

## **General Instructions for Completing Budget Forms DSHS Costs Only Budgeted on Detail Category Pages**

*(Examples and instructions for completing the Budget Category Detail Templates are in a separate Excel file located under Templates for Cost Reimbursement Budgets located at :*

<http://www.dshs.state.tx.us/grants/forms.shtm>

- \* Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I -Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- \* Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- \* After you have completed each budget category detail form, go to Form I-Budget Summary and input other sources of funding manually (if any) in Columns 3 - 6 for each budget category.
- \* Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions ("Distribution Totals") equals the Budget Total.
- \* Enter the total amount of "Program Income" anticipated for this program in row "K" under the "Total Budget" column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractors Financial Procedures Manual located at the following web site:  
<http://www.dshs.state.tx.us/contracts/>

## FORM I: 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 Sources (5)	Other Funds (6)
A. Personnel	\$391,872	\$391,872	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$170,942	\$170,942	\$0	\$0	\$0	\$0
C. Travel	\$38,558	\$38,558	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$30,605	\$30,605	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$72,340	\$72,340	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$704,317	\$704,317	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$704,317	\$704,317	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

**NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).**

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
<b>Check Totals For:</b>	<b>Personnel</b>	<b>\$391,872</b>	<b>\$391,872</b>	<b>Fringe Benefits</b>	<b>\$170,942</b>	<b>\$170,942</b>
	<b>Travel</b>	<b>\$38,558</b>	<b>\$38,558</b>	<b>Equipment</b>	<b>\$0</b>	<b>\$0</b>
	<b>Supplies</b>	<b>\$30,605</b>	<b>\$30,605</b>	<b>Contractual</b>	<b>\$0</b>	<b>\$0</b>
	<b>Other</b>	<b>\$72,340</b>	<b>\$72,340</b>	<b>Indirect Costs</b>	<b>\$0</b>	<b>\$0</b>

<b>TOTAL FOR:</b>	<b>Distribution Totals</b>	<b>\$704,317</b>	<b>Budget Total</b>	<b>\$704,317</b>
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\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

## FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
Program Coordinator (ID: 300578) - Emeka Ohagi	N	Coordinates DIS grant deliverables & activities; supports grant functions related to DIS	1.00	NA	\$7,040.00	12	\$84,480
Epidemiologist (Field) (ID: 300582) - Teresa Stelling	N	Conducts field investigations to provide disease intervention and field rapid tests for HIV and syphilis, partner elicitation/notification	1.00	NA	\$6,335.00	12	\$76,020
Epidemiologist (Field) (ID: 300581) - Jessica Woods	N	Conducts field investigations to provide disease intervention and field rapid tests for HIV and syphilis, partner elicitation/notification	1.00	NA	\$6,400.00	12	\$76,800
Epidemiologist (ID: 300579) - Musa Khan	N	Receives all lab reports related to syphilis and other reportable STDs. Ensures their data-entry into various systems; is responsible for initiating field records to DIS related to syphilis. Provides provider education regarding CDC treatment guidelines	1.00	NA	\$6,640.00	12	\$79,680
Epidemiologist (ID: 300580) - Olivia Jones	N	Receives all lab reports related to syphilis and other reportable STDs. Ensures data-entry into various systems; responsible for initiating field records to DIS related to syphilis; provides provider education regarding CDC treatment guidelines	1.00	NA	\$6,241.00	12	\$74,892
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0

									\$0
									\$0
<b>TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS</b>									\$0
<b>SalaryWage Total</b>									<b>\$391,872</b>

<b>FRINGE BENEFITS</b>	<b>Itemize the elements of fringe benefits in the space below:</b>									
<p>FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,500 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 \$26.25/month, Retirement (salary x 0.1), Unemployment Insurance (salary x 0.001). Per life insurance HR, the calculation should be employees salary x 1.5 and then multiplied by 0.085 to include AD&amp;D.</p>										
									<b>Fringe Benefit Rate %</b>	43.62%
									<b>Fringe Benefits Total</b>	<b>\$170,942</b>

## FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
STD Central Office Trainings	Staff to attend STD Central Office training to find new innovated information and skills to assist in the investigation of HIV/STD and public health follow up activities. Mileage expenses included to offset staff round-trip reimbursement to airport using personal vehicle and mileage reimbursement expenses in the scenario if staff opts for ground travel to training destination using personal vehicle. Other costs included to offset travel-related rental vehicle expenses to navigate local training region when flying into nearest destination airport for training (\$175/day x 4 days), and related airport parking fees (\$40/day x 4 days x 1 staff), and any related Cab/Taxi/Tollway fees for staff (\$40 x 1 staff) = \$1,100 in Other costs	TBD	4 days/3 staff (Emeka Ohagi, Olivia Jones, Musa Khan, Jessica Woods, or Teresa Stelling)	Mileage	\$750
				Airfare	\$2,250
				Meals	\$800
				Lodging	\$3,000
				Other Costs	\$1,100
				<b>Total</b>	<b>\$7,900</b>
Texas HIV STD Program Managers Meeting	DIS Program Manager to travel to South Padre Island for DSHS's biannual Beachin' Program Managers meeting. Other costs included to offset travel-related rental vehicle expenses to navigate local training region when flying into nearest destination airport for training (\$150/day x 4 days), and related airport parking fees (\$40/day x 4 days x 1 staff), and any related Cab/Taxi/Tollway fees for staff (\$40 x 1 staff) = \$1000 in Other costs	South Padre Island, TX	4 days/1 staff (Emeka Ohagi)	Mileage	\$600
				Airfare	\$750
				Meals	\$500
				Lodging	\$1,000
				Other Costs	\$1,000
				<b>Total</b>	<b>\$3,850</b>
	Staff to attend STD Surveillance training to find new innovated information and skills to assist in the investigation of HIV/STD and public health follow up activities. Mileage			Mileage	\$750
				Airfare	\$2,250
				Meals	\$800
				Lodging	\$3,000
				Other Costs	\$1,100

In-State STD Surveillance Trainings	expenses included to offset staff round-trip reimbursement to airport using personal vehicle and mileage reimbursement expenses in the scenario if staff opts for ground travel to training destination using personal vehicle. Other costs included to offset travel-related rental vehicle expenses to navigate local training region when flying into nearest destination airport for training (\$175/day x 4 days), and related airport parking fees (\$35/day x 4 days x 3 staff), and any related Cab/Taxi/Tollway fees for staff (\$26.67 x 3 staff) = \$1,100 in Other costs.	TBD	4 days/3 staff (Emeka Ohagi, Musa Khan, Olivia Jones, Jessica Woods, or Teresa Stelling)		<b>Total</b>	\$7,900
STD Engage, or similar conference	Staff to attend STD Engage conference, or other applicable conference, to receive updates on goals, objectives, and new treatment information on HIV/STD and public health follow-up activities. Other costs included to offset travel-related rental vehicle expenses to navigate local training region when flying into nearest destination airport for training (\$151/day x 4 days), and related airport parking fees (\$27/day x 4 days x 3 staff), and any related Cab/Taxi/Tollway fees for staff (\$24 x 3 staff) = \$1000 in Other costs	New Orleans, LA	4 days/3 staff (Emeka Ohagi, Jessica Woods, Oliva Jones, Musa Khan, or Teresa Stelling)	Mileage		\$500
				Airfare		\$2,700
				Meals		\$900
				Lodging		\$3,000
				Other Costs		\$1,000
				<b>Total</b>		\$8,100
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

**Total for Conference / Workshop Travel**

**\$27,750**

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Reimbursable mileage for staff to conduct local travel for DIS grant related activities. (Staff: Emeka Ohagi, Teresa Stelling, Jessica Woods, Musa Khan, Olivia Jones)	15000	\$0.655	\$9,825		\$9,825

Local training travel including day travel throughout DFW metroplex. (Staff: Emeka Ohagi, Teresa Stelling, Jessica Woods, Musa Khan, Olivia Jones)	1500	\$0.655	\$983	\$983
			\$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**





## FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Collin County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes &amp; cost/box)]</small>	Purpose & Justification	Total Cost
Office Supplies	Items to include Writing Pads (\$10/unit x 5); Pens (\$15/unit x 8), Permanent Colored Markers (\$8/unit x 5); Dry-Erase Markers (\$5/unit x 5); Stapler (\$13/unit x 5); Staples (\$10/unit x 5); Planners (\$35/unit x 5); 3-ring Binders (\$20/unit x 5); Tape Dispensers (\$8/unit x 5); Tape (\$13/unit x 5); Scissors (\$12/unit x 5); Binder Clips (\$10/unit x 5); Paper Clips (\$10/unit x 5); Push Pins (\$6/unit x 5); Card stock (\$20/unit x 2); Folder Dividers (\$6/unit x 5); Label Tape (\$40/unit x 2), Dry-Erase Board (\$150/unit x 1), File Folders (\$10/unit x 5), 2-pocket folders (\$20/unit x 20), Packing Tape (\$25/unit x 6), Sticky Notes (\$20/unit x 10), Mouse Pads (\$20/unit x 5); Wrist Rest (\$20/unit x 5); Bubble Wrap (\$100/unit x 5), Desk Organizers (\$20/unit x 5), and other office supplies as needed, to include surge staff that would assist DIS program in case of outbreak response, to produce reports, documentation, and support grant functions and operations = \$2,800.	\$2,800

Medical Supplies	Supplies used for DIS field testing and patient services, sanitation, biohazard waste, personal protection equipment, and supplies necessary for administration of blood draws. Estimates costs for Small Gloves (\$230/unit x 1), Medium Gloves (\$230/unit x 1), Large Gloves (\$230/unit x 1), Lysol Disinfectant Spray (\$15/unit x 1), Ancillary Needles (\$40/unit x 2), Lancets (\$100/unit x 1), Ancillary Syringes (\$755/unit x 1), Hand Sanitizer (\$50/unit x 1, Biohazard Bags (\$110/unit x 2, Tourniquets (\$90/unit x 2), Specimen Transport Bags (\$125/unit x 2), 1 Qt Sharps Containers (\$310/unit x 1), 5 Qt Sharps Container (\$170/unit x 1), Urine Collection Container (\$160/unit x 2), Alcohol Prep Pads (\$50/unit x 2), Bandage Wraps (\$100/unit x 1), Bandage Strips (\$60/unit x 2), Bandage Coverlets (\$10/unit x 2), Absorbent Sponges (\$70/unit x 2), Disinfectant Wipes (\$210/unit x 1), Butterfly Needles with Rubber Tube Set (\$110/unit x 2), Blood Collection Tubes (\$170/unit x 2), Gauze Squares (\$150/unit x 1), Disposable Face Mask Coverings (\$130/unit x 1), Medical Table Paper (\$100/unit x 1), PPE Gowns (\$160/unit x 1), Face Shields (\$110 x 1) = \$5,325.00	\$5,325
Test kits (HIV Rapid Tests); Estimate about 15 kits per month at an average of \$75/kit. (\$75/unit x 15/month x 12 months = \$13,500)	For HIV specimen collection conducted by DIS when conducting public health follow-up to facilitate case finding and partner services activities.	\$13,500
Test kits (Syphilis); Estimate about 15 kits per month at an average of \$30/kit. (\$30/unit x 15/month x 12 months = \$5,400)	For syphilis specimen collection conducted by DIS when conducting public health follow-up to facilitate case finding and partner services activities.	\$5,400
Grant program supplies	Doorknob bags (\$0.25/each x 1500), DIS program resource brochures (\$0.67/unit x 1500), Insulated Shipping System (\$160/unit x 10), Absorbent Strips (\$100/unit x 3), Single-Use Cold Packs (\$15/unit x 20), and other critical supplies for STD program public health follow-up objectives and activities.	\$3,580
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0

		\$0
		\$0
		\$0
		\$0
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

**Total Amount Requested for Supplies:**

<b>\$30,605</b>
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## FORM I-5: 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., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

## FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost per unit)]</small>	Purpose & Justification	Total Cost
Vehicle Rentals; This is a monthly rental expense of \$1020 per month, per vehicle ( $\$1020 \times 1 \times 12 = \$12,240$ )	Renting of two vehicles to be used by staff to conduct field investigation activities.	\$12,240
Fuel supply for vehicles ( $\$200/\text{month} \times 1 \times 12 = \$2,400$ )	Fuel supply for vehicles that will support the critical functions of grant and staff activities.	\$2,400
Postage	Postage for outreach materials, mailings, and communications with stakeholders. (Monthly postage costs $\$5/\text{unit} \times 80 \text{ units per month} \times 12 \text{ months} = \$4,800.00$ )	\$4,800
Medical Waste Pickup Service Fees; Estimated \$1000/month service fee x 12 months	Waste disposal service fees for the DIS program's medical/biohazard waste.	\$12,000
5x Cell Phone Service Plans ( $\$660 \times 5 = \$3300$ )	Voice and Data Plans for cell phones for communication with clients in the field while conducting public health follow-up activities.	\$3,300
5x Cell Phone Internet Hotspot ( $\$5/\text{month} \times 5 \text{ users} \times 12 \text{ months} = \$300$ )	Mobile hotspot on cell phones for connecting to the internet in the field and for remote work.	\$300
Conference registration fees	STD Engage or similar conferences to receive updated goals, objectives, and treatment information on HIV/STD ( $\$600/\text{unit} \times 5$ ), Collin County Mental Health Symposium to network and collaborate with local county mental health providers and receive local updates with local STD stakeholders ( $\$100/\text{unit} \times 5$ ). Along with other registration that could be associated with the Travel that is budgeted, etc.	\$9,450
Language Line ( $\$550/\text{month} \times 12 \text{ months} = \$6,000$ )	Translation services for patients to provide education, information about evaluation and treatment, and contact investigations.	\$6,600
Certifications and Staff Training	Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harassment, Cultural Competency, De-Escalation, continuing education, Naloxone, and any other applicable trainings.	\$4,500

<p>Specimen Collection Laboratory Fees - Syphilis (\$65/unit x 50 lab submissions = \$3,250.00)</p>	<p>Specimen collection fees for DIS program to cover lab fees for full panel STD infections to include syphilis. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.</p>	<p>\$3,250</p>
<p>Specimen Collection Laboratory Fees - Chlamydia (\$65/unit x 50 lab submissions = \$3250.00)</p>	<p>Specimen collection fees for DIS program to cover lab fees for full panel STD infections to include chlamydia. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.</p>	<p>\$3,250</p>
<p>Specimen Collection Laboratory Fees - Gonorrhea (\$65/unit x 50 lab submissions = \$3,250.00)</p>	<p>Specimen collection fees for DIS program to cover lab fees for full panel STD infections to include gonorrhea. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.</p>	<p>\$3,250</p>
<p>Specimen Collection Laboratory Fees - HIV (\$100/unit x 50 lab submissions = \$6,500.00)</p>	<p>Specimen collection fees for DIS program to cover lab fees for full panel STD infections to include HIV. Lab to be used is subject to Purchasing Department quotes and agreements. We are in final stages of a contract with Labcorp for FY 2022 but Purchasing may elect to change vendors in the future.</p>	<p>\$5,000</p>
<p>Printing and Communication Materials</p>	<p>Printing for additional grant related activities, events and public education or other outreach brochures (\$0.20/unit x 1200 = \$240), flyers (\$0.20/unit x 1150 = \$230), postcards (\$0.06/unit x 1000 = \$60), posters (\$0.20/unit x 1100 = \$220) and other materials to educate the public; printing of employee business cards (\$80/box of business cards x 5 staff = \$400), inner envelopes to deliver sensitive information (\$40/unit x 10), outer envelopes (\$45/unit x 10).</p>	<p>\$2,000</p>
		<p>\$0</p>
		<p>\$0</p>
		<p>\$0</p>

TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0
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**Total Amount Requested for Other:**

<b>\$72,340</b>
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# FORM I - 7 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)**

RATE:  
BASE:

\_\_\_\_\_ ***Applies only to governmental entities***. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:  
TYPE:  
BASE:

\_\_\_\_\_ **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.

\_\_\_\_\_ 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. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

**GO TO PAGE 2 (below)**



## Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, 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 FORMS INSTRUCTIONS**

The budget templates (two per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that have utilized all the lines on the primary budget template must use the supplemental templates to list detail information for the respective budget category. For example, after all the lines on the primary budget template for Personnel (tab labeled Form I - 1 Personnel) have been used, go to the supplemental template labeled "Form I - 1a Personnel Supp" and if all the lines are used on this template, go to the next template labeled "Form I - 1b Personnel". The amounts on each supplemental template will automatically total and the total from both templates will automatically be inserted on the last line of the primary budget template.

The supplemental budget templates are:

- Form I-1 Personnel Supplemental
- Form I-2 Travel Supplemental
- Form I-3 Equipment Supplemental
- Form I-4 Supplies Supplemental
- Form I-5 Contractual Supplemental
- Form I-6 Other Supplemental

## FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>SalaryWage Total</b>							<b>\$0</b>

## FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>SalaryWage Total</b>							<b>\$0</b>

## FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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

Conference / Workshop Travel Costs: \$0

**Total Travel Costs:** \$0

## FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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

Conference / Workshop Travel Costs: \$0

**Total Travel Costs:** \$0



**FORM I-3: 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
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

**\$0**

## FORM I-3: 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
				\$0
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

<b>\$0</b>
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## FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes &amp; cost/box)]</small>	Purpose & Justification	Total Cost

**Total Amount Requested for Supplies:**

\$0

**FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)**

Legal Name of Respondent:

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

## FORM I-5: 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 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. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: **\$0**

## FORM I-5: 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 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. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

## FORM I-6: OTHER Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost/unit)]</small>	Purpose & Justification	Total Cost

Total Amount Requested for Other:

\$0

## FORM I-6: OTHER Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Collin County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units &amp; cost/unit)]</small>	Purpose & Justification	Total Cost

Total Amount Requested for Other:

**\$0**