



Grant Number: 5H79TI026095-02
FAIN: TI026095
Program Director: Blanca Hernandez

Project Title: Webb County Court at Law II DWI Court Program

Grantee Address	Business Address
COUNTY OF WEBB Webb County Judge 1110 Victoria Street, Suite 404 Laredo, TX 78040	Webb County Court 2 Judge County Court at Law 2 1110 Victoria Street, Ste. 404 Laredo, TX 78040

Budget Period: 09/30/2016 – 09/29/2017

Project Period: 09/30/2015 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$325,000 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to COUNTY OF WEBB in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Service Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on “Grants” then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
 Eileen Bermudez
 Grants Management Officer
 Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 5H79TI026095-02

Award Calculation (U.S. Dollars)

Salaries and Wages	\$66,980
Fringe Benefits	\$13,597
Personnel Costs (Subtotal)	\$80,577
Consortium/Contractual Cost	\$217,143
Travel Costs	\$5,280
Other	\$22,000
Direct Cost	\$325,000
Approved Budget	\$325,000
Federal Share	\$325,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$325,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$325,000
3	\$325,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1746001587A5
Document Number: 15TI26095A
Fiscal Year: 2016

IC	CAN	Amount
TI	C96N532	\$325,000

IC	CAN	2016	2017
TI	C96N532	\$325,000	\$325,000

TI Administrative Data:

PCC: DCT-AD / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI026095-02

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 5H79TI026095-02

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – TI Special Terms and Conditions – 5H79TI026095-02

REMARKS:

This award reflects acceptance of the attestation signed and dated on March 3, 2016, by the authorized representative that there are no budget changes above 25% of the total previous budget period in response to the continuation application request.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>
(Continuation)

SPECIAL TERM OF AWARD:

EPLS - SAMHSA's OFAS is conducting a review of one or more of the key staff (**authorized representative, program director or business official**) listed in your organization's Application for Federal Assistance (SF424) because they had the same or a similar name to an individual in the System of Award Management Exclusions List. If OFAS's review determines that the individual(s) in question is(are) the same person(s), enforcement action will be taken, which may include terminating the grant or requiring the person be removed from working on the grant or at your organization in accordance with 2 CFR Part 180. Please note that by selecting "I agree" in § 21 of the SF424, the authorized representative certified that, to the best of his or her knowledge and belief, that the applicant and its principals were not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

Updated Key Staff:

Key staff (or key staff positions, if staff has not been selected) are listed below:

Blanca Hernandez, Project Director @ 20% level of effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

Submission of a Programmatic Semi-Annual Report is due no later than the dates as follows:

1st Report - April 30, 2017
2nd Report - October 31, 2017

Please submit your Programmatic Semi-Annual Report to DGMPProgressReports@samhsa.hhs.gov and copy your Program Official. (HARD COPIES SUBMISSION IS NOT REQUIRED)

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Lloyd Roberts, Program Official

Phone: (240) 276-0435 **Email:** Lloyd.Roberts@samhsa.hhs.gov

Helen Zhou, Grants Specialist

Phone: (240) 276-2482 **Email:** helen.zhou@samhsa.hhs.gov **Fax:** (240) 276-2410