

## FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$216,960	\$216,960	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$95,831	\$95,831	\$0	\$0	\$0	\$0
C. Travel	\$6,228	\$6,228	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$0	\$0	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$0	\$0	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$319,019	\$319,019	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$319,019	\$319,019	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

**NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).**

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
<b>Check Totals For:</b>	Personnel	\$216,960	\$216,960	Fringe Benefits	\$95,831	\$95,831
	Travel	\$6,228	\$6,228	Equipment	\$0	\$0
	Supplies	\$0	\$0	Contractual	\$0	\$0
	Other	\$0	\$0	Indirect Costs	\$0	\$0

<b>TOTAL FOR:</b>	<b>Distribution Totals</b>	<b>\$319,019</b>	<b>Budget Total</b>	<b>\$319,019</b>
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\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

	<b>Fringe Benefits Total</b>	<b>\$95,831</b>
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## FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project	
Functional Title + Code E = Existing or P = Proposed								
Epidemiologist	N	This position will work with local and state health department to improve the investigation and reporting of all outbreaks.	1	N/A	\$4,520.00	24	\$108,480	
Epidemiologist	N	This position will work with local and state health department to improve the investigation and reporting of all outbreaks.	1	N/A	\$4,520.00	24	\$108,480	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS								\$0
<b>SalaryWage Total</b>								<b>\$216,960</b>

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	Payroll Taxes 7.65% - Retirement 12.12% - Worker Comp 1%, Property and Casualty 2.8%, Insurance 10,200
	<b>Fringe Benefit Rate %</b>
	<b>44.17%</b>

## FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs		Justification	Location City/State	Number of:		Travel Costs	
Description of Conference/Workshop	Days/			Employees			
Epi Workshop Austin		ELC Required Epi Training - 2 nights for 2019- @ 164.00 per night - 2 nights for 2020 @164.00 per night - Hotel Rate based on GSA RATES	Austin	4/2	Mileage		
					Airfare		
					Meals		
					Lodging	\$656	
					Other Costs		
					<b>Total</b>	<b>\$656</b>	
DIN Conference		James Steele Conference Diseases in Nature Transmissible in To Man 2020 & 2021 - Hotel based on highest state rate	?	8/2	Mileage		
					Airfare	\$1,600	
					Meals		
					Lodging	\$1,312	
					Other Costs		
					<b>Total</b>	<b>\$2,912</b>	
					Mileage		
					Airfare		
					Meals		
					Lodging		
					Other Costs		
					<b>Total</b>	<b>\$0</b>	
					Mileage		
					Airfare		
					Meals		
					Lodging		
					Other Costs		
					<b>Total</b>	<b>\$0</b>	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						<b>\$0</b>	

Total for Conference / Workshop Travel

\$3,568

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Visit providers, hospitals, nursing home etc., to educate regarding reporting communicable disease to Public Health Department.	4586	\$0.580	\$2,660		\$2,660
			\$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 **\$2,660**

Other / Local Travel Costs: **\$2,660**

Conference / Workshop Travel Costs: **\$3,568**

Total Travel Costs: **\$6,228**

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy





## FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend 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., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0



## 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:**

# FORM I - 7 Indirect Costs

Legal Name of Respondent:

Fort Bend County

Total amount of indirect costs allocable to the project:

Amount:

\$0

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 based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:

TYPE:

BASE:

\_\_\_\_\_ **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.

\_\_\_\_\_ 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. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

**GO TO PAGE 2 (below)**

## FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>SalaryWage Total</b>							<b>\$0</b>

## FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>SalaryWage Total</b>							<b>\$0</b>

## SUPPLEMENTAL FORMS INSTRUCTIONS

The budget templates (two per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that have utilized all the lines on the primary budget template must use the supplemental templates to list detail information for the respective budget category. For example, after all the lines on the primary budget template for Personnel (tab labeled Form I - 1 Personnel) have been used, go to the supplemental template labeled "Form I - 1a Personnel Supp" and if all the lines are used on this template, go to the next template labeled "Form I - 1b Personnel". The amounts on each supplemental template will automatically total and the total from both templates will automatically be inserted on the last line of the primary budget template.

The supplemental budget templates are:

- Form I-1 Personnel Supplemental
- Form I-2 Travel Supplemental
- Form I-3 Equipment Supplemental
- Form I-4 Supplies Supplemental
- Form I-5 Contractual Supplemental
- Form I-6 Other Supplemental