

Notice of Award



Adult Treatment Court Collaborative  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services

Issue Date: 09/24/2014

Grant Number: 1H79SM061683-01 REVISED  
FAIN: SM061683

Program Director:  
Melissa Rueschhoff

Project Title: Pima County Behavioral Health Treatment Court Collaboration

Grantee Address	Business Address
COUNTY OF PIMA Amelia Cramer Pima County Attorney's Office 130 West Congress 10th Floor Tucson, AZ 857011317	Amelia Cramer Chief Deputy Pima County Attorney Pima County Attorney's Office 32 North Stone Avenue, Suite 1400 Tucson, AZ 857011451

Budget Period: 09/30/2014 – 09/29/2015

Project Period: 09/30/2014 – 09/29/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award to reflect an increase in the amount of \$348,142 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF PIMA in support of the above referenced project. This award is pursuant to the authority of Section 509 and 520A of the PHS 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](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,

Date: \_\_\_\_\_

Chair, Board of Supervisors

Gwendolyn Simpson  
Grants Management Officer  
Division of Grants Management

ATTEST:

Date: \_\_\_\_\_

See additional information below

Clerk of the Board of Supervisors

APPROVED AS TO FORM:

  
TOBIN ROSEN

Date: 9/30/14

Civil Deputy County Attorney  
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**SECTION I – AWARD DATA – 1H79SM061683-01 REVISED****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$53,525
Fringe Benefits	\$16,058
Personnel Costs (Subtotal)	\$69,583
Supplies	\$6,000
Consortium/Contractual Cost	\$76,250
Travel Costs	\$33,966
Other	\$160,343
Direct Cost	\$346,142
Indirect Cost	\$2,000
Approved Budget	\$348,142
Federal Share	\$348,142
Cumulative Prior Awards for this Budget Period	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$348,142</b>

<b>SUMMARY TOTALS FOR ALL YEARS</b>	
<b>YR</b>	<b>AMOUNT</b>
1	\$348,142
2	\$348,142
3	\$348,142
4	\$348,142

\*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: 1866000543B5  
Document Number: 14SM61683A  
Fiscal Year: 2014

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
SM	C96C524	\$174,071
TI	C96T512	\$174,071

<b>IC</b>	<b>CAN</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>SM</b>	<b>C96C524</b>	<b>\$174,071</b>	<b>\$348,142</b>	<b>\$348,142</b>	<b>\$348,142</b>
<b>TI</b>	<b>C96T512</b>	<b>\$174,071</b>			

**SM Administrative Data:**

PCC: BHTCC / OC: 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM061683-01 REVISED**

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  
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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 – 1H79SM061683-01 REVISED**

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 74 or 45 CFR Part 92 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

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### **SECTION IV – SM Special Terms and Conditions – 1H79SM061683-01 REVISED**

**Remarks:**

This award is revised to re-obligate \$348,142 to the correct EIN number: 1866000543B5.

All previous terms and conditions remain in effect.

Roxanne Castaneda, Program Official  
Phone: (240) 276-1917 Email: [Roxanne.Castaneda@samhsa.hhs.gov](mailto:Roxanne.Castaneda@samhsa.hhs.gov)

Darrell Russ, Grants Specialist  
Phone: (240) 276-1517 Email: [darrell.russ@samhsa.hhs.gov](mailto:darrell.russ@samhsa.hhs.gov)