

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Hidalgo 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	\$27,589	\$14,317			\$13,272	
B. Fringe Benefits	\$8,377	\$4,382			\$3,995	
C. Travel	\$15,866	\$15,866			\$0	
D. Equipment	\$3,886	\$3,886			\$0	
E. Supplies	\$1,743	\$1,743			\$0	
F. Contractual	\$126,312	\$126,312			\$0	
G. Other	\$6,161	\$6,161			\$0	
H. Total Direct Costs	\$189,934	\$172,667	\$0	\$0	\$17,267	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$189,934	\$172,667	\$0	\$0	\$17,267	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be populated among the funding sources. Enter amounts in whole dollars for (3), (4), & (6), if applicable. 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	\$27,589	\$27,589	Fringe Benefits	\$8,377	\$8,377
	Travel	\$15,866	\$15,866	Equipment	\$3,886	\$3,886
	Supplies	\$1,743	\$1,743	Contractual	\$126,312	\$126,312
	Other	\$6,161	\$6,161	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$189,934	Budget Total	\$189,934
-------------------	----------------------------	------------------	---------------------	------------------

*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.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County

PERSONNEL							
Functional Title + Code E = Existing or P = Proposed	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
Public Health Specialist	Y	Assists with bio-terrorism/all hazards planning. Coordinates and ensures complete reporting/data exchange/specimen submission. Participates in outbreak investigations. Assists the SNS Coordinator with the information dissemination to educate the media, the public, partners and stakeholders regarding the risks associated with real or apparent threats.	1	N/A	\$2,863.33	5	\$14,317
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$14,317

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
FICA - 7.65% = 1,095.26 ---	Retirement - 8.92% = 1,277.08 --- Unemployment - 0.50% = 71.59 ---
Worker's Comp. - 1.32% = 188.98---	Health Insurance - 4,164.00/Yr = 1,735.00--- Life Insurance - 33.00/Yr = 13.75---

	Fringe Benefit Rate %	30.60%
	Fringe Benefits Total	\$4,382

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs
			Days/Employees		
2012 NACCHO Conference	Communicating the Value and Contributions of Local Public Health Practice. The Local Health Department's Role in Preparing for and Responding to Natural Disasters and Other Public Health Threats. Defining and Promoting Local Public Health.	Hartford, CT	5 days / 3 employees	Mileage	
				Airfare	\$2,400
				Meals	\$1,050
				Lodging	\$3,600
				Other Costs	\$300
				Total	\$7,350
GDEM Preparedness Conference	To enhance cooperation and success between federal, state and local agencies in the US/Mexico Border. Collaborate with other emergency agencies to work together in the event of a public health emergencies. Mileage 400 miles x .51 = 204	San Antonio	4 days/ 2 employees	Mileage	\$204
				Airfare	
				Meals	\$312
				Lodging	\$600
				Other Costs	\$50
				Total	\$1,166
Intergrated Medical, Public Health, Preparedness and Response Training Summit	To enhance cooperation and success between federal, state and local agencies in the Hidalgo County. Collaborate training information with other emergency agencies, Health Departments and hospitals. This will give us the knowledge to be able to train our jurisdiction in the event of a public health emergency.	Nashville TN	5 days / 3 employees	Mileage	
				Airfare	\$2,400
				Meals	\$1,050
				Lodging	\$3,600
				Other Costs	\$300
				Total	\$7,350
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$15,866

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

\$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$15,866

Total Travel Costs: \$15,866

Indicate Policy Used:

Respondent's Travel Policy XXXXXX

State of Texas Travel Policy

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Hidalgo 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.) 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
Office Supplies: Pens, pencils, pencil sharpeners, paper clips, rulers, staples, calendars, forms, etc. Includes consumables for office equipment (like drums for printers & Fax). various office supplies	For everyday function for the Emergency Preparedness Team. No single item will be purchase over \$499.00	\$548
Paper Supplies:	For everyday function for the Emergency Preparedness Team. No single item will be purchase over \$499.00	\$100
H P Memory - 2 G B - DIMM 240-pin-DDR2 Mfg#: CPR-450260-B21	To upgrade the performance on the server to support the e-mail archiving capacity.	\$83
H P Midline - hard drive - 1 TB - SATA-300 Mfg#: CPR-454146-B21-- 2 @ \$348.00	1Tera- Byte capacity necessary to provide the storage needed for PHEP Division's emails this will increase the server capacity.	\$697
Microsoft Windows 7 Ultimate-Complete Package	Operating System needed to run the Server which will support the archiving of the PHEP Division's emails in order to comply with HIPPA guidelines.	\$315
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$1,743

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Hidalgo 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
TEEX - Texas Engineering Extension Service	Table Top Exercise	SNS Point of Dispensing for Medical Readiness for Patient tracking via electronic scanning for Medical services.	Lump Sum	1	\$51,312.00	\$51,312
TO BE DETERMINED	Connectivity of a Surveillance Syndrome System within Hidalgo County based Hospitals and ISD's. Selection will be based upon which connectivity is agreed upon by both parties and is in consensus by each.	Utilize the most prudent means of connectivity for enhancing the surveillance and epidemiologic activities within Hidalgo County. Funding will provide five connections of Hidalgo County based hospitals. If two of the hospitals do not connect we will substitute two ISD's which can also provide surveillance related activities. This will enhance the South Texas border's picture of local and international health. As advised by CDC this will support our capability to monitor and to prepare for biological events.	Per Hospital/ ISD	5	\$15,000.00	\$75,000
						\$0
						\$0
						\$0

						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$126,312

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County

Description of Item <small>[If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]</small>	Purpose & Justification	Total Cost
Registration	Needed for conferences and trainings (SEE TRAVEL). NACCHO CONFERENCE: \$535.00 @ 3 EMPLOYEES = 1,605.00; GDEM PERPAREDNESS CONFERENCE: \$150.00 @ 2 EMPLOYEES = \$300.00; INTERGRATED MEDICAL, PUBLIC HEALTH, PREPAREDNESS AND RESPONSE TRAINING SUMMIT: \$200.00 @ 3 EMPLOYEES = \$600.00.	\$2,505
MailArchiva - License Mfg#: IPS-ML-6385-0208	State of Texas Guidelines indicate: E-mails that may relate to open records and public information requests cannot be immediately deleted and must be stored for at least 2 years. A centralized server will have the archiving software in order to support this capability for the PHEP Division. This is the license. Enables our organization to comply with US and EU legislation such as SOX and HIPAA	\$3,656
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$6,161

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

Legal Name of Respondent:

Hidalgo 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							
Chief Administrative Officer	N	In-Kind -- Directs and organize program PHEP activates; reviews program goals and objectives that support the strategic plan; to identify problem, evaluates alternatives, and implements effective solutions; reviews and evaluates policies and procedures for emergency planning; ensure effective communication with other agencies and partners. Services as one of the primary and/or secondary staff for NIMS core functional roles with the PHEP division	0.24	N	\$9,029.00	5	\$10,835
IT Specialist	N	In-Kind --Performs technical automated data systems support work by way of several different software applications. Will setup hardware, software and do routine maintenance. Continue to build and update Health Alert Network database, test and document the technological infrastructure. Assist in developing in house SQL Database Applications. Design and deploy a 24/7 health alert system using at least 2 different modes of communication.	0.13	N	\$3,749.22	5	\$2,437
							\$0
							\$0
							\$0
							\$0
							\$0

