox"/>		N/A

FORM D: JOB DESCRIPTIONS

Please attach or insert job descriptions here for all positions listed on the Personnel Detail. Also include any job description that was updated during fiscal year 2023.

Form E: PROGRAM INCOME SPENDING PLAN

What is program income?

Program income is gross income earned by a recipient, a consortium participant, or a contractor under a grant that was directly generated by the grant-supported activity or earned as a result of the award.

Note: Program income is not non-DSHS local funds used with DSHS funds to support and carry-out the program.

Examples of program income:

- Conference or workshop participant registration fees
- Income from sales of educational materials
- Sale of equipment that was purchased with grant funds
- Fees, payments, or reimbursement for the provision of a specific service, such as patient care reimbursements received under Medicare, Medicaid, or Children's Health Insurance Program.

Instructions:

Projected amount of the of Program Income (from page 30, Budget Summary, Line K, Row 2) \$ 25,390.00

Please forecast how Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$ 17,024.00	Funds to offset the costs of personnel salaries supported by the grant
B. Fringe Benefits	\$ 8,366.00	Funds to offset the costs of fringe benefits of personnel supported by the grant
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
TOTAL PROGRAM INCOME	\$25,390.00	

