



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NUR3DD000115-02-01

FAIN# NUR3DD000115

Federal Award Date: 04/21/2024

Recipient Information

1. Recipient Name

CITY OF LAREDO
1110 Houston St
Laredo, TX 78040-8019

2. Congressional District of Recipient

28

3. Payment System Identifier (ID)

1746001573A1

4. Employer Identification Number (EIN)

746001573

5. Data Universal Numbering System (DUNS)

618150460

6. Recipient's Unique Entity Identifier (UEI)

HWX7C56NNUV1

7. Project Director or Principal Investigator

Ms. Erika Martinez
Assistant Director
emartinez28@ci.laredo.tx.us
956-795-4922

8. Authorized Official

Mr. Joe Neeb
jneeb@ci.laredo.tx.us
956-791-7398

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Dixene Hall
Grants Management Specialist
qsg7@cdc.gov
404-498-4304

10. Program Official Contact Information

Ms. Anita Washington
Public Health Advisor
czo9@cdc.gov
770-488-4104

Federal Award Information

11. Award Number

6 NUR3DD000115-02-01

12. Unique Federal Award Identification Number (FAIN)

NUR3DD000115

13. Statutory Authority

42 USC 241 31 USC 6305 42 CFR 52

14. Federal Award Project Title

Enhancing Public Health Surveillance of Autism Spectrum Disorder through the Autism and Developmental Disabilities Monitoring (ADDM) Network

15. Assistance Listing Number

93.998

16. Assistance Listing Program Title

Autism and Other Developmental Disabilities, Surveillance, Research, and Prevention

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2024 - End Date 12/31/2024

20. Total Amount of Federal Funds Obligated by this Action \$150,000.00

20a. Direct Cost Amount \$136,444.00

20b. Indirect Cost Amount \$13,556.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$450,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$600,000.00

26. Period of Performance Start Date 04/01/2023 - End Date 12/31/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,200,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Merlin Williams

30. Remarks

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Employer Identification Number (EIN) Data

746001573

Universal Numbering System (DUNS)

618150460

Recipient's Unique Entity Identifier (UEI)

HWX7C56NNUV1

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$318,901.00
b. Fringe Benefits	\$135,052.00
c. Total Personnel Costs	\$453,953.00
d. Equipment	\$0.00
e. Supplies	\$21,120.00
f. Travel	\$14,120.00
g. Construction	\$0.00
h. Other	\$58,510.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$547,703.00
k. INDIRECT COSTS	\$52,297.00
l. TOTAL APPROVED BUDGET	\$600,000.00
m. Federal Share	\$600,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-939ZRDY	23NUR3DD000115	DD	410Q	93.998	\$0.00	75-23-0958
4-939ZRDY	23NUR3DD000115	DD	410Q	93.998	\$150,000.00	75-24-0958



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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00