

**SIGNATURE DOCUMENT FOR
HEALTH AND HUMAN SERVICES COMMISSION GRANT AGREEMENT
CONTRACT NO. HHS001535500049
UNDER THE
TREATMENT SERVICES GRANT PROGRAM**

The parties to this agreement (“Grant Agreement” or “Contract”) are the **Health and Human Services Commission** (“System Agency”) and **City of Laredo DBA ROOTS Recovery Center** (“Grantee”), having its principal office at 1110 Houston St, Laredo, TX 78040 (each a “Party” and collectively the “Parties”).

I. PURPOSE

The purpose of this Grant Agreement is for the Grantee to provide substance use treatment and behavioral health services to eligible participants to promote and support recovery. The programs: Treatment for Adults (TRA), Treatment for Females (TRF) and Treatment for Youth (TRY) will increase evidence-based treatment options across the State of Texas to reduce the use of substances, foster active participation in services, and support engagement in recovery.

II. LEGAL AUTHORITY

This Grant Agreement is entered into pursuant to provisions of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), under Article 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. In addition, this Grant Agreement is authorized under Texas Government Code, Chapter 531, Title 4, Subtitle I.

III. DURATION

This Grant Agreement is effective on September 1, 2025, and terminates on August 31, 2030, unless sooner terminated pursuant to the terms and conditions of the Grant Agreement. This Grant Agreement does not include renewals.

Notwithstanding the limitation in the preceding paragraph and with at least 30 calendar days’ advance written notice to Grantee, at the end of the Grant Agreement term, System Agency, at its sole discretion, may extend this Grant Agreement as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by System Agency to serve the best interests of the State for up to 12 months, in one-month intervals, at the then-current Contract rate(s), if applicable, as modified during the term of the Contract.

HHSC Solicitation No. HHS0015355
HHSC Contract No. HHS001535500049

IV. SCOPE OF GRANT PROJECT

The Request for Applications (RFA), including all addenda, is incorporated into and made a part of this Grant Agreement for all purposes and included as **Attachment A**.

V. BUDGET AND INDIRECT COST RATE

The total amount of this Grant Agreement will not exceed **\$9,111,695.00**

This includes the System Agency share of **\$8,677,805.00** and Grantee's required match amount of **\$433,890.00**.

The allocations for each fiscal year of this Grant Agreement are documented below.

State Fiscal Year (FY) 2026 (September 1, 2025- August 31, 2026) allocations are as follows:

Program ID	FY 2026 System Agency Share	FY 2026 Required Match	FY 2026 Total Contract Value
TRA	\$1,735,561.00	\$86,778.00	\$1,822,339.00
TRY	\$0.00	\$0.00	\$0.00
TRF	\$0.00	\$0.00	\$0.00
TOTAL:	\$1,735,561.00	\$86,778.00	\$1,822,339.00

State FY 2027 (September 1, 2026- August 31, 2027) allocations are as follows:

Program ID	FY 2027 System Agency Share	FY 2027 Required Match	FY 2027 Total Contract Value
TRA	\$1,735,561.00	\$86,778.00	\$1,822,339.00
TRY	\$0.00	\$0.00	\$0.00
TRF	\$0.00	\$0.00	\$0.00
TOTAL:	\$1,735,561.00	\$86,778.00	\$1,822,339.00

State FY 2028 (September 1, 2027- August 31, 2028) allocations are as follows:

Program ID	FY 2028 System Agency Share	FY 2028 Required Match	FY 2028 Total Contract Value
TRA	\$1,735,561.00	\$86,778.00	\$1,822,339.00
TRY	\$0.00	\$0.00	\$0.00
TRF	\$0.00	\$0.00	\$0.00
TOTAL:	\$1,735,561.00	\$86,778.00	\$1,822,339.00

State FY 2029 (September 1, 2028- August 31, 2029) allocations are as follows:

Program ID	FY 2029 System Agency Share	FY 2029 Required Match	FY 2029 Total Contract Value
TRA	\$1,735,561.00	\$86,778.00	\$1,822,339.00
TRY	\$0.00	\$0.00	\$0.00
TRF	\$0.00	\$0.00	\$0.00
TOTAL:	\$1,735,561.00	\$86,778.00	\$1,822,339.00

State FY 2030 (September 1, 2029- August 31, 2030) allocations are as follows:

Program ID	FY 2030 System Agency Share	FY 2030 Required Match	FY 2030 Total Contract Value
TRA	\$1,735,561.00	\$86,778.00	\$1,822,339.00
TRY	\$0.00	\$0.00	\$0.00
TRF	\$0.00	\$0.00	\$0.00]
TOTAL:	\$1,735,561.00	\$86,778.00	\$1,822,339.00

The total not-to-exceed amount includes the following:

Total Federal Funds: **\$8,677,805.00**

Total State Funds: **\$0.00**

All expenditures under the Grant Agreement will be in accordance with **ATTACHMENT B, FISCAL REQUIREMENTS**.

VI. REPORTING REQUIREMENTS

The table below documents all reporting requirements for all Treatment programs. (If specific fiscal years are not stated under “Due Date,” then that report is considered due every fiscal year.)

The Grantee can identify the reports required to be submitted by referencing **Attachment A**.

REPORT NAME	FREQUENCY	DUE DATE	SUBMISSION METHOD
Implementation Plans	Annually	<u>FY27- FY30</u> June 15 th	CMBHS

Quarterly Activity Reports	Quarterly	<u>Each FY</u> Q1: December 15 th Q2: March 15 th Q3: June 15 th Q4: September 15 th	CMBHS
Quality Management Monitoring Report	Annually	<u>End of Each FY</u> September 15 th	CMBHS
Security Attestation Form and List of Authorized Users	Semi-Annually	<u>Each FY</u> September 15 th March 15 th	CMBHS
Match and Program Income Report	Quarterly	<u>Each FY & Program</u> Q1: December 31 st Q2: March 31 st Q3: June 30 th Q4: September 30 th	CMBHS
Contract Contact Certifications	Semi-Annually	<u>Each FY</u> September 15 th March 15 th	CMBHS
Financial Statement	Annually	<u>Each FY</u> Six months after Grantee's fiscal year-end date	CMBHS
FY Close-out	Annually	<u>Each FY & Program</u> October 15 th	CMBHS

VII. CONTRACT REPRESENTATIVES

The following will act as the representative authorized to administer activities under this Grant Agreement on behalf of their respective Party.

System Agency

Sal Bursiaga
Health and Human Services Commission

4601 W. Guadalupe Street
Austin, Texas 78751
SUD.Contracts@hhs.texas.gov

Grantee

Dr. San Juana Viviana Martinez
City of Laredo DBA ROOTS Recovery Center
1110 Houston St
Laredo, TX 78040
svmartinez@ci.laredo.tx.us

VIII. NOTICE REQUIREMENTS

- A. All notices given by Grantee shall be in writing, include the Grant Agreement contract number, comply with all terms and conditions of the Grant Agreement, and be delivered to the System Agency's Contract Representative identified above.
- B. Grantee shall send legal notices to System Agency at the address below and provide a copy to the System Agency's Contract Representative:

Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe, Mail Code 1100
Austin, Texas 78751

- C. Notices given by System Agency to Grantee may be emailed, mailed or sent by common carrier. Email notices shall be deemed delivered when sent by System Agency. Notices sent by mail shall be deemed delivered when deposited by the System Agency in the United States mail, postage paid, certified, return receipt requested. Notices sent by common carrier shall be deemed delivered when deposited by the System Agency with a common carrier, overnight, signature required.
- D. Notices given by Grantee to System Agency shall be deemed delivered when received by System Agency.
- E. Either Party may change its Contract Representative or Legal Notice contact by providing written notice to the other Party.

IX. FEDERAL AWARD INFORMATION

Grantee's Unique Entity Identifier is: **HWX7C56NNUV1**

Federal funding under this Grant Agreement is a subaward under the following federal award.

Federal Award Identification Number (FAIN): 1B08TI087067

- A. Assistance Listings Title, Number, and Dollar Amount:
 - Substance Use Prevention, Treatment, and Recovery Services Block Grant – 93.959 – \$163,037,013
- B. Federal Award Date: 7/22/2024
- C. Federal Award Period: 10/01/2023—9/30/2025
- D. Name of Federal Awarding Agency: Health and Human Services Commission
- E. Federal Award Project Description: Substance Use Prevention, Treatment, and Recovery Services Block Grant objective is to help plan, implement, and evaluate activities that prevent and treat substance use.
- F. Awarding Official Contact Information: Linda Fulton
Program Official

HHSC Solicitation No. HHS00015355
HHSC Contract No. HHS001535500049

linda.fulton@samhsa.hhs.gov
240-276-1573

G. Total Amount of Federal Funds Awarded to System Agency: \$163,037,013

H. Amount of Funds Awarded to Grantee: **\$8,677,805.00**

Note: a portion of grant funds may come from state general revenue. At the close of the fiscal year budget period, System Agency will provide notification providing final expenditures by method of finance.

I. Identification of Whether the Award is for Research and Development: No

X. CONTRACT DOCUMENTS

The following documents are incorporated by reference and made a part of this Grant Agreement for all purposes.

Unless expressly stated otherwise in this Grant Agreement, in the event of conflict, ambiguity or inconsistency between or among any documents, all System Agency documents take precedence over Grantee's documents and the Data Use Agreement takes precedence over all other contract documents.

ATTACHMENT A –	TREATMENT SERVICES SCOPE OF GRANT PROJECT
ATTACHMENT A-1 –	PERFORMANCE MEASURE REQUIREMENTS
ATTACHMENT A-2 –	CMBHS REQUIREMENTS
ATTACHMENT B –	FISCAL REQUIREMENTS
ATTACHMENT C –	CONTRACT AFFIRMATIONS v.2.5
ATTACHMENT D –	UNIFORM TERMS AND CONDITIONS – GRANT v. 3.5
ATTACHMENT E –	DATA USE AGREEMENT v. 8.5
ATTACHMENT F –	ADDITIONAL PROVISIONS
ATTACHMENT G –	FEDERAL ASSURANCES
ATTACHMENT H –	CERTIFICATION REGARDING LOBBYING
ATTACHMENT I –	FFATA CERTIFICATION FORM
ATTACHMENT J –	SYSTEM RFA No. HHS0015355 INCLUDING ALL ADDENDA
ATTACHMENT K –	GRANTEE'S RFA RESPONSE
ATTACHMENT K-1 –	FY26 EXCEPTION TO IMPLEMENTATION PLAN FOR SERVICES

XI. SIGNATURE AUTHORITY

Each Party represents and warrants that the person executing this Grant Agreement on its behalf has full power and authority to enter into this Grant Agreement. Any services or work performed by Grantee before this Grant Agreement is effective or after it ceases to be effective are performed at the sole risk of Grantee.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR SYSTEM AGENCY GRANT AGREEMENT,
CONTRACT NO. HHS001535500049

SYSTEM AGENCY

GRANTEE

Signed by:
San Juana Viviana Martinez
51E7643E0E444A7...

Signature

Signature San Juana Viviana Martinez

Detoxification Director

August 7, 2025

Date of Signature:

Date of Signature: