

2024-R-054

AUTHORIZING THE CITY MANAGER TO SUBMIT A GRANT APPLICATION TO THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION (HHSC), CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) CASE MANAGEMENT GRANT FOR THE ESTIMATED AMOUNT OF \$374,000.00, WITH NO MATCH FOR THE CITY OF LAREDO PUBLIC HEALTH DEPARTMENT FOR TERM PERIOD FROM SEPTEMBER 01, 2024 THROUGH AUGUST 31, 2025, WITH UP TO FOUR (4) ONE-YEAR RENEWALS THROUGH AUGUST 31, 2029, FOR A TOTAL GRANT AWARD OF UP TO \$1,870,000.00, AND FURTHER AUTHORIZING THE CITY MANAGER TO EXECUTE ALL DOCUMENTS RESULTING FROM THE AWARD OF THIS GRANT. ANY FUNDING AS A RESULT OF THIS APPLICATION WILL BE APPROPRIATED TO THE HEALTH DEPARTMENT CYSHCN FUND.

WHEREAS, the City of Laredo Public Health Department wishes to apply for the funding opportunity by The Texas Health and Human Services Commission (HHSC) to be considered for funding through the Children and Youth with Special Health Care Needs (CYSHCN) Case Management grant program; and,

WHEREAS, through this award, Laredo Public Health Department will be able to provide leadership in assessing, prioritizing, and addressing the health needs of children/youth with special health care needs in Texas, to promote the health of families through advocacy and education and to ensure access to high-quality, community-based, preventive, primary and specialty health care.

NOW, THEREFORE BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF LAREDO THAT:

Section 1: The City Manager is hereby authorized to submit a grant application to the Texas Health and Human Services Commission (HHSC), Children and Youth with Special Health Care Needs (CYSHCN) Case Management grant for the estimated amount of \$374,000.00, with no match for the City of Laredo Public Health Department for the term period from September 01, 2024 through August 31, 2025, with up to four (4) one-year renewals through August 31, 2029, for a total grant award of up to \$1,870,000.00, and further authorizing the City Manager to execute all documents resulting from the award of this grant. Any funding as a result of this application will be appropriated to the Health Department CYSHCN fund.

**PASSED BY THE CITY COUNCIL AND APPROVED BY THE MAYOR ON THIS
_____ DAY OF _____, 2024.**

**DR. VICTOR D. TREVINO
MAYOR**

ATTEST:

**JOSE A. VALDEZ, JR.
CITY SECRETARY**

**APPROVED AS TO FORM
DOANH T. NGUYEN, CITY ATTORNEY**

**AMBER R. HOLMES
ASSISTANT CITY ATTORNEY**