

**SIGNATURE DOCUMENT FOR
HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT NO. HHS000539700187
UNDER THE
PREVENTION AND BEHAVIORAL HEALTH PROMOTION
GRANT PROGRAMS**

WHEREAS, Health and Human Services Commission solicited grant contracts for Prevention Grant Program services under Solicitation No. HHS0000776 on March 11, 2019.

WHEREAS, Health and Human Services Commission entered into Contract(s) with Grantee on September 1, 2019. These Contracts were numbered HHS000539700165, HHS000077600049, HHS000539700020, HHS000539700122, HHS000539700072, HHS000539700073.

WHEREAS, Health and Human Services Commission determined it is more efficient to consolidate all Contracts with Grantee into one Contract number. This consolidation will not change Contract term, amount, or any substantive requirements in the Statement of Work.

I. PURPOSE

The Health and Human Services Commission (“System Agency”), a pass-through entity, and Aliviane, Inc. (“Grantee”) (each a “Party” and collectively the “Parties”) enter into the following grant contract to provide funding for Prevention Grant Program services (the “Contract”).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of Texas Health and Safety Code, Chapter 12, and 1001; Texas Government Code Chapter 531; Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Services (PHS) Act, which established the Substance Abuse Prevention and Treatment Block Grant (SABG) Program; and 45 CFR §96.125.

III. DURATION

The Contract is effective on September 1, 2021 and terminates on August 31, 2024, unless extended or terminated pursuant to the terms and conditions of the Contract.

IV. BUDGET

- A. System Agency Share total reimbursements will not exceed \$4,719,090.00 for the period from September 1, 2021 through August 31, 2024. Fiscal year allocations are documented in **Attachment B, Fiscal Requirements**.
- B. Grantee is required to contribute a 5% match requirement, per fiscal year, in accordance with Attachment B. Grantee’s budgeted match requirement for the period from September 1, 2021 through August 31, 2024 is \$215,988.00.
- C. The total amount of this Contract including applicable match will not exceed \$4,935,078.00. Grantee’s Prevention Grant Program(s), fiscal year allocations are as follows:

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1. Fiscal Year FY2022 Allocations are as follows:

| Program ID | FY22 System Agency Share | FY22 Match Requirement | FY22 Total Contract Value |
|-------------------|---------------------------------|-------------------------------|----------------------------------|
| SA/YPS | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| SA/YPU | \$485,346.00 | \$24,267.00 | \$509,613.00 |
| SA/YPI | \$277,612.00 | \$13,881.00 | \$291,493.00 |
| SA/CCP | \$176,965.00 | \$8,848.00 | \$185,813.00 |
| SA/CCP-COV | \$259,558.00 | \$0.00 | \$259,558.00 |
| SA/PRC | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| Total | \$1,699,481.00 | \$71,996.00 | \$1,771,477.00 |

2. Fiscal Year FY2023 allocations are as follows:

| Program ID | FY23 System Agency Share | FY23 Match Requirement | FY23 Total Contract Value |
|-------------------|---------------------------------|-------------------------------|----------------------------------|
| SA/YPS | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| SA/YPU | \$485,346.00 | \$24,267.00 | \$509,613.00 |
| SA/YPI | \$277,612.00 | \$13,881.00 | \$291,493.00 |
| SA/CCP | \$176,965.00 | \$8,848.00 | \$185,813.00 |
| SA/CCP-COV | \$139,763.00 | \$0.00 | \$139,763.00 |
| SA/PRC | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| Total | \$1,579,686.00 | \$71,996.00 | \$1,651,682.00 |

3. Fiscal Year FY2024 allocations are as follows:

| Program ID | FY24 System Agency Share | FY24 Match Requirement | FY24 Total Contract Value |
|-------------------|---------------------------------|-------------------------------|----------------------------------|
| SA/YPS | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| SA/YPU | \$485,346.00 | \$24,267.00 | \$509,613.00 |
| SA/YPI | \$277,612.00 | \$13,881.00 | \$291,493.00 |
| SA/CCP | \$176,965.00 | \$8,848.00 | \$185,813.00 |
| SA/CCP-COV | \$0.00 | \$0.00 | \$0.00 |
| SA/PRC | \$250,000.00 | \$12,500.00 | \$262,500.00 |
| Total | \$1,439,923.00 | \$71,996.00 | \$1,511,919.00 |

NOTE: A System Agency Share value of \$0 in the tables above signifies that either no funding is associated with the terms outlined in the Statement of Work, or that the Statement of Work is not currently applicable to this Contract.

D. All expenditures under the Contract will be in accordance with **ATTACHMENT B, FISCAL REQUIREMENTS** and **ATTACHMENT B-1, APPROVED CATEGORICAL BUDGET.**

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- E. If an Indirect Cost Rate Letter is required but it is not issued at the time of Contract execution, the Parties agree to amend the Contract to include the Indirect Cost Rate Letter as **ATTACHMENT J** and revise **ATTACHMENT B-1** once the Indirect Cost Rate Letter is issued.

If the System Agency, at its sole discretion, approves or acknowledges an updated indirect cost rate, the new rate, together with the revised ICR Acknowledgement Letter, ICR Acknowledgement Letter – Ten Percent De Minimis, or the ICR Agreement Letter, will be included in the revised **ATTACHMENT J** and amended **ATTACHMENT B-1**.

Indirect Cost Rate: 24.57%

V. REPORTING REQUIREMENTS

- A. Grantee shall submit all documents identified below, in accordance with **ATTACHMENT A, GENERAL STATEMENT OF WORK** and **ATTACHMENT C – DELIVERABLES & PERFORMANCE MEASURES**:
1. Program Staffing Form
 2. CMBHS Security Attestation Form
 3. Implementation Plan
 4. General Ledger (for each funded program)
 5. Financial Status Report (FSR) (for each funded program)
 6. Performance Measures (for each funded program)
 7. Invoices (for each funded program) in CMBHS
 8. Contract Closeout Document (for each funded program)
- B. In accordance with Article IV (D), if Grantee is allocated funding for **YPS, YPU, or YPI** Programs, Grantee is required to submit all documents identified below, which is documented in **Attachment A-1, Youth Prevention Statement of Work**.
1. Curriculum Outcome Measure Reports
- C. In accordance with Article IV (D), if Grantee is allocated funding for **CCP** and **CCP-COV** Programs, Grantee is required to submit all documents identified below, which is documented in **Attachment A-2, Community Coalitions Partnership Statement of Work**.
1. Community Needs Assessment (CNA)
 2. Logic Model
 3. Five-Year Strategic Plan
 4. Initial Evaluation Plan
 5. Quarterly Reports
- D. In accordance with Article IV (D), if Grantee is allocated funding for **PRC** Program, Grantee is required to submit all documents identified below, which is

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documented in **Attachment A-3, Prevention Resource Centers Statement of Work.**

1. Mid-year Report
2. Regional Needs Assessment
3. Post Regional Needs Assessment to website

VI. CONTRACT REPRESENTATIVES

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

System Agency

Health and Human Services
Commission
P.O. Box 149347
Austin, TX 78714
Attention: Denise Collins,
Contract Manager

Grantee

Aliviane, Inc.
1626 Medical Center
El Paso, TX 79902
Ivonne Tapia

VII. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

System Agency

Health and Human Services
Commission
1100 W. 49th Street, MC 1911
Austin, TX 78756
Attention: General Counsel

Grantee

Aliviane, Inc.
1626 Medical Center
El Paso, TX 79902
Ivonne Tapia

VIII. NOTICE REQUIREMENTS

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notices by providing written notice to the other Party. All notices submitted to System Agency must:

- A. Include the Contract number;
- B. Be sent to the person(s) identified in the Contract; and,
- C. Comply with all terms and conditions of the Contract.

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IX. ADDITIONAL GRANT INFORMATION

| | |
|---|---|
| Grantee Data Universal Numbering System (DUNS) Number: | 176733948 |
| Federal Award Identification Number (FAIN): | B08TI083478-01 |
| Assisted Listing Name and Number: Substance Abuse Treatment Block Grant Assistance Listing Number | 93.959 |
| Federal Award Date: | 02/02/2021 |
| Federal Award Period: | 10/01/2020 – 09/30/2022 |
| Name of Federal Awarding Agency: | Department of Health and Human Services |
| Awarding Official Contact Information: | Wendy Pang, Grants Management Specialist Center for Substance Abuse Treatment wendy.pang@samhsa.hhs.gov 240-276-1419 |

SIGNATURE PAGE FOLLOWS

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HEALTH AND HUMAN SERVICES

COMMISSION

DocuSigned by:
Sonja Gaines
147CCA4134D941B...
Sonja Gaines

SG

Date of Signature: August 12, 2021

ALIVIANE, INC.

DocuSigned by:
Ivonne Tapia
A3F9B756BA6C412...
Ivonne Tapia

CEO

Date of Signature: August 12, 2021

THE FOLLOWING DOCUMENTS ARE ATTACHED TO HHSC CONTRACT NO. HHS000539700187 AND THEIR TERMS ARE HEREBY INCORPORATED BY REFERENCE:

- ATTACHMENT A - GENERAL STATEMENT OF WORK**
- ATTACHMENT A-1 - YOUTH PREVENTION STATEMENT OF WORK**
- ATTACHMENT A-2 - COMMUNITY COALITION PARTNERSHIP STATEMENT OF WORK**
- ATTACHMENT A-3 - PREVENTION RESOURCE CENTERS STATEMENT OF WORK**
- ATTACHMENT B - FISCAL REQUIREMENTS**
- ATTACHMENT B-1 - APPROVED CATEGORICAL BUDGET**
- ATTACHMENT C - DELIVERABLES & PERFORMANCE MEASURES**
- ATTACHMENT D - HHSC UNIFORM TERMS AND CONDITIONS - GRANT VERSION 2.16.1, MARCH 26, 2019**
- ATTACHMENT E - CONTRACT AFFIRMATIONS v.1.7, NOVEMBER 2020**
- ATTACHMENT F - HHSC ADDITIONAL PROVISIONS VERSION 1.0, SEPTEMBER 2021**
- ATTACHMENT G - FEDERAL ASSURANCES/CERTIFICATIONS**
- ATTACHMENT H - FEDERAL FINANCIAL ACCOUNTING AND TRANSPARENCY ACT (FFATA)**
- ATTACHMENT I - DATA USE AGREEMENT v.8.5, OCTOBER 23, 2019**
- ATTACHMENT J - INDIRECT COST RATE LETTER**
- ATTACHMENT K - HHSC SOLICITATION No. HHS0000776 INCLUDING ANY CLARIFICATIONS OR MODIFICATIONS MADE IN RESPONSE TO QUESTIONS SUBMITTED DURING POSTING AND ANY ADDENDUM**
- ATTACHMENT L - GRANTEE'S APPLICATION AND PROPOSAL FOR SOLICITATION No. HHS0000776**

ATTACHMENTS FOLLOW

HHSC Contract #HHS000539700187