

ATTACHMENT B
BUDGET

Organization Name: Collin County Health Care Services

Program ID: IMM/LOCALS

Contract Number: HHS001331300036

Budget Category	Budget Period 9/1/2023-8/31/2024	Category Total
Personnel	\$234,960.00	\$234,960.00
Fringe Benefits	\$115,464.00	\$115,464.00
Travel	\$1,828.00	\$1,828.00
Equipment	\$0.00	\$0.00
Supplies	\$1,810.00	\$1,810.00
Contractual	\$0.00	\$0.00
Other	\$0.00	\$0.00
Total Direct Charges	\$354,062.00	\$354,062.00
Indirect Charges	\$0.00	\$0.00
Total	\$354,062.00	\$354,062.00