

Budget Instructions by Category	
<b>Face Page</b>	
Legal Name	Full legal name is required (no abbreviations). Check past contracts to verify this is correct.
Mailing Address:	Include the full mailing address.
Payee Name:	Name of the person or entity where payments will be sent/received.
Payee Mailing Address:	Include the full payee mailing address.
State of Texas Comptroller Vendor ID # (9 digit + 3 digit mail code):	DSHS assigns this number. The <b>TIN</b> and <b>MAIL CODE</b> are both requirement.
Unique Entity Identifier (UEI)	Your Unique Entity Identification (UEI) code can be located on SAM.GOV. It is required that you have a registered and active account on SAM.gov, if receiving federal funding.
Type of Entity (Choose one)	A entity type must be checked.
Counties Served	Counties must be listed.
Amount of Funding Allocated	The funding amount should match the total allocation on the budget summary page.
<b>Contact Page</b>	
Point of Contacts (POCs)	Add a point of contact as applicable for each category on the contact page.
Authorized Signatory	This contact is require and should be the person who signs the contract.
Additional Authorized Signatory	This contact is not required, unless they are different then the authorize signatory and are responsible for filling out the FFATA, Assurances, Lobbying, DUA etc..
DocuSign CC	This contact is not required, but contractors can include a cc person to be notified when the contracts are sent out via DocuSign.
Emergency Contact	This contact is required.
<b>Budget Summary</b>	
Funding Categories	The summary must reflect the correct funding for each category. This information automatically rolls over from the individual category tabs.
<b>Travel</b>	
Conference & Workshops	Sections are only required, if the contractor lists confrences or workshops. The description must be detailed and include as much information as possible. The contractor cannot add TBD to the description. Travel costs must be as accurate at possible and a reasonable amount.
Mileage Only	Sections are only required, if the contractor lists milage only travel. The contractor can use their internal policy or the DSHS policy, but this must be marked in the budget (bottom of the travel page). If they choose to use their internal policy, a copy is required.
Policy	A travel policy must be check at the bottom of the travel page. The contractor can use their internal policy or the DSHS policy. If you they choose to use their internal policy a copy if required for their file.
<b>Personnel</b>	
Name and Functional Title	Include a name and job title for each staff. If the job is vacant, add TBD for the name, but there should always be a title. A single staff cannot be listed under multiple job titles.
Vacant	Must choose Yes or No.
Job Summary	This section must include a clear and accurate job summary for each employee.
FTEs	An FTE must be included. No one person can have more than 1 FTE.
Certifications & License	This section should list any required certificates or licenses. If none are required, it should be marked with an N/A.
Estimated Monthly Wage	The estimated monthly wage is required for each staff listed.
Number of Months	The number of months are required for each staff listed.
Salary/Wages	The FTE - Monthly Salary Wage -Number of Month make up the salary amount for each staff.
Fringe	A list of the fringe benefits is required. Fringe benefits are allowances and services provided by the organization to its employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the employer portion of FICA and Medicare, the cost of employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits is allowable (in proportion to the amount of time or effort employees devote to the DSHS-funded project) to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization.
<b>Equipment</b>	
Description of Items	A description of items is required.
Purpose & Justification	A justification is required.
Number of Units	Required
Cost Per Unit	Required
Total Cost	The total cost must include a combined total for all units being purchased.
Equipment	Equipment - defined as tangible nonexpendable personal property with an acquisition cost of \$5,000 or more and a useful life of more than one year.
<b>Supplies</b>	
Description of Items	A detailed description of items is required.
Purpose & Justification	A detailed justification is required.
Total Cost	Required
The "Supplies" budget category is comprised of the following two separate and distinct components:	Medical Supplies are allowable such as needles, syringes etc..
	Add to the end of your supplies description "No one item will exceed \$499.00."
	Consumable Supplies - defined as consumable items that are directly associated with the Program Attachment's Statement of Work and are necessary to carry out the activities stated in the Program Attachment.
	If you have a controlled assets add to the end of your description "No one item will exceed \$4,999."
	Controlled Assets - defined as nonexpendable, tangible personal property having a useful lifetime of more than one year and an acquisition cost of \$500 or more, but less than \$5,000.
<b>Contractual</b>	
Contractor Name	Required
Description of Services	A detailed description of items is required.
Justification	A detailed justification is required.
Method of Payment	Required
Number of Payments	Required
Rate of Payment	Required
Total Cost	Required
Contractual	The "Contractual" category should include all contracts for the provision of goods and/or services that are directly associated with carrying out the Statement of Work. This includes – contracts that delegate substantive portions of the Statement of Work or convey property to a third party (subrecipient contracts)
<b>Other</b>	
Description of Items	A detailed description of items is required.
Purpose & Justification	A detailed justification is required.
Total Cost	Required

Other	All other allowable direct costs not listed in any of the above categories are to be included in the "Other" category. This includes vendor contracts for goods and services which are acquired for general use of an organization. Some of the costs listed below may be treated as indirect cost. Their treatment as "Other" (direct) or indirect must be consistent throughout the organization.
Indirect	
Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective (i.e., DSHS Program Attachment) and not readily assignable to the cost objectives specifically benefitted. Because of the diverse characteristics and accounting practices of organizations, it is not possible to specify the types of cost that may be classified as indirect cost in all situations. However, typical examples of indirect costs may include central service costs of a governmental unit; general administration and general expenses such as salaries and expenses of executive officers, personnel administration, accounting, and contracted administrative services; depreciation or use allowances on buildings and equipment; and the costs of operating and maintaining facilities, etc.	



FY2024

Contract Type: CPS/LRN-PHEP

### Applicant Information

Legal Name of Applicant Agency:

Tarrant County

Mailing Address:

Street / PO Box: 1101 S. Main St., Suite 1700

City: Fort Worth

Zip: 76104-4802

Payee Name:

Tarrant County Public Health - 537-18-0113-00001

Payee Mailing Address:

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

City: Fort Worth

Zip: 79196-0103

State of Texas Comptroller Vendor ID # (9 digit + 3 digit mail code):

756001170006

**Unique Entity Identifier (UEI)** This is a required field, if receiving federal funding. The Unique Entity Identification code can be located on Sam.gov):

#068365220

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

Amount of Funding Allocated:

\$238,263.00

## 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 Veerinder (Vinny) Taneja  
Phone: 817-321-5301 Ext:   
Fax: 817-321-5302  
E-mail: vtaneja@tarrantcounty.com

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

1101 S. Main St., Room 2400, Fort Worth, TX 76104-4802

B-13/FSR Rep: Erica Bates  
Phone: 817-884-2406 Ext:   
Fax: 817-884-1104  
E-mail: erbates@tarrantcounty.com

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

100 E. Weatherford St., Room 506, Fort Worth, TX 76196

PHEP (HAZARDS) Program Leader: Sabrina Vidaurri  
Phone: 817-321-5315 Ext:   
Fax: 817-321-5446  
E-mail: savidaurri@tarrantcounty.com

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

1101 S. Main St., Fort Worth, TX 76104-4802

SNS (CRI) Coordinator: Charsha Crump  
Phone: 817-321-5395 Ext:   
Fax: 817-321-5446  
E-mail: cscrump@tarrantcounty.com

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

1101 S. Main St., Room 2603, Fort Worth, TX 76104-4802

Authorized Signatory for **DocuSign** Tim O'Hare, County Judge  
Phone: 817-884-1441 Ext:   
Fax: 817-884-2793  
E-mail: countyjudgegrants@tarrantcounty.com

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

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

**Additional** Authorized Signatory for **DocuSign** only if applicable  
**(FFATA, Certs, etc)**   
Phone:  Ext:   
Fax:   
E-mail:

**DocuSign "CC" Person** Millie Robbins  
Phone: 817-321-5443 Ext:   
Fax: 817-850-5876  
E-mail: phcontracts@tarrantcounty.com

Emergency Contact Rune-Par Nilsson  
Cell Phone: 817-321-4757 Ext:   
Fax: 817-321-4790  
E-mail: rnilsson@tarrantcounty.com

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

1101 S. Main St., Room 1700, Fort Worth, TX 76104-4802

## 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	\$160,764	\$143,853			\$16,911	
B. Fringe Benefits	\$66,772	\$59,857			\$6,915	
C. Travel	\$2,517	\$2,517			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$26,982	\$26,982			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$5,054	\$5,054			\$0	
H. Total Direct Costs	\$262,089	\$238,263	\$0	\$0	\$23,826	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$262,089	\$238,263	\$0	\$0	\$23,826	\$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**

[illegible]

	SalaryWage Total	\$143,853
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## FRINGE BENEFITS

**Itemize the elements of fringe benefits in the space below:**

Total Number of FTEs:	1.81		Fringe Benefit Rate %	41.61%
			Fringe Benefits Total	\$59,857

## 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		
Texas LRN Annual Meeting/Conference	Required for LRN Staff. This meeting provides a forum to share current information on new technologies and best practices for detection of threats. Also facilitates networking among local, state, federal and non-governmental partners.	Bandera, TX	3 days/2 employees	Mileage	
				Airfare	
				Meals	\$240
				Lodging	\$640
				Other Costs	\$100
				<b>Total</b>	\$980
LRN National Meeting	National meeting of LRN Directors and Coordinators. Covers topics related to Laboratory Response Network activities including new protocols, funding, best practices and allows for networking opportunities. Required by grant, location TBD, date TBD.	TBD	3 days/ 1 employee	Mileage	
				Airfare	\$470
				Meals	\$170
				Lodging	\$600
				Other Costs	\$297
				<b>Total</b>	\$1,537
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				<b>Total</b>	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$2,517

**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: \$2,517

Total Travel Costs: \$2,517

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

Revised: 3/25/2014



## Detail Form

## Tarrant County

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total Cost
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
TOTAL FROM EQUIPMENT SUPPLEMENTAL BUDGET SHEETS				\$0

**\$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
BT and molecular testing supplies: probe & primer sets (1 @ \$2,018/ea), RT-PCR kits (2 @ \$945/ea), and ABI FAST DX systems (rxn plates & strips 5 @ \$77/pk).	For BT and public health threat agent detection. 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.	\$4,293
Sample processing and confirmation supplies: RNA mini kit (1 @ \$160/ea), DNA mini kit (1 @ \$160/ea), Qiagen extraction kit (1 @ \$475/ea), DNA/Viral NA Small Volume Kit (3 @ \$2,109), MagNA Pure System Fluid (8@ \$117), Processing cartridge (8@ \$276), Filtered tips (4@ \$938), Output Plates (5 @ \$243)	For BT and public health threat agent detection. 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.	\$15,233
General lab supplies; sm biohazard bags (3 @ \$131/bx), shipping containers Cat B (3 @ \$200/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.	\$993
Printer cartridges for Bioterrorism Response Section printers ( 1@ \$500; 1@ \$400)	Used by the LRN laboratory and the LRN Response Coordinator to support 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.	\$900

Binders for training materials for sentinel providers (15@\$6/ea)	For LRN sentinel provider training classes. To support training, updates, and sharing of critical information and current testing algorithms. 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.	\$90
Microbiology supplies: Agar/Media ( 1@ \$390/cs); CO2 Pouch Gaspak ( 1@ \$73/pk); Decon spore strip ( 1@ \$600/cs); centrifuge tube micro ( 1@ 50/cs)	For BT and public health threat agent detection. 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.	\$1,113
Hazardous chemical waste disposal ( 2@ \$550/ea); Haz chem waste drums ( 2@ \$15/ea)	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.	\$1,130
General lab supplies: Combitips ( 1@ \$170/cs), Disinfectant detergent ( 1@ \$44/cs), pipette tips (1@ \$343/cs), Sharps container ( 1@ \$157/cs), Gel cold packs ( 1@ \$32/cs), Viral transport media ( 1@ \$120/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.	\$866
DELFI A wash concentrate ( 2@ \$83/ea), DELFI A assay buffer ( 2@ \$202/ea), DELFI A Streptavidin coated clear plate ( 2@ \$651/ea), DELFI A Enhancement solution ( 2@ \$246/ea)	For BT and public health threat agent detection. 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.	\$2,364
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

**\$26,982**

Revised: 3/25/2014

## CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:	Tarrant County
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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 - Education: Packaging & Shipping training; classes instructor fees & materials. This training event with 1 class will be scheduled in the Spring for a total of 1 class at \$4000/ea. Total attendance for the class is approximately thirty (30).	Includes the cost for the instructor fees, training materials, demonstration materials, and practice forms. Hospital, clinical & sentinel lab personnel who package & ship infectious substances will attend the training classes. A similar event with separate funding will be requested for the Fall to allow two training events per year.	\$4,000
LAB - Education: Packaging & Shipping training. FedEx shipping charges. Total attendance for the class is approximately thirty (30). Each participant will receive materials. Estimated cost is \$200	The classes include sending out individual shipping materials to all the participants. During class, the participants use the materials for hands-on participation.	\$200
Education: Professional Acknowledgement for Continuing Education (PACE) Accreditation & Membership.	Includes the cost for PACE membership and the accreditation fee to be used for continuing education credit at the BT sentinel lab training classes.	\$400
Dues: 2 USDA Renewal Permits. \$97.00 each.	Permit to import and transport controlled material, organisms, or vectors.	\$194
Long Distance phone calls for the Bioterrorism Section and the Laboratory Response Coordinator. Annual cost \$60.00.	To cover costs for long distance phone calls for the Bioterrorism Section and the Laboratory Response Coordinator. Among other things, to allow consultations with state and federal partners, and to participate in outbreak response activities and training.	\$60
Printer spare parts for repairs or maintenance.	Maintenance for printers used in the Bioterrorism Section and by the Lab Response Coordinator, in case there is a need for spare parts due to wear and tear or other malfunction.	\$200

Revised: 3/25/2014

TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$5,054**

## 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**

<b>PERSONNEL</b>		<b>Vacant Y/N</b>	<b>Job Summary</b>	<b>FTEs</b>	<b>Certification or License (Enter NA if not required)</b>	<b>Estimated Monthly Salary/Wage</b>	<b>Number of Months</b>	<b>Salary/Wages Requested for Project</b>
<b>Name + Functional Title</b>								
Erin Taylor, Laboratory Response Coordinator (E)		N	Coordinates lab preparedness activities such as maintaining contact and providing training to Sentinel labs regarding bioterrorism events, preparing grant quarterly reports, responding to audits, overseeing BT lab testing and providing surge capacity testing during a public health threat response.	0.19	NA	\$7,417	12	\$16,911
Lucy Lenguyen, microbiologist I (E)		N	Performs public health threat testing including molecular, immunological, and standard bacteriological techniques for the detection of bacteria, viruses, and toxins; pandemic preparedness testing for influenza, other respiratory viruses and testing for emerging infectious diseases.	0.00	NA	\$5,980	12	\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
						<b>SalaryWage Total</b>		<b>\$16,911</b>

**FRINGE BENEFITS**

Itemize the elements of fringe benefits in the space below:

Fringe Benefits: FICA (7.65%) - Retirement (19.50%) - Health Insurance (\$11,004 Annual) - Worker's Compensation (0.51%) - Unemployment (0.11%)

	Fringe Benefit Rate %	40.89%
	Fringe Benefits Total	\$6,915

## 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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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.

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**

## 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