



FY2022

Contract Type: CPS/PH Workforce

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

COLLIN COUNTY

Street / PO Box: 825 N. MCDONALD ST #130
City: MCKINNEY, TX
Zip: 75069

Payee Name:

COLLIN COUNTY

Payee Mailing Address:

Street / PO Box: 825 N. MCDONALD ST #130
City: MCKINNEY, TX
Zip: 75069

State of Texas Comptroller Vendor ID # (9 digit + 3 digit mail code):
DUNS # (9 digits required for subrecipient contractors):

17560008736026
S1ETLA9BNCC5 (UEI)

Type of Entity (Choose one)

City: Click on appropriate box
County:
Other Political Subdivision:

Project Period

Start Date: Upon execution
End Date: 6/30/2024

Counties Served

County(ies) Served:

COLLIN COUNTY

Amount of Funding Allocated:

\$1,250,000.00

CONTACT PERSON INFORMATION

Legal Business Name: COLLIN COUNTY

This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

Health Director/CEO Candy Blair
Phone: 972-548-5508 Ext:
Fax:
E-mail: cblair@co.collin.tx.us

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

B-13/FSR Rep: Andrea Pease
Phone: 972-548-4732 Ext:
Fax:
E-mail: apease@co.collin.tx.us

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

PHEP (HAZARDS) Program Leader: Meredith Nurge
Phone: 972-548-4708 Ext:
Fax:
E-mail: mnurge@co.collin.tx.us

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

SNS (CRI) Coordinator: Amy Davis
Phone: 972-548-4473 Ext:
Fax:
E-mail: aldavis@co.collin.tx.us

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

Authorized Signatory for **DocuSign** CHRIS HILL
Phone: 972-548-4623 Ext:
Fax:
E-mail: CHILL@CO.COLLIN.TX.US

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

Additional Authorized Signatory for
DocuSign only if applicable
(FFATA, Certs, etc) Andrea Pease
Phone: 972-548-4732 Ext:
Fax:
E-mail: apease@co.collin.tx.us

DocuSign "CC" Person Eric Dickey
Phone: 972-548-5696 Ext:
Fax:
E-mail: edickey@co.collin.tx.us

Emergency Contact Taylor Burton
Cell Phone: 214-973-2023 Ext:
Fax:
E-mail: tburton@co.collin.tx.us

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

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 (5)	Other Funds (6)
A. Personnel	\$809,860	\$809,860				
B. Fringe Benefits	\$304,042	\$304,042				
C. Travel	\$15,250	\$15,250				
D. Equipment	\$0	\$0				
E. Supplies	\$19,438	\$19,438				
F. Contractual	\$0	\$0				
G. Other	\$51,410	\$51,410				
H. Total Direct Costs	\$1,200,000	\$1,200,000				
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$1,200,000	\$1,200,000				

PERSONNEL Budget Category Detail Form

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							
Obiageli Oluka, Epidemiologist, 300471	N	Performs disease & contact investigations, COVID-19 surveillance and reporting, supports response activities	1.00	NA	\$5,600	26	\$145,600
Lily Tick, Epidemiologist, 300469	Y	Performs disease & contact investigations, COVID-19 surveillance and reporting, supports response activities	1.00	NA	\$5,675	10	\$56,750
Eric Dickey, Financial Analyst, 300526	N	Assists with grant performance goals and deliverables, supports grant functions related to COVID-19	1.00	NA	\$5,525	32	\$176,800
Jimmie Patrick Hill, Functional Analyst, 300530	N	Assists with COVID-19 related duties to include monitoring, updating, and maintaining health department's databases/software. Identifies areas for improvement, testing updates and new software.	1.00	NA	\$5,260	16	\$84,160
Bethany MacDonald, Health Care Analyst, 300527	N	Provides administrative support for Epidemiology, Immunizations, and supports with COVID-19 tasks and response activities	1.00	NA	\$4,500	30	\$135,000
Elmer Pitalio, Registered Nurse, 300529	N	Performs COVID-19 vaccine administration, reports vaccine data to the State, requests additional vaccine from State partners, monitors vaccine to ensure vaccine efficacy	1.00	NA	\$6,700	11	\$73,700
Asset Management Technician, 300528	Y	Maintains inventory system and manages the procurement and disposition of assets and supplies related to COVID-19	1.00	NA	\$3,525	30	\$105,750
Alia Soliman, Epidemiologist, 300490	N	Performs disease & contact investigations, COVID-19 surveillance and reporting, supports response activities	1.00	NA	\$6,420	5	\$32,100
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0

SalaryWage Total **\$809,860**

FRINGE BENEFITS Itemize the elements of fringe benefits in the space below:

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&D.

Total Number of FTEs:	8.00	Fringe Benefit Rate %	37.54%
		Fringe Benefits Total	\$304,042

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		
Diseases in Nature Conference or similar conference	Conference for Epidemiology Professionals	San Antonio, TX	5 days / 3 employee	Mileage	\$450
				Airfare	\$2,100
				Meals	\$1,500
				Lodging	\$3,750
				Other Costs	\$900
				Total	\$8,700
				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 FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$8,700

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Out of office meetings, seminars, exercises, training, including all day travel within Dallas-Fort Worth metroplex will be utilized by all staff performing	10000	\$0.655	\$6,550		\$6,550
			\$0		\$0
			\$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 \$6,550

Other / Local Travel Costs: \$6,550

Conference / Workshop Travel Costs: \$8,700

Total Travel Costs: \$15,250

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form

Legal Name of Respondent:

COLLIN COUNTY

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

Total Amount Requested for Equipment:

\$0

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.)

Description of Item <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Computer-Tablets x 5 including docking station, key board, stylus, mouse, backpacks, and two monitors; \$2677 each	Computers to used by health department staff for public health operations.	\$10,668
Desk Phones x 5; \$165.00 ea	Desk phones to be used by health department staff to communicate with stakeholders, providers and others regarding public health activities. Price also includes maintenance.	\$825
Office Supplies	Clipboards, paper, writing utensils, labels, folders, binders, etc...to produce reports, documentation, and support grant functions.	\$750
Printer-Color-Medium with additional paper tray x 3; \$687 each printer, \$169 extended warranty, \$241 additional tray	Printers to be used by staff to produce grant related documents	\$3,300
Scanner - Top Feed x 5; county standard desktop scanner; \$779 ea	Scanners to be used by staff to produce electronic files for retention of disease investigation reports and related documents	\$3,895

TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS

\$0

Total Amount Requested for Supplies:

\$19,438

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., 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
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

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

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

COLLIN COUNTY

Description of Item <small>Include quantity and cost/quantity</small>	Purpose & Justification	Total Cost
Conference registration fees for 12 staff members	Diseases in Nature, Collin County Mental Health Symposium, or similar conference for 12 staff members	\$11,020
Adobe DC software licenses x5; \$65 ea	Computer software to be used by health department staff to edit, combine, and sign electronic .pdf documents used in stakeholder outreach tasks.	\$330
Software-EA licenses X 5 including Microsoft Office Suite;	Computer software to be used by health department staff to communicate by email, produce disease reports, enter and track disease surveillance data	\$2,600
Certifications and staff training	Staff to be trained on HIPAA, Blood Borne Pathogens, Sexual Harassment, Cultural Competency, De-Escalation, continuing education, and any other applicable trainings that improve healthcare interactions with patients.	\$14,750
Software for building vaccine data collection system interfaces, data processing, and data visualizations - License type and quantity will vary	Software examples may include licenses and maintenance fees for Laserfiche, Jotform, DocuSign, Tableau, ArcGIS, SQL, or other systems.	\$2,850
Printing and Communication Materials	Printing for additional grant related activities, events and public education or other outreach brochures, flyers, postcards, coloring books, posters and other materials to educate the public; printing of employee business cards, as needed.	\$300
Cell Phone Service Plan	Cell phone voice and data service plan to be used by health department staff using their cell phones to communicate with stakeholders, providers, and others regarding public health activities	\$1,850
MiFi Device Service plans	MiFi devices to be used by staff with their cell phone and/or tablet to access the county network, internet, and other software.	\$960
7x Office Chairs for staff; \$417.80 ea.	Cost for necessary furniture required for staff workstations	\$3,303
2x Office Desk Cubicle Package for staff; \$6723.50 ea.	Cost for necessary furniture required due to new positions resulting from expanded workforce	\$13,447

	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Other:

\$51,410

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. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

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.

RATE:
TYPE:
BASE:

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.

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 INSTRUCTIONS

The budget templates include a SUPPLEMENTAL 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 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 SUPPLEMENTAL budget templates are:

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

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	\$0
				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

Conference / 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
				\$0
				\$0
				\$0

Total 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 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 & cost/box)]</small>	Purpose & Justification	Total Cost
		\$0

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
						\$0

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

Total Amount Requested for Other:

\$0
