



**CY2023- TB/Fed Budget
TB/PC FED**

Applicant Information

**Legal Name of Applicant Agency:
Mailing Address:**

Collin County

Street / PO Box: 825 N. McDonald #130
City: McKinney
Zip: 75069

Payee Name:

Collin County

Payee Mailing Address:

Street / PO Box: 825 N. McDonald #130
City: McKinney
Zip: 75069

State of Texas Comptroller Vendor ID # (11
digit + 3 digit mail code):

UEID Number (Replacing DUNS number)

74873449

Fiscal Year-End Date (MM/DD)

12/31

Type of Entity (Choose one)

- City: Click on appropriate box
 County:
 Other Political Subdivision:
 Nonprofit Organization:
 Community-Based Organization:
 Hospital:
 State Controlled Institution of Higher Learning:
 Other:
 Faith Based (Nonprofit Org):

Contract Term:

Start Date: 1/1/2023
End Date: 12/31/2023

State-wide or Counties Served

State-wide or County(ies) Served:

Collin County

Amount of Funding Allocated:

\$84,572.00

CONTACT PERSON INFORMATION

Legal Business Name: Collin County

This form provides information about the appropriate contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written/e-mail notification to the Assigned Contract Manager.

Health Director / CEO / Executive Director: CANDY BLAIR
Direct Phone: 972-548-5504
E-mail: CBLAIR@CO.COLLIN.TX.US

Mailing Address (street, city, county, & zip):
825 N. MCDONALD #130, MCKINNEY, TX 75069

B-13 Submitter: Andrea Pease
Direct Phone: 972-548-4732
E-mail: apease@co.collin.tx.us

Mailing Address (street, city, county, & zip):
2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

Program Lead Person: Candice Akins
Direct Phone: 972-548-5509
E-mail: cakins@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. MCDONALD #130, MCKINNEY, TX 75069

Contract Lead Person: Christian Jimenez
Direct Phone: 972-548-5619
E-mail: cjimenez@co.collin.tx.us

Mailing Address (street, city, county, & zip):
825 N. MCDONALD #130, MCKINNEY, TX 75069

Contract Authorized Signatory: CHRIS HILL
Direct Phone: 972-548-4632
E-mail: CHILL@CO.COLLIN.TX.US

Mailing Address (street, city, county, & zip):
2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069

Additional Contract Authorized Signatory:
Direct Phone:
E-mail:

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

FFATA/Assurances Signatory: Andrea Pease
Direct Phone: 972-548-5619

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

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 (Match) (5)	Other Funds (6)
A. Personnel	\$44,445	\$36,725			\$7,720	
B. Fringe Benefits	\$20,145	\$16,589			\$3,556	
C. Travel	\$817	\$817			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$2,250	\$2,250			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$67,657	\$56,381	\$0	\$0	\$11,276	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$67,657	\$56,381	\$0	\$0	\$11,276	\$0
				Match Percentage	20.00%	

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs		Justification	Location City/State	Number of:	Travel Costs	
Description of Confrence/Workshop *Please break this out per traveler, per category. Identify "in-kind" personnel traveling that are not listed on the personnel tab.				Days & Employees		
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for staff (Dawn West (RN), Cynthia Leung (Medical Assistant), Elvia Priest (TB Outreach Worker) to conduct contact investigations, screening, and DOT	1000	\$0.625	\$625		\$625
Local training travel to cover staff (Dawn West (RN), Cynthia Leung (Medical Assistant), Elva Priest (TB Outreach Worker) expenses including day travel for DEW	307	\$0.625	\$192		\$192
			\$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

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

[Current GSA Travel Rates can be found here](#)

****Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.**

	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

\$2,250

****Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.**

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 (Indirect Costs)**

RATE:	EXAMPLE 8.75%
BASE:	EXAMPLE - Modified total direct, including subgrants and subcontracts up to the first \$25,000; excluding equipment, capital equipment, as well as the portion of each subgrant and subcontract in excess of \$25,000.00.

INSTRUCTIONS: Organizations that have an approved indirect cost rate should complete the section above by marking the box and indicating the rate and base. A copy of the approved rate agreement that will be in effect during the contract term should be submitted with the Budget Templates. If a rate agreement is pending, submit the latest approved agreement.

I attest that I have not had an approved indirect cost rate and I am requesting/electing to utilize the de minimis indirect cost rate.

I elect not to request indirect costs.

SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH 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 MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

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 amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

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

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

PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
			0.00			SalaryWage Total	\$0

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

PERSONNEL							
Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Elva Priest - TB Outreach (ID: 201476)	N	Provides DOT to TB Patients	0.18	NA	\$5,436	8	\$7,720
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0

SalaryWage Total	\$7,720
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FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

a. Fringe Benefits: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,400 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 \$30.08 per month, Retirement (salary x 0.095), Unemployment insurance (salary x 0.001). Per Collin County HR, the Life Insurance calculation should be rounding-up employee salary then multiply by 1.5, and then multiplied by 0.085 which includes AD&D.

	Fringe Benefit Rate %	46.06%
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	Fringe Benefits Total	\$3,556
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TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs

Description of Confrence/Workshop *Please break this out per traveler, per category. Identify "in-kind" personnel traveling that are not listed on the personnel tab.	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$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
			\$0		\$0

Total for Other / Local Travel

\$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs:

\$0

TRAVEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs

Description of Conference/Workshop *Please break this out per traveler, per category	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$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 Other / Local Travel Costs: Conference / Workshop Travel Costs: **Total Travel Costs:**

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)	METHOD OF SELECTION	PERIOD OF PERFORMANCE	DESCRIPTION OF SERVICES / SCOPE OF WORK	METHOD OF ACCOUNTABILITY	BUDGET DETAIL AND 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

CONTRACTUAL Budget Category Detail Form (Match)

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)	METHOD OF SELECTION	PERIOD OF PERFORMANCE	DESCRIPTION OF SERVICES / SCOPE OF WORK	METHOD OF ACCOUNTABILITY	BUDGET DETAIL AND 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

