



FY2021

Cities Readiness Initiative

Applicant Information

Legal Name of Applicant Agency:

TARRANT COUNTY

Mailing Address:

Street / PO Box: 1101 s. Main Street, Room

City: Fort Worth, TX

Zip: 76104

Payee Name:

TARRANT COUNTY--537-18-0145-00001

Payee Mailing Address:

Street / PO Box: 100 E. Weatherford St., Room # 506

City: Fort Worth, TX

Zip: 76196-0103

State of Texas Comptroller Vendor ID #

(9

digit + 3 digit mail code):

756001170-006

DUNS # (9 digits required for subrecipient contractors):

68365220

Type of Entity (Choose one)

City: ☐

Click on appropriate box

County: ☒

Other Political Subdivision: ☐

Project Period

Start Date: 7/1/2023

End Date: 6/30/2024

Counties Served

County(ies) Served:

TARRANT COUNTY

Amount of Funding Allocated:

CONTACT PERSON INFORMATION

Legal Business Name:

TARRANT COUNTY

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: **Vinny Taneja**
Phone: 817-321-5301 Ext:
Fax:
E-mail: vtaneja@tarrantcounty.com

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

1101 S. Main St., Fort Worth, TX 76104

B-13/FSR Rep: **Jennifer Boggs**
Phone: 512-776-3967 Ext:
Fax: 512-776-7391
E-mail: Jennifer.Boggs@dshs.texas.gov

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

DSHS CMU

PHEP (HAZARDS) Program Leader: **Monica Tipton**
Phone: 817-321-5330 Ext:
Fax:
E-mail: mdtipton@tarrantcounty.com

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

1101 S. Main St., Fort Worth, TX 76104

SNS (CRI) Coordinator: **Charsha Crump**
Phone: 817-321-5395 Ext:
Fax:
E-mail: cscrump@tarrantcounty.com

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

1101 S. Main St., # 2600, Fort Worth, TX 76104

Authorized Signatory for **DocuSign**: **Judge Tim O'Hare**
Phone: 817-884-1441 Ext:
Fax:
E-mail: CountyJudgeGrants@tarrantcounty.com

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

100 E. Weatherford St. #501, Fort Worth, TX 76196

Additional Authorized Signatory for DocuSign only if applicable (FFATA, Certs, etc)

Phone: Ext:
Fax:
E-mail:

DocuSign "CC" Person: **Millie J. McManus**
Phone: 817-321-5443 Ext:
Fax:
E-mail: Phcontracts@tarrantcounty.com

Emergency Contact: **Sabrina Vidaurri**
Cell Phone: 817-401-5893 Ext:
Fax:
E-mail: savidaurri@tarrantcounty.com

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

1101 S. Main St. #2600, Fort Worth, TX 76104

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

TARRANT 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	\$832,614	\$740,381			\$92,233	
B. Fringe Benefits	\$358,535	\$325,768			\$32,767	
C. Travel	\$7,942	\$7,942			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$42,850	\$42,850			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$132,720	\$132,720			\$0	
H. Total Direct Costs	\$1,374,661	\$1,249,661	\$0	\$0	\$125,000	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$1,374,661	\$1,249,661	\$0	\$0	\$125,000	\$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: TARRANT 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							
Thorpe, Whitney L - Coordinator, Epidemiology Surveillance	N	Coordinates the investigation, tracking & reporting of potential & actual health threats & set & evaluate priorities for bioterrorism surveillance	0.19	N/A	\$9,489	12	\$21,635
Tipton, Monica D - Supervisor, Public Health Preparedness	N	Establishes process for strategic leadership, direction, coordination & assessment of activities to ensure state & local readiness, interagency collaboration & preparedness for bioterrorism, outbreaks of infectious disease & other public health threats & emergencies	1.00	N/A	\$9,354	12	\$112,248
Raimond, Lindsey M - Microbiologist I	N	Performs lab testing for biological threat agents, pandemic influenza & food borne illnesses for 33 North TX counties	1.00	N/A	\$6,627	12	\$79,524
Hamby, Nuri - Specialist, Flu Surveillance	N	Coordinates & collaborates with PHEP staff to further develop the surveillance plan	1.00	N/A	\$5,548	12	\$66,576
Specialist, PH Preparedness	Y	Assists in support & training of staff and partners in communication needs in time of response, provides Logistics support for exercises & real events and Develops preparedness-related presentations and community outreach and education.	0.50	N/A	\$5,548	12	\$33,288
Brewer, Daniel M - Specialist, Vector Control	N	Assists in mosquito borne disease efforts	1.00	N/A	\$5,601	12	\$67,212
Umanzor, Genyfer - Administrative Asst IV, BioResponse	N	Coordinates preparedness grant budget preparation & tracks expenditures across multiple divisions. Provides wide & complex range of administrative support to various public health areas	1.00	N/A	\$4,607	12	\$55,284
Administrative Asst II	Y	Assists with preparedness-related educational outreach and employee training and administrative support	0.50	N/A	\$3,255	12	\$19,530
Roman, Debora - Health Threats Investigator	N	Investigates, assesses & coordinates Public Health response to biological threats & actions	1.00	N/A	\$6,244	12	\$74,928
Hall, Joshua D - Epidemiology Investigator II	N	Conducts EPI investigations & maintains contact with providers & local preparedness partners	1.00	N/A	\$5,548	12	\$66,576
Kershner, Joshua - Epidemiology Investigator II	N	Conducts EPI investigations & maintains contact with providers & local preparedness partners	1.00	N/A	\$5,795	12	\$69,540
Chacon, Alfonso - Coordinator, Public Health Preparedness	N	Coordinates planning and logistics for all preparedness-related activities and assists with overseeing community outreach and education.	1.00	N/A	\$6,170	12	\$74,040
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
SalaryWage Total							\$740,381

FRINGE BENEFITS		Itemize the elements of fringe benefits in the space below:	
Fringe Benefits: FICA (7.65%) - Retirement (19.50%) - Health Insurance (\$11,500) - Worker's Compensation (0.51%) - Unemployment (0.11%)			
Total Number of FTEs:		10.19	Fringe Benefit Rate %
			44.00%
		Fringe Benefits Total	
			\$325,768

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

TARRANT COUNTY

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days & Employees		
2024 Preparedness Coalition Symposium	To obtain information on how to build and strengthen emergency response capabilities across all sectors of our members, how to strengthen coordination and communications among member organizations and health care providers, how to create more effective structures and processes that strengthen the public/private partnership, how to better prepare for catastrophic events	Galveston, TX	4 days / 1 employee	Mileage	\$0
				Airfare	\$600
				Meals	\$170
				Lodging	\$800
				Other Costs	\$200
				Total	\$1,770
2024 Texas Emergency Management Conference	To obtain preparedness information/training regarding weather safety measures to implement for community & families, how to respond to a disaster, how to assist aging population, civilian response to active shooter & many other topics dealing with preparedness	San Antonio, TX	5 days / 1 employee	Mileage	\$350
				Airfare	\$0
				Meals	\$250
				Lodging	\$800
				Other Costs	\$50
				Total	\$1,450
2024 Preparedness Summit	To obtain information on how to move forward in an environment of limited resources & present new tools & practices to build & sustain a progressive public health preparedness infrastructure at the local, state, tribal & territorial levels	Out of State / Unknown at this time	5 days / 1 employee	Mileage	\$0
				Airfare	\$1,000
				Meals	\$250
				Lodging	\$812
				Other Costs	\$200
				Total	\$2,262
2023 - 2024 PHEP Quarterly Grant Meetings-4 Meeting cost will be divided between two funds. This cost is for 2 of the meetings ONLY	To obtain updated information regarding environment of events related to preparedness, funding, etc.	Austin, TX	4 days / 1 employee	Mileage	\$450
				Airfare	\$0
				Meals	\$170
				Lodging	\$600
				Other Costs	\$0
				Total	\$1,220
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$6,702

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Preparedness staff travel within region	2000	\$0.620	\$1,240		\$1,240
			\$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 **\$1,240****Other / Local Travel Costs:** **\$1,240****Conference / Workshop Travel Costs:** **\$6,702****Total Travel Costs:** **\$7,942**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

Legal Name of Respondent:

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:

TARRANT 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
Office Supplies for hazards staff @\$150/ea	General office supplies including but not limited to pens, pencils, folders, note pads, tape, scissors, file folders, calendars, etc., necessary to perform job-related duties. No item to exceed \$499	\$1,650
EPI/PHEP staff printer cartridges (12 @ \$85 per cartridge)	To provide printing for EPI Hazards Staff	\$1,020
EPI/ENV - Dry Ice/\$750, Specimen collection and other shipping supplies/\$800	To purchase necessary items for collection /shipment of specimens diseases (EPI)/Mosquitos(ENV)	\$1,550
PHEP - Field supplies replacement items such as gloves, alcohol swabs, band aids, hand sanitizer, germicidal disposable wipes, pens, identification safety vests, extension cords, etc.	To purchase supplies used for table top and/or functional exercises, preparedness-related training and deployment.	\$12,000
LAB - BT & molecular testing supplies RT-PCR kits (4@\$945/ea), ABI Fast DX systems supplies-rxn plates & strips (10@\$115/ea), and Qiagen extraction supplies (5@\$555 per kit).	For BT and public health threat agent response and testing. The item description includes a good faith estimate of the items needed to perform the testing and the type and quantity of the items may change based on the testing needs during the contract period	\$7,705
LAB - General lab supplies - biohazard autoclave bags (1@\$390/cs), sharps containers (6@\$60/cs), Rnase Away (1@\$850/cs), Category B shippers (2@\$275/cs).	For BT and public health threat agent response and testing. The item description includes a good faith estimate of the items needed to perform the testing and the type and quantity of the items may change based on the testing needs during the contract period	\$2,150

LAB - General lab supplies and PPE - N95 respirators (8@\$415/cs), gowns (10@\$300/cs), pipette tips (6@\$1,300/cs), labmat liners (2@\$260/cs), universal transport media (1@\$775/cs), specimen labels (1@\$300/set), agar/media (11@\$60/box), and Ethanol (4@\$100).	For BT and public health threat agent response and testing. The item description includes a good faith estimate of the items needed to perform the testing and the type and quantity of the items may change based on the testing needs during the contract period	
		\$16,775
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

\$42,850

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **TARRANT 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
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

TARRANT COUNTY

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
LAB - Equipment maintenance - ABI 7500 Fast (2@\$11,000/ea)	Includes service and preventive maintenance for PHEP related equipment	\$22,000
LAB - Equipment service and maintenance for misc. lab equipment including but not limited to microscopes (2@\$200/ea), fume hood/biosafety cabinets (4@\$500/ea), pipette calibrations (36@\$45/ea and 1@\$200/ea), generator (1 @ 1400)	Includes service and preventive maintenance for PHEP related equipment. The item description includes a good faith estimate of the items needed to perform PHEP lab testing and the type and quantity of the items may change based on the maintenance needs during the contract period	\$5,620
LAB - Equipment maintenance - UV Radiometer (1@\$350/ea)	Includes preventive maintenance and calibration for PHEP lab equipment necessary to perform PHEP lab testing	\$350
LAB - Equipment maintenance - BSL-3 certification (1@\$1,500/ea)	Includes preventive maintenance and calibration for PHEP lab equipment necessary to perform PHEP lab testing	\$1,500
LAB - Education: Packaging & Shipping training, classes instructor fees and materials. This training event will be scheduled in the Fall with two (2) classes at \$4,000/ea. Total attendance for both classes is approximately sixty (60).	Includes the cost for the instructor fees, training materials, demonstration materials and practice forms. Hospital, clinical and sentinel lab personnel who package and ship infectious substances will attend the training classes. A similar event with separate funding will be requested for the Spring to allow two training events per year.	\$8,000
LAB - Education: Packaging & Shipping training. FedEx shipping charges. Total attendance for both classes is approximately sixty (60). Each participant receive materials. Estimated cost is \$200/class.	The classes include sending out individual shipping materials to all the participants. During class, the participants use the materials for hands-on participation.	\$400
PHEP - Maintenance for 2 vehicles and 4 trailers @ \$150/month*	Maintenance for 2 vehicles and 4 trailers	\$1,800
PHEP - Fuel for 2 vehicles @\$30/month*	Fuel for 2 vehicles	\$360
PHEP - Printing	Brochures, Booklets, Fliers, PHEP educational materials	\$2,500
PHEP Copier maintenance(50K@\$0.39 color copies & 500,000 @\$0.68 b&w copies (includes toner cartridges, drums & transfer kits	Maintenance for color copier purchased in FY15	\$1,800
PHEP - Phone service router \$65/month	Off site rent location phone service	\$780

Revised: 3/25/2014

PHEP - Postage \$20/month	For regular mail, mail outs to local municipalities and or first responder agencies	\$300
PHEP - Data transmission lines \$75/month	For fast speed internet communication to off site locations	\$900
PHEP-LAB - Rent warehouse, storage/\$1,750/month	Off site Lab and warehouse/storage space	\$21,000
PHEP-LAB - Utilities (gas/electricity/water/disposal)/\$745/month	Off site utilities	\$8,940
PHEP-LAB - Burglar alarm systems BSL-3@\$40/month	Off site areas burglar alarm system for additional security	\$480
PHEP - Media Marketing/Advertising	PHEP advertising and campaign development that address public preparedness and public health-related issues such as mosquitos, flu, rabies, COVID-19, personal preparedness, etc.	\$41,416
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$14,574

Total Amount Requested for Other:

\$132,720

Indirect Costs

Legal Name of Respondent:

TARRANT 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: TARRANT 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:

TARRANT 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							
Thorpe, Whitney L + Coordinator, Epidemiology Surveillance	N	Coordinates the investigation, tracking & reporting of potential & actual health threats & set & evaluate priorities for bioterrorism surveillance	0.81	N/A	\$9,489	12	\$92,233
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$92,233

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

Fringe Benefits: FICA (7.65%) - Retirement (19.50%) - Health Insurance (\$11500.00) - Worker's Compensation (0.51%) - Unemployment (0.11%)

	Fringe Benefit Rate %	35.53%
	Fringe Benefits Total	\$32,767

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

TARRANT 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

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:

TARRANT 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

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:

TARRANT 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

Total Amount Requested for Equipment:

\$0

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Match)

Legal Name of Respondent:

TARRANT 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:

TARRANT 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:

TARRANT 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: TARRANT 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: TARRANT 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:

TARRANT COUNTY

[illegible]**Total Amount Requested for Other:**

\$14,574

OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:

TARRANT 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