

Nalleli G. Madrigales

From: Claudia G. Sierra
Sent: Tuesday, September 2, 2025 11:39 AM
To: Nalleli G. Madrigales
Subject: FW: HHS001348300010-CITY OF LAREDO-HIV/PREV-CHP: Amendment 1 (Renewal) Budget Request
Attachments: HIV_PREV-CHP Amendment 1-Budget Template Term 1.1.26-5.31.26.xlsm; HIV_PREV-CHP Amendment 1-Budget Template Term 6.1.26-5.31.27.xlsm; Revision Request FY25 HIV STI Budget Template 7.17.25 Final.xlsm; Performance_Measures_Clinical_2026.docx; Form_F_Clinical_HIV_Prevention_Work Plan_2026.docx; HIV_PREV-CHP Form A_FY 26_27 FacePage.docx; Program_Contact_Information_2026.docx

Renewal notice for HIV STI.

Budget Period#1: [1/1/2026-5/31/26]

Budget Period #1: Allocated Funds: **[\$143,868.00]**

Budget Period #2: [6/1/26-5/31/27]

Budget Period #2: Allocated Funds: **[\$345,283.00]**



Claudia G. Sierra

MBA, CTCM, CHW

Budget & Grants Supervisor

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From: Genesis Cardenas <gcardenas@ci.laredo.tx.us>

Sent: Tuesday, September 2, 2025 10:36 AM

To: Laura Recio <lrecio1@ci.laredo.tx.us>; Claudia G. Sierra <csierra@ci.laredo.tx.us>

Cc: Luis T. Cerda <lcerda@ci.laredo.tx.us>; Richard A. Chamberlain <rchamberla@ci.laredo.tx.us>; Erika Martinez <emartinez8@ci.laredo.tx.us>; Veronica M. Gonzalez <vgonzalez@ci.laredo.tx.us>

Subject: FW: HHS001348300010-CITY OF LAREDO-HIV/PREV-CHP: Amendment 1 (Renewal) Budget Request

Good morning everyone,

Sharing the email below regarding our HIV Prevention Grant renewal packet.
Due next week on the 12th.

Thank you,



Genesis Cardenas

M.A., LPC, LCDC, CHW

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From: McGhee, Kerri <Kerri.McGhee@dshs.texas.gov>

Sent: Tuesday, September 2, 2025 10:29 AM

To: Genesis Cardenas <gcardenas@ci.laredo.tx.us>; Francisco J. Mata <fmata@ci.laredo.tx.us>; Joseph W. Neeb <jneeb@ci.laredo.tx.us>

Cc: Alvarado, Robert (DSHS) <Robert.Alvarado@dshs.texas.gov>; Mobley, Chris (DSHS) <Chris.Mobley@dshs.texas.gov>

Subject: HHS001348300010-CITY OF LAREDO-HIV/PREV-CHP: Amendment 1 (Renewal) Budget Request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

If we have not "met", my name is Kerri McGhee, and I am acting as the interim Assigned Contract Manager within the CMS for this contract.

We are preparing to renew the HIV/PREV-CHP contracts with a start date of January 1st, 2026. City of Laredo has been awarded \$489,151.00 total for Amendment #1: Term 1/1/26-5/31/27.

Amendment Budget Preparation:

Due to realigning the contract with the grant year, we will need 2 separate budget template spreadsheets allocating the funds below.

Budget Period #1: [1/1/2026-5/31/26]

Budget Period #1: Allocated Funds: **[\$143,868.00]**

Budget Period #2: [6/1/26-5/31/27]

Budget Period #2: Allocated Funds: **[\$345,283.00]**

Please be aware that funds allocated for each budget period may only be utilized during its associated term. Any unspent funds in Budget Period #1 (1/1/26-6/1/26) may not be utilized in Budget Period #2 (6/1/26-5/31/27). Budget Period #2 (6/1/26-5/31/27) allocated funds cannot be utilized until after 6/1/2026.

When preparing your budgets, please consider your previous budget (FY25) and the activities that were performed. Your previous budget is attached. For further consideration, please see the attached 2026 PREV-Clinical Work Plan and Performance Measures. These documents may prove to be beneficial when preparing the renewal budget.

Programmatic Requirements:

The Performance Measures document will need to be completed. Empty boxes should be completed with the requested information for each Activity that you intend to allocate funding for.

A FY26-FY27 Work Plan will need to be developed and submitted alongside all other requested documentation. Please utilize the instructions included in the Word Doc for formatting information. Again, please consider your previous Work Plan when preparing the renewal Work Plan.

The Revised Statement of Work will be provided before the Amendment begins on January 1, 2026.

Contractual Requirements:

The attached Face Page and the Program Contact Information document will need to be completed. Please be sure that the signature authority is correct to avoid delays in execution.

If indirect costs or travel costs are allocated within the budget, please submit your Indirect Cost Rate Letter and Travel Policy.

Deadline:

Please return all requested forms and documentation to DSHS by **Friday, September 12th**. If there are extenuating circumstances, please let us know and we can work with you.

Please note: We understand that budget amounts and program activities are subject to change and that this budget period covers a longer term than usual. We always have the option to reallocate and revise budgets as needed once activities begin and the true need is better understood.

List of Required Documents:

1. Completed Budget Template Spreadsheet for 1/1/26-5/31/26 allocating **\$143,868.00** in funding.
2. Completed Budget Template Spreadsheet for 6/1/26-5/31/27 allocating **\$345,283.00** in funding.
3. Completed Performance Measures Word Document.
4. Completed FY26/27 Work Plan in Word Document format.
5. Completed Face Page Word Document.
6. Completed Program Contact Information Word Document.

I understand that this is a lot of information. If you have any questions or require assistance completing any of the documentation, please don't hesitate to reach out!

*** Please acknowledge receipt of this email***

Thanks,

Kerri McGhee, CTCM, CTCD

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Contract Management Section
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