

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Fort Bend County Health and Human Services

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	\$126,556	\$126,556	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$88,247	\$88,247	\$0	\$0	\$0	\$0
C. Travel	\$14,605	\$14,605	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$22,175	\$22,175	\$0	\$0	\$0	\$0
F. Contractual	\$24,000	\$24,000	\$0	\$0	\$0	\$0
G. Other	\$13,139	\$13,139	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$288,722	\$288,722	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$288,722	\$288,722	\$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
Check Totals For:	Personnel	\$126,556	\$126,556	Fringe Benefits	\$88,247	\$88,247
	Travel	\$14,605	\$14,605	Equipment	\$0	\$0
	Supplies	\$22,175	\$22,175	Contractual	\$24,000	\$24,000
	Other	\$13,139	\$13,139	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$288,722	Budget Total	\$288,722
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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.

Name of Contractor: Fort Bend Health and Human Services

Cost Categories	Scope I (Condom Distribution)	Scope II (Targeted HIV Testing and Linkage)	Total
A. Personnel			
Risk Reduction Program Manager will perform field work and Q/A activities.	\$23,126.50	\$23,126.50	\$46,253.00
Risk Reduction Specialist	\$22,844.50	\$22,844.50	\$45,689.00
Risk Reduction Specialist	\$17,307.00	\$17,307.00	\$34,614.00
B. Fringe Benefits	\$44,123.50		
Fringe X 3 employess	\$44,123.50	\$44,123.50	\$88,247.00
C. Travel			

Mileage for Prevention Specialists in service area:	\$7,302.50	\$7,302.50	\$14,605.00
			\$0.00
D. Equipment			
E. Supplies	\$5,000.00	\$17,175.00	\$22,175.00
F. Contractual	\$12,000.00	\$12,000.00	\$24,000.00
G. Other			
3- employees -Air time & data for cell phones	\$2,700.00	\$2,700.00	\$5,400.00
Tangible reinforcements	\$0.00	\$7,739.00	\$7,739.00
H. Total Direct Costs			
I. Indirect Costs			
J. Total (Sum of H and I)			\$288,722.00

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Health and Human Services

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							
Risk Reduction Supervisor	N	Manage and conduct HIV Prevention activities and testing to ensure HIV Prevention services are provided to persons at greatest risk of acquiring and/or transmitting HIV infection.	1	N/A	\$3,854.45	12	\$46,253
Risk Reduction Specialist	N	Conduct HIV Prevention activities and testing to ensure HIV Prevention services are provided to persons at greatest risk of acquiring and/or transmitting HIV infection and are conducted in a manner and at a rate to meet target populations and goals. Distribute condoms according to the Condom Distribution goals. One RRS will coordinate condom distribution activities.	1	N/A	\$3,807.40	12	\$45,689
Risk Reduction Specialist	N	Conduct HIV Prevention activities and testing to ensure HIV Prevention services are provided to persons at greatest risk of acquiring and/or transmitting HIV infection and are conducted in a manner and at a rate to meet target populations and goals. Distribute condoms according to the Condom Distribution goals. One RRS will coordinate condom distribution activities.	1	N/A	\$2,884.50	12	\$34,614
							\$0
							\$0
							\$0
							\$0

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Health and Human Services

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
Texas HIV-STD Conference	Staff will gain new knowledge and insights about conducting targeted testing, linkage to care and condom distribution. Staff will be able to network with DSHS staff and agency colleagues resulting in potential partnerships and relationships that will enhance the program.	Austin, TX	4/3	Mileage	\$530
				Airfare	
				Meals	\$1,080
				Lodging	\$2,295
				Other Costs	
				Total	\$3,905
				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 FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$3,905

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel to targeted populations and high risk areas	20000	\$0.535	\$10,700		\$10,700
			\$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 **\$10,700**

Other / Local Travel Costs: **\$10,700**

Conference / Workshop Travel Costs: **\$3,905**

Total Travel Costs: \$14,605

Indicate Policy Used:

Respondent's Travel Policy **FBHHS**

State of Texas Travel Policy

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is to complete this

Total
\$0
\$0
\$0
\$0
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\$0

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Health and Human Services

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.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Medical Supplies (Needles,gloves, alcohol preps,vacutainers, etc.)	Testing, screening and identifying cases.	\$7,600
Biohazard Waste Disposal	Monthly fee to dispose biohazard waste	\$3,000
Misc office supplies (paper,toner etc)	General Office Supplies	\$5,200
Specialty Condoms & Lubricant	For outreach purpose	\$5,000
Program Adverstising	To advertise outreach services	\$1,375
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$22,175

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Fort Bend County Health and Human Services

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
Susan Rokes	HIV Prevention Consultant	Observe the Risk Reduction Supervisor (RRS) according to the DSHS schedule; Audit RRS's charts; Evaluate the progress of the County's HIV Prevention program; Evaluate all policies and procedures in place related to the HIV Prevention program and update or add, as needed; Ensure all, Agreements related to the HIV Prevention Program are in place as required; Train HIV Prevention staff, as requested; prepare reports and grant as requested. Be available as needed for consulting services.	2,000	12		
					\$2,000.00	\$24,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$24,000

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Health and Human Services

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	Purpose & Justification	Total Cost
3- employees -Air time & data for cell phones and IPAD	Communication, education and networking while performing risk reduction duties.	\$5,400
Tangible Reinforcements	To increase participation for testing. \$15 gift card X 38 tested individuals per month X 12 months(\$11,160); \$50 gift cards for 10 individuals testing positive when linkage to medical care is completed (\$500); taxi vouchers for transporting clients with HIV to medical appointments (\$299).	\$7,739
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
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		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$13,139