



FY2021
Cities Readiness Initiative

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

TARRANT COUNTY

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):
DUNS # (9 digits required for subrecipient contractors):

756001170-006
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	\$191,094	\$158,472			\$32,622	
B. Fringe Benefits	\$72,106	\$69,728			\$2,378	
C. Travel	\$4,052	\$4,052			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$12,000	\$12,000			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$97,204	\$97,204			\$0	
H. Total Direct Costs	\$376,456	\$341,456	\$0	\$0	\$35,000	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$376,456	\$341,456	\$0	\$0	\$35,000	\$0
				Match Percentage	10.25%	

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							
Coordinator, Medical Reserve Corps	Y	Coordinates the Tarrant County Medical Reserve Corps	1.00	N/A	\$5,975	12	\$71,700
Crump, Charsha - Coordinator, Strategic National Stockpile	N	Coordinates the Tarrant County Strategic National Stockpile	0.51	N/A	\$5,548	12	\$33,954
Specialist, PH Preparedness	Y	Assists in support & training of MRC volunteers, including POD exercises as well as Logistics support for exercises & real events and maintaining redundant communication systems and contact databases	0.50	N/A	\$5,548	12	\$33,288
Administrative Assistant II	Y	Provides administrative support to the MRC Coordinator and assists in volunteer recruitment and training.	0.50	N/A	\$3,255	12	\$19,530
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
SalaryWage Total							\$158,472

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

Total Number of FTEs:	2.51		Fringe Benefit Rate %	44.00%	
			Fringe Benefits Total		\$69,728

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		
2021 PHEP Quarterly Meetings-4meeting cost will be divided between two funds. This cost is for 2 meetings ONLY.	To obtain updated information regarding enviroment of events related to preparednes, funding, etc.	Austin, TX	4 days/1 employee	Mileage	\$450
				Airfare	\$0
				Meals	\$170
				Lodging	\$600
				Other Costs	\$0
				Total	\$1,220
2023 Points of Light Conference	To obtain information on how to move forward in an enviroment of limited resources & present new tools and practices to increase volunteer recruitment, engagement and retention.	Out of state/ Unknown at this time	5 days / 2 employees	Mileage	\$0
				Airfare	\$1,000
				Meals	\$250
				Lodging	\$812
				Other Costs	\$150
				Total	\$2,212
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$3,432

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	1000	\$0.620	\$620		\$620
			\$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 **\$620****Other / Local Travel Costs:** **\$620****Conference / Workshop Travel Costs:** **\$3,432****Total Travel Costs:** **\$4,052****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
Offices supplies for CRI staff	To provide general office supplies, including but not limited to, pens, file folders, calendars, staples, etc., necessary to perform job duties	\$1,000
Identification Safety Vests (240 vests @ \$25/ea)	Vests will be used to clearly identify emergency response staff and volunteers during emergency response operations and/or exercises and drills.	\$6,000
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.	\$5,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$12,000

Revised: 3/25/2014

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
Postage \$20 per month	Postage for MRC volunteer-related mailings	\$240
Webhosting and Support	Hosting and support fees for bealocalhero.org site which is used for volunteer registration, information and training	\$2,600
Samaritan Technologies, LLC	Volunteer Management Software	\$6,000
Criminal Background Checks (1000 @ 8.50 each)	Volunteer criminal background checks	\$8,500
Marketing/Advertising/Online Course Development - Belmont Icehouse	Marketing/Advertising/Online Course Development - advertising	\$77,564
Registration Fees (2 at \$650 each)	Conference Registrations fees for Points of Light Conference	\$1,300
Maintenance for Forklift/\$500 and Preventive Maintenance inspections 2@\$250 ea	Maintenance for Forklift/2 inspections	\$1,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$97,204

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
			0.00				
						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							
Crump, Charsha S - Coordinator, Strategic Nat'l Stockpile	N	Coordinates Tarrant County SNS	0.49	N/A	\$5,548	12	\$32,622
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$32,622

FRINGE BENEFITS		Itemize the elements of fringe benefits in the space below:	
		Fringe Benefit Rate %	7.29%
		Fringe Benefits Total	\$2,378

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
				\$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.

[illegible]

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
						\$0

Total Amount Requested for CONTRACTUAL: **\$0**

OTHER COSTS Budget Category Detail Form (Supplemental)

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

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