CWIVE Summary

Please select your County and Budget Effective Date from drop down boxes below.

County: COLLIN COUNTY

Contract Number: HHS000285000007

Budget Effective Date: 10/1/2025-9/30/2026

Cost Category		Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursemen t	Total Anticipated County Match
A. Administration				
A.1. Direct Personnel Salaries		\$0.00	\$0.00	\$0.00
A.2. Direct Personnel Fringe Benefits		\$0.00	\$0.00	\$0.00
A.3. Direct Personnel Travel		\$0.00	\$0.00	\$0.00
A.4. Direct Materials and Supplies		\$500.00	\$85.85	\$414.15
A.5. Direct Equipment		\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs		\$3,600.00		\$2,981.88
Total Administration:		\$4,100.00	\$703.97	\$3,396.03
B. Training				
B.1. Title IV-E Training (75%)		\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (75%)		\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)		\$0.00	\$0.00	\$0.00
Total Training:		\$0.00	\$0.00	\$0.00
C. Supplemental Foster Care Maintenance (SFCM)				A
Total SFCM:		\$35,330.00	\$21,198.00	\$14,132.00
D. Indirect Costs (if applicable)				
Total Indirect Costs:	\$0.00	\$0.00	\$0.00	\$0.00
Grand Total:		\$39,430.00	\$21,901.97	\$17,528.03
based on Eligible Population Rate (EPR) during 2nd quarter of the preceding fiscal year. Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were				34.34%
* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year. Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made.				60.00%
Indirect Cost Rate, if applicable (attach a copy of the approved Ce	rtificate of Inc	lirect Costs):		0.00%
mailed Cost rate, if applicable (attach a copy of the approved Ce	Timodic of Inc	an out outing.		0.0070

Contractor Certification

Signature

1

3/20/2025

CHRIS HILL, COLLIN COUNTY JUDGE

Printed Name & Title

Administration A.1. Direct Personnel Salaries

County: COLLIN COUNTY

Position or Title	Monthly Salary	% of Time Spent on IV-E Activities	Number of Months of Service	Estimated Total Expense* (AxBxC)
N/A				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
	To	tal Direct Perso	nnel Salaries:	\$0.00

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Budget for Title IV-E County Child Welfare Services Contract

Administration

A.2. Direct Personnel Fringe Benefits

County: COLLIN COUNTY

Type of Fringe Benefits	Estimated Total Expense*
N/A	
Total Direct Personnel Fringe Benefits:	\$0.00

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Training B.1. Title IV-E Training (75%)

County: COLLIN COUNTY

Contract Number: HHS000285000007

Budget Effective Date: 10/1/2025-9/30/2026

Training (Description and Title)	Registration * (amount allocable to Title IV-E)	Lodging* (amount allocable to Title IV-E)	Meals* (amount allocable to Title IV-E)	Transportation (amount allocable to Title IV-E)	Number of Employees Attending	Training Material Cost	Subtotal	Estimated Total Expense*
N/A							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
								\$0.00

^{*} estimated amount allocable to Title IV-E

NOTE: Form 9321 Training Expense Documentation Form must be submitted to DFPS for review/approval by Federal Funds prior to training.

Budget for Title IV-E County Child Welfare Services Contract

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Administration
A.3. Direct Personnel Travel

County: COLLIN COUNTY

Type of Travel Expense Note: only include travel NOT related to personnel training	Estimated Total Expense*
N/A	
Total Direct Personnel Travel:	\$0.00

Budget for Title IV-E County Child Welfare Services Contract

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Adm	inistration	
A.4.	Direct Materials and Supplies	

 County:
 COLLIN COUNTY

 Contract Number:
 HHS000285000007

 Budget Effective Date:
 10/1/2025-9/30/2026

Materials and Supplies (description)	Estimated Total Expense*
OFFICE SUPPLIES	\$500.00
Total Direct Materials and Supplies:	\$500.00

Budget for Title IV-E County Child Welfare Services Contract

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Adm	inistration	Ī
A.5.	Direct Equipment	

County: COLLIN COUNTY

Equipment (description)	Method Used (rent/lease/ purchase)	Estimated Total Expense*
N/A		
Т	otal Direct Equipment:	\$0.00

Budget for Title IV-E County Child Welfare Services Contract

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Adm	ninistration	
A.6.	Direct Other Costs	

 County:
 COLLIN COUNTY

 Contract Number:
 HHS000285000007

 Budget Effective Date:
 10/1/2025-9/30/2026

Other Costs (description)	Estimated Total Expense*
LEGAL: CITATIONS - BIRTH CERTIFICATES - TX CODE REFERENCE	\$3,600.00
Total Other Costs:	\$3,600.00

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Training B.2. Title IV-E Fostering Connections Training (75%)

County: COLLIN COUNTY

Training (Description and Title)	Registration* (amount allocable to Title IV-E)	Lodging* (amount allocable to Title IV-E)	Meals* (amount allocable to Title IV-E)	Transportation * (amount allocable to Title IV-E)	Training Material Cost	Number of Attendees	Subtotal	Estimated Total Expense*
N/A							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
		<u> </u>	<u> </u>					\$0.00

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Training B.3. Non-Title IV-E Training (50%)

County: COLLIN COUNTY

Training (Description and Title)	Registration*	Lodging*	Meals*	Transportation*	Training Material Cost	Number of Employees Attending	Subtotal	Estimated Total Expense*
N/A							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
							\$0.00	\$0.00
								\$0.00

Budget for Title IV-E County Child Welfare Services Contract

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Supplemental Foster Care Maintenance (SFCM

Contract Number: COLLIN COUNTY HHS000285000007

Budget Effective Date: 10/1/2025-9/30/2026

Supplemental FC Maintenance (description)	Estimated Total Expense*			
CLOTHING	\$22,165.00			
SPECIAL NEEDS: PERSONAL INCIDENTALS, A	\$13,165.00			
INCLUDING SUMMER CAMPS, SKILLS ORIENTATION				
LESSONS, PERSONAL ITEMS, SCHOOL SUPPLIES,				
GRADUATION COSTS, REASONABLE CHILD SPECIFIC				
TRAVEL, GIFTS				
Total SFCM Costs:	\$35,330.00			

Budget for Title IV-E County Child Welfare Services Contract

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Budget Narrative

County: COLLIN COUNTY

Contract Number: HHS000285000007

Budget Effective Date: 10/1/2025-9/30/2026

characters, you will have to either manually insert a return at the end of each line (Alt-Enter) or go to the next row/cell below to type the remaining text.

Clearly describe each expense to be incurred and billed to this contract. Refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.

http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.asp

Titp://www.dips.state.tx.us/nandbooks/Title_TVE_Codifty/deladit.asp				
A. Administration				
A.1.	Direct Personnel Salaries			
A.2.	Direct Personnel Fringe Benefits			
A.3.	Direct Personnel Travel			
A.4.	Direct Materials and Supplies			
A.5.	Direct Equipment			

Form 2030 CWIVE Last Updated November 2020

