

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 <b>TIN</b> and <b>MAIL CODE</b> 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-- <b>NEW!</b>	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. <b>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.</b>
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	<b>A travel policy must be checked at the bottom of the travel page.</b> 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	

<b>Contractor Name</b>	Required
<b>Description of Services</b>	A detailed description of items is required.
<b>Justification</b>	A detailed justification for the purchase of the item(s) is required.
<b>Method of Payment</b>	Required
<b>Number of Payments</b>	Required
<b>Rate of Payment</b>	Required
<b>Total Cost</b>	The total cost is automatically calculated using the Number of Payments and the Rate of Payment.
<b>Contractual</b>	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).
<b>Other</b>	
<b>Description of Items</b>	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."
<b>Purpose &amp; Justification</b>	A detailed justification is required.
<b>Total Cost</b>	Required
<b>Other</b>	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.
<b>Indirect</b>	
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/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:**

**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: ☐

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 COUNTY

**Amount of Funding Allocated:**

**\$405,206.00**

**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**  
Additional Authorized Signatory completes the contract document fields (FFATA), but does not sign any of the documents. Authorized Signatory signs on all documents.

**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	\$269,719	\$240,935			\$28,784	
B. Fringe Benefits	\$104,026	\$92,290			\$11,736	
C. Travel	\$12,855	\$12,855			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$15,775	\$15,775			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$6,515	\$6,515			\$0	
H. Total Direct Costs	\$408,890	\$368,370	\$0	\$0	\$40,520	\$0
I. Indirect Costs	\$36,836	\$36,836				
J. Total (Sum of H and I)	\$445,726	\$405,206	\$0	\$0	\$40,520	\$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**

[illegible]

## FRINGE BENEFITS

**Itemize the elements of fringe benefits in the space below:**

FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (Salary x 1.5) + (50000/1000)\*0.127)\*12) + (1700\*12), 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 0.127 which includes ADD.

<b>Total Number of FTEs:</b>	<b>2.15</b>		<b>Fringe Benefit Rate %</b>	<b>38.30%</b>
			<b>Fringe Benefits Total</b>	<b>\$92,290</b>

## 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		
NACCHO Preparedness Summit	Conference for public health and emergency preparedness professionals	TBD	1 meeting / 6 days / 2 employees (Meredith Nurge: PHEP Coordinator, or Amy Davis: PHEP Planner, or	Mileage	\$350
				Airfare	\$2,400
				Meals	\$1,000
				Lodging	\$3,600
				Other Costs	\$400
				<b>Total</b>	<b>\$7,750</b>
				Texas Emergency Management Conference	Conference for public health and emergency preparedness professionals
Airfare	\$0				
Meals	\$500				
Lodging	\$1,800				
Other Costs	\$300				
<b>Total</b>	<b>\$3,000</b>				
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	<b>\$0</b>
Airfare	\$0				
Meals	\$0				
Lodging	\$0				
Other Costs	\$0				
<b>Total</b>	<b>\$0</b>				
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0



Total for Conference / Workshop Travel

\$10,750

**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, et al.)	3007	\$0.700	\$2,105		\$2,105
			\$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

\$2,105

Other / Local Travel Costs: \$2,105

Conference / Workshop Travel Costs: \$10,750

Total Travel Costs: \$12,855

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy 

Revised: 3/25/2014

## 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
<p>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 tape, and cable labels).</p>	<p>Various supplies for deployable POD kits.</p>	<p style="text-align: right;">\$14,175</p>
<p>Office Supplies</p>	<p>Clipboards, paper, writing utensils, labels, sheet protectors, folders, dividers, file expanders, binders. To produce reports, documentation, and support grant functions.</p>	<p style="text-align: right;">\$500</p>
<p>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.</p>	<p>Emergency prophylaxis for outbreaks and preparation for emergency response to catastrophic events. Will be used by first responders.</p>	<p style="text-align: right;">\$1,100</p>

Revised: 3/25/2014

TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

**\$15,775**

## CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:	Collin County
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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 Include quantity and cost/quantity	Purpose & Justification	Total Cost
Conference Registration Fees : NACCHO Preparedness Summit, and Texas Emergency Management Conference	Registration fees for: registration for NACCHO Preparedness Summit \$900 x 2, Texas Emergency Management Conference \$700 x 1	\$2,500
Certifications and Staff Training	Staff to be trained on HIPAA, Blood Borne Pathogens, naloxone, 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.	\$400
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 (\$40/month x 3 employees for 12 months) = \$1440	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.	\$1,440
MRC Training	20 MRC CPR certifications x \$25/unit	\$500
Conference Registration Fees: North Texas Mental Health Symposium	Registration fees for: North Texas Mental Health Symposium \$125 x 3.	\$375
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Revised: 3/25/2014

Total Amount Requested for Other:

**\$6,515**

## Indirect Costs

Legal Name of Respondent:

Collin County

Total amount of indirect costs allocable to the project:

Amount:

\$36,836

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

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
			0.00				
						SalaryWage Total	\$0

## PERSONNEL Budget Category Detail Form (Match)

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
MATCH - Andrea Pease, Accountant/Auditor	N	Completes FSRs and maintains fiscal auditing documentation	0.05	NA	\$7,311	12	\$4,387
MATCH - Dr. Sadia Siddiqui, Health Authority	N	Collaborates with Epidemiology department and performs Health Authority duties for PHEP	0.08	NA	\$25,414	12	\$24,397
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
						<b>SalaryWage Total</b>	<b>\$28,784</b>

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
FRINGE BENEFITS: FICA/Medicare (salary x 0.0765), Insurance Premiums (Salary x 1.5) + (50000)/1000)*0.127)*12) + (1700*12), 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 0.127 which includes ADD.	
	<b>Fringe Benefit Rate %</b> 40.77%
	<b>Fringe Benefits Total</b> \$11,736

## 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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0

**Total for Conference / Workshop Travel**

**\$0**

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

**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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0

**Total for Conference / Workshop Travel**

**\$0**

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

**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

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

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