



<p><b>Recipient Information</b></p> <p><b>1. Recipient Name</b>          WEBB, COUNTY OF          1308 SAN AGUSTIN AVE           LAREDO, 78040</p> <p><b>2. Congressional District of Recipient</b>          28</p> <p><b>3. Payment System Identifier (ID)</b>          1746001587A5</p> <p><b>4. Employer Identification Number (EIN)</b>          746001587</p> <p><b>5. Data Universal Numbering System (DUNS)</b>          052767030</p> <p><b>6. Recipient's Unique Entity Identifier</b>          KJ57ZV6UCFB4</p> <p><b>7. Project Director or Principal Investigator</b>          Margarita Herrera-Garza           mhgarza@webbcountytx.gov</p> <p><b>8. Authorized Official</b>          Tano Tijerina          judge_tano@webbcountytx.gov          9565234600</p>	<p><b>Federal Award Information</b></p> <p><b>11. Award Number</b>          6H79TI081059-02M001</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b>          H79TI081059</p> <p><b>13. Statutory Authority</b>          PHS, Title V, Section 509; 42 U.S.C 290bb-2</p> <p><b>14. Federal Award Project Title</b>          406th Judicial District Adult Drug Court ProgramSAMHSA Treatment Drug Courts</p> <p><b>15. Assistance Listing Number</b>          93.243</p> <p><b>16. Assistance Listing Program Title</b>          Substance Abuse and Mental Health Services_Projects of Regional and National Significance</p> <p><b>17. Award Action Type</b>          Amendment</p> <p><b>18. Is the Award R&amp;D?</b>          No</p>																								
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b>          Lesley Schrier           Center for Substance Abuse Treatment          lesley.schrier@samhsa.hhs.gov          240-276-0566</p> <p><b>10. Program Official Contact Information</b>          Lloyd Roberts           Center for Substance Abuse Treatment          Lloyd.Roberts@samhsa.hhs.gov          240-276-0435</p>	<p><b>Summary Federal Award Financial Information</b></p> <table border="1"> <tr> <td colspan="2"><b>19. Budget Period Start Date 09-30-2021 – End Date 09-29-2022</b></td> </tr> <tr> <td><b>20. Total Amount of Federal Funds Obligated by this Action</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>    20a. Direct Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>    20b. Indirect Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>21. Authorized Carryover</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>22. Offset</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>23. Total Amount of Federal Funds Obligated this budget period</b></td> <td style="text-align: right;">\$400,000</td> </tr> <tr> <td><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td> <td style="text-align: right;">\$0</td> </tr> <tr> <td><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td> <td style="text-align: right;">\$400,000</td> </tr> <tr> <td colspan="2">-----</td> </tr> <tr> <td colspan="2"><b>26. Project Period Start Date 09-30-2018 – End Date 09-29-2023</b></td> </tr> <tr> <td><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td> <td style="text-align: right;">\$1,600,000</td> </tr> </table> <p><b>28. Authorized Treatment of Program Income</b>          Additional Costs</p> <p><b>29. Grants Management Officer - Signature</b>          Lesley Schrier</p>	<b>19. Budget Period Start Date 09-30-2021 – End Date 09-29-2022</b>		<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0	20a. Direct Cost Amount	\$0	20b. Indirect Cost Amount	\$0	<b>21. Authorized Carryover</b>	\$0	<b>22. Offset</b>	\$0	<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$400,000	<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0	<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$400,000	-----		<b>26. Project Period Start Date 09-30-2018 – End Date 09-29-2023</b>		<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$1,600,000
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<p><b>30. Remarks</b></p> <p>Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.</p>																									



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

Notice of Award

**Issue Date:** 08-10-2022

Center for Substance Abuse Treatment

**Award Number:** 6H79TI081059-02M001  
**FAIN:** H79TI081059  
**Program Director:** Margarita Herrera-Garza

**Project Title:** 406th Judicial District Adult Drug Court Program SAMHSA Treatment Drug Courts

**Organization Name:** WEBB, COUNTY OF

**Authorized Official:** Tano Tijerina

**Authorized Official e-mail address:** judge\_tano@webbcountytx.gov

**Budget Period:** 09-30-2021 – 09-29-2022

**Project Period:** 09-30-2018 – 09-29-2023

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 OF in support of the above referenced project. This award is pursuant to the authority of PHS, Title V, Section 509; 42 U.S.C 290bb-2 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 requests:

- Change in Key Personnel and/or Level of Effort (6H79TI081059-02L001)

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://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,  
Lesley Schrier  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 6H79TI081059-02M001**

**Award Calculation (U.S. Dollars)**

<b>Personnel(non-research)</b>	\$156,200
<b>Fringe Benefits</b>	\$62,348
<b>Travel</b>	\$5,253
<b>Supplies</b>	\$500
<b>Contractual</b>	\$134,200
<b>Other</b>	\$41,499
<b>Direct Cost</b>	\$400,000
<b>Approved Budget</b>	\$400,000
<b>Federal Share</b>	\$400,000
<b>Cumulative Prior Awards for this Budget Period</b>	\$400,000
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	\$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
2	\$400,000

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

**Fiscal Information:**

<b>CFDA Number:</b>	93.243
<b>EIN:</b>	1746001587A5
<b>Document Number:</b>	18TI81059A
<b>Fiscal Year:</b>	2021

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
TI	C96N306	\$0

IC	CAN	2021
TI	C96N306	\$0

**TI Administrative Data:**

**PCC:** DC-AD18 / **OC:** 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 6H79TI081059-02M001**

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.

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**SECTION III – TERMS AND CONDITIONS – 6H79TI081059-02M001**

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:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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.

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**SECTION IV – TI SPECIAL TERMS AND CONDITIONS – 6H79TI081059-02M001****REMARKS****Post Award Amendment - Change in Key Personnel**

This award approves the key personnel change per the *post award amendment* request dated **August 9, 2022**.

***Margarita Herrera-Garza, Project Director @ 80% level of effort (as of August 2, 2022)***

Organizations receiving Federal Funds may not exceed 100% level of effort for any program staff member (Key Personnel or otherwise) across all federally funded sources.

Any changes to key personnel—including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project—requires prior approval and must be submitted as a post-award amendment in eRA Commons.

Note: If an organization is awarded a grant and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA’s formal approval, this will be done at the organization’s own risk. If SAMHSA’s review of the Key Personnel request results in

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the proposed individual not being approved or deemed not qualified for the position, the expectation is that the organization must submit a qualified candidate to be placed in the Key Personnel position. SAMHSA will not be liable for any costs incurred or pay for salaries of a Key Personnel that is not approved or deemed not qualified on this grant program.

This is a post-award amendment; therefore, this NoA reflects the current budget year only.

**STANDARD TERMS OF AWARD**

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

**Staff Contacts:**

Lloyd Roberts, Program Official

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

Lesley Schrier, Grants Specialist

**Phone:** 240-276-0566 **Email:** lesley.schrier@samhsa.hhs.gov