

**Applicant Information** 

City:	Collin County 825 N. McDonald St #130 McKinney TX
Payee Name:	Collin County
City:	825 N. McDonald St. #130 McKinney, TX 75069
State of Texas Comptroller Vendor ID #(9digit + 3 digit mail code):UEI Code (This is a required field, if receiving federalUEI Code (This is a required field, if receiving federalfunding. The Unique Entity Identification code can belocated on Sam.gov):	17560008736 026 S1ETLA9BNCC5
Type of Entity (Choose one)	
City: County: Other Political Subdivision:	
Project Period Start Date: End Date:	I
Counties Served County(ies) Served:	Collin
Amount of Funding Allocated:	\$1,625,736.00

#### CONTACT PERSON INFORMATION

Legal Business N	lame:	Collin Cou	untv			
Legal Business N	ame.	COIIIT COU	inty			
This form provide	s information abou	t the appropri	ate conta	cts in the contractor's orga	anization in	addition to those on the FACE PAGE. If any of the
following informa	tion changes during	g the term of t	the contra	ct, please send written no	otification to	the Contract Management Unit.
Health Director/C	ΈO	Candy Bla	ir		1	Mailing Address (street, city, county, state, & zip):
	972-548-5504		Ext:			
Fax:						
E-mail:	blair@co.collin.tx.u	IS				825 N. MCDONALD #130, MCKINNEY, TX 75069
D 12/ESD Don		Androa De			1	Mailing Address (street sity sounty state ? rin);
B-13/FSR Rep: Phone:	972-548-4732	Andrea Pe	Ext:			Mailing Address (street, city, county, state, & zip):
Fax:	72-340-4732					
	apease@co.collin.t	(.us				2300 BLOOMDALE RD. #4192, MCKINNEY, TX 750
E						
		N			I	
	S) Program Leader	: Meredith N	lurge Ext:			Mailing Address (street, city, county, state, & zip):
Phone: <mark>9</mark> Fax:	9/2-548-4/08		EXT:			
	mnurge@co.collin.t	x us				825 N. MCDONALD #130, MCKINNEY, TX 75069
SNS (CRI) Coord		Amy Davis				Mailing Address (street, city, county, state, & zip):
	972-548-4473		Ext:			
Fax: <mark>_</mark> E-mail: a	aldavis@co.collin.tx				1	825 N. MCDONALD #130, MCKINNEY, TX 75069
						625 N. MEDENALD #150, MERINNET, TX 75009
	tory for <b>DocuSign</b>	Chris Hill	_			Mailing Address (street, city, county, state, & zip):
	972-548-4623		Ext:			
Fax:	hill@aa callin ty us					
E-mail:	chill@co.collin.tx.us					2300 BLOOMDALE RD. #4192, MCKINNEY, TX 750
Additional Autho	prized Signatory for					
DocuSign only i	f applicable					
(FFATA, Certs, e		Andrea Pe				
	972-548-4732		Ext:			
Fax:	manage Qaa aallin tu	( ) ( )			I	
E-mail:	apease@co.collin.t	(.us				
DocuSign "CC"	Person	Christian .	limenez			
Phone:	972-548-5619		Ext:			
Fax:					i.	
E-mail:	<mark>;jimenez@co.collin</mark> .	tx.us				
Emergency Cont	act	Taylor Bur	ton		1	Mailing Address (street, city, county, state, & zip):
	214-973-2023	. aylor Du	Ext:			
Fax:						
E-mail: t	burton@co.collin.tx	us				825 N. MCDONALD #130, MCKINNEY, TX 75069

# **BUDGET SUMMARY (REQUIRED)**

Legal Name of Respondent:

Collin County

В	udget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (5)	Other Funds (6)
Α.	Personnel	\$0	\$0				
Β.	Fringe Benefits	\$0	\$0				
C.	Travel	\$0	\$0				
D.	Equipment	\$0	\$0				
E.	Supplies	\$0	\$0				
F.	Contractual	\$0	\$0				
G.	Other	\$0	\$0				
H.	Total Direct Costs	\$0	\$0				
Ι.	Indirect Costs	\$0	\$0				
J.	Total (Sum of H and I)	\$0	\$0				

# **TRAVEL Budget Category Detail Form**

Legal Name of Respondent:

Collin County

Conference / Workshop Travel Costs					
Description of		l fi	Number of:		
Conference/Workshop	Justification	Location City/State Employees		Travel Costs	
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0 \$0 \$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0 \$0 \$0 \$0 \$0 \$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0 \$0 \$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				\$0
			BODGET GHEET		φΟ

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
т	OTAL FROM TRAVEL	SUPPLEMENTAL OTHER/LOCAL TF	RAVEL COSTS	BUDGET SHEETS	\$0
			Total	for Other / Loca	ll Travel \$0
Other / Local Travel Costs:	\$0 Co	nference / Workshop Travel Costs	: \$0	Total Trav	vel Costs: \$0
Indicate Dali		Deen on dentite Trevel Delies		01-1	

Indicate Policy Used: Respondent's Travel Policy State of Texas Travel Policy

#### **PERSONNEL Budget Category Detail Form**

Legal Name of Respondent:

Collin County

PERSONNEL Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	<u>Estimated</u> Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
				TOTAL FROM PERSON			\$0 <b>\$0</b>
					SalaryWag	je i otai	<b>\$</b> 0
FRINGE BENEFITS	Itemize	the elements of fringe benefits in the s	pace bel	ow:			

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:
0.00
Fringe Benefit Rate %

Evinge Dependite Total		1
		\$0

0.00%

## 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
				\$0
				\$0
				\$0
				\$0 \$0 \$0 \$0 \$0 \$0 \$0
				\$0
	TOTAL FROM EQUIPMENT SUPP	LEMENTAL B	UDGET 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 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 Provide estimated quantity and cost	Purpose & Justification	Total Cost
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Supplies:

#### **CONTRACTUAL Budget Category Detail Form**

Legal Name of Respondent: Coll

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						

Total Amount Requested for CONTRACTUAL:

# **OTHER COSTS Budget Category Detail Form**

Logal Name of Beenendents	Collin County	
Legal Name of Respondent:	<u>Comin County</u>	
Description of Item		l
Include quantity and cost/quantity	Purpose & Justification	Total Cost
	TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS	\$0

Total Amount Requested for Other:

## **Indirect Costs**

Legal Name of Resp	ondent:	Collin County	
Total amount of indi	rect costs allocable to the project:	Amount:	
Indirect costs are based on (mark th	e statement that is applicable):		
agency or state single aud	cent indirect cost rate approved by a federal cognizant it coordinating agency. Expired rate agreements are not by of the rate agreement to this form (Form I - 7 Indirect)	RATE: BASE:	
rate or indirect cost rate. Certification of Indirect C <u>Note:</u> Governmental units indirect cost of the govern case indirect costs will be the rate) and the indirect c	with only a Central Service Cost Rate must also include the mental units department (i.e. Health Department). In this comprised of central service costs (determined by applying osts of the governmental department. The allocation of ressed in Part V - Indirect Cost Allocation of the Cost	RATE: TYPE: BASE:	
	ost allocation plan as specified in the DSHS Contractor's ual (CFPM), Appendix A must be submitted to DSHS within rt date.		
	GO TO PAGE	2 (below)	

If using an <u>central service</u> or <u>indirect cost rate</u>, identify the types of costs that are included (being allocated) in the rate:

Organizations that <u>do not use an indirect cost rate</u> and <u>governmental entities with only a central service rate</u> 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

# **PERSONNEL Budget Category Detail Form (Supplemental)**

Legal Name of Respondent:

Collin County

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

# **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	es Travel Costs	
				Mileage	\$
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$

Total for Conference / Workshop Travel



Revised: 3/25/2014

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
			Tota	l for Other / Loca	ll Travel \$0
Other / Local Travel Costs:	\$0 <b>Co</b>	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
				\$0
				\$0
				\$0
				\$0
				\$0 \$0 \$0 \$0
				\$0
				\$0

Total Amount Requested for Equipment:

#### **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.)

[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost
		\$0

**Total Amount Requested for Supplies:** 

#### **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

Total Amount Requested for CONTRACTUAL:

# **OTHER COSTS Budget Category Detail Form (Supplemental)**

Legal Name of Respondent:	Collin County	
<b>Description of Item</b> [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost
		Revised: 3/25/201

1	

Total Amount Requested for Other: