Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award
FAIN# H79SM082941
Federal Award Date
06/12/2026

Recipient Information

1. Recipient Name
CITY OF LAREDO
1110 HOUSTON ST
LAREDO, TX 78040

2. Congressional District of Recipient
28

3. Payment System Identifier (ID)
1746001573A5

4. Employer Identification Number (EIN)
746001573

5. Data Universal Numbering System (DUNS)
618150460

6. Recipient's Unique Entity Identifier
HWX7C56NNUV1

7. Project Director or Principal Investigator
Erica Lopez

elopez2@ci.laredo.tx.us
956-679-0722

8. Authorized Official
Dr. Richard Chamberlain
rchamberla@ci.laredo.tx.us
956-795-4918

Federal Agency Information

9. Awarding Agency Contact Information
Sarah Khan
Grants Specialist
SARAH.KHAN@SAMHSA.HHS.GOV
(240) 276-1688

10. Program Official Contact Information
Martin Jones
Program Official
martin.jones2@samhsa.hhs.gov
(240) 276-2608

Federal Award Information

11. Award Number
5H79SM082941-04 Revision 1 (No-Cost Extension)

12. Unique Federal Award Identification Number (FAIN)
H79SM082941

13. Statutory Authority
Section 224 of PAMA

14. Federal Award Project Title
The Laredo Assisted Outpatient Treatment Program

15. Assistance Listing Number
93.997

16. Assistance Listing Program Title
Assisted Outpatient Treatment

17. Award Action Type
Non-Competing Continuation (REVISED)

18. Is the Award R&D?
No

Summary Federal Award Financial Information	
19. Budget Period Start Date 07/31/2025 **– End Date** 01/30/2027	
20. Total Amount of Federal Funds Obligated by this Action	$0
20a. Direct Cost Amount	$0
20b. Indirect Cost Amount	$0
21. Authorized Carryover	
22. Offset	
23. Total Amount of Federal Funds Obligated this budget period	$1,000,000
24. Total Approved Cost Sharing or Matching, where applicable	$0
25. Total Federal and Non-Federal Approved this Budget Period	$1,000,000
26. Project Period Start Date 07/31/2022 **– End Date** 01/30/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$4,000,000

28. Authorized Treatment of Program Income
Additional Costs

29. Grants Management Officer - Signature
Sarah Khan

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Assisted Outpatient Treatment **Issue Date:** 06/12/2026
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Award Number: 5H79SM082941-04 Revision 1
FAIN: H79SM082941
Program Director: Erica Lopez

Project Title: The Laredo Assisted Outpatient Treatment Program

Organization Name: CITY OF LAREDO

Authorized Official: Dr. Richard Chamberlain

Authorized Official e-mail address: rchamberla@ci.laredo.tx.us

Budget Period: 07/31/2025 – 01/30/2027
Project Period: 07/31/2022 – 01/30/2027

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY OF LAREDO in support of the above referenced project. This award is pursuant to the authority of Section 224 of PAMA and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

This award addresses the following Amendment requests:

- No-Cost Extension (6H79SM082941-04L001)

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,
Sarah Khan
Grants Management Officer
Division of Grants Management
SARAH.KHAN@SAMHSA.HHS.GOV
See additional information below

SECTION I – AWARD DATA – 5H79SM082941-04 REVISED

Award Calculation (U.S. Dollars)	
Personnel(non-research)	$417,706
Fringe Benefits	$207,391
Travel	$12,200
Supplies	$6,000
Contractual	$243,082
Other	$41,628
Direct Cost	$928,007
Indirect Cost	$71,993
Approved Budget	$1,000,000
Federal Share	$1,000,000
Cumulative Prior Awards for this Budget Period	$1,000,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$0

SUMMARY TOTALS FOR ALL YEARS	
YR	**AMOUNT**
4	$1,000,000

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.997
EIN:	1746001573A5
Document Number:	22SM82941A
Fiscal Year:	2025

IC	**CAN**	**Amount**
SM	C96J670	$1,000,000

IC	CAN	2025
SM	C96J670	$1,000,000

SM Administrative Data:
PCC: AOT20 / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79SM082941-04 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 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 – 5H79SM082941-04 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. 2 CFR 200 and 2 CFR 300 as applicable.
d. The HHS Grants Policy Statement.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 5H79SM082941-04 REVISED

REMARKS

Post Award Amendment - No Cost Extension

This award approves a **six-month** NO COST EXTENSION extending the budget and project period end dates from **07/30/2026** to **01/30/2027**, based on documentation submitted via post award amendment, **SM082941-04L001**, on **April 30, 2026,** and **May 20, 2026.**

If the final resolution of the audit covering the above stated budget period(s) determines that the unobligated balance of funds is incorrect, SAMHSA will not make additional funds available to cover any shortfall.

Annual Reporting Requirements

1. Submit the *Annual Federal Financial Report (FFR or SF-425)* no later than 90 days after the original budget period end date.
2. Submit the *Annual Programmatic Progress Report* no later than 90 days after the original budget period end date.

STANDARD TERMS AND CONDITIONS

Closeout Requirements - Discretionary Grants

Recipients must close the award in accordance with 2 CFR 200.344 Closeout and the terms and conditions in the Notice of Award. Recipients must complete all required closeout actions within **120 days** after the project period end date:

- Reconcile financial expenditures to the reported total disbursements and charges in PMS.
- Liquidate all obligations incurred under the award. All payment requests must be submitted before the end of the one hundred and twenty (120) day post-award reconciliation/liquidation period.
- Return any funds due to PMS as a result of refunds, corrections, or audits. Refer to the PMS website for guidance on the return of funds.
- Submit Final Reports

Final Reports (for Closeout)

- **Due:** Within 120 days after the project period end date
- **Required Reports:**
  - Final Federal Financial Report (Final FFR/SF-425) via PMS
  - Final Progress Report (FPR) via eRA Commons

- Tangible Personal Property Report (Final TPPR Report SF-428-B and SF-428-S, as applicable) via eRA Commons

- **Consequences for Failure to Submit Acceptable Final Reports:**
  - Unilateral closeout by SAMHSA
  - Reporting recipient's material failure to comply with the terms and conditions of the Federal award in SAM.gov (Responsibility/Qualification Records)
  - Impact on eligibility for future federal funding or other enforcement actions as appropriate (refer to 45 CFR 75.371, 2 CFR 200.339)
- **Closeout Liquidation Period:**
  - All obligations must be liquidated no later than 120 days after the project period end date
  - After one hundred twenty (120) days, the PMS account is automatically locked. SAMHSA does not approve payment requests after the one hundred twenty (120) day liquidation of obligations period; late drawdown requests occurring after the 120 days will be denied.
- Additional closeout information and instructions on submitting reports are available at **SAMHSA Grant Closeout**

Standard Terms for Awards

Recipients must comply with:

- The **HHS Grants Policy Statement** (current version)
- **2 CFR 200** and **2 CFR 300**
- **SAMHSA Standard Terms and Conditions** in effect at the time of award

All prior terms and conditions remain in effect unless formally revised or removed by the Grants Management Officer.

Staff Contacts:

Martin Jones, Program Official
Phone: (240) 276-2608 **Email:** martin.jones2@samhsa.hhs.gov

Sarah Khan, Grants Specialist
Phone: (240) 276-1688 **Email:** SARAH.KHAN@SAMHSA.HHS.GOV **Fax:** (240) 276-1420

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