

FY24- TB FED TB/PC FED

Applicant Information

Legal Name of Applicant Agency:		Collin County
Mailing Address:	ļ	
•	Box:	825 N. McDonald #130
		McKinney
	Zip:	75069
Payee Name:		Collin County
r ayee Name.		Comin County
Payee Mailing Address:		
Street / PO) Box:	825 N. McDonald #130
	City:	McKinney
	Zip:	75069
Ctata of Tours Communication Vandon ID #	(44	
State of Texas Comptroller Vendor ID # digit + 3 digit mail code):	(11	
DUNS # (9 digits required for subrecipient contractors)		74873449
Derion (o digita required for dable diplom contractors)	•	14010443
Fiscal Year-End Date (MM/DD)		08/31
	•	
Type of Entity (Choose one)		
	City:	
	ounty:	
Other Political Subdiv		
Nonprofit Organiz		
Community-Based Organiz		
	spital	
State Controlled Institution of Higher Lea		
Faith Based (Nonprofit	Other	
i altii baset (Noripiolii	. Org)	
Contract Term:		
Start	Date:	9/1/2023
End	Date:	8/31/2024
State-wide or Counties Served		
State-wide or County(ies) Se	arved.	
State wide of Sounty(188) Se	/i vod.	
		Collin County
Amount of Funding Allocated:		\$84,572.00
, une and or i ariamy , modulous		ΨΟΤ,Ο1 Σ.00

CONTACT PERSON INFORMATION

Collin County

Legal Business Name:

This form provides information about the appropriate contacts in the contractor's or changes during the term of the contract, please send written/e-mail notification to the	
Health Director / CEO / Executive DCANDY BLAIR	Mailing Address (street, city, county, & zip):
Direct Phone: 972-548-5504 Ext:	
E-mail: CBLAIR@CO.COLLIN.TX.US	825 N. MCDONALD #130, MCKINNEY, TX 75069
B-13 Submitter: Andrea Pease Direct Phone: 972-548-4732 Ext:	Mailing Address (street, city, county, & zip):
E-mail: apease@co.collin.tx.us	2300 BLOOMDALE RD. #4192, MCKINNEY, TX 75069
Program Lead Person: Candice Akins	Mailing Address (street, city, county, & zip):
Direct Phone: 972-548-5509 Ext:	
E-mail: cakins@co.collin.tx.us	825 N. MCDONALD #130, MCKINNEY, TX 75069
Contract Lead Person: Taylor Burton	Mailing Address (street, city, county, & zip):
Direct Phone: 972-548-4464 Ext:	
E-mail: tburton@co.collin.tx.us	825 N. MCDONALD #130, MCKINNEY, TX 75069
Contract Authorized Signatory: CHRIS HILL	Mailing Address (street, city, county, & zip):
Direct Phone: 972-548-4632 Ext:	2300 BLOOMDALE RD. #4192, MCKINNEY, TX
E-mail: CHILL@CO.COLLIN.TX.US	75069
Additional Contract Authorized Sig	Mailing Address (street, city, county, & zip):
Direct Phone: Ext:	
E-mail:	
FFATA/Assurances Signatory: Andrea Pease	Mailing Address (street, city, county, & zip):
Direct Phone 972-548-5619 Ext:	

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Collin County

	Total	DSHS Funds	Direct Federal	Other State	Local Funding	Other
Budget Categories	Budget	Requested	Funds	Agency Funds*	(Match)	Funds
	(1)	(2)	(3)	(4)	(5)	(6)
A. Personnel	\$69,710	\$58,128			\$11,582	
B. Fringe Benefits	\$31,304	\$25,972			\$5,332	
C. Travel	\$472	\$472			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$0	\$0			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$101,486	\$84,572	\$0	\$0	\$16,914	\$0
Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$101,486	\$84,572	\$0	\$0	\$16,914	\$0
				Match Percentage	20.00%	

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:	Collin County
	Conin 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
Dawn West - Registered Nurse (RN) (ID: 300161)		Provides TB case management services as a registered nurse	0.43	License	\$7,330	12	\$37,823
Cynthia Leung - Medical Assistant (ID: 300176)	N	Serves as TB case registrar, performing TB data collection and reporting duties	0.43	N/A	\$3,935	12	\$20,305
							\$0
							\$0 \$0
							\$0
							\$0
							\$0
							\$0
							\$0 \$0 \$0 \$0
							\$0
							\$0
							\$0
							\$0 \$0 \$0 \$0
							<u>\$0</u>
							ΦO
							\$0 \$0
							\$0 \$0 \$0
							\$0
							\$0
	<u> </u>	1		TOTAL FROM PERSON	NEL SUPPLEMEN	ITAL SHEETS	\$0
	_				SalaryWag		\$58,128

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.

Total Number of FTEs:	0.86	Fringe Benefit Rate %	44.68%	
			Fringe Benefits Total	\$25,972

TRAVEL Budget Category Detail Form

Legal Name of Respondent: Collin County

Conference / Workshop Travel Costs					
Description of		Location	Number of:		
Conference/Workshop	Justification		Days & Employees	Travel (Costs
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	Φ0
				Total	\$0
				Mileage	\$0
				Airfare	\$0 \$0 \$0 \$0
				Meals	\$0 *0
				Lodging	\$0 \$0
				Other Costs	
				Total	φ0 Φ0
				Mileage Airfare	\$0
				Meals	\$0 \$0
				Lodging	φυ \$0
				Other Costs	\$0
				Total	\$0 \$0 \$0 \$0 \$0 \$0
				Total	ΨΟ
	TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE	/WORKSHOP	BUDGET SHEETS		\$0
					Ψ

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel for the following staff (Dawn West (RN); ID: 300161, Cynthia Leung (Medical Assistant); ID: 300176, Elvia Priest (TB Outreach Worker); ID:	521	\$0.655	\$341		\$341
Local training travel to cover the following staff (Dawn West (RN); ID: 300161, Cynthia Leung (Medical Assistant); ID: 300176, Elva Priest (TB Outreach	200	\$0.655	\$131		\$131
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
	_		\$0		\$0
TOTAL FRO	OM TRAVEL S	SUPPLEMENTAL OTHER/LOCAL TF	RAVEL COSTS	BUDGET SHEETS	\$0

	Total fo	or Other / Local Travel \$472
Other / Local Travel Costs: \$472	Conference / Workshop Travel Costs: \$0	Total Travel Costs: \$472
Indicate Policy Used:	Respondent's Travel Policy	State of Texas Travel Policy Revised: 3/25/2014

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form

Legal Name of Respondent:	Collin County
	<u>comit county</u>

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 SUPPL	EMENTAL BI	JDGET SHEETS	\$0

Total Amount Requested for Equipment:	\$(

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:	Collin County	
Itemize and describe each supply item and provide an estimated quar be categorized by each general type (e.g., office, computer, medical, ed	ntity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each ucational, etc.)	supply item. Costs may
Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0
	•	
	Total Amount Requested for Supplies:	\$0

CONTRACTUAL Budget Category Detail Form

Collin County
C

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
	<u>.</u>	
	Total Amount Requested for Other:	\$0

Indirect Costs

Legal Name of Respondent:	Collin County	
Total amount of indirect costs allocable to the project:	Amount:	<u>\$0</u>
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. Attaca a copy of the rate agreement to this form (Indirect Costs)	RATE: BASE:	EXAMPLE 8.75% 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 base. A copy of the approved rate agreement that will be in effect during the conagreement 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	Э.	
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 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
Haine - Functional Title							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0 \$0
							\$0 \$0
							\$0
	I		0.00			I	40
	-				SalaryWage	e Total	\$0

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:	Collin	<u>County</u>					
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		,					
Elva Priest - TB Outreach (ID: 201476)	N	Provides DOT to TB Patients	0.19	NA	\$5,062	12	\$11,582
							\$0
							\$0
			_				\$0
							\$0
							\$0
							\$0
			_				\$0
			-			-	\$0
			-			 	\$0
							\$0
						 	\$0
			+			+	\$0 \$0
					0 1 14/	-	
	–				SalaryWage	e i otai	\$11,582
a. Fringe Benefits: FICA/Medicare (salary	x 0.0765		al/denta	al/RX and \$4.95 for			
Long Term Disability (salary x 0.0024), SI Unemployment insurance (salary x 0.001 multiply by 1.5, and then multiplied by 0.0). Per Col	lin County HR, the Life Insurance calcula					
				Fringe	Benefit Rate %		46.04%
				F-2	Daniella Talil		ΦΕ 222
				Fringe	Benefits Total		\$5,332

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

Conference / Workshop Travel Costs					
Description of		Location	Number of:		
Conference/Workshop	Justification	(City, State)	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	40
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	40
				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 \$0					
Other / Local Travel Costs:	\$0 Co	nference / 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		Location	Number of:		
Conference/Workshop	Justification	(City, State)	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 \$0					
Other / Local Travel Costs:	\$0 Co	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	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

otal Amount Requested for Equipment:	\$0

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Match)

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

otal 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 qu be categorized by each general type (i.e., office, computer, medical, of the computer of the categorized by each general type (i.e., office, computer).	uantity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for eac client incentives, educational, etc.)	h supply item. Costs may
Description of Item		
[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
	_	
		1
	Total Amount Requested for Supplies:	\$0

SUPPLIES Budget Category Detail Form (Match)

Legal Name of Respondent:	Collin County	
temize and describe each supply item and provide an estimated qua be categorized by each general type (i.e., office, computer, medical, cli	antity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each lient incentives, educational, etc.)	ı supply item. Costs may
Description of Item		
[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
	<u> </u>	
	+	
		
	<u> </u>	1
		
	 	
	 	
	+	
	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

otal Amount Requested for CONTRACTUAL:	\$0
otal / linealit requested for contribute for the	Ψ

CONTRACTUAL Budget Category Detail Form (Match)

Legal Name of Respondent:	Collin County
Legai 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
Total Alliount Nequested for Continactons.	ΨΟ

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent:	Collin County			
Legal Name of Nespondent.	Comin County			
Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost		
	Total Amount Requested for Other:	\$0		

OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:	Collin County		
December of Nove			
Description of Item			
[If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost	
		•-	
	Total Amount Requested for Other:	\$0	