



Recipient Information

1. Recipient Name

WEBB, COUNTY OF
1200 Washington St
Laredo, TX 78040-4444
956-795-1515

2. Congressional District of Recipient

28

3. Payment System Identifier (ID)

1746001587A4

4. Employer Identification Number (EIN)

746001587

5. Data Universal Numbering System (DUNS)

052767030

6. Recipient's Unique Entity Identifier (UEI)

KJ57ZV6UCFB4

7. Project Director or Principal Investigator

Mrs. Aliza Oliveros
Head Start/Early Head Start Director
afoliveros@webbcountytx.gov
956-795-1515

8. Authorized Official

Judge Tano Tijerina
judge_tano@webbcountytx.gov
956-523-4600

Federal Agency Information

ACF/OHS Region VI Grants Office

9. Awarding Agency Contact Information

Ms. Jennifer M Curtiss
Grants Management Officer
jennifer.curtiss@acf.hhs.gov
816-426-2991

10. Program Official Contact Information

Mr. Kenneth Gilbert
Regional Program Manager
HHS/ACF/OHS Region VI
kenneth.gilbert@acf.hhs.gov
214-767-8844

Federal Award Information

11. Award Number

06CH011213-04-01

12. Unique Federal Award Identification Number (FAIN)

06CH011213

13. Statutory Authority

42 USC 9801 ET SEQ

14. Federal Award Project Title

Head Start and Early Head Start

15. Assistance Listing Number

93.600

16. Assistance Listing Program Title

Head Start

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/01/2022	- End Date	08/31/2023
20. Total Amount of Federal Funds Obligated by this Action			\$321,796.00
20a. Direct Cost Amount			\$321,796.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$11,215,902.00
24. Total Approved Cost Sharing or Matching, where applicable			\$2,884,425.00
25. Total Federal and Non-Federal Approved this Budget Period			\$14,422,123.00
26. Period of Performance Start Date	09/01/2019	- End Date	08/31/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$56,444,239.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Jennifer M Curtiss
Grants Management Officer

30. Remarks



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WEBB, COUNTY OF 1200 Washington St Laredo, TX 78040-4444 956-795-1515	
Congressional District of Recipient	
28	
Payment Account Number and Type	
1746001587A4	
Employer Identification Number (EIN) Data	
746001587	
Universal Numbering System (DUNS)	
052767030	
Recipient's Unique Entity Identifier (UEI)	
KJ57ZV6UCFB4	
31. Assistance Type	
Project Grant	
32. Type of Award	
Service	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$6,026,531.00
b. Fringe Benefits	\$2,973,575.00
c. Total Personnel Costs	\$9,000,106.00
d. Equipment	\$0.00
e. Supplies	\$402,462.00
f. Travel	\$44,000.00
g. Construction	\$0.00
h. Other	\$860,318.00
i. Contractual	\$1,230,812.00
j. TOTAL DIRECT COSTS	\$11,537,698.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$11,537,698.00
m. Federal Share	\$11,537,698.00
n. Non-Federal Share	\$2,884,425.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-G064122	06CH01121304	ACFOHS	41.51	93.600	\$321,796.00	75-22-1536



35. Terms And Conditions

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html> of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>

This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:
The Administration for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND
U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

Recipients must act in compliance with the requirements of this grant and applicable Federal statutes, regulations, and policies as included in the Compendium of Program Instructions (<https://eclkc.ohs.acf.hhs.gov/policy/pi>) and Information Memoranda (<https://eclkc.ohs.acf.hhs.gov/policy/im>).

AWARD ATTACHMENTS

WEBB, COUNTY OF

06CH011213-04-01

1. Remarks

30. REMARKS (Continued from previous page)

This action awards funds for the cost-of-living adjustment (COLA) and Quality Improvement increases for program operations.

If applicable, this action also approves a waiver of the required non-federal match. The non-federal match identified on Line 24 of this Notice of Award must be met.