

Notice of Award

Issue Date: 09/24/2014



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

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 (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

ATTEST:

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management

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

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 |

AMOUNT OF THIS ACTION (FEDERAL SHARE) **\$348,142**

| SUMMARY TOTALS FOR ALL YEARS | |
|------------------------------|-----------|
| YR | AMOUNT |
| 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

| | | |
|----|---------|-----------|
| IC | CAN | Amount |
| SM | C96C524 | \$174,071 |
| TI | C96T512 | \$174,071 |

| IC | CAN | 2014 | 2015 | 2016 | 2017 |
|----|---------|-----------|-----------|-----------|-----------|
| SM | C96C524 | \$174,071 | \$348,142 | \$348,142 | \$348,142 |
| TI | C96T512 | \$174,071 | | | |

SM Administrative Data:

PCC: BHTCC / OC: 4145

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.

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

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

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