

**WEBB COUNTY
REQUEST FOR BUDGET APPROPRIATION TRANSFER
OR SUPPLEMENTAL BUDGET**

INSTRUCTIONS:

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Requesting Department: DWI Court - County Court at Law 2

Date of Request: 05/15/2018

Request Type (check one):

Departmental Line Item Transfer
(Check if transfer within existing budget)

Supplemental Budget
(Check if new unbudgeted revenue / expenditure)

Transfer From / Supplemental Revenue:

Account Number	Account Name	Amount
2356-2070-330300	Grant Revenue	\$59,993.00
TOTAL		\$59,993.00

Transfer To / Supplemental Expenditure Accounts:

Account Number	Account Name	Amount
2356-2070-001-410000	Payroll Cost	\$30,000.00
2356-2070-001-458000	Administrative Travel	\$6,720.00
2356-2070-001-432001	Professional Services	\$1,500.00
2356-2070-001-422000	Fica	\$2,376.00
2356-2070-001-423000	Retirement	\$4,300.00
2356-2070-001-421000	Insurance	\$14,820.00
2356-2070-001-426000	Workers Compensation	\$251.00
2356-2070-001-425000	Unemployment	\$26.00
TOTAL		\$59,993.00

REVIEWED BY
Brenda Jones 5/16/18

Justification for Request:

SAMHSA Grant #TI-026095 Carry-Over Funds from Year 2 into Year 3 (final year). SAMHSA Approved Carryover amount of \$59,993 on 03/22/18.

Approved by Department Signing Authority:

Judge Victor Villarreal

Print Name/Title

Victor Villarreal
Signature

Recommended by County Auditor's Office:

Rafael Perez

FOR AUDITOR'S USE ONLY

Date:

5/18/18

FOR BUDGET OFFICE USE ONLY

Commissioners Court Approval Date: _____

Date Entered by Budget Office: _____

Agenda Item: _____

Initials: _____



Notice of Award

SAMHSA Treatment Drug Courts
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 03/22/2018

Center for Substance Abuse Treatment

Grant Number: 6H79TI026095-03M001

FAIN: TI026095

Program Director: Arnoldo J Lozano

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

Grantee Address	Business Address
Webb County Webb County Judge 1110 Victoria Street, Suite 404 Laredo, TX 78040	Webb County 341st District Court 1110 Victoria Ste. 302 Laredo, TX 78040

Budget Period: 09/30/2017 – 09/29/2018

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 \$0 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to Webb County 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.

This award addresses the following Amendment action: Change in Key Personnel and/or Level of Effort

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 – 6H79TI026095-03M001

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	\$325,000
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
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: 2017

IC	CAN	Amount
TI	C96N532	\$0

IC	CAN	2017
TI	C96N532	\$0

TI Administrative Data:

PCC: DCT-AD / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79TI026095-03M001

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 – 6H79TI026095-03M001

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 – 6H79TI026095-03M001**REMARKS:**

This award retro-actively approves key staff change per your revised letter dated June 2, 2017 to include Arnoldo J. Lozano, Project Director@ 100% level of effort.

SAMHSA has administratively approved your request for carryover in the amount of \$59,993 into your current budget period. This action does not approve any budget revisions that may be associated with the carryover request. Recipients must comply with award and grants management requirements for reasonable, allowable, allocable and cost effective budgets.

This is a Post Award Amendment; therefore, only the current budget year is reflected.

STANDARD TERMS OF AWARD:

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

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

Eileen Bermudez, Grants Specialist

Phone: (240) 276-1412 **Email:** eileen.bermudez@samhsa.hhs.gov **Fax:** (240) 276-1430