REPORTS/RECOMMENDATIONS/REQUESTS

1) COUNTY JUDGE

Dallas County Commissioners Court Members Code of Conduct for Commissioners Court Sessions
.................................................................................................................................................. 1-4
(COURT ORDER ON FORMAL AGENDA)
Date: February 22, 2011
To: Commissioners Court
From: Dallas County Judge Clay Lewis Jenkins
Re: Dallas County Commissioners Court Members Code of Conduct for Commissioners Court Sessions

Background
Please see attached a formalized Code of Conduct drafted to govern members of the Court during their presence in the Dallas County Commissioners Courtroom (Allen Clemson Courtroom). The establishment of such is aligned with the practices of other large urban Texas counties and municipalities as a mechanism to develop and maintain decorum and respect among the members of their governing bodies during formal meetings. The goal of this briefing is to have these guidelines reviewed and commented upon by the Court and formally adopted into the Dallas Code.

Operational Impact
The adoption of a Dallas County Commissioners Court Member Code of Conduct will support the effective and efficient operation of weekly Commissioners Court sessions, while extending to each member of the Court the opportunity to be equally and respectively engaged in the decision making process of Dallas County business and affairs.

Financial Impact
The adoption of the Commissioners Court Member Code of Conduct as County policy would have no financial impact.

Strategic Plan Compliance
A formal policy established regarding this matter is consistent with Dallas County’s approved Strategic Plan Vision 1: *Dallas County government models interagency partnership and collaboration*, specifically, Strategy 1.2: Elected Officials reach alignment and consensus on roles, responsibilities, and functions of Dallas County government.

Recommendation
It is recommended that the Dallas County Commissioners Court review the Dallas County Commissioners Code of Conduct for Commissioners Court Sessions as shown in the attachment.
The County Judge, as presiding officer of the Dallas County Commissioners Court, maintains order and decorum of each session of the Commissioners Court, including the actions and interactions of the Commissioners with each other, as well as those persons actively engaged in the court session.

1. During commissioners court meetings, commissioners court members shall assist in preserving order and decorum and shall neither by conversation or otherwise delay or interrupt the proceedings nor refuse to obey the orders of the county judge or the rules of the commissioners court.

2. During commissioners court meetings, the Chief of Security will serve as the Bailiff for the court.

3. A commissioners court member desiring to speak shall address the chair and, upon recognition by the county judge, shall confine discussion to the question under debate, avoid discussion of personalities and indecorous language, and refrain from personal attacks and verbal abuse.

4. A commissioners court member desiring to question the administrative staff shall address questions to the court administrator or department head who shall be entitled either to answer the inquiries or to designate some member of county staff for that purpose. Members and other speakers shall not berate nor admonish another person.

5. A commissioners court member, once recognized, shall not be interrupted while speaking unless called to order by the county judge, unless a point of order is raised by another member, or unless the speaker chooses to yield to questions from another member. If a commissioners court member is called to order while speaking, that member shall cease speaking immediately until the question of order is determined. If ruled to be in order, the member shall be permitted to proceed. If ruled to be not in order, the member shall remain silent or make additional remarks so as to comply with rules of the commissioners court.

6. Commissioners court members shall confine their questions to the particular matters before the assembly and in debate shall confine their remarks to the issues before the commissioners court.

7. When there is more than one speaker on the same subject, commissioners court members will delay their comments until after all the speakers on the subject have been heard.

8. Members of the Commissioners Court who fail to adhere to the spirit and letter of the abovementioned rules shall be held to the following standards:

   a. [Interruptions and/or disruptions prohibited.] Court members attending commissioners court meetings shall preserve order and decorum and shall neither, by conversation or otherwise, delay or interrupt the proceedings nor refuse to obey
the orders of the county judge or rules of the commissioners court. Any member making personal, impertinent, profane, or slanderous remarks, or who becomes boisterous while addressing and/or attending the commissioners court meeting shall be removed from the commissioners’ courtroom if security is so directed by the county judge. However, no vote on any agenda or budgetary item may be taken during the time the member is absent due to removal.

b. [Removal of persons that are disruptive.] Unauthorized remarks from members, clapping, stamping of feet, whistles, yells, and similar demonstrations shall not be permitted. The county judge may direct security to remove offenders from the courtroom. If the county judge fails to act, any member may, by point of order, request action from the chair. A majority of commissioners court may move to require enforcement of the rules, and the affirmative vote of a majority of the commissioners court shall require the county judge to act.

c. [Placards, banners or signs prohibited.] No placards, banners or signs will be permitted in the commissioners’ courtroom or in any other room in which the commissioners court is meeting. This does not prohibit displays and visual aids used in connection with a presentation to the commissioners court.

d. [Removal from court meeting.] Any member ordered to be removed from a commissioners court meeting under the provisions of this section shall be barred from further attendance of that session of the commissioners court meetings.

e. Any member of the commissioners court or those in attendance who refuse to leave after being directed by the judge or a majority of the commissioners court must be physically escorted from the commissioners court meeting.
# Dallas County Commissioners Court Briefing Agenda

**February 22, 2011**

### Reports/Recommendations/Requests

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<th>Page Nos.</th>
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</thead>
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<tr>
<td>a) 2011 Reliant Energy Care Program</td>
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<td>3-7</td>
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<td>(Court Order on Formal Agenda)</td>
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<td>(Court Order on Formal Agenda)</td>
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<td>94-98</td>
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<tr>
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<td>Handout</td>
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2/22/2011
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   - Purchasing:
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   - Health & Human Services-HHS Updates

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**FIVE SIGNATURE DOCUMENT(s) FOR CONSIDERATION**

   Minister’s Letter of Appreciation

**DATES TO REMEMBER**

   Legislative Briefing – Friday, February 25, 2011
TO: COMMISSIONERS COURT
FROM: ZACHARY THOMPSON, DIRECTOR
DATE: FEBRUARY 22, 2011
SUBJECT: 2011 RELIANT ENERGY CARE PROGRAM

BACKGROUND
Dallas County Health and Human Services (DCHHS) has received a Letter Agreement for Reliant Energy Retail Services, LLC CARE Program (“CARE”), from Reliant Energy. The Agreement stipulates that on or before March 31, 2011, Reliant Energy will contribute $20,000 to DCHHS in support of the 2011 Reliant Energy CARE Program. An additional contribution payment in the amount of $20,000 will be made to DCHHS on or before June 30, 2011. This funding is to provide energy assistance payments to Reliant Energy customers with an active account under the CARE program.

IMPACT ON DALLAS COUNTY STRATEGIC PLAN
The 2011 Reliant Energy CARE program is in compliance with Vision 2: Dallas County is a Health Community; Strategy 2.1, Provide exceptional disease prevention, health promotion and Human Service programs to the citizens of Dallas County, as contained in the Dallas County Strategic Plan.

RECOMMENDATION
It is recommended that the Commissioners Court approve the Letter of Agreement from Reliant Energy for the 2011 Reliant Retail Services, LLC CARE Program (“CARE”) with Dallas County Health and Human Services, in the amount of $40,000, for the provision of energy assistance payments to Reliant Energy customers possessing an active account.

RECOMMENDED BY: Zachary Thompson, Director

Attachment
C: Darryl Martin, Court Administrator
    Virginia Porter, County Auditor

2377 N Stemmons Freeway, Suite 600, Dallas Texas 75207-2710
(214) 819-2100 • Fax (214) 819-6022 • dallascounty.org
Dallas County Department of Health & Human Services  
Attn: Zachary Thompson, Executive Director  
2377 Stemmons Fwy Suite 601  
Dallas, Texas 75207

Re: Letter Agreement for Reliant Energy Retail Services, LLC CARE Program  
("CARE")

Dear Mr. Thompson:

Reliant Energy Retail Services, LLC (Reliant Energy is a certified Retail Electric Provider serving residential customers in Dallas County) is required to establish and maintain an energy assistance program in accordance with the rules and regulation of the Public Utility Commission of Texas. Dallas County Department of Health & Human Services (DCDOHHS) is an established nonprofit organization that has a proven record of managing energy assistance and heat relief programs and is capable of processing Reliant Energy’s customer payment assistance in an efficient, effective manner. On or before March 31, 2011, Reliant Energy will contribute $20,000.00 to Dallas County Department of Health & Human Services (DCDOHHS) in support of the 2011 Reliant Energy CARE Program. An additional contribution payment in the amount of $20,000.00 will be made to Dallas County Department of Health & Human Services (DCDOHHS) on or before June 30, 2011. The purpose of these contributions is to provide funding for energy assistance payments to Reliant Energy customers under the CARE program.

The funds contributed to Dallas County Department of Health & Human Services (DCDOHHS) for energy assistance payments must be deposited in a depository bank account held in trust for Reliant Energy. Dallas County Department of Health & Human Services (DCDOHHS) will not discriminate during the distribution of CARE funds because of race, creed, color, national origin, ancestry, sex, martial status, lawful source of income, level of income, disability, financial status, and location of customer in an economically distressed geographic area. Dallas County Department of Health & Human Services (DCDOHHS) will accept enrollment applications from potential clients and qualify Reliant Energy customers as eligible recipients in accordance with the following Reliant Energy CARE Program qualifications:

1. Each Dallas County Department of Health & Human Services (DCDOHHS) client recipient of CARE contributions must be a Reliant Energy customer with an active account.
2. The Dallas County Department of Health & Human Services (DCDOHHS) client recipient name must match the Reliant Energy customer account name.
3. All Dallas County Department of Health & Human Services (DCDOHHS) client recipients of CARE contributions are eligible for a one time annual payment in an amount not to exceed $300 in accordance with the Dallas County Department of Health & Human Services (DCDOHHS)'s hardship criteria or the recipient may receive multiple Assistance payments on their account as long as the cumulative amount does not exceed the maximum annual payment limit of $300.
Letter of Agreement for Reliant Energy Retail Services, LLC CARE Program

Dallas County Department of Health & Human Services (DCDOHHS) will submit a monthly report to Reliant Energy on or before the last day of each month until the entire contribution fund balances is depleted. Reports should be submitted for all months even if funds were not distributed. The monthly reports should be submitted to the Reliant Energy Agency Desk before the 10th of each month. All funds that are not utilized or pledged to provide assistance to qualifying Reliant customers by December 31, 2011, can rollover to the following year. Dallas County Department of Health & Human Services (DCDOHHS) must also comply the CARE Program Guidelines outlined in Attachment A. Dallas County Department of Health & Human Services (DCDOHHS) will keep records of all transactions relating to the distribution of Reliant Energy CARE contributions for a period of 2 year(s) and will allow Reliant Energy full access during normal business hours to inspect, audit or reproduce any and all such records and books of Dallas County Department of Health & Human Services (DCDOHHS) related to this agreement.

Reliant Energy can terminate this agreement at any time during the year by providing 30 days advance written notice to Dallas County Department of Health & Human Services (DCDOHHS). In the event this agreement is terminated, Dallas County Department of Health & Human Services (DCDOHHS) must comply with the directions contained in the notice and take any necessary action to terminate the work under this agreement. To acknowledge your agreement to and acceptance of the terms and conditions outlined in this letter and Attachment A, please sign below on both letters. Keep one copy of your records and return one letter to Reliant Energy. If you have any questions, you can contact Grenda Monroe at 713-537-2811 or Misty White 713-537-2164.

Sincerely,

Karen Jones
Vice President, Retail Marketing

AGREED AND ACCEPTED:

Dallas County Department of Health & Human Services

By: ________________________________
Zachary Thompson, Executive Director

Date: ________________________________
EXHIBIT A

1. Each Dallas County Department of Health & Human Services recipient of CARE contributions must be a Reliant Energy customer with an active account.

2. The Dallas County Department of Health & Human Services client recipient name must match the Reliant Energy customer name.

3. All Dallas County Department of Health & Human Services client recipients of CARE contributions are eligible for a maximum annual payment not to exceed $300. The assistance payment may be a one-time payment of up to $300 in accordance with Dallas County Department of Health & Human Services hardship criteria or the recipient may receive multiple assistance payments as long as the annual total does not exceed the maximum $300 limit.
EXHIBIT B
CARE Program Guidelines and Information

In an effort to implement the CARE Program efficiently, Reliant Energy provides important guidelines and information that will assist you in administering the Program. Please distribute and discuss these guidelines in a training session with all volunteers and staff.

Reliant Energy Contact Information

- Grenda Monroe (Agency Desk) 713-537-2811

How the Program Works

- Agency qualifies active Reliant Energy customer
- Agency contacts Reliant Energy Agency Desk via phone or fax to make an inquiry or pledge on behalf of the customer
- Agency remits payment to Reliant Energy (address provided below) and include documentation that denotes CARE payment --see attached example
- Payment should be remitted within 30-45 days from the pledge date
- Agency sends to Reliant Energy a monthly report via fax or email recording activity and balance of funds at the end of each month or no later than the 10th day of the following month (report form provided)

Standard Payment Remittance Address

Reliant Energy Retail Services, LLC
P. O. Box 1046
Houston, Texas 77251-1046
Attn: CARE, Special Services

Electronic Payment Information

If your agency is interested in setting up an electronic payment process via EFT (Electronic Funds Transfer), contact Levas Johnson at lajohnson@reliant.com or call 713-537-2774.

Monthly Reporting Requirements

Prepare attached monthly report form and fax or email to:

Grenda Monroe, Reliant Energy, gmonroe@reliant.com, fax 713-488-5469 or toll-free fax 1-866-367-0343.
TO: COMMISSIONERS COURT
FROM: ZACHARY THOMPSON, DIRECTOR
DATE: FEBRUARY 22, 2011
SUBJECT: FY 2010 RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
PART A SUPPLEMENTAL CONTRACT AMENDMENT

Background of Issue
The Dallas County Judge is the grantee and legal recipient of the Ryan White HIV/AIDS Treatment
Extension Act of 2009 (TEA) Part A Supplemental grant for the Dallas Eligible Metropolitan Area
(EMA). This grant is administered by the United States Department of Health and Human Services
Health Resources and Services Administration (HRSA). Dallas County Health and Human Services
(DCHHS) is designated to serve as the Administrative Agency for TEA grant funds for the EMA.
The FY 2010 Ryan White TEA Part A Supplemental grant, in the amount of $4,251,693, is allocated
as follows: $4,251,693 is awarded to service providers.

Health Services of North Texas, Inc. (HSNT), a contracted service provider with offices located in
Denton, Plano, and Greenville, provides a variety of services for individuals affected by HIV/AIDS.
HSNT requests approval to amend its contract with Dallas County Health and Human Services in an
effort to better serve the targeted population. The contract amendment shall not change any
contractual provisions agreed upon in the TEA Supplemental contract. Each provision shall remain
in effect throughout the term of the contract with exception of the following amended provisions:
(1) movement of $10,000 in direct costs from one subcontractor to another subcontractor, and (2)
the addition of a new medical provider-Ameripath Texas, L.P.

Fiscal Impact
There is no financial impact to Dallas County.

Operational Impact
Administrative Agency staff will coordinate and monitor the programmatic and fiscal accountability
of contractors in accordance with the responsibilities assigned to them by the Dallas County
Commissioners Court.

Legal Impact
The Dallas County Commissioners Court must approve the award recommendations and authorize
the County Judge to sign contract amendments on behalf of Dallas County.

Strategic Plan Compliance
Recommendations included in this briefing are consistent with the Dallas County Strategic Plan,
Vision 2: Dallas County is a healthy community. The DCHHS is the designated Administrative
Agency for the Ryan White Treatment Extension Act Part A grant. The FY 2010 Ryan White Part A
Supplemental grant directly supports a regional indigent medical and mental healthcare network for
those impacted by HIV/AIDS.
Commissioners Court
February 22, 2011
Page 2

Recommendation
It is recommended that the Dallas County Commissioners Court approve the request of Health Services of North Texas, Inc., to amend the contract with Dallas County Health and Human Services as described herein, and authorize the County Judge to sign the contract amendment with the specific service provider on behalf of Dallas County.

RECOMMENDED BY:  
Zachary Thompson, Director

Attachment
c: Darryl Martin, Court Administrator
   Virginia Porter, County Auditor
Funding Source: FY 2010-2011 PART A SUPPLEMENTAL GRANT
Agency Name: HEALTH SERVICES OF NORTH TEXAS, INC.
Service Category: Outpatient/Ambulatory Medical Care

Line Item and Fee-for-Service Contract Amendment: Justification and Unit Cost Information

Health Services of North Texas, Inc. provides a variety of services for individuals affected by HIV/AIDS including outpatient/ambulatory medical care service.

Direct and Indirect Cost Line Items

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Year to Date Budget</th>
<th>Revised Budget</th>
<th>Reallocated Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Fringe</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Staff travel</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$ 125,126.00</td>
<td>$ 125,126.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Other</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 125,126.00</strong></td>
<td><strong>$ 125,126.00</strong></td>
<td><strong>$ 0.00</strong></td>
</tr>
</tbody>
</table>

**Contractual.** The amendment will reflect the addition of a new medical provider (Ameripath Texas L.P.) and the movement of $10,000.00 from one vendor to another vendor within “contractual”. However, the total funding amount for this line item budget remains unchanged.

Fee-for-Service

<table>
<thead>
<tr>
<th>Year to Date Budget</th>
<th>Revised Budget</th>
<th>Reallocated Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>$8,425.00</td>
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<td>$0.00</td>
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<table>
<thead>
<tr>
<th>Year to Date Units</th>
<th>Revised Units</th>
<th>Increased Units</th>
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<tbody>
<tr>
<td>26</td>
<td>26</td>
<td>0</td>
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The fee-for-service budget remains unchanged.

Total Budget for Service Category

<table>
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<tr>
<th>Year to Date Budget</th>
<th>Revised Budget</th>
<th>Reallocated Funds</th>
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</thead>
<tbody>
<tr>
<td>$133,551.00</td>
<td>$133,551.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

The overall budget amount for this service category remains unchanged.
Funding Source: FY 2010-2011 PART A SUPPLEMENTAL GRANT
Agency Name: HEALTH SERVICES OF NORTH TEXAS, INC.
Service Category: Medical Transportation

Line Item Contract Amendment Justification

Health Services of North Texas, Inc. provides a variety of services for individuals affected by HIV/AIDS including medical transportation.

Direct and indirect cost line item

<table>
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<tr>
<th>Line Item</th>
<th>Year-to-Date Budget</th>
<th>Revised Budget</th>
<th>Reallocated Funds</th>
</tr>
</thead>
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<tr>
<td>Staff Travel</td>
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<tr>
<td>Equipment</td>
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<td>Supplies</td>
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<td>Indirect</td>
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Justification for direct and indirect cost budget line items

**Indirect.** The amendment will reflect the movement of $600.00 from one indirect cost category to another indirect cost category. However, the total funding amount for this line item budget remains unchanged.
I. PURPOSE:


II. AMENDED PROVISIONS:

Contract Amendment No. #3 shall not change any contractual provisions agreed upon in the Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A Supplemental funded agreement; each provision shall remain in effect throughout the term of the agreement with the exception of the following amended provisions:

A. AMENDED MEDICAL PROVIDER ELIGIBLE FOR REIMBURSEMENT:

The amended provisions reflect an addition of a new medical provider to the outpatient/ambulatory medical care service category.

- Ameripath Texas L.P.

B. AMENDED PROVISIONS:

The revised Exhibits A-3 (budget justification) for the outpatient/ambulatory medical care service category reflects the movement of $10,000 in direct costs from one vendor to another vendor within contractual and the addition of a new medical provider. The overall funding amount remains the same and the budget change is less than 10% for this line item service category.

The revised Exhibits A-1 (detailed line item budget), A-3 (budget justification) for the medical transportation service category reflects the movement of $600.00 within indirect costs from one cost category to another. The overall funding amount remains the same and the budget change is less than 10% for this line item service category.
C. TERM:

Contract Amendment No. #3 shall not affect the term of the contract that is in effect through February 28, 2011.

For: Health Services of North Texas, Inc.

(Signature)

(Print or type name)

(Date: 12 Jan 11)

For: Dallas County

Zachary S. Thompson, Director
Health and Human Services

(Date)

Clay Jenkins
Dallas County Judge

(Date)
EXHIBIT A-2: DETAILED FEE FOR SERVICE BUDGET

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr, Denton, TX 76207-3426  
EIN: 75-2252866

GRANT: Ryan White Part A Supplemental FY 2010-2011  
Grant Period: March 2010 - February 2011

SERVICE CATEGORY: Outpatient/Ambulatory Medical Care

1. PROPOSED UNIT/UNITS OF SERVICE: Clinic Visit

2. NUMBER OF UNITS OF SERVICES TO BE PROVIDED: 26

3. TOTAL COST OF SERVICES: $8,425.00

4. PROPOSED FEE FOR SERVICE PER UNIT: $324.03

5. BREAKDOWN OF TOTAL COSTS AND PROPOSED FEE FOR SERVICE:

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<th>DIRECT COST ITEMS</th>
<th>TOTAL COST</th>
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<tbody>
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<td>A</td>
<td>B</td>
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<tr>
<td>Personnel</td>
<td>$</td>
</tr>
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<td>Travel</td>
<td>$</td>
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<tr>
<td>Equipment</td>
<td>$</td>
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<td>Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Contractual</td>
<td>$</td>
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<tr>
<td>Other</td>
<td>$</td>
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<tr>
<td>14 TOTAL DIRECT COST:</td>
<td>$</td>
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<table>
<thead>
<tr>
<th>INDIRECT/ADMINISTRATIVE COST ITEMS*</th>
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</thead>
<tbody>
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<td>A</td>
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<td>Contractual</td>
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<td>Other</td>
<td>$</td>
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<td>24 TOTAL COST:</td>
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<tr>
<td>25 TOTAL COST:</td>
<td>$8,425.00</td>
</tr>
</tbody>
</table>

* NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr. Denton, TX 76207-3426  
EIN: 75-2252866  
Service Category: Outpatient/Ambulatory Medical Care  
Specialized Medical Care and Laboratory

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgtd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
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<td>12 FRINGE BENEFITS</td>
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<td>13 TOTAL DIRECT PERSONNEL COST</td>
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<tr>
<th>DIRECT NON-PERSONNEL EXPENDITURE ITEMS</th>
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<tr>
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<td>15 Equipment</td>
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<td>16 Supplies</td>
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<tr>
<td>17 Contractual $125,125.00</td>
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<td>18 Other</td>
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<tr>
<td>24 TOTAL DIRECT NON-PERSONNEL COST $125,126.00</td>
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<tr>
<td>25 TOTAL DIRECT COST* $125,126.00 $</td>
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*NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.
EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Outpatient/Ambulatory Medical Care
Referrals and Laboratory

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
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<tr>
<th>INDIRECT PERSONNEL EXPENDITURE ITEMS</th>
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<th>% Bdgtd. from D.C.P.T.G</th>
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<td>12 FRINGE BENEFITS</td>
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<tr>
<td>13 TOTAL INDIRECT PERSONNEL COST</td>
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<thead>
<tr>
<th>INDIRECT NON-PERSONNEL EXPENDITURE ITEMS</th>
<th>OTHER ITEMIZED EXPENDITURES</th>
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<td>24 TOTAL INDIRECT NON-PERSONNEL COST</td>
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<td>25 TOTAL INDIRECT COST</td>
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<td>26 TOTAL COST (Direct + Indirect)</td>
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<td>125,126.00</td>
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*NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.
EXHIBIT A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Outpatient/Ambulatory Medical Care

I DIRECT PERSONNEL

A. Director of Clinic Services, (M. Freeman), Annual Salary $61,354
   Responsible for management and supervision of clinic staff, maintains clinic
   policy & procedure.

B. Primary Care Clinician, (L. Andoseh), Annual Salary $82,000
   The clinic Licensed Professional with prescriptive authority provides direct
   patient medical care

C. Primary Care Nurse, (D. Romero), Annual Salary $40,500
   The clinic Nurse provides direct patient care including duties such as nurse
   visits, phone triage, ordering & documenting medications as well as providing
   HIV education and support to the client regarding care options.

D. Primary Care Nurse, (D. Foster), Annual Salary $33,900
   The clinic Nurse provides direct patient care including duties such as nurse
   visits, phone triage, ordering & documenting medications as well as providing
   HIV education and support to the client regarding care options.

E. Quality Management Coord, (S. Stambaugh), Annual Salary $54,120
   Responsible for ongoing development and implementation of the agency’s CQI
   plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%

III TRAVEL

A. Local Travel
   Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to
   client home visits, multiple agency locations, skill building meeting &
   conferences. ($0.50 x 3,000 annually = $1,500)

IV EQUIPMENT

A. No equipment requested for this service category.
V SUPPLIES

A. Program Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, vaccines, table paper, drape sheets, tongue blades, gauze, ear speculums, exam gloves, protection masks, safety lock needles, biohazardous containers, band-aids, alcohol swabs, cotton balls, vaccines and other clinic program supplies.

B. General Office Supplies: Includes items such as pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessories and chairs.

VI CONTRACTUAL

A. Name of Subcontractor: LabCorp
   Method of Selection: Perpetual
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide laboratory services for the WellBeings Clinic
   Target Population Served: HIV/AIDS Infected Individuals
   77% of Estimated Lab budget $145,000

B. Name of Subcontractor: Clinical Pathology Laboratories, Inc.
   Method of Selection: Perpetual
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide specialty laboratory services for the WellBeings Clinic
   Target Population Served: HIV/AIDS Infected Individuals
   .34% of Estimated Lab budget $145,000

C. Name of Subcontractor: Monogram BioSciences
   Method of Selection: Perpetual
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide specialty laboratory services for the WellBeings Clinic
   Target Population Served: HIV/AIDS Infected Individuals
   .69% of Estimated Lab budget $145,000
D. Name of Subcontractors:
- Denton Regional Medical Center
  - Dr. Robert Smith, Dermatologist
  - Dr. Christopher Vesy, Liver Specialist
- Old Town Endoscopy Center
- Clear Sky MRI
  - Dr. Blair Conner, Gastroenterologist
- Dr. Mitchell Kruger, Cardiologist
- Dr. Paul Grant, Pain Management
- Dr. Jonathan Reyes, Rheumatologist
  - Dr. Cordell Adams, Ophthalmology
- Dr. Jamal Mubarak, Pulmonologist
- TTHR Limited Partnership dba Presbyterian Hospital of Denton
  - Family Radiology
  - LifeWatch, Inc.
  - Family Allergy and Asthma Care
  - Dr. Lynn Wang, Neurology
  - Dr. Charles Churchwell, Podiatrist
  - Dr. Jared Stringer
  - Dr. Patrick Shovlin
  - The Women’s Centre
  - Open Imaging of Greenville
  - Solis Womens Health
  - Touchstone Imaging
  - Dr. Thomas Cadenhead
  - Dr. Frederick Cummings
  - Dr. Patrick Daly
  - Dr. Lennard Cresson
  - Anatomical Medical Lab Pathology
  - Allen Henry Aymond Jr.
  - Michael Douglas Magee
  - Tex An Anesthesia
  - Jeff Emory Nance III
  - Evan Louis Shrago
  - Kevin Lowe
  - North Texas Hospital
  - Reza Mobarek, D.P.M.
  - Southwest Surgery and Wound Care Physicians
  - Alan Baccus, President of Sleep Physiology
  - Dr. Don Reed
  - Ameripath Texas L.P.

Method of Selection: Subcontracting
Period of Performance: March 2010 - February 2011
Description of Activities: To provide specialty medical care referrals and specialty laboratory services for the WellBeings Clinic
Target Population Served: HIV/AIDS Infected Individuals
Estimated 30% of Medical Referral Service Budget $38,000

VII OTHER DIRECT COSTS (Provide brief justification for each line)

A. Occupancy includes office space, storage, utilities and maintenance for 4310 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX
B. Communications costs include all telephone, fax, VPN, directory listing, alarm notification, cell phones, pager and all costs related to facilitating contact with clients.

C. Printing includes cost of printing agency brochure and other information to be used by the Clinic staff as well as staff recruitment.

D. Postage includes costs related to mailing pertinent medical care information to clients and to promote and serve as a community referral source.

E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, VPN equipment.

F. Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the clinic team including items such as training materials & fees.

G. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including back ground checks.

H. Hazardous Waste/HIPPA Compliance includes all costs related to the storage, disposal, and transport of hazardous waste required by OSHA, included labs fees, supplies, training and equipment.

F. Subscription fee & dues for ANAC and HIV related material such as POZ & A&U.

VIII TOTAL DIRECT COSTS

IX PROGRAM INCOME
A. Program income generated is expected from client invoicing of $200

X THIRD-PARTY REIMBURSEMENTS
A. All clients are screened at intake and re-assessed annually for eligibility and the potential for collection of third party reimbursements. All third party reimbursement sources are utilized before Ryan White Funds are made available, making Ryan White funds the Payor of Last Resort. All third party reimbursements are tracked separately. If the client does not have Medicare/Medicaid and is eligible, the application process will start at that point.
EXHIBIT A-3 (b): BUDGET Justification (Indirect Costs)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866

FY 2010 - 2011 Ryan White Part A Supplemental Grant
Outpatient/Ambulatory Medical Care

I INDIRECT PERSONNEL

A. Executive Director, (R. Aldridge), Annual Salary $107,668, 1.8%
   Ensure agency mission is met through appropriate program and adequate funding.
   Provides overall direction for the agency and ensure contractual compliance.
   $1,940

B. Deputy Director, (D. Rue), Annual Salary $76,000, 2%
   Assists in program development and implementation. Provides staff oversight and management.
   $1,520

C. Chief Financial Officer, (P. Barnes), Annual Salary $72,000, 2%
   Oversees, develops and implements agency accounting systems, develops program budgets, accounting policy & procedures.
   $1,440

D. Financial Assistant, (E. Pratt), Annual Salary $31,370, 2%
   Assists in overseeing developing and implementing agency accounting system.
   $627

E. Development Director, (B. Schmedinghoff), Annual Salary $50,000 1%
   Lead role in revenue development.
   $500

F. Receptionist, (M. Stephens), Annual Salary $22,714, 2%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3 HIV locations as well as other duties as assigned.
   $454

II FRINGE BENEFITS

   Employee insurance (Medical/Life) 15.5%
   Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
   Others (Disability, Unemployment) 1.85%
   Total = 30% ($6,681 x 30% = $1,944)
   $1,944

III TRAVEL

   A. No travel requested for this services category
   $-

IV EQUIPMENT

   A. No equipment requested for this service category.
   $-

V SUPPLIES

   A. No supplies requested for this service category.
   $-

VI CONTRACTUAL

   A. No contractual requested for this services category.
   $-

VII OTHER INDIRECT COSTS (Provide brief justification for each line)

   A. Professional Services include costs such as consultant services rendered by person who are members of a particular professional or possess a specific skill including but not limited to independent audit fee's, actuary and financial consulting.
   $-
B. Agency Insurance included costs such as agency property, liability, bonding, accident, D&O, EPLI, back ground checks and other costs related to insuring the agency.

VIII TOTAL INDIRECT COSTS
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.
        4210 Mesa Dr, Denton, TX  76207-3426
EIN: 75-2252866
Service Category: Medical Transportation

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

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<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
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<tbody>
<tr>
<td>1  Deputy Director</td>
<td>$ 76,000.00</td>
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<td>$ 760.00</td>
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<td>2  Transportation Coordinator</td>
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<td>$ 5,700.00</td>
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<td>3  Transportation Coordinator</td>
<td>$ 24,900.00</td>
<td>30%</td>
<td>$ 7,470.00</td>
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<tr>
<td>4  Transportation Coordinator</td>
<td>$ 23,250.00</td>
<td>30%</td>
<td>$ 6,975.00</td>
</tr>
<tr>
<td>5  Quality Control Coordinator</td>
<td>$ 54,120.00</td>
<td>3%</td>
<td>$ 1,624.00</td>
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|                        |                    |                        |                                |
| 11  SALARY             | $ 22,528.00        |                        |                                |
| 12  FRINGE BENEFITS    | $ 6,758.00         |                        |                                |
| 13  TOTAL DIRECT PERSONNEL COST | $ 29,286.00  |                        |                                |

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<tr>
<th>OTHER ITEMIZED EXPENDITURES</th>
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<td>16  Supplies</td>
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<td>18  Other</td>
<td>$ 22,840.00</td>
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|                           |   |   |
| 24  TOTAL DIRECT NON-PERSONNEL COST | $ 32,350.00 |   |
| 25  TOTAL DIRECT COST*         | $ 61,638.00 |   |

* NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Medical Transporation

GRANT: Ryan White Part A Supplemental
FY 2010-2011
Grant Period: March 2010 - February 2011

INDIRECT PERSONNEL EXPENDITURE ITEMS

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<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
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<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
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<tr>
<td>1 Executive Director</td>
<td>$107,668.00</td>
<td>1%</td>
<td>$1,218.00</td>
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<td>2 Chief Financial Officer</td>
<td>$72,000.00</td>
<td>2%</td>
<td>$1,698.00</td>
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<tr>
<td>3 Financial Assistant</td>
<td>$31,370.00</td>
<td>2%</td>
<td>$628.00</td>
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<tr>
<td>4 Development Director</td>
<td>$50,000.00</td>
<td>1%</td>
<td>$500.00</td>
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<tr>
<td>5 Receptionist</td>
<td>$22,714.00</td>
<td>2%</td>
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INDIRECT NON-PERSONNEL EXPENDITURE ITEMS

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<td>Contractual</td>
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<tr>
<td>Other</td>
<td>$1,000.00</td>
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24 TOTAL INDIRECT NON-PERSONNEL COST $1,000.00

25 TOTAL INDIRECT COST: $6,848.00

26 TOTAL COST (Direct + Indirect) $68,486.00

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.
I DIRECT PERSONNEL

A. Deputy Director, (D. Rue, LMSW), Annual Salary $76,000, 1%

Program supervisor, determines client eligibility for services, care planning, referral resources development, other direct client services as well as ensuring standards of care and program outcomes measures for the Transportation program.

B. Transportation Coordinator, (D. Climer), $19,000, 30%

Primary responsibility is to transport clients to and from medical appointments including primary health care, dental, vision, mental health, and substance abuse treatment. Additionally responsible for maintaining agency owned vehicles.

C. Transportation Coordinator, (M. Jobert), $24,900, 30%

Primary responsibility is to transport clients to and from medical appointments including primary health care, dental, vision, mental health, and substance abuse treatment. Additionally responsible for maintaining agency owned vehicles.

D. Transportation Coordinator, (P. Holt), $23,250, 30%

Primary responsibility is to transport clients to and from medical appointments including primary health care, dental, vision, mental health, and substance abuse treatment. Additionally responsible for maintaining agency owned vehicles.

E. Quality Management Coord, (S. Stambaugh), Annual Salary $54,120, 3%

Responsible for ongoing development and implementation of the agency's CQI plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($22,529 x 30% = $6,759)

III TRAVEL

A. Local Travel

Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to client home visits, multiple agency locations, skill building meeting & safety training. (50 miles x $0.50 = $100)

IV EQUIPMENT

A. No equipment requested for this service category
V SUPPLIES
A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staples, binder clips, hanging files, tape, desk accessories, and chairs.

B. Program Supply: Vehicle fuel for agency owned vehicles.

VI CONTRACTUAL
A. Name of Subcontractor: DFW Datacom, Inc.
   Method of Selection: Competitive Bid
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide all computer support, such as monitoring server and print function.
   Target Population Served: HIV/AIDS Infected Individuals
   Estimated 2% of IT Budget $30,500

VII OTHER DIRECT COSTS (Provide brief justification for each line)
A. Occupancy includes office space, storage, utilities, and maintenance for 4210 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX

B. Communications costs include all telephone, fax, VPN, directory listing, alarm notification, cell phones, and all costs related to facilitating contact with clients

C. Printing includes cost of printing agency brochure and other information to be used by the Transportation staff as well as staff recruitment.

D. Postage includes costs related to mailing pertinent transportation information to clients and to promote and serve as a community referral source.

E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, VPN equipment.

F. Conferences/Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the drivers including items such as training materials & fees.

F. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including background checks.

G. Vehicle Insurance for agency owned vehicles.

H. Vehicle Maintenance for agency owned vehicles.

VIII TOTAL DIRECT COSTS

IX PROGRAM INCOME
A. No program income generated for this service category.

X THIRD-PARTY REIMBURSEMENTS
A. No third party reimbursements collected for this service category.
# EXHIBIT A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)

Health Services of North Texas, Inc.  
4210 Mesa Drive, Denton, TX 76207  
EIN: 75-2252866  
FY 2010 - 2011 Ryan White Part A Supplemental Grant  
Medical Transportation

## I INDIRECT PERSONNEL

<table>
<thead>
<tr>
<th>Person</th>
<th>Position</th>
<th>Annual Salary</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Executive Director, (R. Aldridge, Ph.D.)</td>
<td>$107,668</td>
<td>1%</td>
<td>1,218</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provides agency directions and supervision.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Chief Financial Officer, (P. Barnes)</td>
<td>$72,000</td>
<td>2%</td>
<td>1,698</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Overseas, develops and implements agency accounting systems, develops program budgets, accounting policy &amp; procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Financial Assistant, (E. Pratt)</td>
<td>$31,370</td>
<td>2%</td>
<td>628</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assists in overseeing developing and implementing agency accounting system.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Development Director, (B. Schmedinghoff)</td>
<td>$50,000</td>
<td>1%</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lead role in revenue development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Receptionist, (M. Stephens)</td>
<td>$22,714</td>
<td>2%</td>
<td>454</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manages agency phone systems, answers &amp; directs calls to the appropriate staff for 3 HIV locations as well as other duties as assigned.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II FRINGE BENEFITS

- Employee Insurance (Medical/Life) 15.5%
- Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
- Others (Disability, Unemployment) 1.85%
- **Total = 30% ($4,498 x 30% = $1,350)**

## III TRAVEL

- **No travel requested for this service category.**

## IV EQUIPMENT

- **No equipment requested for this service category.**

## V SUPPLIES

- **No supplies requested for this service category.**

## VI CONTRACTUAL

- **No contractual requested for this service category.**

## VII OTHER INDIRECT COSTS (Provide brief justification for each line)

<table>
<thead>
<tr>
<th>Line</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Professional Services include costs such as consultant services rendered by person who are members of a particular profession or possess a specific skill including but not limited to independent audit fees, actuary and financial consulting.</td>
</tr>
<tr>
<td>B.</td>
<td>Agency Insurance include costs such as agency property, liability, bonding, accident, D&amp;O, EPLI, background checks and other costs related to insuring the agency.</td>
</tr>
</tbody>
</table>

## VIII TOTAL INDIRECT COSTS

- **$6,848.00**
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426
EIN: 75-2252866
Service Category: AIDS Pharmaceutical Assistance

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgt. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Director of Clinic Services</td>
<td>$61,354.00</td>
<td>10%</td>
<td>$6,135.00</td>
</tr>
<tr>
<td>2 Primary Care Clinician</td>
<td>$82,000.00</td>
<td>5%</td>
<td>$4,100.00</td>
</tr>
<tr>
<td>3 Primary Care Nurse</td>
<td>$33,900.00</td>
<td>2.7%</td>
<td>$900.00</td>
</tr>
<tr>
<td>4 Quality Control Coordinator</td>
<td>$54,120.00</td>
<td>7%</td>
<td>$3,788.00</td>
</tr>
<tr>
<td><strong>TOTAL DIRECT PERSONNEL COST</strong></td>
<td></td>
<td></td>
<td><strong>$149,574.00</strong></td>
</tr>
</tbody>
</table>

| OTHER ITEMIZED EXPENDITURES     |                     |                        |                                 |
| 14 Travel                       | $700.00             |                        |                                 |
| 15 Equipment                    | $                   |                        |                                 |
| 16 Supplies                     | $39,942.00          |                        |                                 |
| 17 Contractual                  | $610.00             |                        |                                 |
| 18 Other                        | $8,100.00           |                        |                                 |
| **TOTAL DIRECT NON-PERSONNEL COST** |                    |                        | **$46,852.00**                 |

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
## EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

### AGENCY:
**Health Services of North Texas, Inc.**  
4210 Mesa Dr, Denton, TX 76207-3426  
EIN: 75-2252866  
Service Category: AIDS Pharmaceutical Assistance

### GRANT:
**Ryan White Part A Supplemental FY 2010-2011**  
Grant Period: March 2010 - February 2011

### INDIRECT PERSONNEL EXPENDITURE ITEMS

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgt'd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Executive Director</td>
<td>$107,658.00</td>
<td>1%</td>
<td>$1,077.00</td>
</tr>
<tr>
<td>2 Deputy Director</td>
<td>$76,000.00</td>
<td>1%</td>
<td>$760.00</td>
</tr>
<tr>
<td>3 Chief Financial Officer</td>
<td>$72,000.00</td>
<td>2%</td>
<td>$1,440.00</td>
</tr>
<tr>
<td>4 Financial Assistant</td>
<td>$31,370.00</td>
<td>2%</td>
<td>$627.00</td>
</tr>
<tr>
<td>5 Development Director</td>
<td>$50,000.00</td>
<td>2.3%</td>
<td>$1,164.00</td>
</tr>
<tr>
<td>6 Receptionist</td>
<td>$22,714.00</td>
<td>2%</td>
<td>$454.00</td>
</tr>
</tbody>
</table>

### INDIRECT NON-PERSONNEL EXPENDITURE ITEMS

<table>
<thead>
<tr>
<th>OTHER ITEMIZED EXPENDITURES</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Other</td>
<td></td>
<td>$426.00</td>
</tr>
</tbody>
</table>

### TOTAL INDIRECT EXPENDITURE

| TOTAL INDIRECT PERSONNEL COST | $1,077.00 |
| TOTAL INDIRECT NON-PERSONNEL COST | $426.00 |
| TOTAL INDIRECT COST (Direct + Indirect) | $1,503.00 |

**NOTE:** Total indirect cost cannot exceed 10% of the approved award for the services category.
EXHIBIT A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
AIDS Pharmaceutical Assistance

I DIRECT PERSONNEL

A. Director of Clinic Services, (M. Freeman), Annual Salary $61,354, 10%
   Responsible for management of program staff, maintains policy & procedure
   and responsible for tracking outcome measures.

B. Primary Care Clinician, (L. Andoseh), Annual Salary $82,000, 5%
   The clinic Licensend Professional with prescriptive authority provides direct
   patient medical care.

C. Primary Care Nurse, (D. Romero), Annual Salary $40,500 %
   The clinic Nurse provides direct patient care including duties such as nurse
   visits, phone triage, ordering & documenting medications as well as providing
   HIV education and support to the client regarding care options.

D. Primary Care Nurse, (D. Foster), Annual Salary $33,900, 2.7%
   The clinic Nurse provides direct patient care including duties such as nurse
   visits, phone triage, ordering & documenting medications as well as providing
   HIV education and support to the client regarding care options.

E. Quality Management Coord, (S. Stambaugh), Annual Salary $54,120, 7%
   Responsible for on going development and implementation of the agency's
   CQI plan.

II FRINGE BENEFITS

   Employee Insurance (Medical/Life) 15.5%
   Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
   Others (Disability, Unemployment) 1.85%
   Total = 30% ($14,923 x 30% = $4,477)

III TRAVEL

A. Local Travel
   Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to
   client home visits, multiple agency locations, skill building meeting, local
   conferences and other off site visits. (Approx 1,400 miles x $0.50/mile)

IV EQUIPMENT

A. No equipment requested for this service category
V SUPPLIES

A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staples, binder clips, hanging files, tape, desk accessories and chairs.

B. Program Supplies: Prescription medications includes the cost of prescribed medications, packaging and mailing directly to the client.

VI CONTRACTUAL

A. Name of Subcontractor: DFW Datacom, Inc.
   Method of Selection: Competitive Bid
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide all computer support, such as monitoring server and print function.
   Target Population Served: HIV/AIDS Infected Individuals
   Estimated 2% of IT Budget $30,500

B. Name of Subcontractor: BioScript Pharmacy
   Method of Selection: Sole Source
   Period of Performance: March 2010 - February 2011
   Description of Activities: To administer the 340B federal drug pricing program, fill and deliver prescribed medications management fee.
   Target Population Served: HIV/AIDS Infected Individuals
   Estimated 0% of Pharmacy contract

VII OTHER DIRECT COSTS (Provide brief justification for each line)

A. Occupancy includes office space, storage, utilities and maintenance for 4210 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX

B. Communications costs include all telephone, fax, NVPN, directory listing, alarm notification, cell phones and all costs related to facilitating contact with clients

C. Printing includes cost of printing agency brochure and other information to be used by the clinic staff as well as staff recruitment.

D. Postage includes costs related to mailing pertinent medication information to clients and to promote and serve as a community referral source.

E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, NVPN equipment.

F. Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the clinic staff including items such as training materials & fees.

G. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including back ground checks.

H. Subscription Fees and dues for HIV related materials such as POZ and A&U.
IX PROGRAM INCOME
   A. No program income is generated from this service category.

X THIRD-PARTY REIMBURSEMENTS
   A. All clients are screened at intake and re-assessed annually for eligibility and the potential for collection of third party reimbursements. All third party reimbursement sources are utilized first before Ryan White Funds are made available, making Ryan White funds the Payor of Last Resort. All third party reimbursements are tracked separately. If the client does not have Medicare/Medicaid and is eligible, the application process will start at that point.
EXHIBIT A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
AIDS Pharmaceutical Assistance

I  INDIRECT PERSONNEL

A. Executive Director, (R.Aldridge, Ph.D), Annual Salary $107,668, 1%
   Provides direct client service conferences. Supervises clinical & Medical Case
   Management staff.

B. Deputy Director, (D.Rue, LMSW), Annual Salary $76,000, 1%
   Program supervisor, determines client eligibility for services, care planning, referral
   resources development, other direct client services as well as ensuring standards of
   care and program outcomes measures for the Medical Case Management program.

C. Chief Financial Officer, (P.Barnes), Annual Salary $72,000, 2%
   Overseas, develops and implements agency accounting systems, develops program
   budgets, accounting policy & procedures.

D. Financial Assistant, (E.Pratt), Annual Salary $31,370, 2%
   Assists in overseeing developing and implementing agency accounting system.

E. Development Director, (B.Schmedinghoff), Annual Salary $50,000, 2.3%
   Lead role in revenue development.

F. Receptionist, (M.Stephens), Annual Salary $22,714, 2%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3
   HIV locations as well as other duties as assigned.

II  FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($5,522 x 30% = $1,657)

II  TRAVEL

A. No travel requested for this service category.

IV  EQUIPMENT

A. No equipment requested for this service category.

SUPPLIES

A. No supplies requested for this service category.

I  CONTRACTUAL

A. No equipment requested for this service category.
VII OTHER INDIRECT COSTS (Provide brief justification for each line)

A. Professional Services include costs such as consultant services rendered by person who are members of a particular professional or possess a specific skill including but not limited to independent audit fee's, actuary and financial consulting.

B. Agency Insurance included costs such as agency property, liability, bonding, accident, D&O, EPLI, back ground checks and other costs related to insuring the agency.

VIII TOTAL INDIRECT COSTS
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Medical Case Management

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgted. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Executive Director</td>
<td>$107,686.00</td>
<td>5.6%</td>
<td>$6,077.00</td>
</tr>
<tr>
<td>2 Deputy Director</td>
<td>$76,000.00</td>
<td>1%</td>
<td>$760.00</td>
</tr>
<tr>
<td>3 Medical Case Manager</td>
<td>$33,000.00</td>
<td>40%</td>
<td>$13,200.00</td>
</tr>
<tr>
<td>4 Medical Case Manager</td>
<td>$36,800.00</td>
<td>25%</td>
<td>$9,200.00</td>
</tr>
<tr>
<td>5 Medical Case Manager</td>
<td>$36,400.00</td>
<td>19.2%</td>
<td>$6,989.00</td>
</tr>
<tr>
<td>6 Quality Control Coordinator</td>
<td>$54,120.00</td>
<td>1%</td>
<td>$541.00</td>
</tr>
</tbody>
</table>

TOTAL DIRECT PERSONNEL COST $159,336.00

DIRECT NON-PERSONNEL EXPENDITURE ITEMS

<table>
<thead>
<tr>
<th>OTHER ITEMIZED EXPENDITURES</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Travel</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>15 Equipment</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>16 Supplies</td>
<td>$4,550.00</td>
<td></td>
</tr>
<tr>
<td>17 Contractual</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>18 Other</td>
<td>$10,243.00</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL DIRECT NON-PERSONNEL COST $16,753.00

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.*
EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr. Denton, TX 76207-3426  
EIN: 75-2252866  
Service Category: Medical Case Management

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgtd. from D,C,P,T,G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Chief Financial Officer</td>
<td>$72,000.00</td>
<td>3%</td>
<td>$2,160.00</td>
</tr>
<tr>
<td>2 Financial Assistant</td>
<td>$31,370.00</td>
<td>3%</td>
<td>$941.00</td>
</tr>
<tr>
<td>3 Development Director</td>
<td>$50,000.00</td>
<td>3%</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>4 Receptionist</td>
<td>$22,714.00</td>
<td>1%</td>
<td>$227.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT NON-PERSONNEL EXPENDITURE ITEMS</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Travel</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>15 Equipment</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>16 Supplies</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>17 Contractual</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>18 Other</td>
<td>$762.00</td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL INDIRECT NON-PERSONNEL COSTS       | $4,753.00 |   |
| TOTAL INDIRECT COSTS                     | $1,448.00  |   |
| TOTAL COSTS                               | $13,600.00 |    |

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.*
EXHIBIT A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Medical Case Management

I DIRECT PERSONNEL

A. Executive Director, (R. Aldridge, Ph.D), Annual Salary $107,668, 5.6%
   Provides direct client service conferences. Supervises clinical & Medical Case
   Management staff.

B. Deputy Director, (D. Rue, LMSW), Annual Salary $76,000, 1%
   Program supervisor, determines client eligibility for services, care planning, referral
   resources development, other direct client services as well as ensuring standards of
   care and program outcomes measures for the Medical Case Management program.

C. Medical Case Manager, (K. Seiler), Annual Salary $33,000, 40%
   Provides direct client education and coordination regarding medical care.

D. Medical Case Manager, (B. Nickerson), Annual Salary $38,800, 25%
   Provides direct client education and coordination regarding medical care.

E. Medical Case Manager, (A. Yarbrough), Annual Salary $36,400, 19.2%
   Provides direct client education and coordination regarding medical care.

F. Quality Management Coordinator, (S. Stambuagh), Annual Salary $54,120, 1%
   Responsible for ongoing development and implementation of the agency's CQI plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($37,192 x 30% = $11,157)

III TRAVEL

A. Local Travel
   Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to client
   home visits, multiple agency locations, skill building meeting & conferences and other
   off site medical case management visits. (Approx 200 miles x $0.50/mile)

B. Out-of Jurisdiction Travel.
   Travel expenses such as airfare, hotel, ground transportation and per diem for Direct
   Client Service staff to attend approved conferences such as the National Social
   Workers Conference.

IV EQUIPMENT

A. No Equipment requested for this services category
V SUPPLIES
A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessories and chairs.

VI CONTRACTUAL
A. Name of Subcontractor: DFW Datacom, Inc.
Method of Selection: Competitive Bid
Period of Performance: March 2010 - February 2011
Description of Activities: To provide all computer support, such as monitoring server and print function.
Target Population Served: HIV/AIDS Infected Individuals

VII OTHER DIRECT COSTS (Provide brief justification for each line)
A. Occupancy includes office space, storage, utilities and maintenance for 4210 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX
B. Communications costs include all telephone, fax, NVPN, directory listing, alarm notification, pager, cell phones and all other costs related to facilitating contact with clients
C. Printing includes cost of printing agency brochure and other information to be used by the Medical Case Management staff as well as staff recruitment.
D. Postage includes costs related to mailing pertinent Medical Case Management information to clients and to promote and serve as a community referral source.
E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, NVPN equipment.
F. Conferences/Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the medical case managers including items such as training materials & fees, materials and text.
G. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including back ground checks.

VIII TOTAL DIRECT COSTS

IX PROGRAM INCOME
A. No program income generated for this service category.

X THIRD-PARTY REIMBURSEMENTS
A. No third party reimbursements collected for this service category.
Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Medical Case Management

I INDIRECT PERSONNEL

A. Chief Financial Officer, (P. Barnes), Annual Salary $72,000, 3%
   Overseas, develops and implements agency accounting systems, develops program
   budgets, accounting policy & procedures.
   $ 2,160

B. Financial Assistant, (E. Pratt), Annual Salary $31,370, 3%
   Assists in overseeing developing and implementing agency accounting system.
   $ 941

C. Development Director, (B. Schmedinghoff), Annual Salary $50,000 3%
   Lead role in revenue development.
   $ 1,500

D. Receptionist, (M. Stephens), Annual Salary $22,714, 1%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3
   HIV locations as well as other duties as assigned.
   $ 227

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($4,828 x 30% = $1,448)

III TRAVEL

A. Local Travel
B. Out-of-Jurisdiction Travel.

IV EQUIPMENT

A. No equipment requested for this service category.

V SUPPLIES

A. General Office Supplies: Includes items such as pens, pencils, post its, highlighters,
   appointment book, printer cartridges, copy paper, paper clips, staplers, subscriptions
   fees & dues, binder clips, hanging files, tape, desk accessories and chairs.

VI CONTRACTUAL

A. List subcontracts for professional program related services

VII OTHER INDIRECT COSTS (Provide brief justification for each line)

A. Professional Services include costs such as consultant services rendered by person who
   are members of a particular profession or possess a specific skill including but not
   limited to independent audit fee's and financial consulting.
   $ 278
B. Agency insurance included costs such as agency property, liability, bonding, accident, D&O, EPLI, background checks and other costs related to insuring the agency.
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr., Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Health Insurance Premium & Cost Sharing Assistance

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgt'd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Deputy Director</td>
<td>$ 76,000.00</td>
<td>2%</td>
<td>$ 1,520.00</td>
</tr>
<tr>
<td>2 Case Manager</td>
<td>$ 30,120.00</td>
<td>30%</td>
<td>$ 9,036.00</td>
</tr>
<tr>
<td>3 Quality Control Coordinator</td>
<td>$ 54,120.00</td>
<td>3%</td>
<td>$ 1,624.00</td>
</tr>
</tbody>
</table>

| POSITION TITLE                  |                      |                          |                                |
| 4                                |                      |                          |                                |
| 5                                |                      |                          |                                |
| 6                                |                      |                          |                                |
| 7                                |                      |                          |                                |
| 8                                |                      |                          |                                |
| 9                                |                      |                          |                                |
| 10                               |                      |                          |                                |
| 11 Fringe Benefits               |                      |                          |                                |
| 13 TOTAL DIRECT PERSONNEL COST   |                      |                          |                                |

| OTHER ITEMIZED EXPENDITURES      | E                    | F                        |
| 14 Travel                        | $ 500.00             |                          |
| 15 Equipment                     | $                    |                          |
| 16 Supplies                      | $ 600.00             |                          |
| 17 Contractual                   | $ 610.00             |                          |
| 18 Other                         | $ 75,382.00          |                          |

| TOTAL DIRECT NON-PERSONNEL COST  |                      |                          |

| TOTAL DIRECT COSTS               |                      |                          | $ 182,926.00                  |

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426

EIN: 75-2252866

Service Category: Health Insurance Premium & Cost Sharing Assistance

GRANT: Ryan White Part A Supplemental
FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bgtd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>$107,668.00</td>
<td>1%</td>
<td>$1,077.00</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>$72,000.00</td>
<td>1%</td>
<td>$720.00</td>
</tr>
<tr>
<td>Financial Assistant</td>
<td>$31,370.00</td>
<td>1%</td>
<td>$314.00</td>
</tr>
<tr>
<td>Development Director</td>
<td>$50,000.00</td>
<td>1%</td>
<td>$500.00</td>
</tr>
<tr>
<td>Receptionist</td>
<td>$22,714.00</td>
<td>1%</td>
<td>$227.00</td>
</tr>
</tbody>
</table>

**INDIRECT PERSONNEL EXPENDITURE ITEMS**

**INDIRECT NON-PERSONNEL EXPENDITURE ITEMS**

**OTHER ITEMIZED EXPENDITURES**

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$250.00</td>
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</tr>
<tr>
<td>Equipment</td>
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</tr>
<tr>
<td>Supplies</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td>$305.00</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$346.00</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL INDIRECT NON-PERSONNEL COST** $2,000.00

**TOTAL DIRECT COST** $5,000.00

**TOTAL INDIRECT COST** $2,000.00

**TOTAL INDIRECT COST DIRECT COST** $2,000.00

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.*
Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Health Insurance Premium & Cost Sharing Assistance

I DIRECT PERSONNEL

A. Deputy Director, (D. Rue, LMSW), Annual Salary $76,000, 2%
Program supervisor, determines client eligibility for services, care planning, referral resources development, other direct client services as well as ensuring standards of care and program outcomes measures for the Health Insurance Premium & Cost Sharing Assistance program.

B. Insurance Assistance Coordinator, (D. Wienhart), $30,120, 30%
Provides direct client education and coordination regarding medical care for 3 agency locations.

C. Quality Management Coord, (S. Stambaugh), Annual Salary $54,120, 3%
Responsible for ongoing development and implementation of the agency's CQI plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($12,180 x 30% = $3,654)

III TRAVEL

A. Local Travel
Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to client home visits, multiple agency locations, skill building meeting & conferences and other off site case management visits. (Approx 1000 miles x $0.50/mile)

IV EQUIPMENT

A. No Equipment requested for this service category.

V SUPPLIES

A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessories and chairs.
VI CONTRACTUAL

A. Name of Subcontractor: DFW Datacom, Inc.
   Method of Selection: Competitive Bid
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide all computer support, such as monitoring
   server and print function.
   Target Population Served: HIV/AIDS Infected Individuals
   Estimated 2% of IT Budget $30,500

VII OTHER DIRECT COSTS (Provide brief justification for each line)

A. Occupancy includes office space, storage, utilities and maintenance for 4210
   Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D
   Greenville, TX
   1,000
B. Communications costs include all telephone, fax, NVPN, directory listing, alarm
   notification, cell phones and all costs related to facilitating contact with clients
   500
C. Printing includes cost of printing agency brochure and other information to be
   used by the Insurance assistance staff as well as staff recruitment.
   25
D. Postage includes costs related to mailing pertinent insurance information to
   clients and to promote and serve as a community referral source.
   50
E. Office Equipment & Maintenance includes all costs related to rental &
   maintenance agreements for agency equipment such as copiers, fax machines,
   NVPN equipment.
   150
F. Agency Insurance includes agency property, staff liability, accident and EPLI
   coverage including back ground checks.
   500
G. Eligible client insurance premiums, co-pays and deductibles not to exceed
   $750/client/month.
   73,157

VIII TOTAL DIRECT COSTS

9,288.00

IX PROGRAM INCOME

A. No program income generated from this service category.

X THIRD-PARTY REIMBURSEMENTS

A. All clients are screened at intake and re-assessed annually for eligibility and the potential for collection
   of third party reimbursements. All third party reimbursement sources are utilized first before Ryan White
   Funds are made available, making Ryan White funds the Payor of Last Resort. All third party
   reimbursements are tracked separately. If the client does not have Medicare/Medicaid and is eligible,
   the application process will start at that point.
EXHIBIT A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Health Insurance Premium & Cost Sharing Assistance

INDIRECT PERSONNEL

A. Executive Director, (R.Aldridge), Annual Salary $107,668, 1%
   Ensure agency mission is met through appropriate program and adequate funding.
   Provides overall direction for the agency and ensure contractual compliance.

B. Chief Financial Officer, (P.Barnes), Annual Salary $72,000, 1%
   Overseas, develops and implements agency accounting systems, develops program
   budgets, accounting policy & procedures.

C. Financial Assistant, (E.Pratt), Annual Salary $31,370, 1%
   Assists in overseeing developing and implementing agency accounting system.

D. Development Director, (B.Schmedinghoff), Annual Salary $50,000, 1%
   Lead role in revenue development.

E. Receptionist, (M.Stephens), Annual Salary $22,714, 1%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3
   HIV locations as well as other duties as assigned.

FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($2,838 x 30% = $851)

TRAVEL

A. Local Travel
   Mileage, parking & tolls for Administrative staff to travel to multiple agency locations,
   skill building meeting & conferences and other off site visits.
   (.50 x 500 miles = $250.00)

EQUIPMENT

A. No equipment requested

SUPPLIES

A. General Office Supplies: Includes items such as pens, pencils, post its, highlighters,
   appointment book, printer cartridges, copy paper, paper clips, staplers, subscriptions
   fees & dues, binder clips, hanging files, tape, desk assessories and chairs.
VI CONTRACTUAL

A. Name of Subcontractor: DFW Datacom, Inc.
   Method of Selection: Competitive Bid
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide all computer support, such as monitoring server and print function.
   Target Population Served: HIV/AIDS Infected Individuals
   Estimated 1% of IT Budget $30,500

VII OTHER INDIRECT COSTS (Provide brief justification for each line)

A. Professional Services include costs such as consultant services rendered by person who are members of a particular professiona or possess a specific skill including but not limited to independent audit fee's, actuary and financial consulting.
   250

B. Agency insurance included costs such as agency property, liability, bonding, accident, D&O, EPLI, back ground checks and other costs related to insuring the agency.
   96

VIII TOTAL INDIRECT COSTS
EXHIBIT A-2: DETAILED FEE FOR SERVICE BUDGET

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr, Denton, TX 76207-3426  
EIN: 75-2252866

GRANT: Ryan White Part A Supplemental FY 2010-2011  
Grant Period: March 2010 - February 2011

SERVICE CATEGORY: Mental Health

1. PROPOSED UNIT/UNITS OF SERVICE: Individual Level II Session

2. NUMBER OF UNITS OF SERVICES TO BE PROVIDED: 97

3. TOTAL COST OF SERVICES: $6,706.00

4. PROPOSED FEE FOR SERVICE PER UNIT: $69.50

5. BREAKDOWN OF TOTAL COSTS AND PROPOSED FEE FOR SERVICE:

<table>
<thead>
<tr>
<th>DIRECT COST ITEMS</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Personnel</td>
<td>$5,075.00</td>
</tr>
<tr>
<td>2 Fringe</td>
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<td>3 Travel</td>
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<td>4 Equipment</td>
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<tr>
<td>5 Supplies</td>
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<td>6 Contractual</td>
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<tr>
<td>7 Other</td>
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<tr>
<td></td>
<td>$6,086.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT/ADMINISTRATIVE COST ITEMS*</th>
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</tr>
</thead>
<tbody>
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<td>16 Personnel</td>
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<td>21 Contractual</td>
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<tr>
<td>22 Other</td>
<td>$-</td>
</tr>
<tr>
<td>23</td>
<td>$6,706.00</td>
</tr>
</tbody>
</table>

* NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-2: DETAILED FEE FOR SERVICE BUDGET

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr, Denton, TX 76207-3426  
EIN: 75-2252866  
GRANT: Ryan White Part A Supplemental FY 2010-2011  
Grant Period: March 2010 - February 2011

SERVICE CATEGORY: Mental Health

1. PROPOSED UNIT/UNITS OF SERVICE: Participants per Group (Level II)

2. NUMBER OF UNITS OF SERVICES TO BE PROVIDED: 0

3. TOTAL COST OF SERVICES: $0.00

4. PROPOSED FEE FOR SERVICE PER UNIT: $22.90

5. BREAKDOWN OF TOTAL COSTS AND PROPOSED FEE FOR SERVICE:

<table>
<thead>
<tr>
<th>DIRECT COST ITEMS</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
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<tr>
<td>Fringe</td>
<td></td>
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<tr>
<td>Travel</td>
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<tr>
<td>Equipment</td>
<td></td>
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<tr>
<td>Supplies</td>
<td></td>
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<tr>
<td>Contractual</td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DIRECT COSTS</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT/ADMINISTRATIVE COST ITEMS*</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
</tr>
<tr>
<td>Fringe</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
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<td>Equipment</td>
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<td>Supplies</td>
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<td>Contractual</td>
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<td>Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INDIRECT COSTS</strong></td>
<td><strong>$22.90</strong></td>
</tr>
</tbody>
</table>

* NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-2: DETAILED FEE FOR SERVICE BUDGET

AGENCY: Health Services of North Texas, Inc.  
4210 Mesa Dr. Denton, TX 76207-3426  
EIN: 75-2252866  
GRANT: Ryan White Part A Supplemental FY 2010-2011  
Grant Period: March 2010 - February 2011

SERVICE CATEGORY: Mental Health

1. PROPOSED UNIT/UNITS OF SERVICE: Intern Individual Level III Session

2. NUMBER OF UNITS OF SERVICES TO BE PROVIDED: 0

3. TOTAL COST OF SERVICES: $0.00

4. PROPOSED FEE FOR SERVICE PER UNIT: $32.00

5. BREAKDOWN OF TOTAL COSTS AND PROPOSED FEE FOR SERVICE:

<table>
<thead>
<tr>
<th>DIRECT COST ITEMS</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Personnel</td>
<td>$</td>
</tr>
<tr>
<td>Fringe</td>
<td>$</td>
</tr>
<tr>
<td>Travel</td>
<td>$</td>
</tr>
<tr>
<td>Equipment</td>
<td>$</td>
</tr>
<tr>
<td>Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Contractual</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
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<td>8</td>
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<td>14</td>
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<tr>
<td>TOTAL DIRECT COSTS</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT/ADMINISTRATIVE COST ITEMS*</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Personnel</td>
<td>$</td>
</tr>
<tr>
<td>Fringe</td>
<td>$</td>
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<td>Travel</td>
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<td>Equipment</td>
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<tr>
<td>Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Contractual</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>23 TOTAL INDIRECT COSTS</td>
<td>$</td>
</tr>
<tr>
<td>24 TOTAL COSTS</td>
<td>$</td>
</tr>
</tbody>
</table>

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
EXHIBIT A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)
Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Mental Health Services

I DIRECT PERSONNEL

A. Executive Director, (R.Aldridge, PhD), Annual Salary $99,744,
   Provides direct client service conferences. Supervises clinical & Medical
   Mental Health Management staff.

B. Deputy Director, (D.Rue, LMSW), Annual Salary $75,000,
   Program supervisor, determines client eligibility for services, care planning,
   referral resources development, other direct client services as well as ensuring
   standards of care and program outcomes measures for the Mental Health
   program.

C. Mental Health Counselor, (L.Ferrill), Annual Salary $52,000, 9%
   Primary responsibility is to meet the mental health counseling needs of clients
   and their families/caregivers through individual, family and group therapy.
   Supervises interns and responsible for connecting client with appropriate
   external mental health & substance abuse resources.

D. Mental Health Counselor, (M.Wallace), Annual Salary $50,000, 1%
   Primary responsibility is to meet the mental health counseling needs of clients
   and their families/caregivers through individual, family and group therapy.
   Supervises interns and responsible for connecting client with appropriate
   external mental health & substance abuse resources.

E. Quality Management Coord, (S.Stambaugh), Annual Salary $54,120
   Responsible for on going development and implementation of the agency's
   CQI plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 3.35%
Social Security/Medicare 7.65%, Retirement 1%, Workers Compensation 1%
Others (Disability, Unemployment)
Total = 13% ($5,075 x 13% = $660)

III TRAVEL

A. Local Travel

   Mileage, parking & tolls for Mental Health staff to travel in the EMA to client
   home visits, multiple agency locations, skill building meeting & conferences.

B. Out-of Jurisdiction Travel.

   Travel expenses such as airfare, hotel, ground transportation and per diem for
   Mental Health staff to attend approved conferences such as the National
   Social Workers Conference mental health clinical practices portion.
EXHIBIT A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)
Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Mental Health Services

IV EQUIPMENT
A. No equipment requested for this service category.

V SUPPLIES
A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessories and chairs.

VI CONTRACTUAL
A. Name of Subcontractor: DFW Datacom, Inc.
Method of Selection: Competitive Bid
Period of Performance: March 2010 - February 2011
Description of Activities: To provide all computer support, such as monitoring server and print function.
Target Population Served: HIV/AIDS Infected Individuals

VII OTHER DIRECT COSTS (Provide brief justification for each line)
A. Occupancy includes office space, storage, utilities and maintenance for 4210 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX
B. Communications costs include all telephone, fax, NVVPN, directory listing, alarm notification, cell phones and all costs related to facilitating contact with clients
C. Printing includes cost of printing agency brochure and other information to be used by the Mental Health staff as well as staff recruitment.
D. Postage includes costs related to mailing pertinent Mental Health information to clients and to promote and serve as a community referral source.
E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, NVVPN equipment.
F. Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the mental health staff including items such as training materials & fees.
F. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including back ground checks.

VIII TOTAL DIRECT COSTS
150
101
251.00
510.00
IX PROGRAM INCOME
   A. No program income generated for this service category.

X THIRD-PARTY REIMBURSEMENTS
   A. All clients are screened at intake and re-assessed annually for eligibility and the potential for collection of third party reimbursements. All third party reimbursement sources are utilized first before Ryan White Funds are made available, making Ryan White funds the Payer of Last Resort. All third party reimbursements are tracked separately. If the client does not have Medicare/Medicaid and is eligible, the application process will start at that point.
EXHIBIT A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)
Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Mental Health Services

I  INDIRECT PERSONNEL

A. Chief Financial Officer, (P.Barnes), Annual Salary $72,000, 0.4%
   Overseas, develops and implements agency accounting systems, develops program
   budgets, accounting policy & procedures.

B. Receptionist, (M.Stephens), Annual Salary $22,714, 1%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3
   HIV locations as well as other duties as assigned.

II  FRINGE BENEFITS

   Employee Insurance (Medical/Life) 15%
   Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
   Others (Disability, Unemployment) 1.85%
   Total = 29.5% ($517 x 29.5% = $153)

III  TRAVEL

   A. No travel requested for this service category

IV  EQUIPMENT

   A. No equipment requested for this service category.

V  SUPPLIES

   A. No supplies requested for this service category.

VI  CONTRACTUAL

   A. No contractual requested for this service category.

VII  OTHER INDIRECT COSTS (Provide brief justification for each line)

   A. Professional Services include costs such as consultant services rendered by person
      who are members of a particular profession or possess a specific skill including but not
      limited to independent audit fee’s, actuary and financial consulting.

   B. Agency Insurance included costs such as agency property, liability, bonding, accident,
      D&O, EPLI, back ground checks and other costs related to insuring the agency.

VIII TOTAL INDIRECT COSTS
EXHIBIT A-1 (a): DETAILED LINE ITEM BUDGET FOR DIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr. Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Case Management (Non-Medical)

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgtd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Executive Director</td>
<td>$107,668.00</td>
<td>5% $5,153.00</td>
<td></td>
</tr>
<tr>
<td>2 Deputy Director</td>
<td>$76,000.00</td>
<td>6% $4,560.00</td>
<td></td>
</tr>
<tr>
<td>3 Case Manager</td>
<td>$27,000.00</td>
<td>20% $5,400.00</td>
<td></td>
</tr>
<tr>
<td>4 Case Manager</td>
<td>$29,000.00</td>
<td>40% $11,600.00</td>
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</tr>
<tr>
<td>5 Case Manager</td>
<td>$32,000.00</td>
<td>7% $2,133.00</td>
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</tr>
<tr>
<td>6 Quality Control Coordinator</td>
<td>$54,120.00</td>
<td>3% $1,624.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER ITEMIZED EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
</tr>
<tr>
<td>14 Travel</td>
</tr>
<tr>
<td>15 Equipment</td>
</tr>
<tr>
<td>16 Supplies</td>
</tr>
<tr>
<td>17 Contractual</td>
</tr>
<tr>
<td>18 Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL DIRECT PERSONNEL COST</th>
<th>TOTAL NON-PERSONNEL COST</th>
<th>TOTAL DIRECT COST</th>
<th>TOTAL INDIRECT COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>$207,720.00</td>
<td>$4,530.00</td>
<td>$212,250.00</td>
<td>$14,364.00</td>
<td>$226,614.00</td>
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</tbody>
</table>

*NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.*
EXHIBIT A-1 (b): DETAILED LINE ITEM BUDGET FOR INDIRECT COST

AGENCY: Health Services of North Texas, Inc.
4210 Mesa Dr, Denton, TX 76207-3426
EIN: 75-2252866
Service Category: Case Management (Non-Medical)

GRANT: Ryan White Part A Supplemental FY 2010-2011
Grant Period: March 2010 - February 2011

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TOTAL ANNUAL SALARY</th>
<th>% Bdgt'd. from D.C.P.T.G</th>
<th>TOTAL AMOUNT ALLOCATED TO GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Chief Financial Officer</td>
<td>$72,000.00</td>
<td>3%</td>
<td>$2,094.00</td>
</tr>
<tr>
<td>2 Accountant</td>
<td>$36,400.00</td>
<td>3%</td>
<td>$901.00</td>
</tr>
<tr>
<td>3 Financial Assistant</td>
<td>$31,370.00</td>
<td>2%</td>
<td>$601.00</td>
</tr>
<tr>
<td>4 Development Director</td>
<td>$50,000.00</td>
<td>2%</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>5 Receptionist</td>
<td>$22,714.00</td>
<td>2%</td>
<td>$454.00</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
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<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 SALARY</td>
<td>$208,407.00</td>
<td></td>
<td>$6,287.00</td>
</tr>
<tr>
<td>12 FRINGE BENEFITS</td>
<td>$24,210.00</td>
<td></td>
<td>$726.30</td>
</tr>
<tr>
<td>13 TOTAL INDIRECT PERSONNEL COST</td>
<td>$232,617.00</td>
<td></td>
<td>$7,013.30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER ITEMIZED EXPENDITURES</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Travel</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>15 Equipment</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>16 Supplies</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>17 Contractual</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>18 Other</td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td></td>
<td></td>
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<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 TOTAL INDIRECT, NON-PERSONNEL COST</td>
<td>$6,287.00</td>
<td>$726.30</td>
</tr>
<tr>
<td>25 TOTAL INDIRECT COST</td>
<td>$238,904.00</td>
<td>$7,013.30</td>
</tr>
<tr>
<td>26 TOTAL COST (DIRECT + INDIRECT)</td>
<td>$238,904.00</td>
<td>$7,013.30</td>
</tr>
</tbody>
</table>

NOTE: Total indirect cost cannot exceed 10% of the approved award for the services category.
Exhibit A-3 (a): BUDGET JUSTIFICATION (DIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Case Management (Non-Medical)

I DIRECT PERSONNEL

A. Executive Director, (R. Aldridge, Ph.D), Annual Salary $107,668, 5%
   Provides direct client service conferences. Supervises clinical & Medical Case Management staff.

B. Deputy Director, (D. Rue, LMSW), Annual Salary $76,000, 6%
   Program supervisor, determines client eligibility for services, care planning, referral resources development, other direct client services as well as ensuring standards of care and program outcomes measures for the Case Management program.

C. Case Manager, (K. Glover), Annual Salary $27,000, 20%
   Client point of entry contact. Responsible for implementing a coordinated care plan to ensure individuals have linkage to and retention in primary medical care through resource referrals, monitoring and reviewing on-going needs and services

D. Case Manager, (S. Nichols), Annual Salary $29,000, 40%
   Client point of entry contact. Responsible for implementing a coordinated care plan to ensure individuals have linkage to and retention in primary medical care through resource referrals, monitoring and reviewing on-going needs and services

E. Case Manager, (vacant), Annual Salary $32,000, 7% (funding for 8 mths only)
   Client point of entry contact. Responsible for implementing a coordinated care plan to ensure individuals have linkage to and retention in primary medical care through resource referrals, monitoring and reviewing on-going needs and services

F. Quality Management Coord, (S. Stambuagh), Annual Salary $54,120.3%
   Responsible for ongoing development and implementation of the agency's CQI plan.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($30,470 x 30% = $9,141)
III TRAVEL
A. Local Travel
Mileage, parking & tolls for Direct Client Service staff to travel in the EMA to client home visits, multiple agency locations, skill building meeting & conferences. (Approx. 1000 miles x .50 = $500.00)
B. Out-of-Jurisdiction Travel - N/A.

IV EQUIPMENT
A. Personal Computer, one (1) at 10% of $800
Justification: For new case manager position, who will use this computer workstation 100% for Ryan White Case Management (non-medical) and other services directly related to serving clients in this program. Specifications for computer workstation are the following: OptiPlex, CORE 2 Duo E7500 with VT/2.93 GHz, #M, 1066 FSB, 2.0 GB, 1066 Mhz, and 2 years NBD parts & labor with monitor.

V SUPPLIES
A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes, computer software, pens, pencils, post its, highlighters, appointment books, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessories and chairs.

VI CONTRACTUAL
A. Name of Subcontractor: DFW Datacom, Inc.
Method of Selection: Competitive Bid
Period of Performance: March 2010 - February 2011
Description of Activities: To provide all computer support, such as monitoring server and print function.
Target Population Served: HIV/AIDS Infected Individuals
Estimated 2% of IT Budget $30,500

VII OTHER DIRECT COSTS (Provide brief justification for each line)
A. Occupancy includes office space, storage, utilities and maintenance for 4210 Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D Greenville, TX
B. Communications costs include all telephone, fax, VPN, directory listing, alarm notification, cell phones and all related to facilitating contact with clients
C. Printing includes cost of printing agency brochure and other information to be used by the Case Management staff as well as staff recruitment.
D. Postage includes costs related to mailing pertinent Case Management information to clients and to promote and serve as a community referral source.
E. Office Equipment & Maintenance includes all costs related to rental & maintenance agreements for agency equipment such as copiers, fax machines, VPN equipment.
F. Staff Development includes cost of program instruction designed to increase the vocational effectiveness of the case managers including items such as training materials & fees.
F. Agency Insurance includes agency property, staff liability, accident and EPLI coverage including background checks.
VIII TOTAL DIRECT COSTS

IX PROGRAM INCOME
   A. No program income generated for this service category.

X THIRD-PARTY REIMBURSEMENTS
   A. No third party reimbursements collected for this service category.
Exhibit A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX 76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Case Management (Non-Medical)

I INDIRECT PERSONNEL

A. Chief Financial Officer, (P. Barnes), Annual Salary $72,000, 3%
   Overseas, develops and implements agency accounting systems, develops program
   budgets, accounting policy & procedures.

B. Accountant, (K. Scruggs), Annual Salary $36,400, 3%
   Assists in overseeing developing and implementing agency accounting system.

C. Financial Assistant, (E. Pratt), Annual Salary $31,370, 2%
   Maintains agency vendors and accounts payable.

C. Development Director, (B. Schmedinghoff), Annual Salary $50,000 2%
   Lead role in revenue development.

D. Receptionist, (M. Stephens), Annual Salary $22,714, 2%
   Manages agency phone systems, answers & directs calls to the appropriate staff for 3
   HIV locations as well as other duties as assigned.

II FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($5,050 x 30% = $1,515)

III TRAVEL

A. No travel requested for this service category.

IV EQUIPMENT

A. No equipment requested for this service category.

V SUPPLIES

A. No supplies requested for this services category.

VI CONTRACTUAL

A. No Contractual requested for this service category.

VII OTHER INDIRECT COSTS (Provide brief justification for each line)

A. Professional Services include costs such as consultant services rendered by person
   who are members of a particular profession or possess a specific skill including but not
   limited to independent audit fees, actuary and financial consulting.

B. Agency insurance included costs such as agency property, liability, bonding, accident,
   D&O, EPLI, back ground checks and other costs related to insuring the agency.

VIII TOTAL INDIRECT COSTS

$6,585.00
AGENCY: AIDS Services of North Texas, Inc.  
4210 Mesa Dr, Denton, TX 76207-3426  
EIN: 75-2252866

GRANT: Ryan White Part A Supplemental FY 2010-2011

Grant Period: March 2010 - February 2011

SERVICE CATEGORY: Food Bank

1. PROPOSED UNIT/UNITS OF SERVICE: 1 Shopping Trip

2. NUMBER OF UNITS OF SERVICES TO BE PROVIDED: 1791

3. TOTAL COST OF SERVICES: $41,760.00

4. PROPOSED FEE FOR SERVICE PER UNIT: $23.32

5. BREAKDOWN OF TOTAL COSTS AND PROPOSED FEE FOR SERVICE:

<table>
<thead>
<tr>
<th>DIRECT COST ITEMS</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Personnel</td>
<td>3,788.00</td>
</tr>
<tr>
<td>2 Fringe</td>
<td>1,136.00</td>
</tr>
<tr>
<td>3 Travel</td>
<td>700.00</td>
</tr>
<tr>
<td>4 Equipment</td>
<td>-</td>
</tr>
<tr>
<td>5 Supplies</td>
<td>28,833.00</td>
</tr>
<tr>
<td>6 Contractual</td>
<td>305.00</td>
</tr>
<tr>
<td>7 Other</td>
<td>3,023.00</td>
</tr>
<tr>
<td><strong>TOTAL DIRECT COST</strong></td>
<td><strong>37,535.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT/ADMINISTRATIVE COST ITEMS*</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Personnel</td>
<td>3,211.00</td>
</tr>
<tr>
<td>17 Fringe</td>
<td>964.00</td>
</tr>
<tr>
<td>18 Travel</td>
<td>-</td>
</tr>
<tr>
<td>19 Equipment</td>
<td>-</td>
</tr>
<tr>
<td>20 Supplies</td>
<td>-</td>
</tr>
<tr>
<td>21 Contractual</td>
<td>-</td>
</tr>
<tr>
<td>22 Other</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL INDIRECT COSTS</strong></td>
<td><strong>4,175.00</strong></td>
</tr>
<tr>
<td><strong>TOTAL COST</strong></td>
<td><strong>41,760.00</strong></td>
</tr>
</tbody>
</table>

* NOTE: Total indirect cost cannot exceed 10% of the approved award for the service category.
DIRECT PERSONNEL

A. Quality Management Coord, (S.Stambaugh), Annual Salary $54,120, 7%
   Responsible for BIA nutritional counseling with clients including patient chart review and nutritional recommendations. Provides direction and support to the staff of the Nutrition Center to ensure client access to nutritionally adequate the Food Bank. Additionally, responsible for on going development and implementation of the agency's CQI plan.

B. Nutrition Center Coordinator, (K.Spicer), Annual Salary $24,000,
   Primary responsibility is to ensure that all nutrition centers are adequately stocked and prepares monthly inventory records. Will work with volunteer coordinators, transportation coordinators and case managers to ensure delivery for client requiring assistance.

FRINGE BENEFITS

Employee insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($3,788 x 30% = $1,136)

TRAVEL

A. Local Travel
   Mileage, parking & tolls for Nutrition Center staff to travel to multiple food pick up sites, agency locations, skill building meeting & conferences.
   (approx. 1400 miles x .50 = $700.00)

EQUIPMENT

A. No equipment requested for this service category.

SUPPLIES

A. General Office Supplies: Includes items such as client files, cost of client manuals, storage boxes & shelving, computer software,pens, pencils, post its, highlighters, appointment book, printer cartridges, copy paper, paper clips, staplers, binder clips, hanging files, tape, desk accessaries and chairs.

B. Program Supplies: Nutrition/Hygiene products includes the cost of food pantry nutritional supplements & hygiene products for multiple nutrition centers.
VI CONTRACTUAL

A. Name of Subcontractor: DFW Datacom, Inc.
   Method of Selection: Competitive Bid
   Period of Performance: March 2010 - February 2011
   Description of Activities: To provide all computer support, such as monitoring
   server and print function.
   Target Population Served: HIV/AIDS infected individuals
   Estimated 1% of IT Budget $30,500

VII OTHER DIRECT COSTS (Provide brief justification for each line)

A. Occupancy includes office space, storage, utilities and maintenance for 4210
   Mesa Drive, Denton, TX & 2540 K Avenue Plano, TX & 4000 Wesley Ste D
   Greenville, TX
   1,948

B. Communications costs include all telephone, fax, NVVPN, directory listing, alarm
   notification, cell phones and all costs related to facilitating contact with clients
   500

C. Printing includes cost of printing agency brochure and other information to be
   used by the Nutrition Center staff as well as staff recruitment.
   50

D. Postage includes costs related to mailing pertinent Nutrition Center information
   to clients and to promote and serve as a community referral source.
   50

E. Office Equipment & Maintenance includes all costs related to rental &
   maintenance agreements for agency equipment such as copiers, fax machines,
   NVVPN equipment.
   150

F. Staff Development includes cost of program instruction designed to increase
   the vocational effectiveness of the Nutrition Center staff including items such as
   training materials & fees.
   25

G. Agency Insurance includes agency property, staff liability, accident and EPLI
   coverage including background checks.
   300

VIII TOTAL DIRECT COSTS

IX PROGRAM INCOME
A. No program income generated for this service category.

X THIRD-PARTY REIMBURSEMENTS
A. No third party reimbursements collected for this service category.
EXHIBIT A-3 (b): BUDGET JUSTIFICATION (INDIRECT COSTS)

Health Services of North Texas, Inc.
4210 Mesa Drive, Denton, TX  76207
EIN: 75-2252866
FY 2010 - 2011 Ryan White Part A Supplemental Grant
Food Bank

I  INDIRECT PERSONNEL

A. Executive Director, (R.Aldridge, Ph.D), Annual Salary $107,668, 1%
   Provides direct client service conferences. Supervises clinical & Medical Case
   Management staff.

B. Deputy Director, (D.Rue, LMSW), Annual Salary $76,000, 0.5%
   Program supervisor, determines client eligibility for services, care planning, referral
   resources development, other direct client services as well as ensuring standards
   of care and program outcomes measures for the Case Management program.

C. Chief Financial Officer, (P.Barnes), Annual Salary $72,000, 1%
   Overseas, develops and implements agency accounting systems, develops
   program budgets, accounting policy & procedures.

D. Financial Assistant, (E.Pratt), Annual Salary $31,370, 1%
   Assists in overseeing developing and implementing agency accounting system.

E. Development Director, (B.Schmedinghoff), Annual Salary $50,000 1%
   Lead role in revenue development.

F. Receptionist, (M.Stephens), Annual Salary $22,714, 1.6%
   Manages agency phone systems, answers & directs calls to the appropriate staff
   for 3 HIV locations as well as other duties as assigned.

II  FRINGE BENEFITS

Employee Insurance (Medical/Life) 15.5%
Social Security/Medicare 7.65%, Retirement 3%, Workers Compensation 2%
Others (Disability, Unemployment) 1.85%
Total = 30% ($3,211 x 30% = $964)

III  TRAVEL

A. No travel requested for this service category.

IV  EQUIPMENT

A. No equipment requested for this service category.

V  SUPPLIES

A. No supplies requested for this service category.
VI CONTRACTUAL

A. No contracts requested for this services category.

V OTHER INDIRECT COSTS (Provide brief justification for each line)

A. Professional Services include costs such as consultant services rendered by person who are members of a particular profession or possess a specific skill including but not limited to independent audit fee's, actuary and financial consulting.

B. Agency Insurance included costs such as agency property, liability, bonding, accident, D&O, EPLI, back ground checks and other costs related to insuring the agency.

VIII TOTAL INDIRECT COSTS

$75,000
## II. OBJECTIVES

Briefly state your measurable objectives. If there are problem areas, describe your plan to solve them, including your target completion date.

<table>
<thead>
<tr>
<th>Service Category and Performance Objectives</th>
<th>Unit of Measure</th>
<th>Annual Goal</th>
<th>Target Completion Dates and Other Plans, Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1. Outpatient/Ambulatory Medical Care</td>
<td></td>
<td><strong>$133,551.00</strong></td>
<td>Target Completion Date 2/28/2011</td>
</tr>
<tr>
<td>Unit Cost per Client</td>
<td>$3,338.78</td>
<td></td>
<td>Annual cost per client</td>
</tr>
<tr>
<td>Total Unduplicated Clients</td>
<td>Person 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>Visit 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>One Lab 3550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Medical Care</td>
<td>Visit 100</td>
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<td></td>
</tr>
<tr>
<td>Persons Served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Person 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>Person 0</td>
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</tr>
<tr>
<td>Children</td>
<td>Person 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td>Person 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. AIDS Pharmaceutical Assistance</strong></td>
<td></td>
<td><strong>$76,357.00</strong></td>
<td>Target Completion Date 2/28/2011</td>
</tr>
<tr>
<td>Unit Cost per Client</td>
<td>$1,339.60</td>
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<td>Annual cost per client</td>
</tr>
<tr>
<td>Total Unduplicated Clients</td>
<td>Person 57</td>
<td></td>
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</tr>
<tr>
<td>Medication</td>
<td>1 Rx 566</td>
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</tr>
<tr>
<td>Persons Served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Person 12</td>
<td></td>
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<tr>
<td>Infants</td>
<td>Person 0</td>
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<tr>
<td>Children</td>
<td>Person 0</td>
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<tr>
<td>Youth</td>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Medical Case Management</strong></td>
<td></td>
<td><strong>$70,360.00</strong></td>
<td>Target Completion Date 2/28/2011</td>
</tr>
<tr>
<td>Unit Cost per Client</td>
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<td></td>
<td>Annual cost per client</td>
</tr>
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<td>Total Unduplicated Clients</td>
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</tr>
<tr>
<td>Medical Case Management Encounter</td>
<td>15 minute 1418</td>
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<td></td>
</tr>
<tr>
<td>Persons Served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>Person 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>Person 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Person 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth</td>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Case Management (Non-Medical)</strong></td>
<td></td>
<td><strong>$65,653.00</strong></td>
<td>Target Completion Date 2/28/2011</td>
</tr>
<tr>
<td>Unit Cost per Client</td>
<td>$631.28</td>
<td></td>
<td>Annual cost per client</td>
</tr>
<tr>
<td>Total Unduplicated Clients</td>
<td>Person 104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management Encounter</td>
<td>15 minute 2188</td>
<td></td>
<td></td>
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<tr>
<td>Persons Served</td>
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<td></td>
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</tr>
<tr>
<td>Women</td>
<td>Person 29</td>
<td></td>
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<td>Infants</td>
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<td></td>
</tr>
<tr>
<td>Youth</td>
<td>Person 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Insert Award Amount**
II. OBJECTIVES

Briefly state your measurable objectives. If there are problem areas, describe your plan to solve them, including your target completion date.

<table>
<thead>
<tr>
<th>Service Category and Performance Objectives</th>
<th>Unit of Measure</th>
<th>Annual Goal</th>
<th>Target Completion Dates and Other Plans, Comments</th>
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<tbody>
<tr>
<td><strong>5. Medical Transportation</strong></td>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
<td><strong>C</strong></td>
</tr>
<tr>
<td>Unit Cost per Client</td>
<td>$1,712.15</td>
<td>$68,486.00</td>
<td><strong>Target Completion Date 2/28/2011</strong></td>
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<tr>
<td>Total Unduplicated Clients</td>
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<td>Annual cost per client</td>
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<tr>
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<tr>
<td>Bus Pass/Tokens</td>
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<tr>
<td>Delivery of Medications</td>
<td>1 person 1 way</td>
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</tr>
<tr>
<td>Persons Served</td>
<td></td>
<td></td>
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<tr>
<td>Women</td>
<td>Person</td>
<td>9</td>
<td></td>
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<tr>
<td>Infants</td>
<td>Person</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children</td>
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<td></td>
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<tr>
<td>Youth</td>
<td>Person</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

| **6. Mental Health Services**               | **A**           | **B**       | **C**                                           | **D**                                       |
| Unit Cost per Client                        | $248.37         | $6,706.00   | **Target Completion Date 2/28/2011**            |
| Total Unduplicated Clients                  | Person          | 27          | Annual cost per client                          |
| Individual Level II Sessions                | 45 min. session | 97          |                                                  |
| Individual Level III Sessions               | 45 min. session | 0           |                                                  |
| Group Level II Session                      | person per group| 0           |                                                  |
| Persons Served                              |                 |             |                                                  |
| Women                                       | Person          | 8           |                                                  |
| Infants                                     | Person          | 0           |                                                  |
| Children                                    | Person          | 0           |                                                  |
| Youth                                       | Person          | 1           |                                                  |

| **7. Food Bank**                            | **A**           | **B**       | **C**                                           | **D**                                       |
| Unit Cost per Client                        | $556.80         | $41,760.00  | **Target Completion Date 2/28/2011**            |
| Total Unduplicated Clients                  | Person          | 75          | Annual cost per client                          |
| Shopping Trip                               | 1 Visit         | 1,791       |                                                  |
| Persons Served                              |                 |             |                                                  |
| Women                                       | Person          | 20          |                                                  |
| Infants                                     | Person          | 0           |                                                  |
| Children                                    | Person          | 0           |                                                  |
| Youth                                       | Person          | 2           |                                                  |

<table>
<thead>
<tr>
<th><strong>8. Health Insurance Prem &amp; Cost Sharing Assistance</strong></th>
<th><strong>A</strong></th>
<th><strong>B</strong></th>
<th><strong>C</strong></th>
<th><strong>D</strong></th>
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<td>Unit Cost per Client</td>
<td>$3,364.34</td>
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<td>Women</td>
<td>Person</td>
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<td>Infants</td>
<td>Person</td>
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<td>Children</td>
<td>Person</td>
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<tr>
<td>Youth</td>
<td>Person</td>
<td>1</td>
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</tr>
</tbody>
</table>

** Insert Award Amount
AGENCY: Health Services of North Texas, Inc.
4210 Mesa Drive Denton, TX 76207-3426

% OF TOTAL BUDGET FUNDED BY FY 2010-11 RYAN WHITE Part A Formula Amend #4: 27.42%
% OF TOTAL BUDGET FUNDED BY FY 2010-11 RYAN WHITE Part A Supplemental Amend #2: 15.29%
% OF TOTAL BUDGET FUNDED BY FY 2010-11 RYAN WHITE Part B Formula Amend #2: 6.82%
% OF TOTAL BUDGET FUNDED BY FY 2010-11 RYAN WHITE Part B Supplemental: 0.46%
% OF TOTAL BUDGET FUNDED BY FY 2010-11 STATE SERVICES: 5.70%

<table>
<thead>
<tr>
<th>#</th>
<th>LINE ITEM</th>
<th>DALLAS COUNTY PASS THROUGH GRANTS</th>
<th>FUNDING SOURCES</th>
<th>OTHER GRANTS</th>
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<tr>
<td></td>
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<td>Part A Formula</td>
<td>Part A Supplemental</td>
<td>Part B Formula</td>
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<td>Personnel</td>
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<tr>
<td>27</td>
<td>TOTAL</td>
<td>$1,005,031.00</td>
<td>$560,459.00</td>
<td>$260,049.00</td>
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</tbody>
</table>
## EXHIBIT C-2: ALLOCATION FORM

**AGENCY:** Health Services of North Texas, Inc.  
**ADDRESS:** 4210 Mesa Dr, Denton, TX 76207-3426  
**EIN:** 75-2252866

| # | TOTAL LINE ITEM COST (Direct and Indirect Combined) | ANNUAL EXPENSE | FUNDING SOURCES | PART A Formula (%) | PART A Supp (%) | PART A MAF (%) | PART B Supp (%) | STATE SRVCS. (%) | DSHS HOPWA (%) | TOTAL % FUNDED BY DCPTG (C+D+E+F) | OTHER FUNDING (%) | PROGRAM INCOME (%) | TOTAL FUNDING SOURCES (H+I+J) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** |
| **PERSONNEL (Title, Name)** Annual Salary | | | | | | | | | | | | | | |
| 1 Executive Director | $107,688.00 | 9.50% | 16.40% | 3.50% | 6.30% | 35.70% | 64.30% | 100.00% |
| 2 Deputy Director | $76,000.00 | 21.00% | 8.50% | 10.50% | 10.50% | 60.00% | 50.00% | 49.50% | 100.00% |
| 3 Chief Financial Officer | $72,000.00 | 35.50% | 14.40% | 10.15% | 1.79% | 6.00% | 67.84% | 32.16% | 100.00% |
| 4 Accountant | $30,400.00 | 4.00% | 2.00% | 6.00% | 6.00% | 60.90% | 39.10% | 100.00% |
| 5 Financial Assistant | $31,370.00 | 31.60% | 13.00% | 9.00% | 6.50% | 60.00% | 60.00% | 66.50% | 100.00% |
| 6 Director of Development | $50,000.00 | 15.00% | 9.00% | 4.00% | 5.50% | 60.00% | 60.00% | 66.50% | 100.00% |
| 7 Director of Clinic Services | $61,354.00 | 40.00% | 10.00% | 15.00% | 15.00% | 60.00% | 60.00% | 66.50% | 100.00% |
| 8 Primary Care Clinician | $82,000.00 | 53.00% | 5.00% | 37.00% | 37.00% | 95.00% | 5.00% | 100.00% |
| 9 Primary Care Nurse | $40,600.00 | 53.00% | 37.00% | 90.00% | 10.00% | 100.00% |
| 10 Primary Care Nurse | $33,900.00 | 48.50% | 2.70% | 37.00% | 37.00% | 88.00% | 11.70% | 100.00% |
| 11 Medical Assistant | $24,900.00 | 0.00% | 90.00% | 10.00% | 100.00% |
| 12 Mental Health Counselor | $52,000.00 | 15.00% | 9.00% | 24.00% | 76.00% | 100.00% |
| 13 Mental Health Counselor | $50,000.00 | 5.00% | 1.00% | 6.00% | 94.00% | 100.00% |
| 14 Drug Reimbursement Coord. | $29,000.00 | $15,354.00 | 100.00% | 100.00% | 100.00% |
| 15 Lead Case Manager | $35,600.00 | 75.00% | 5.00% | 80.00% | 20.00% | 100.00% |
| 16 Case Manager-Denton | $27,000.00 | 60.00% | 20.00% | 20.00% | 100.00% |
| 17 Case Manager-Planoe | $29,000.00 | 60.00% | 40.00% | 100.00% |
| 18 Case Manager-Planoe | $32,000.00 | 49.20% | 7.00% | 56.20% | 43.80% | 100.00% |
| 19 Insurance Assistance Coord | $30,120.00 | 70.00% | 30.00% | 100.00% |
| 20 Medical/Comp Case Manager | $39,400.00 | 60.00% | 19.20% | 20.80% | 100.00% |
| 21 Medical Case Manager-Denton | $33,000.00 | 60.00% | 40.00% | 100.00% |
| 22 Medical Case Manager-Planoe | $38,800.00 | 30.50% | 25.00% | 40.00% | 95.50% | 4.50% | 100.00% |
| 23 Nutrition Center Coordinator | $21,840.00 | 70.00% | 100.00% |
| 24 Nutrition Center Aide | $2,638.00 | $115,354.00 | 100.00% | 100.00% |
| 25 Transportation Coordinator | $20,000.00 | 60.00% | 30.00% | 10.00% | 100.00% |
| 26 Transportation Coordinator | $24,600.00 | 60.00% | 30.00% | 10.00% | 100.00% |
| 27 Transportation Coordinator | $23,250.00 | 60.00% | 30.00% | 10.00% | 100.00% |
| 28 Quality Manager | $54,120.00 | 34.00% | 22.00% | 12.00% | 9.00% | 77.00% | 23.00% | 100.00% |
| 29 Receptionist | $22,714.00 | 34.00% | 12.50% | 11.60% | 7.00% | 65.10% | 34.90% | 100.00% |
| 30 Total Other Positions Not Funded | $115,354.00 | $1,293,288.00 | 100.00% |
| 31 Fringe | $387,987.00 | 26.00% | 9.55% | 9.37% | 5.10% | 50.62% | 49.38% | 100.00% |
| **NON-PERSONNEL Annual Cost** | | | | | | | | | | | | | |
| 32 Travel | $26,025.00 | 2.36% | 10.00% | 5.62% | 3.27% | 25.24% | 74.76% | 100.00% |
| 33 Equipment | $11,800.00 | 6.10% | 0.99% | 36.86% | 43.64% | 56.36% | 100.00% |
| 34 Supplies | $310,993.00 | 38.20% | 30.60% | 4.70% | 0.14% | 12.00% | 88.00% | 100.00% |
| 35 Contractual | $328,233.00 | 29.80% | 38.93% | 4.70% | 0.14% | 12.00% | 88.00% | 100.00% |
| 36 IRF | $1,893,864.00 | 100.00% | 100.00% |

**TOTAL**

- **DCPTG FUNDED:** $1,293,288.00
- **Not Funded by DCPTG:** $387,987.00
- **Total:** $1,681,275.00

**Other Funding Sources:**

- **H:** $92,197.00
- **J:** $268,233.00
- **Other:** $1,983,864.00

**程序收入 (Program Income):**

- **H+I+J = Total Funding Sources:** $1,983,864.00

**Grand Total (GRAND TOTAL):** $3,686,150.00
Date: February 22, 2011

To: Commissioners Court Clerk

Through: Darryl Martin, Court Administrator

From: Robert De Los Santos – County Fire Marshal

Subject: Briefing and Court Order for Fire and Ambulance Protection Agreements

REQUEST OF RATIONALITY:

The current agreements for fire and ambulance protection with the cities of Desoto, Grand Prairie, Lancaster, Hutchins, Sachse, and Wilmer expired on December 9, 2010. We have secured verbal agreement with these cities to continue service to their assigned areas of unincorporated Dallas County until the new agreements are finalized.

We have submitted a Briefing and Court Orders for the approval of Fire and Ambulance Protection Agreement with the above mentioned cities. We respectfully request that the Briefing and both Court Orders be entered upon both the Briefing and Formal Agendas for February 22, 2011.

Respectfully Submitted,

Robert De Los Santos
County Fire Marshal
Date: February 22, 2011
To: Dallas County Commissioners Court
Through: Darryl Martin, Court Administrator
From: Robert De Los Santos – County Fire Marshal
Subject: Renewal of City Fire and Ambulance Protection Agreements

BACKGROUND
1. Since October 1983, Dallas County has entered into inter-local agreements / contracts with six (6) cities within Dallas County to provide fire and ambulance protection to contiguous unincorporated areas. Response maps have been updated to delineate orphan roads and/or changes in city boundaries. Also the fee structures were increased to $375 for ambulance response and $395 for fire response.

2. The current agreements expired on December 9, 2010, and we have been waiting for the agreements to be reviewed and returned from the cities. This office has verbally confirmed with the six cities involved, that the response services will remain in place until all agreements have been completed and approved for the 2011-2013 three year agreement cycles.

3. All of the service cities have briefed and approved the above sited changes, and adopted inter-local agreements for the 2011-2013 service cycle.

4. Historically, the county has executed these agreements for a one-year term with automatic renewals for an additional two consecutive years. The purpose of this briefing is to request the Dallas County Commissioners Court to adopt the Fire and Ambulance Inter-Local Agreement with the cities of Desoto, Grand Prairie, Hutchins, Lancaster, Sachse, and Wilmer.

FINANCIAL IMPACT:
1. The city is paid for services provided each quarter: $375 per ambulance response, and $395 per fire response.

2. It is estimated that fire protection in these will cost $65,000, and ambulance service $190,000. These expenses have been budgeted to this office for FY-2011, and no new funds are requested.
LEGAL / POLICY
The Dallas County District Attorney's Office has reviewed and approved all documents and agreements.

RECOMMENDATION:
Based on the above information, I respectfully request the Dallas County Commissioners Court approve the Fire and Ambulance Inter-Local Agreement with the cities of Desoto, Grand Prairie, Hutchins, Lancaster, Sachse, and Wilmer, and issue a court order reflecting the same.

Respectfully Submitted,

[Signature]
Robert De Los Santos
Dallas County Fire Marshal

[Signature]
Darryl Martin
Court Administrator
February 16, 2011

To: Members of the Commissioners Court

From: Mattye Mauldin-Taylor, Ph.D.
Director of Human Resources/Civil Service

Through: Darryl Martin, Administrator

Subject: Utilization of E-Verify - Online Employment Eligibility Verification System

**Background**

The Human Resources/Civil Service Department submits this briefing to utilize the E-Verify System to verify the employment eligibility of new hires. The **Employment Eligibility Verification Program (E-Verify)** is an internet-based computer application that allows an employer, using information reported on an employee’s Form I-9 (Employment Eligibility Verification) to determine the eligibility of that employee to work in the United States. The Citizenship and Immigration Services (USCIS) Agency in the Department of Homeland Security (DHS) operates E-Verify in partnership with the Social Security Administration (SSA). There is no charge for employers to use this system.

Dallas County can sign up for the online program by signing on, electronically signing a Memorandum of Understanding (MOU) that lays out the responsibilities of both the employer and the government entities that support the program. Using E-Verify will assist the Human Resources/Civil Service Department in determining if documents presented during new employee orientation are valid.

**Impact on Operations**

The utilization of E-Verify provides an additional resource to utilize when verifying various documents for new employees.

**Financial Impact**

Adoption of the policy will not impose any additional financial costs to the County.

**Legal Review**

The Civil Section of the District Attorney’s Office has reviewed the online memorandum of understanding (MOU).

**Strategic Plan Compliance**

Recommendations in this briefing are consistent with Dallas County’s Strategic Plan Vision 1: Dallas County is a model interagency partner.

**Recommendation**

The Human Resources/Civil Service Department recommends Commissioners Court approve the utilization of the Employment Eligibility Verification System (E-Verify) and for the County Judge to sign up for the program by e-signing the MOU.

Recommended by: Mattye Mauldin-Taylor, Ph.D.
Director of Human Resources/Civil Service
E-Verify Enrollment: Start Here

Welcome aboard! We know you're looking forward to getting started, but before you do, please read this page. We've kept it short and simple, but we need to tell you some important information before you enroll.

Step 1: Read This Before You Enroll in E-Verify

Before you can start using E-Verify, you need to enroll your company or organization in the program. The term "company" means any business, non-profit organization or government agency, whether it's a small family-owned pizza shop or a multinational corporation. When you enroll your company, you need to tell us some basic information and agree to follow the rules of our program. You'll enroll your company just once and after you do, you can register yourself and others to actually use the system.

If your company is already enrolled in E-Verify and you just need to register yourself as a user, you shouldn't enroll here. Just ask your company's E-Verify program administrator to add you as a user to your company's account. Also, before you continue, you'll want to check with others within your company to be sure your company isn't already enrolled in the program.

Step 2: Choose Your E-Verify Access Method

We offer several ways to access E-Verify and your answers to the questions below will help us determine the right access method for your company. Read carefully because errors here can delay us from approving your company's enrollment in E-Verify. Each access method includes an explanation and a question for you to answer. You must answer all four questions and then click on the "Begin E-Verify Enrollment" button at the bottom of this page to begin the enrollment process.

1. "My company plans to use E-Verify to verify our employees."

   Employer access allows you to use E-Verify to verify the employment eligibility of your company's employees. If your company has multiple locations, this type of access also allows you to choose to use E-Verify for some or all of your locations (which you can add and remove as needed). In nearly all cases, no matter how big or small your organization is, you'll want to choose this method for using E-Verify. More information...
If this describes your organization, answer YES to question #1 below. If none of the other three statements below applies to your company, also answer NO to the other three questions.

Question 1: Does your company need to verify its employees? ☐
  ○ Yes  ○ No

2. "My company plans to use E-Verify on behalf of our clients to verify their employees."
   E-Verify service providers, also called "designated agents," use E-Verify to verify the employment eligibility of their clients' employees. More information...
   If you require this type of access, be sure to read our additional information about designated agents before you answer the questions on this page.
   Question 2: Does your company have clients and need to verify their employees? ☐
     ○ Yes  ○ No

3. "My company has a central office that needs to manage E-Verify use for all of our locations that access E-Verify."
   If your company has many locations that do employment verification work, we offer reporting and oversight features, also called "corporate administrator" access. Selecting this type of access allows you to create and manage company access accounts for the locations that need to access E-Verify. It also enables you to view reports on all of the locations linked to your central corporate administrator account. More information...
   Corporate administrator enrollment is a three-step process and you must complete all three steps before you can begin using E-Verify. One of the required steps is to attend a training session offered over the Web.
   If you require this type of access, be sure to read our additional information about corporate administrator accounts before you answer the questions on this page.
   Question 3: Does your company have a central office that needs to manage E-Verify use for multiple locations that access E-Verify? ☐
     ○ Yes  ○ No

4. "My company plans to develop our own software to access E-Verify."
   If your company plans to develop its own software or hire another company to develop software to access E-Verify instead of using the E-Verify Web site, then selecting this access method will give you the information you need to
Developing software to access E-Verify through Web services requires a large commitment as the development, testing and certification process can take several months and you must prepare new updates each time we release a new version of E-Verify.

If you require this type of access, be sure to read our additional information about Web services before you answer the questions on this page.

Question 4: Does your company plan to develop its own software to use E-Verify?

☐ Yes ☐ No

Step 3: Begin Your E-Verify Enrollment

Have you answered all four questions? If so, you’re one step closer to enrolling in E-Verify. Now click on the "Next" button to continue to the next page.

If you’re not sure how to answer the questions, we’re here to help! Call our Customer Support line at 1-888-464-4218 or e-mail us at E-Verify@dhs.gov and we’ll guide you through the process.
E-Verify Enrollment: Let's Review

Before we move on to the next step in the enrollment process, let's review your selections.

<table>
<thead>
<tr>
<th>Question</th>
<th>Your Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your company need to verify its employees?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does your company have clients and need to verify their employees?</td>
<td>No</td>
</tr>
<tr>
<td>3. Does your company have a central office that needs to manage E-Verify use for multiple locations that access E-Verify?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Does your company plan to develop its own software to use E-Verify?</td>
<td>No</td>
</tr>
</tbody>
</table>

Based on your answers to the above questions, you've told us:

- Your company plans to verify the employment eligibility of its employees; and
- Your company plans to use the E-Verify Web site to do the verifications; and
- Your company needs to have a separate company account for each location that will access E-Verify; and
- Your company needs to link all of these separate company accounts to one central account.

We call this type of access the **Corporate Administrator Access Method**.

Corporate administrator enrollment is a three-step process and you must complete all three steps before you can begin using E-Verify:

**Step 1:** Set up the account that will allow you to manage E-Verify access and run reports for your entire company. This step begins on the next page.

**Step 2:** Attend the required virtual instructor-led training session offered over the Web. Once you complete step 1 and login, please refer to the Online Resources link in the upper right hand side of the screen. A PDF will be located under the section titled "Corporate Administrator Training Information." This PDF will provide all the information required to attend the training session as well as answers to some of the frequently asked questions. Once you complete the training, the instructor will activate your account to give you access to the Corporate Administrator features of E-Verify.
Step 3: Log in to E-Verify and add the locations where your company does its verification work, including your own location if your location does verifications. This is because a corporate administrator account by itself will not allow you to do employment verifications.

If this sounds like what you need – great! Just click on the "Next" button to continue. If you'd like to go back and change your selections, click on the "Back" button to return to the previous page.
THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING FOR DESIGNATED AGENTS

ARTICLE I

PURPOSE AND AUTHORITY

The parties to this Agreement are the Department of Homeland Security (DHS), and (Designated Agent). The purpose of this Agreement is to set forth terms by which SSA and DHS will provide information to (Designated Agent) on behalf of the Designated Agent’s client (the Employer). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, SSA, the Employer, and the Designated Agent. References to the Employer include the Designated Agent when acting on behalf of the Employer. E-Verify is a program that electronically confirms an employee’s eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

The Employer is not a party to this MOU. The E-Verify program requires an initial agreement between DHS and the Designated Agent as part of the enrollment process. After agreeing to the MOU as set forth herein, completing the tutorial, and obtaining access to E-Verify as a Designated Agent, the Designated Agent will be given an opportunity to add a client once logged into E-Verify. All parties, including the Employer, will then be required to sign and submit a new MOU. The responsibilities of the parties remain the same in each MOU.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer (through the Designated Agent) with available information that will allow the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide the Employer and Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Designated Agent with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.

3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer (through the Designated Agent) access to selected data from DHS's databases to enable the Employer (through the Designated Agent) to conduct, to the extent authorized by this MOU:

   • Automated verification checks on employees by electronic means, and
   • Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer and Designated Agent appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Designated Agent names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer (through the Designated Agent) at the E-Verify website and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer (through the Designated Agent) a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer (through the Designated Agent) anti-discrimination notices
issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Designated Agent a user identification number and password that will be used exclusively by the Designated Agent, on behalf of the Employer, to verify information provided by employees with DHS's databases.

6. DHS agrees to safeguard the information provided to DHS by the Employer (through the Designated Agent), and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government workdays of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer shall display the notices supplied by DHS (through the Designated Agent) in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer shall provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer shall become familiar with and comply with the most recent version of the E-Verify User Manual. The Employer will obtain the E-Verify User Manual from the Designated Agent.

4. The Employer shall comply with current Form I-9 procedures, with two exceptions:

   • If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 1-888-464-4218.

   • If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with
the employee’s Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

5. Participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer’s participation in E-Verify: (1) identity documents must have photos, as described in paragraph 4 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between $550 and $1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

6. The Employer shall initiate E-Verify verification procedures (through the Designated Agent), for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification, through the Designated Agent, by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer (through the Designated Agent) performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

7. The Employer may not use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify (through its Designated Agent) for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of
this MOU. The Employer understands that if the Employer uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

8. The Employer (through the Designated Agent) shall follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

9. The Employer shall not take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work, or otherwise mistreating an employee) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

10. The Employer shall comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer shall not engage in such illegal practices as selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the
Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer shall record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

12. The Employer will use the information it receives from SSA or DHS (through its Designated Agent) pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

13. The information that the Employer receives through the Designated Agent from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

14. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer’s use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. EMPLOYERS THAT ARE FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE

1. If the Employer is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

   a. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the E-Verify system and selecting which
employees will be verified in E-Verify or within 30 days of an employee’s assignment to the contract, whichever date is later.

b. Federal contractors already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II, part D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: A Federal contractor with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with Article II.C.4, the employee’s work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's
stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.4, if the employee’s basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.4, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.4, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.4, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. If the Employer is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer’s compliance with Federal contracting requirements.

E. RESPONSIBILITIES OF DESIGNATED AGENT

1. The Designated Agent agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Designated Agent representatives who will be accessing information under E-Verify.

2. The Designated Agent agrees to become familiar with and comply with the E-Verify User Manual and provide a copy of the manual to the Employer so that the Employer can become familiar with and comply with E-Verify policy and procedures.

3. The Designated Agent agrees that any Designated Agent Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

   A. The Designated Agent agrees that all Designated Agent representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor with the FAR E-Verify clause.

   B. Failure to complete a refresher tutorial will prevent the Designated Agent and Employer from continued use of the program.

4. The Designated Agent agrees to obtain the necessary equipment to utilize E-Verify.

5. The Designated Agent agrees to provide the Employer with the notices described in Article II.B.4 above.
6. The Designated Agent agrees to initiate E-Verify procedures on behalf of the Employer in accordance with the E-Verify Manual and E-Verify Web-Based Tutorial. The Designated Agent will query the automated system using information provided by the Employer and will immediately communicate the response back to the Employer. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Designated Agent's attempting, in good faith, to make inquiries on behalf of the Employer during the period of unavailability. In all cases, the Designated Agent will use the SSA verification procedures first, and will use DHS verification procedures only as directed by the SSA verification response.

7. The Designated Agent agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer (through the Designated Agent), will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer (through the Designated Agent) within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer shall not ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO DHS
1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer shall refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer shall provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. If an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer shall send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

   • Scanning and uploading the document, or
   • Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. If the Employer (through the Designated Agent) determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer (through the Designated Agent) must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

**ARTICLE IV**

**SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer or the Designated Agent for verification services performed under this MOU. DHS is not responsible for providing the equipment
needed to make inquiries. A personal computer with Internet access is needed to access the E-Verify System.

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of the parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require Designated Agents to take mandatory refresher tutorials. A Designated Agent for an Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires the Employer’s participation in E-Verify is terminated or completed. In such a circumstance, the Designated Agent must provide written notice to DHS. If the Designated Agent fails to provide such notice, that Employer will remain a participant in the E-Verify program on behalf of the Employer, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all the Employer’s newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate access to E-Verify if it is deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Designated Agent or the Employer, or a failure on the part of either to comply with established procedures or legal requirements. The Designated Agent understands that if the Employer is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect the Employer’s performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Designated Agent, the Employer, or their agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Designated Agent or the Employer and any other person or entity regarding the applicability of
Section 403(d) of IIRIRA to any action taken or allegedly taken by the Designated Agent or the Employer.

F. Participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Designated Agent.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Designated Agent and DHS respectively. If you have any questions, contact E-Verify at 1-888-464-4218.
MOU Signatory

Please enter point of contact information for the person who has signature authority and whose name will appear on the Memorandum of Understanding. This person may also become an E-Verify User by selecting “yes” to the question below.

Last Name: *
First Name: *
M.I.: 
Phone Number: ( ) ext. *
Fax Number: ( ) 
E-mail Address: *
Confirm E-mail Address: *

Does this person need Program Administrator access to E-Verify? Yes ❌ ❍
Date: February 16, 2011

To: Members of the Commissioners Court

From: Mattye Mauldin-Taylor, Ph.D., Director

Subject: Appointment of Commission Members
Sheriff's Department Civil Service Commission

Background
On January 31, 2011, the appointments of the three sitting commissioners on the Sheriff’s Department Civil Service Commission ended. In accordance with civil service rules and regulations, the three members, one each appointed by Commissioners Court, the Sheriff, and the District Attorney shall be appointed for a new term as determined by the drawing of lots. The purpose of this briefing is to notify the Court that two of the three commissioners will be re-appointed to the Sheriff’s Department Civil Service Commission – Harlan Harrison (Commissioners Court) and James Mitchell (District Attorney). The Honorable Sheriff Lupe Valdez has selected Juanita H. Nanez to serve as her new appointment on the commission.

Two of the commissioners will serve a term of two years and the third will serve one year. In the March meeting, the three civil service commissioners will draw lots to determine who will serve the designated term(s) of office and HR will submit a court order the following week.

Impact on Operations
The appointment of the civil service commissioners to the Commission will comply with Dallas County civil service rules and regulations as well as state statutes.

Financial Impact
There is no financial impact associated with the appointment of the commissioners.

Legal Review
The Civil Section of the District Attorney’s Office reviewed the appointment process.

Strategic Plan Compliance
This recommendation is consistent with the Dallas County Strategic Plan, Vision 1, Strategy 1.3, Dallas County provides Sound, Financially Responsible, and Accountable Governance.

Recommendation
The Human Resources/Civil Service Department recommends Commissioners Court approve the re-appointment of Harlan Harrison (Commissioners Court) and James Mitchell (District Attorney, and the new appointment of Juanita H. Nanez, to serve as the three appointed commissioners for the Sheriff’s Department Civil Service Commission.

Recommended by: Mattye Mauldin-Taylor, Ph.D.

CC: The Honorable Lupe Valdez - Sheriff
The Honorable Craig Watkins - District Attorney
Memorandum
Office of Executive Administration

Date: February 14, 2011
To: Dr. Mattye Mauldin-Taylor
From: Sheriff Lupe Valdez
Subject: Appointment to Civil Service Board

Please be advised that I have chosen Mrs. Juanita H. Nanez to serve on the Civil Service Board of Directors. Mrs. Nanez comes to me with many years of experience in the field of Human Resource. Attached, please find her resume. I am very delighted to have her, and I hope that her appointment to this position will bring another experienced point of view that we have been so sorely missing.

Thank You,
Sheriff Lupe Valdez
Resume of  

JUANITA H. NANEZ, SPHR  
Email: jnanez@hopkinshr.com  
Website: www.hopkinshr.com (See "About Us")  
Phone (24/7) – 214-881-9304

<table>
<thead>
<tr>
<th>Objective</th>
<th>To donate my time and expertise as a generalist in Human Resources on a voluntary basis to the community not to exceed 32 hours per month, specializing in employee relations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>Providing Human Resources generalist consulting services to cross-industry small and mid-size companies assisting them in identifying and meeting their overall business goals through HR strategic planning; workforce planning and employment; learning and development; employee relations and compliance; compensation and benefits; and mergers and acquisitions.</td>
</tr>
<tr>
<td>Sr. Associate</td>
<td>The Hopkins Group</td>
</tr>
<tr>
<td>2004-2006</td>
<td>Carlson Restaurants Worldwide Vice President Diversity</td>
</tr>
<tr>
<td>2000-2004</td>
<td>Carlson Restaurants Worldwide Executive Director of Corporate Human Resources and Employee Relations</td>
</tr>
<tr>
<td>1995-2000</td>
<td>Carlson Restaurants Worldwide Director Employee Relations</td>
</tr>
<tr>
<td>1990-1995</td>
<td>Manager Employee Relations</td>
</tr>
<tr>
<td>1983-1990</td>
<td>T.G.I. Friday's Inc./Carlson Restaurants Worldwide</td>
</tr>
<tr>
<td>1983-1990</td>
<td>Employee Relations Manager</td>
</tr>
<tr>
<td>1983-1990</td>
<td>Employee Relations Representative</td>
</tr>
<tr>
<td>1983-1990</td>
<td>Personnel Generalist</td>
</tr>
</tbody>
</table>

A private global restaurant company almost 1,000 locations around the world specializing in full-service casual dining (T.G.I. Friday's) and quick-casual to-go (Pick Up Stix). Strategic business partner; lead the development of the U.S.A. diversity strategic plan for the Customer, Employment, Strategic Sourcing, Development and Community areas. Formed the company's first Diversity Council and Executive Diversity Council; developed company diversity web site and newsletters. Partnered with divisional leadership in the planning, development, and implementation of the company's first divisional Diversity Councils and Women's and Multicultural Forums. Developed and facilitated leadership diversity training. Results: increased diversity representation at the management levels; doubled strategic sourcing for women and minority owned companies; gained industry and community recognition for Company's diversity efforts. Awarded CRW's highest level of recognition: 5-Diamond Presidential Gold Star; Diversity Finalist recognition for the inaugural diversity award by the Dallas Arboretums.

Partnered with the senior executive leadership team, and lead the Corporate HR team in all HR matters. Integrated strategic management background screening system into selection process. Key player in implementation of HRIS system. Conducted corporate HR team SWOT analysis. Selected and consulted with Outplacement firms. Results: significant company savings by outsourcing the company's targeted jobs tax-free credit program; employee records file management; unemployment management; and outplacement services; improved efficiencies in HR processes; increased ability to focus on strategic core competencies aligned with the company's goals. In 2004, managed two month sexual harassment trial in California from the HR perspective, partnering with attorney's to ensure relevant data and witnesses identified and presented. Ours was the only trial won by the defense in southern California that year.

Partnered with senior HR leadership and employment attorneys on all employee issues. Consulted and advised leadership regarding difficult employee issues. Implemented the industry segment's first toll-free line for employee complaints, issues or comments. Developed tracking, reporting and analysis system for employee calls. Developed and facilitated anti-discrimination and company culture training. Responded to, and liaised with, employment attorneys; represented company in HR in employment litigation matters. Implemented and managed company I-9 process and provided training to management. As a manager, designed a comprehensive employee handbook; formalized the employee recognition program; and responded to all agency-filed discrimination charges. Results: significant company savings by resolving employee issues internally and keeping EEOC and Human Rights discrimination filings at a record low for the industry; heightened employee morale as shown in employee satisfaction scores.
Memorandum

To: Darryl Martin  
Commissioners Court Administrator

Fm: Virginia Porter  
County Auditor

Re: Restitution

Date: February 9, 2011

Background

Commissioners Court requested information on the amount of restitution ordered to be paid to Dallas County. The reviewed information includes all restitution cases where notice was received by the County Auditor since 1998. Over the years, various audits have revealed misappropriation of county funds; damage to county property; and forgery as well as other crimes. Where sufficient evidence was available to pursue prosecution, the County Auditor’s Office worked in conjunction with the Sheriff and/or District Attorney’s Offices to seek and collect restitution for the County.

Other information previously presented includes an annual summary of losses and funding options. The annual report of loss/funding option does not include the status of any restitution.

Legal

A staff member from the District Attorney’s office familiar with several of the County’s cases assisted in determining, if cases where restitution had been ordered but either remained unpaid; time was served; and/or the probation period ended, should still be considered as outstanding amounts due the County. Accordingly, several cases were placed on an uncollectible list as unrecoverable due to exceeding the statutory time limits to take action in order to pursue collection.

Texas Code of Criminal Procedure, Article 42.12 governs the basic conditions of probation that may be imposed by the court which includes specifying the period of time to be served as well as setting the amount of restitution, if any, imposed. Article 42.12, Section 3 specifies the maximum period of supervision not to exceed ten (10) years in felony cases or two (2) years in misdemeanor cases unless subject to extension as provided by Section 22.

Attorney General Opinion, GA-0413 issued March 13, 2006 concluded that absent any action by the court to revoke, continue or modify probation, the period of community service automatically ends on expiration and with it the ability to collect any unpaid fines, fees, or court costs ordered as a condition of community supervision.
Current Status

The Auditor’s office routinely refers cases to the District Attorney’s office as a result of an audit/review. However, the first notification of ordered restitution may be receipt of payment from Community Supervision and Corrections Department (CSCD). Audit staff is collaborating with CSCD to identify cases where payment is not sent directly to the Auditor’s office but to another department and/or elected official.

Known cases where defendants were ordered/agreed to pay restitution have been categorized as follows:

Attachment A (Paid Restitution) contains a listing of restitution for both felony and misdemeanor cases which is presented to provide historical/background information on cases that have been tracked over the past several years and have now been paid in full.

Attachment B (Uncollectible Restitution) contains a listing of cases where restitution was ordered but not paid and is considered no longer recoverable due to: the defendant served time; the probation period ended without action taken by County to pursue and perfect a civil judgment; and/or the cases was inactive for more than four years. The largest amount does not represent an actual loss of County funds.

Attachment C (Outstanding Restitution) contains a listing of cases where restitution is due based on recent (within the last four years) activity including payment, indictment, and/or arrest. The largest amount involves an open civil case filed by the County.

Summary

The information is provided for your review. If additional information is needed, please feel free to contact the Auditor’s office @ (214) 653-6472.

Attachments

cc. District Attorney
Lincoln Monroe
Dr. Michael Noyes, Director CSCD
Dallas County, Texas  
Paid Restitution as of December 31, 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Case</th>
<th>Type of Loss</th>
<th>Agency</th>
<th>Restitution Ordered</th>
<th>County</th>
<th>Commence Date</th>
<th>Restitution Paid</th>
<th>Last Activity Date</th>
<th>Restitution Balance</th>
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<tbody>
<tr>
<td>Davis, Kamecia</td>
<td>F9819679Q</td>
<td>Deposit</td>
<td>Constable 8</td>
<td>12,000.00</td>
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<td>12,000.00</td>
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<td>Nicholas, Brian</td>
<td>F9703700R</td>
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<td>County Clerk</td>
<td>4,000.00</td>
<td></td>
<td>04/29/1998</td>
<td>4,000.00</td>
<td>03/08/02</td>
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<td>Robinson, Teresa Darlene</td>
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<td>08/07/1998</td>
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<td>0.00</td>
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<td>Santos Jr., Bernadino Henri</td>
<td>F9703578H</td>
<td>Vehicle registration</td>
<td>Tax Office</td>
<td>4,350.00</td>
<td></td>
<td>03/05/1999</td>
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<td>06/19/03</td>
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<td>Bernard, Jacqueline Elaine</td>
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<td>Deposit</td>
<td>J P 1-1</td>
<td>502.00</td>
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<td></td>
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<td>06/19/07</td>
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<tr>
<td>Dallas Examiner</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Ransom, Ricky</td>
<td>F0358223</td>
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<td>Sheriff</td>
<td>1,000.00</td>
<td></td>
<td>09/10/2004</td>
<td>1,000.00</td>
<td>04/26/06</td>
<td>0.00</td>
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<td>Patterson, Toronto</td>
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<td>02/11/2003</td>
<td>493.37</td>
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<td>Wottlin, Brittany</td>
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<td>750.00</td>
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<td>06/20/2006</td>
<td>750.00</td>
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<td>0.00</td>
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**TOTALS**: 51,212.73, 49,466.62, 51,212.73, 0.00
### Dallas County, Texas
**Uncollectible Restitution as of December 31, 2010**

<table>
<thead>
<tr>
<th>Name</th>
<th>Case</th>
<th>Type of Agency</th>
<th>Agency</th>
<th>Restitution Ordered</th>
<th>County</th>
<th>Commence Date</th>
<th>Restitution Paid</th>
<th>Last Activity Date</th>
<th>Unpaid Balance</th>
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</thead>
<tbody>
<tr>
<td>Nelson, Timothy Lamont</td>
<td>F0200092M</td>
<td>Accounts payable</td>
<td>Auditor</td>
<td>11,837.50</td>
<td>0.00</td>
<td>05/14/2002</td>
<td>9,907.00</td>
<td>08/31/06</td>
<td>1,930.50</td>
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<td>Bonner-Thomas Lois Marie</td>
<td>F0200091M</td>
<td>Accounts payable</td>
<td>Auditor</td>
<td>19,267.12</td>
<td>0.00</td>
<td>05/14/2002</td>
<td>0.00</td>
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<tr>
<td>Westfall, Kendra</td>
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<td>District Clerk</td>
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<td>11/20/2000</td>
<td>888.59</td>
<td>01/31/00</td>
<td>5,101.48</td>
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<td>Westfall, Kendra</td>
<td>F9931379</td>
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<td>District Clerk</td>
<td>761.34</td>
<td>11/20/2000</td>
<td>0.00</td>
<td>02/04/00</td>
<td>761.34</td>
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<tr>
<td>Westfall, Kendra</td>
<td>F9931034</td>
<td>Trust Fund</td>
<td>District Clerk</td>
<td>711.34</td>
<td>11/20/2000</td>
<td>0.00</td>
<td>01/31/00</td>
<td>711.34</td>
<td></td>
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</tbody>
</table>

**No Record at CSCD All in US Courts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Case</th>
<th>Type of Agency</th>
<th>Agency</th>
<th>Restitution Ordered</th>
<th>County</th>
<th>Commence Date</th>
<th>Restitution Paid</th>
<th>Last Activity Date</th>
<th>Unpaid Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dudley, Roderick</td>
<td>F9700531</td>
<td>Trust Fund</td>
<td>County Clerk</td>
<td>211,000.00</td>
<td>0.00</td>
<td>Time served</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Robledo Ramon Oscar</td>
<td>F0174222</td>
<td>Property damage</td>
<td>Sheriff</td>
<td>844.77</td>
<td>0.00</td>
<td>Time served</td>
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<td>05/01/02</td>
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**Transferred to TDCJ 12/16/2010**

<table>
<thead>
<tr>
<th>Name</th>
<th>Case</th>
<th>Type of Agency</th>
<th>Agency</th>
<th>Restitution Ordered</th>
<th>County</th>
<th>Commence Date</th>
<th>Restitution Paid</th>
<th>Last Activity Date</th>
<th>Unpaid Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis, Rubin Andrew</td>
<td>F0200090M</td>
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<td>Auditor</td>
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<td>58.00</td>
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<tr>
<td>Simmons, Nellie Denise</td>
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<td>HHS</td>
<td>20,000.00</td>
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<td>7/20/2006</td>
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<tr>
<td>Simth, David Donnell</td>
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<td>HHS</td>
<td>20,000.00</td>
<td>0.00</td>
<td>Time Served</td>
<td>0.00</td>
<td>01/19/07</td>
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<td>Jackson, Carol</td>
<td>F9700530L</td>
<td>Trust Fund</td>
<td>County Clerk</td>
<td>48,600.00</td>
<td>0.00</td>
<td>09/24/1999</td>
<td>40,881.24</td>
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<td>7,718.76</td>
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<td>Hill, Francis Olivia</td>
<td>F9703577M</td>
<td>Vehicle registration</td>
<td>Tax Office</td>
<td>9,000.00</td>
<td>0.00</td>
<td>05/22/1998</td>
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<td>4,961.52</td>
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**Totals**

- 397,519.76
- 42,807.62
- 66,064.35
- 55,531.02

**Notes:**

* Restitution split between County (5,000.00) and US Fire Ins. (8,244.22)
Dallas County, Texas
Outstanding Restitution as of December 31, 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Case</th>
<th>Type of Loss</th>
<th>Department</th>
<th>Restitution Ordered</th>
<th>Cash Loss</th>
<th>County Commence Date</th>
<th>Restitution Paid</th>
<th>Last Activity Date</th>
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<tbody>
<tr>
<td>Hoyle, Pamela</td>
<td>F0122708S</td>
<td>Payroll</td>
<td>Juvenile</td>
<td>10,284.34</td>
<td>10,284.34</td>
<td>06/22/2001</td>
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<td>08/23/10</td>
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<tr>
<td>Thomas, Dellesia</td>
<td>F0122709S</td>
<td>Payroll</td>
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<tr>
<td>Deadman, Tylonar</td>
<td>M0623383C</td>
<td>Property damage</td>
<td>Sheriff</td>
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<td>Goyette, Richard Leon</td>
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<td>Reimburse costs</td>
<td>HHS</td>
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<td>Hillvale Medical Assoc</td>
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<td>HHS</td>
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<td>Riley, Kishia **</td>
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<td>Check forgery</td>
<td>Tax</td>
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<td>Tran, Davis</td>
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<td>Amaechi, Humphrey</td>
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<td>MV Ins Fraud</td>
<td>Tax Office</td>
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<td>02/05/08</td>
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<td>Miranda, Jose</td>
<td>M0819184K</td>
<td>Property damage</td>
<td>Sheriff</td>
<td>4,426.00</td>
<td>4,426.00</td>
<td>8/21/2009</td>
<td>888.00</td>
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<td>3,538.00</td>
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</table>

** Totals: 272,062.61 271,296.53 21,910.22 250,152.39

Note: ** Indicted 12/10 - trial pending. Bank has reimbursed 1/2 of loss ($4,759.13)
February 16, 2011

TO: Commissioners Court

THROUGH: Ryan Brown, Budget Officer

FROM: Office of Budget and Evaluation Staff

SUBJECT: Conference/Travel/Training Requests

The following departments have requested approval for Conference/Travel/Training. Additional documentation is available for further reference.

**Elected Officials/Departments notifying Commissioners Court of Conference/Travel/Training fund requests that do not require Commissioners Court approval under State Statues**

None Requested

**Elected Officials/Departments requesting Conference/Travel/Training approval for funds that have Commissioners Court authority**

**Office of Information Technology** - requests approval for Richard Ballard, Kimberly Brown, Kimberly Thomas and Karl Warren to attend the Odyssey TX Seminar in San Antonio TX, on May 11th and 12th 2011. Benefits of the seminar include: 1) training to support end user community; 2) information on new functionality and features; 3) networking with other Texas Counties on how they are utilizing Odyssey to increase efficiency. The total estimated cost is $2,900 ($900 - seminar fee, $1000 - hotel, $1000 - air). Funding is available within the Information Technology department's budget for Business Travel (195.1090.4010).

**Sheriff** - requests approval for the following:

a) Sheriff Lupe Valdez to attend 82nd Legislative Session in Austin, Texas from February 16 -17, 2011. The total estimated amount to attend is $600. Funding is available in 532.3151.91046.2011.
b) Barbara Blacksher and David Taylor to attend Texas Association of Counties Training in Waco, Texas on February 24, 2011. The staff will use a County vehicle and gas credit cards. There is no other cost to Dallas County for staff to attend.

c) J. Caranza to attend a 2011 Texas Anti-Human Trafficking Conference from February 27 – March 1, 2011. The staff will use a County vehicle and gas credit cards. There is no other cost to the County for staff to attend.

d) Garrick Whaley to attend the Ocean Systems Training on March 8-11, 2011 in Bedford, Texas. The staff will use a County vehicle and gas credit cards. There is no other cost to Dallas County for staff to attend.

**Constable Precinct 5 (Villarreal)** requests approval for a Lieutenant and Sergeant in Precinct 5 to attend a legislative hearing regarding SB44 – Detention and Transportation of a person with mental illness. The hearing was held on February 15, 2011 in Austin, Texas. The staff used a County vehicle to attend.

**County Clerk’s Office** requests approval for Jim Politz, Assistant Manager Probate Section to attend the Texas College of Probate Judges training in Austin, Texas from March 23 – 25, 2011. The total estimated cost to attend is $786 ($191 – mileage; $196 – hotel; $75 – food; and $325 – registration). Funds are available in 531.4031.0.94009.

**District Clerk’s Office** – notifies Commissioners Court of the following:

a) Gary Fitzsimmons attendance at the Texas Association of Counties IT Conference from January 24 – 27, 2011 in San Marcos, Texas. The total estimated cost to attend was $876 ($224 – mileage reimbursement; $327 – hotel; $150 – food and $175 - registration). Funding will be used from the District Clerk’s Record Management Fund (532.4020.94060.2011).

b) Richard Ballard to attend the Texas Association of Counties IT Conference in San Marcos, TX from January 24 – 27, 2011. The total estimated cost to attend is $876 ($224 – mileage reimbursement; $327 – hotel; $150 – food and $175 - registration). Funding will be used from the District Clerk’s Record Management Fund (532.4020.94060.2011).

**Notifying Commissioners Court of Conference/Travel/Training funds used by Grant Programs**

**Health and Human Services** – requests approval for the following:

a) Alma Armendarez to attend the Introduction to STD Intervention Training in New Orleans, Louisiana from March 14 - 25, 2011. The total estimated cost to attend is $2,730 ($300 - airfare; $1,375 – hotel; $600 - food; $215 – ground transportation; and $240 – baggage fees and parking). Funding is available in the STD/HIV Prevention Training Center grant #8709.
b) Joan Sledge to attend Section 8 HCV Eligibility Training and Certification in Arlington, TX from March 22 - 23, 2011. The total estimated cost to attend is $785 ($45 – mileage; $40 – food; $500 – registration fees; $200 – exam and parking). Funding is available in the HHS/WAP grant #8502.

c) Aurelio Rodriguez to attend the HIV Post-Incarcerated Summit, in Austin, Texas from March 24 - 25, 2011. There is no cost to Dallas County for staff to attend.

d) Diane Turner to provide testing and treatment for sexually transmitted diseases in Ennis, Texas on February 16, 2011. The travel associated with this request is for STD Clinic grant #5215. There is no cost to Dallas County for staff to attend.

e) Mary McClaud to attend TIPP meeting in Austin, Texas from March 7 - 9, 2011. The travel associated with this request is for STD Clinic grant #5215. There is no cost to Dallas County for staff to attend.

f) Darshon Brown, Lazonda Harvey, Natalie Hickson, Monica Tunstle-Garret, and Consuelo Cortes to provide Disease Intervention Specialist activities in TDH Region 2/3 from January 1, 2011 – December 31, 2011. The total estimated cost of training is $4,200 ($2,500 - mileage reimbursement; $1,000 – hotel; and $700 – food). Funding is available in VD Epidemiology grant #8706.
February 22, 2011

TO: Commissioners Court

FROM: Ryan Brown, Budget Officer

SUBJECT: Hiring Freeze

The Dallas County Commissioners Court authorized a “rolling 90 day hiring freeze” for the Fiscal Years 2009 through 2011. Under the “rolling 90 day hiring freeze” any position that becomes vacant must be held vacant for 90 days in addition to the normal encumbrance (paid vacation and compensatory time). Any Elected Official wishing to fill a vacant position before the end of the “rolling 90 day hiring freeze” must notify Commissioners Court of their intent to fill the position. Any Department Head wishing to fill a vacant position before the end of the “rolling 90 day hiring freeze” must receive Commissioners Court approval before they can fill the position.

For February 22, 2011 two (2) Elected Officials and one (1) Department Head desired to have their requests related to the “rolling 90 day hiring freeze” be briefed to Commissioners Court.

Elected Officials notifying Commissioners Court of their intent to fill a position before the expiration of the “rolling 90 day hiring freeze”.

District Attorney – The District Attorney desires to notify Commissioners Court of their intent to fill a Legal Secretary, grade 8, position #2712 in the Civil Division due to the resignation of the incumbent. Filling this position before the expiration of the “rolling 90 day hiring freeze” will cost the County up to $9,617 in savings opportunity.

District Clerk – The District Clerk desires to notify Commissioners Court of their intent to fill a Clerk II, grade 6, position #4038 position prior to the expiration of the “rolling 90 day hiring freeze” in order to ensure that paperwork in the 24 hour operation in the Magistrate Court in Lew Sterrett is processed timely. Filling this position before the expiration of the “rolling 90 day hiring freeze” will cost the County up to $8,412 in savings opportunity.

Department Heads requesting Commissioners Court approval to fill a position before the expiration of the “rolling 90 day hiring freeze”.

Department of Criminal Justice - The Department of Criminal Justice requests an exception to the “rolling 90 day hiring freeze” for the Administrative Assistant, grade 10, position #7056 due to the promotion of the incumbent. Filling this position before the expiration of the “rolling 90 day hiring freeze” will cost the County up to $11,084 in savings opportunity.
February 22, 2011

TO: Commissioners Court

FROM: Ryan Brown, Budget Officer

SUBJECT: Public Defender staffing modifications

BACKGROUND
Criminal District Court #265th, Judge Stoltz has requested the addition of a Public Defender Attorney IV. The purpose of this briefing is to present this request and provide Commissioners Court with a recommendation concerning this request.

OPERATIONAL IMPACT
Criminal District Court #265th, Judge Stoltz is requesting the addition of a Public Defender Attorney IV. This will be Judge Stoltz's fourth Public Defender and he has been assigning enough cases to the current Public Defender to be cost effective. In FY2009 Judge Stotlz had four (4) Public Defenders and their average cost per case was $219, while the average cost per case for Court Appointed Attorneys was $349. Assuming Judge Stotlz assigns 30 cases per month to the new Public Defender, adding this Public Defender will save $46,800 annually.

FINANCIAL IMPACT
Authorizing the addition of a Public Defender Attorney IV for Criminal District Court #265th should result in an annual savings of $46,800.

Funds for this additional Public Defender will be transferred from Court Appointed Attorney line items in the courts to the salary and benefits line items in the Public Defenders Office to make the necessary adjustments.

RECOMMENDATION
The Office of Budget and Evaluation recommends the addition of a Public Defender Attorney IV for Criminal District Court #265th. It is further recommended that the Human Resources/Civil Service Department present the position to the Civil Service Commission for creation and final classification.
February 22, 2011

MISCELLANEOUS

1) **HEALTH & HUMAN SERVICES** - requests approval for a Memorandum of Understanding between Parkland Health and Hospital District and Dallas County Health and Human Services.

   *(COURT ORDER ON FORMAL AGENDA)*

2) **HUMAN RESOURCES/CIVIL SERVICE** - requests approval to accept the third partial advance payment reimbursement of $2,372,000 from Allianz Insurance and allow the County Judge or his designated representative to sign the Sworn Statement in Proof of Loss on behalf of Dallas County.

3) **FACILITIES MANAGEMENT** - requests approval to move/set up workstations from Road and Bridge #4 to the Administration Building. The estimated cost is $800 and will be funded out of 126.2635.1075.70047 (Permanent Improvement Fund, Materials and Supplies, Minor Building Repairs, Administration Building).

4) **IT SERVICES** - requests approval:
   
a) to renew the annual maintenance and support for the IBM mainframe computer through Technologent. Funding to cover the cost of $18,000 is available in the Office of Information Technology budget 195.1090.6520 (Major Technology Fund, Data Services, Maintenance Contracts). Recommended by the Office of Information Technology.

b) to purchase a corporate license for ieSpell software to provide spell checking on County web-based data entry pages. This will improve the quality of data captured on County web pages. Funding to cover the one-time cost of $6,000 is available in the Office of Information Technology budget 195.1090.2160 (Major Technology Fund, Data Services, Office Supplies). Recommended by the Office of Information Technology.

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**MISCELLANEOUS EQUIPMENT**

Actual invoiced amounts may deviate by up to $5 from the amounts listed without additional Commissioners Court Authorization.

<table>
<thead>
<tr>
<th>DEPARTMENT:</th>
<th>Facilities Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEMS:</td>
<td>16 - Wet/Dry Pump Vac ($330 each)</td>
</tr>
<tr>
<td>ESTIMATED COST:</td>
<td>$5,280</td>
</tr>
<tr>
<td>FUNDING SOURCE:</td>
<td>Within Budget</td>
</tr>
</tbody>
</table>

02/22/11
EXPENDITURE SOURCE: 120.1022.2690 (General Fund, Facilities, Hardware & Electrical Supplies)

PROPOSED ACTION: Facilities Management is requesting authorization to purchase the above listed item(s) at a total cost of $5,280. The sixteen (16) wet/dry pump vats are needed to replace damaged/broken emergency use tools for plumbing and flooding in Dallas County facilities. Recommended by the Office of Budget and Evaluation.

(2) DEPARTMENT: Facilities Management

ITEMS:
2 - 6' x 10' U.S. Flag ($79 each)
2 - 6' x 10' Texas Flag ($74 each)
2 - 6' x 10' Dallas County Flag ($125 each)
8 - 12' Stepladder ($175 each)
16 - 8' Stepladder ($95 each)
20 - 6' Stepladder ($75 each)
10 - 4' Stepladder ($55 each)
1 - Slide Away Keyboard Platform ($147)

ESTIMATED COST: $5,673

FUNDING SOURCE: Within Budget

EXPENDITURE SOURCE: 120.1022.2670 (General Fund, Facilities, Maintenance)

PROPOSED ACTION: Facilities Management is requesting authorization to purchase the above listed item(s) at a total cost of $5,673. The flags are needed as replacement inventory for Dallas County facilities. The ladders are needed by the Paint Department as well as other Facilities Departments for use in all Dallas County Buildings. The slide away keyboard platform is to be used by the Assistant to the County Judge. Recommended by the Office of Budget and Evaluation.

(3) DEPARTMENT: Facility Quality Assurance Team

ITEMS:
1 - Cut Out Tool ($56)
20 - Charcoal Entrance Floor Mat ($58 each)

ESTIMATED COST: $1,236

FUNDING SOURCE: Within Budget

EXPENDITURE SOURCE: 120.1028.2710 (General Fund, Facilities, Plumbing Supplies)
Facility Quality Assurance Team is requesting authorization to purchase the above listed item(s) at the total cost of $1,236. The cut out tool was purchased on a pick-up PO for an emergency plumbing repair in the West Tower Jail. The twenty (20) charcoal entrance floor mats are needed as a restock of entrance mats due to the recent inclement weather. Recommended by the Office of Budget and Evaluation.

Facility Quality Assurance Team

1 - Air Compressor Motor ($609)
1 - Power Washer ($1,839)
$2,448
Within Budget
120.1028.2670 (General Fund, Facilities, Maintenance)

Facility Quality Assurance Team is requesting authorization to purchase the above listed item(s) at the total cost of $2,448. The air compressor motor is needed as a replacement in the West Tower Jail. The power washer is needed as a replacement for the Lew Sterrett Kitchen. Recommended by the Office of Budget and Evaluation.

Sheriff - Commissary

1 - Data Drop ($200)
$200
Commissary Funds
Commissary Funds

Sheriff - Commissary is requesting authorization to purchase the above listed item(s) at the total cost of $200. The data drop is needed for the Inmate Kiosk. Recommended by the Office of Budget and Evaluation.

Central Kitchen

1 - Rechargeable Flashlight Lantern w/ 3 Plug-in Chargers ($248)
$248
Within Budget
120.1028.2670 (General Fund, Facilities, Maintenance)
PROPOSED ACTION:

Central Kitchen is requesting authorization to purchase the above listed item(s) at the total cost of $248. The rechargeable flashlight lantern w/ three (3) plug-in chargers is needed to replace existing equipment that is not repairable and is necessary life safety equipment. Recommended by the Office of Budget and Evaluation.

(7) DEPARTMENT: Office of Information Technology
ITEMS:
1 – Apple iPad ($850)
ESTIMATED COST: $850
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 195.2093.92055 (Major Technology Fund, Computer Hardware Less than $5,000, Hardware Refresh)

PROPOSED ACTION:

Central Kitchen is requesting authorization to purchase the above listed item(s) at the total cost of $850. The Ipad will be used by IT determine capability with county system. Recommended by the Office of Budget and Evaluation.

(8) DEPARTMENT: 4420 203rd Criminal District Court
ITEM:
1 – Wood Center Drawer ($57)
Installation Charge ($10)
ESTIMATED COST: $67
FUNDING SOURCE: Reserves and Contingency – Furniture and Equipment
EXPENDITURE SOURCE: 120.4420.2090.0000 (General Fund, Criminal District Court, Property less than $5,000, FY2011)

PROPOSED ACTION:
The requested item is needed for a previous desk that was approved by Commissioners Court. The wood center drawer was not included on the initial order for the desk for the new Judge. Recommended by the Office of Budget and Evaluation.

(9) DEPARTMENT: Health & Human Service – VD Epidemiology
ITEMS:
2 – Logitech Wireless Wave Combo MK550
1 – Privacy / Antiglare / Antiadiation screen
The Health & Human Services Department is requesting authorization to purchase the above listed items for VD Epidemiology - Grant #8706, which was court ordered on December 14, 2010, and assigned court order number 2010 – 2063. Recommended by the Office of Budget and Evaluation.

(10) DEPARTMENT: Health & Human Service – CPS
ITEMS:
1 – Ultra Violet Light Kit 1005
9 – Automatic Blood Pressure Machine

ESTIMATED COST: $1,892
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 466.0000.02090.2010 (Grant Fund, Health & Human Services, Property less than $5,000, FY2011)

PROPOSED ACTION: The Health & Human Services Department is requesting authorization to purchase the above listed items for the CPS Bioterrorism Preparedness - Grant #8723, which was court ordered on July 13, 2010, and assigned court order number 2010 – 1168. Recommended by the Office of Budget and Evaluation.

(11) DEPARTMENT: Health & Human Service – TACCA
ITEMS:
4 – Fluke Infrared Thermostat
1 – Dayton Shop Vac
3 – Fluke Aspirator Kits
3 – Fluke CO Meter
1 – Fluke 115 Multi-meter
4 – Fluke Clamp on Ammeter

ESTIMATED COST: $2,830
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 466.0000.02690.2008 (Grant Fund, Health & Human Services, Property less than $5,000, FY2011)
The Health & Human Services Department is requesting authorization to purchase the above listed item for the TACCA Oncor Energy - Grant #8502, which was court, ordered on November 30, 2010, and assigned court order number 2010 – 1965. Recommended by the Office of Budget and Evaluation.

(12) DEPARTMENT: Health & Human Service – Section 8 Housing
ITEMS: 2 – Digital Cordless Headset with Handset Lifter
ESTIMATED COST: $436
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 467.0000.02090.2011 (Grant Fund, Health & Human Services, Property less than $5,000, FY2011)

(13) DEPARTMENT: Health & Human Service – Strengthening Public Health Infrastructure
ITEM: 1 – Dell Optiplex / Windows Client Access License
ESTIMATED COST: $1,010
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 466.0000.08630.2011 (Grant Fund, Health & Human Services, Property less than $5,000, FY2011)

(14) DEPARTMENT: Sheriff Department – Fleet Operations

02/22/11
<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>ITEMS</th>
<th>ESTIMATED COST</th>
<th>FUNDING SOURCE</th>
<th>EXPENDITURE SOURCE</th>
<th>PROPOSED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheriff Department</td>
<td>2 - Expedition 2010 Top lock Button with Key override bottom locks 1 - Shipping</td>
<td>$4,571</td>
<td>Sheriff Escrow Account</td>
<td>532.8620.91002.0000 (Escrow Account, Sheriff Department, Property less than $5,000, FY2010)</td>
<td>The Sheriff Department is requesting authorization to purchase the overriding key-lock system. Recommended by the Office of Budget and Evaluation.</td>
</tr>
<tr>
<td>Sheriff Department</td>
<td>2 - 2 Full size SUV vehicles 2 - Accessories, equipment, labor, etc. 5 - 5 pt Hostage Heavy Duty Steel Targets 5 - 5 pt hold plus Steel Targets 2 - 2 pt dueling trees Steel Targets</td>
<td>$66,699</td>
<td>Sheriff Escrow Account</td>
<td>532.2960.91002.0000 (Escrow Account, Sheriff Department, Property less than $5,000, FY2010)</td>
<td>The Sheriff Department is requesting authorization to purchase the above listed items for training purposes and for Vehicle Crime Unit. Recommended by the Office of Budget and Evaluation.</td>
</tr>
<tr>
<td>County Judge</td>
<td>1 - Slide Away Keyboard Platform ($147)</td>
<td>$147</td>
<td>Reserves and Contingency, Furniture and Equipment</td>
<td>120.1010.2090 (General Fund, County Judge, Property less than $5,000)</td>
<td>The County Judge requests the slide away keyboard platform is to be used by the Assistant to the County Judge. Recommended by the Office of Budget and Evaluation.</td>
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<tr>
<td>Sheriff Department</td>
<td>1 - Thermo-hygrometer</td>
<td>$225</td>
<td>Within Budget</td>
<td>3146</td>
<td>Sheriff Department - Decker Jail</td>
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</tbody>
</table>

02/22/11
EXPENDITURE SOURCE: 120.3146.2720.0000 (General Fund, Sheriff Department, Property less than $5,000, FY2011)

PROPOSED ACTION: The Sheriff Department, Decker Jail is requesting authorization to purchase the above listed item to be used in the jails. The thermo-hygrometer a precision temperature and humidity meter. Recommended by the Office of Budget and Evaluation.

(18) DEPARTMENT: 3146 Sheriff Department – Decker Jail
ITEMS: 2 – Dry Erase Board
ESTIMATED COST: $238
FUNDING SOURCE: Within Budget
EXPENDITURE SOURCE: 120.3146.2160.0000 (General Fund, Sheriff Department, Property less than $5,000, FY2011)

PROPOSED ACTION: The Sheriff Department, Decker Jail is requesting authorization to purchase the above listed item. Recommended by the Office of Budget and Evaluation.

TELECOMMUNICATIONS

District Clerk- Civil & Family Violence - M1102013 - requests Long Distance Code for Karen Zumora & Sandra Lantz. Equipment $0.00; Installation $0.00; Recurring Cost $0.00 - Recommended

Public Defender - M1102014 - requests Long Distance Code for Lennox Bower & Gemma Moffa. Equipment $0.00; Installation $0.00; Recurring Cost $0.00 - Recommended

Sheriff's Dept – requests:
M1102015 - installation of 1 voice drop and single-line phone for new employee. Equipment $43.00; Installation $200.00; Recurring Cost $0.00 - Recommended

D1102009 - installation of 1 data drops for new Sgt. desk in court room. Equipment $0.00; Installation $200.00; Recurring Cost $0.00 - Recommended

District Attorney – requests:
M1102016 - Long Distance Code for Stephanie Ernst. Equipment $0.00; Installation $0.00; Recurring Cost $0.00 - Recommended

D1102006 - 2 data and 2 voice drops for new employees Equipment $0.00; Installation $800.00; Recurring Cost $0.00 – Recommended

02/22/11
**Parkland Jail Health** – requests:

**M1102017** - installation of voice drop in N. Tower. Equipment $0.00; Installation $200.00; Recurring Cost $0.00 - **Recommended**

**M1102018** - installation of 1 voice drop and single-line phone for new employee. Equipment $43.00; Installation $200.00; Recurring Cost $0.00 - **Recommended**

**IT Services** - **D1102002** - requests replacement or repair of 1 data drop. Lt. Office at GA on 7th floor. Equipment $0.00; Installation $200.00; Recurring Cost $0.00 - **Recommended**

**Sheriff's Commissioner** - **D1102007** - request installation of 1 data drop. For Kiosk machine. Equipment $0.00; Installation $200.00; Recurring Cost $0.00 - **Recommended**

- Funding 532.91046

**Sheriff's HR** – requests:

**M1102006** – re-briefing - briefed for $188.00 on 02/15/11, actual total is $234.00, due to the handset needs the handset lifter. 1 hands-free headset and handset lifter for receptionist. Equipment $234.00; Installation $0.00; Recurring Cost $0.00 - **Recommended** - Funding 3122.02160

- Funding for the above requests are available from countywide department 1023, line item 7210 telecom equipment and department 1023, line item 6250 cable contract, if otherwise it will be stated in brief.

- Projects are funded by requesting department, if otherwise it will be stated in brief.

- Cell Phone funding is provided by the requesting department and is stated.

- Pagers are funded from department 1023, line item 7214.

02/22/11