



FY2026
Contract Type: CPS/PHEP

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:

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):

17560008736026

Unique Entity Identifier (UEI):

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

S1ETLA9BNCC5

Type of Entity (Choose one)

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

Project Period

Start Date: 7/1/2025
End Date: 6/30/2026

Counties Served

County(ies) Served: COLLIN COUNTY

Amount of Funding Allocated:

\$562,786.00

Revised 12/24

CONTACT PERSON INFORMATION

Legal Business Name:

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:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

B-13/FSR Rep:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

PHEP Program Leader:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

SNS (CRI) Coordinator:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

Authorized Signatory for **DocuSign**:
Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

Additional Authorized Signatory for **DocuSign, only if applicable (FFATA, Certs, etc):**
Phone: Ext:
Fax:
E-mail:

DocuSign Additional Routing Instructions

DocuSign "CC" Person:
Phone: Ext:
Fax:
E-mail:

Emergency Contact:
Cell Phone: Ext:
Fax:
E-mail:

Mailing Address (street, city, county, state, & zip):

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	\$436,758	\$392,139			\$44,619	
B. Fringe Benefits	\$165,926	\$154,267			\$11,659	
C. Travel	\$9,615	\$9,615			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$1,330	\$1,330			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$5,435	\$5,435			\$0	
H. Total Direct Costs	\$619,064	\$562,786	\$0	\$0	\$56,278	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$619,064	\$562,786	\$0	\$0	\$56,278	\$0
				Match Percentage	10.00%	

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

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							
Meredith Nurge, PHEP Coordinator	N	Coordinates PHEP grant deliverables & activities	1.00	NA	\$9,383	12	\$112,596
Megan VanDerKooi, PHEP Planner	N	Performs PHEP activities to include supporting planning needs, partnering with stakeholders, and other grant functions	1.00	NA	\$7,373	12	\$88,476
Aubrey Saylor, PHEP Planner	N	Performs PHEP activities to include supporting planning needs, partnering with stakeholders, and other grant functions	1.00	NA	\$9,416	12	\$112,992
Jawaid Asghar, Chief Epidemiologist	N	Coordinates epidemiology services and disease investigation	0.05	NA	\$12,490	12	\$7,494
Mandie Sosa, Administrative Secretary	N	Provides administrative support for the PHEP team	0.05	NA	\$6,438	12	\$3,863
Vada Caffery, Administrative Secretary	N	Provides administrative support for the Epidemiology team	0.05	NA	\$6,420	12	\$3,852
Susana Ramos, Health Care Analyst	N	Performs disease & contact investigations, influenza surveillance, and post exposure prophylaxis (PEP) distribution	0.70	NA	\$7,484	12	\$62,866
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0

SalaryWage Total **\$392,139**

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

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,700 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/month, Retirement (salary x 0.1), 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:	3.85	Fringe Benefit Rate %	39.34%
		Fringe Benefits Total	\$154,267

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		
Semiannual PHEP Contractor Meeting (two meetings)	Required contractor meeting conducted by DSHS	Austin, TX	2 meetings / 2 days / 1 employee (Meredith Nurge: PHEP Coordinator, or Megan Vanderkooi)	Mileage	\$1,200
				Airfare	\$0
				Meals	\$450
				Lodging	\$1,200
				Other Costs	\$150
				Total	\$3,000
NACCHO Preparedness Summit	Conference for public health and emergency preparedness professionals	TBD	6 days/1 employee (Meredith Nurge: PHEP Coordinator, or Megan Vanderkooi)	Mileage	\$175
				Airfare	\$1,200
				Meals	\$800
				Lodging	\$2,200
				Other Costs	\$240
				Total	\$4,615
				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

\$7,615

Revised: 12/25/2014

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 day travel within DFW metroplex. Will be utilized by all PHEP funded staff (Meredith Nurge,	2857	\$0.700	\$2,000		\$2,000
			\$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 **\$2,000****Other / Local Travel Costs:** **\$2,000****Conference / Workshop Travel Costs:** **\$7,615****Total Travel Costs:** **\$9,615**

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.

[illegible]

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 Provide estimated quantity and cost	Purpose & Justification	Total Cost
POD Supplies: These include additional POD signage inside the POD, external signage and drive-thru items (such as cones, stanchions, stanchion cart, safety lights, small barriers, folding tables, a-frame sign holders), replacement or existing expired POD supplies (such as hand sanitizer, hand held radios, batteries, carbiners, cable ties, bandages, scales, masks, PPE, storage containers and bags, training assets for drills, cell phone power banks, emergency vehicle kits, stop the bleed kits), administrative supplies for drive-thru PODs (such as enclosed clipboards), POD inventory supplies (such as inventory marking tools and supplies, label maker	Various supplies for deployable POD kits.	\$680
Office Supplies	Clipboards, paper, writing utensils, labels, sheet protectors, folders, dividers, file expanders, binders. To produce reports, documentation, and support grant functions.	\$150
MCM Supplies: Medical counter measures 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 be used by first responders.	\$500

Revised: 3/25/2014

TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$1,330

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
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 Include quantity and cost/quantity	Purpose & Justification	Total Cost
Conference Registration Fees : NACCHO Preparedness Summit	Registration fees for: registration for NACCHO Preparedness Summit \$900 x 1	\$900
Certifications and Staff Training	Staff to be trained on HIPAA, Blood Borne Pathogens, De-Escalation, naxolone, SAF-T-PAK, CPR.	\$1,120
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.	\$200
3x Cell Phone Internet Hotspot (\$5/month x 3 users x 12 months) = \$180	Mobile hotspot on cell phones for connecting to the internet in the field and for remote work.	\$180
Cell Phone Service Plan x 3 employees for 12 months; \$60 per month	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.	\$2,160
MRC Training	20 MRC CPR certifications x \$25/unit	\$500
Conference Registration Fees: Collin County Mental Health Symposium	Registration fees for: Collin County Mental Health Symposium \$125 x 3.	\$375
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$5,435

Revised: 3/25/2014

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 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

PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

PERSONNEL							
Name + Functional Title	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
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
			0.00				
						SalaryWage Total	\$0

PERSONNEL Budget Category Detail Form (Match)

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							
MATCH - Andrea Pease, Accountant/Auditor	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$7,921	12	\$4,753
MATCH - Dr. Sadia Siddiqui, Health Authority	N	Collaborates with Epidemiology department and performs Health Authority duties for PHEP	0.12	NA	\$27,685	12	\$39,866
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						SalaryWage Total	\$44,619

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
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FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (\$1,700 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/month, Retirement (salary x 0.1), 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.

	Fringe Benefit Rate %	26.13%
	Fringe Benefits Total	\$11,659

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
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

Revised: 3/25/2014

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

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
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

Revised: 3/25/2014

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

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Match)

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:

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

Total Amount Requested for Supplies:

\$0

SUPPLIES Budget Category Detail Form (Match)

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

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

Total Amount Requested for CONTRACTUAL:

\$0

CONTRACTUAL Budget Category Detail Form (Match)

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

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Collin County

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

Total Amount Requested for Other: \$0

OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:

Collin County

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

Total Amount Requested for Other:

\$0