

Budget Instructions by Category	
Face Page	
Legal Name	Full legal name is required (no abbreviations). Check past contracts to verify this is correct.
Mailing Address	Include the full mailing address.
Payee Name	Name of the person or entity where payments will be sent/received.
Payee Mailing Address	Include the full payee mailing address.
State of Texas Comptroller Vendor ID # (9 digit + 3 digit mail code)	DSHS assigns this number. The TIN and MAIL CODE are both requirement.
Unique Entity Identifier (UEI)	Your Unique Entity Identification (UEI) code can be located on SAM.GOV. It is required that you have a registered and active account on SAM.gov, if receiving federal funding.
Type of Entity (Choose one)	A entity type must be checked.
Counties Served	Counties must be listed.
Amount of Funding Allocated	The funding amount should match the total allocation on the budget summary page.
Contact Page	
Point of Contacts (POCs)	Add a point of contact as applicable for each category on the contact page.
Authorized Signatory	This contact is require and should be the person who signs the contract.
Additional Authorized Signatory	This contact is not required, unless they are different then the authorized signatory and are responsible for filling out the various attachments, such as the FFATA, Assurances, Lobbying, and DUA.
DocuSign Additional Routing Instructions--NEW!	This field is to be used to explain unique routing specific to your organization related to who completes and signs the contract signature page and related attachments.
DocuSign CC	This contact is not required, but contractors can include a cc person to be notified when the contracts are sent out via DocuSign.
Emergency Contact	This contact is required.
Budget Summary	
Funding Categories	The summary must reflect the correct funding for each category. This information automatically rolls over from the individual category tabs.
Personnel	
Name and Functional Title	Include a name and job title for each staff. If the job is vacant, add TBD for the name, but there should always be a title. A single staff cannot be listed under multiple job titles.
Vacant	Must indicate Yes or No.
Job Summary	This section must include a clear and accurate job summary for each employee.
FTEs	An FTE must be included. No one person can have more than 1 FTE. This includes the amount listed on the Match tab, if applicable.
Certifications & License	This section should list any required certificates or licenses for the position. If none are required, it should be marked with an N/A.
Estimated Monthly Wage	The estimated monthly wage is required for each position/staff listed.
Number of Months	The number of months the position is going to be filled for each position/staff listed; this is required.
Salary/Wages	The FTE, Monthly Salary/Wage, and Number of Months make up the total salary amount for each position/staff listed.
Fringe	A detailed listing of the fringe benefits and the associated percentage of each benefit is required. Fringe benefits are allowances and services provided by the organization to its employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the employer portion of FICA and Medicare, the cost of employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits is allowable (in proportion to the amount of time or effort employees devote to the DSHS-funded project) to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization. Please note that the total percent listed in the detailed section should add up to the percentage listed in the Percentage Box. The total amount for Fringe is the calculation of the Total Salary/Wages multiplied by the Fringe Percentage.
Travel	
Conference & Workshops	Sections are only required, if the contractor lists conferences or workshops. The description must be detailed and include as much information as possible. The contractor cannot add TBD to the description. Travel costs must be as accurate at possible and a reasonable amount.
Mileage Only	Sections are only required, if the contractor lists milage only travel. The contractor can use their internal policy or the DSHS policy, but this must be marked in the budget (bottom of the travel page). If they choose to use their internal policy, a copy is required.
Policy	A travel policy must be checked at the bottom of the travel page. The contractor can use their internal policy or the DSHS Travel policy. If they choose to use the their internal policy, a copy is required for the contract file.
Equipment	
Description of Items	A detailed description of the item(s) is required.
Purpose & Justification	A justification for the purchase of the item(s) is required.
Number of Units	Required
Cost Per Unit	Required
Total Cost	The total cost is automatically calculated using the Number of Units and the Unit Cost.
Equipment	Equipment - defined as tangible nonexpendable personal property with an acquisition cost of \$10,000 or more and a useful life of more than one year.
Supplies	
Description of Items	A detailed description of item(s) is required. When detailing out prices for multiple units of the same item(s), please be sure that the total amount detailed matches the amount in the "Total Cost."
Purpose & Justification	A detailed justification for the purchase of the item(s) is required.
Total Cost	Required
The "Supplies" budget category is comprised of the following two separate and distinct components: Consumable Supplies and Controlled Assets	Medical Supplies such as needles and syringes are not allowable expenses.
	Add to the end of your supplies description "No one item will exceed \$499.00."
	Consumable Supplies - defined as consumable items that are directly associated with the Program Attachment's Statement of Work and are necessary to carry out the activities stated in the Program Attachment.
	If you have a controlled assets add to the end of your description "No one item will exceed \$9,999."
	Controlled Assets - defined as nonexpendable, tangible personal property having a useful lifetime of more than one year and an acquisition cost of \$500 or more, but less than \$10,000.
Contractual	

Contractor Name	Required
Description of Services	A detailed description of items is required.
Justification	A detailed justification for the purchase of the item(s) is required.
Method of Payment	Required
Number of Payments	Required
Rate of Payment	Required
Total Cost	The total cost is automatically calculated using the Number of Payments and the Rate of Payment.
Contractual	The "Contractual" category should include all contracts for the provision of goods and/or services that are directly associated with carrying out the Statement of Work. This includes – contracts that delegate substantive portions of the Statement of Work or convey property to a third party (subrecipient contracts).
Other	
Description of Items	A detailed description of item(s) or services is required. When detailing out prices for multiple units of the same item(s), please be sure that the total amount detailed matches the amount in the "Total Cost."
Purpose & Justification	A detailed justification is required.
Total Cost	Required
Other	All other allowable direct costs not listed in any of the above categories are to be included in the "Other" category. This includes vendor contracts for goods and services which are acquired for general use of an organization. Some of the costs listed below may be treated as indirect cost. Their treatment as "Other" (direct) or indirect must be consistent throughout the organization.
Indirect	
Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective (i.e., DSHS Program Attachment) and not readily assignable to the cost objectives specifically benefitted. Because of the diverse characteristics and accounting practices of organizations, it is not possible to specify the types of cost that may be classified as indirect cost in all situations. However, typical examples of indirect costs may include central service costs of a governmental unit; general administration and general expenses such as salaries and expenses of executive officers, personnel administration, accounting, and contracted administrative services; depreciation or use allowances on buildings and equipment; and the costs of operating and maintaining facilities, etc. In order to recoup Indirect Costs, an organization must have an approved Indirect Cost Rate Letter/Agreement with DSHS.	



FY2026

Contract Type: CPS/LRN-PHEP

Applicant Information

Legal Name of Applicant Agency:

COLLIN COUNTY

Mailing Address:

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 #:

17560008736026

(9 digit + 3 digit mail code):

Unique Entity Identifier (UEI):

S1ETLA9BNCC5

This is a required field, if receiving federal funding.
The Unique Entity Identification code can be located on SAM.gov

Type of Entity (Choose one)

City:

County:

Other Political Subdivision:

Click on appropriate box

Project Period

Start Date: 7/1/2025

End Date: 6/30/2026

Counties Served

County(ies) Served: COLLIN

Amount of Funding Allocated:

\$133,431.00

Revised 12/24

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: 972-548-5504 Ext:
Fax:
E-mail: cblair@co.collin.tx.us

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

B-13/FSR Rep: Bethany MacDonald
Phone: 972-548-5520 Ext:
Fax:
E-mail: bmacdonald@co.collin.tx.us

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

PHEP 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 ST #130, MCKINNEY, TX 75069

SNS (CRI) Coordinator: Amy Davis
Phone: 972-548-4708 Ext:
Fax:
E-mail: aldavis@co.collin.tx.us

Mailing Address (street, city, county, state, & zip):
825 N. MCDONALD ST #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: 972-548-4731 Ext:
Fax:
E-mail: apease@co.collin.tx.us

DocuSign Additional Routing Instructions
Additional Authorized Signatory completes the contract document fields, but does not sign any of the documents. Authorized Signatory signs on all documents.

DocuSign "CC" Person: Bethany MacDonald
Phone: 972-548-5520 Ext:
Fax:
E-mail: bmacdonald@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 ST #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 (Match) (5)	Other Funds (6)
A. Personnel	\$86,936	\$82,549			\$4,387	
B. Fringe Benefits	\$36,193	\$34,195			\$1,998	
C. Travel	\$0	\$0			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$3,757	\$3,757			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$7,758	\$800			\$6,958	
H. Total Direct Costs	\$134,644	\$121,301	\$0	\$0	\$13,343	\$0
I. Indirect Costs	\$12,130	\$12,130				
J. Total (Sum of H and I)	\$146,774	\$133,431	\$0	\$0	\$13,343	\$0
				Match Percentage	10.00%	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

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		
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$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/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

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
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

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
<p>POD Signage & Drive thru Items : POD Signage inside and outside and drive-thru items (such as cones, stanchions, stanchion carts, safety lights, crowd control posts and small barriers) Walkie Talkies for communication between PHEP team for drills and exercises, also used for emergencies for efficient communication, especially if powerlines are down. Designated reflective safety vests for Medical Reserve Corps members, to be worn at POD sites (drive-thru, outdoor or indoor location), real world events, or exercises and drills. Reflective safety vests will identify roles and specific skillset of volunteers at POD site locations or MRC events, as well as distinguish volunteers from public health emergency preparedness staff.</p>	<p>Various supplies for deployable POD kits.</p>	<p>\$897</p>
<p>Grant Program Supplies: These items include, preparedness kits, vehicle emergency kits, CPR masks, electronic device chargers for emergency field activities during power outages, first aid kits, bleeding control kits, bags to hold documents.</p>	<p>Program supplies that are vital to the program and emergency response for deployable POD kits and PHEP Team response.</p>	<p>\$1,500</p>

MCM Supplies: Prophylaxis, as needed to support various deliverables including Mass Prophylaxis Operations and dispensing models other than open PODS. Emergency prophylaxis for outbreaks and events (i.e. Ciprofloxacin, Doxycycline, Amoxicillin; Emergency Prophylaxis will only be purchased for first responders). Also includes alpha or first responder POD planning not covered by POD supplies.	Emergency prophylaxis for outbreaks and preparation for emergency response to catastrophic events. Will only be used by PHEP, individuals supporting the PHEP Team, POD or Emergency Response.	\$500
Replacement of Existing POD Supplies: replacement of existing expired POD supplies (such as hand sanitizer, hand held radios, batteries, bandages, scales, masks, PPE, storage containers and bags, training assets for drills, and gloves)	Various supplies for deployable POD kits.	\$670
POD Inventory & Administrative Supplies: administrative supplies for drive-thru PODs (such as enclosed clipboards), and POD inventory supplies (such as inventory marking tools and supplies, label maker tape, labels, cable ties, carabiners, file expanders, sheet protectors, writing utensils, clipboards, dividers, paper).	Various supplies for deployable POD kits and vital function of the program and emergency response. To produce reports, documentation and support grant functions.	\$190
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$3,757

Revised: 3/25/2014

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
Certifications and Staff Training (x1 employee, Amy Davis)	Staff to be trained on HIPAA, Blood Borne Pathogens, De-Escalation, naloxone, SAF-T-PAK and CPR.	\$800
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$800

Indirect Costs

Legal Name of Respondent:

COLLIN COUNTY

Total amount of indirect costs allocable to the project:

Amount: \$12,130

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:

In the process of negotiating federal rate.

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.

x

RATE:
TYPE:
BASE:

Rate: 18.24%. Collin County is seeking a 10% de minimis rate on this grant.
Type: Indirect Cost Rate
Base: Wages & Benefits

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:

Please see attached.

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 and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH 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 MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

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 amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

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

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

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	
				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
			\$0		\$0

Total for Other / Local Travel Other / Local Travel Costs: Conference / Workshop Travel Costs: **Total Travel Costs:**

TRAVEL Budget Category Detail Form (Match)

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	
				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

