



**Grant Number:** 5H79TI023106-03

**Program Director:**  
 Deborah Hoem

**Project Title:** Lake County Therapeutic Intensive Monitoring (TIM) Court Service Enhancement

Grantee Address	Business Address
COUNTY OF LAKE Chief Judge 18 North County Street Waukegan, IL 60085	Lake County 19th Judicial Circuit Director of Administrative Services 18 North County Street Waukegan, IL 60085

**Budget Period:** 09/30/2012 – 09/29/2013

**Project Period:** 09/30/2010 – 09/29/2013

Dear Grantee:

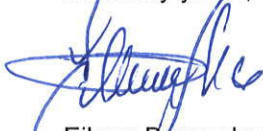
The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$208,333 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF LAKE in support of the above referenced project. This award is pursuant to the authority of Authorized under Section 509 of the PHS Act, as amended, and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://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,



Eileen Bermudez  
 Grants Management Officer  
 Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 5H79TI023106-03**

**Award Calculation (U.S. Dollars)**

Consortium/Contractual Cost	\$197,929
Travel Costs	\$9,000
<b>Direct Cost</b>	<b>\$206,929</b>
<b>Indirect Cost</b>	<b>\$1,404</b>
<b>Approved Budget</b>	<b>\$208,333</b>
<b>Federal Share</b>	<b>\$208,333</b>
<b>Cumulative Prior Awards for this Budget Period</b>	<b>\$0</b>
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$208,333</b>

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
3	\$208,333

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

**Fiscal Information:**

**CFDA Number:** 93.243  
**EIN:** 1366006600A5  
**Document Number:** 10TI23106A  
**Fiscal Year:** 2012

<b>IC</b>	<b>CAN</b>	<b>Amount</b>
TI	C96T511	\$208,333

**TI Administrative Data:**

**PCC:** ADRUG-CR / OC: 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 5H79TI023106-03**

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 – 5H79TI023106-03**

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. 45 CFR Part 74 or 45 CFR Part 92 as applicable.



acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

3) For FY 2012, the Consolidated Appropriations Act, 2012 (Public Law 112-74) signed into law on December 23, 2011, restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is \$179,700 annually.

4) The recipient is required to notify the GMO in writing if the Project Director (PD) or key personnel specifically named in the NoA will withdraw from the project entirely, be absent from the project during any continuous period of 3 months or more, or reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award (for example, a proposed change from 40 percent effort to 30 percent or less effort). SAMHSA must approve any alternate arrangement proposed by the recipient, including any replacement of the PD or key personnel named in the NoA.

The request for approval of a substitute PD/key person should include a justification for the change, the biographical sketch of the individual proposed, other sources of support (if applicable), and any budget changes resulting from the proposed change. If the arrangements proposed by the recipient, including the qualifications of any proposed replacement, are not acceptable to SAMHSA, the grant may be suspended or terminated. If the recipient wants to terminate the project because it cannot make suitable alternate arrangements, it must notify the GMO, in writing, of its wish to terminate, and the GMO will forward closeout instructions.

Key staff (or key staff positions, if staff has not been selected) are listed below:

Deborah Hoem, Project Director @ 20% level of effort  
Chris Scott, Evaluator @ 5% level of effort  
Dan Lustig, Clinical Director @ 10% level of effort

#### REPORTING REQUIREMENTS:

1) Federal Financial Report (FFR), (Standard Form 425) is required on an annual basis and must be submitted for each budget period as stated on the attached report due date(s) schedule after the close of the 12 month budget period. The FFR is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FFR is due within 90 days after the end of the extension. NOTE: SINGLE GRANT REPORTING IS REQUIRED FOR EACH SAMHSA PROJECT AS STATED ON THE FFR (#10 d-o). Do not include any amount in Line 10f that has been reported in Line 10e. If applicable, include the required match on this form under Recipient Share (#10 i-k) and Program Income (l-o) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FFR must be prepared on a cumulative basis and all program income must be reported. THE STATUS OF ANY FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS FOR EACH 12 MONTH BUDGET PERIOD MUST BE EXPLAINED IN THE REMARKS SECTION (#12). IN ADDITION, YOUR INTENTION TO CARRYOVER THE UNOBLIGATED BALANCE OF FUNDS UP TO 25% OF THE CURRENT FEDERAL SHARE BY DOLLAR AMOUNT MUST BE STATED IN THE REMARKS SECTION. SUBSEQUENT FFRS MUST REFLECT THE ACTUAL CARRYOVER AMOUNT. If possible, disbursements reported on the FFR should equal/or agree with the top portion of the FFR (#10 a-c). The FFR may be accessed from the following website at [http://www.whitehouse.gov/omb/grants\\_forms](http://www.whitehouse.gov/omb/grants_forms) including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed to this office.

2) Submission of a Programmatic Semi-annual Report is due no later than the dates as follows:



Division of Grants Management  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857

SAMHSA will provide written approval or disapproval of your request for disposition of property/supplies in excess of \$5,000 in total value (provide detailed list of supplies signed by both authorized representatives as stated above). All forms should be mailed to the address listed at the end of this letter.

3) The Final Progress Report (FPR) should be prepared in accordance with the terms and conditions of the Notice of Award (NoA) and/or directions provided by the SAMHSA Program Official listed at the bottom of your latest NoA under Contacts. The final progress report should cover the entire project period and include, at a minimum, an overview of the goals and objectives that you accomplished during the funding period as stated in your grant application. If further assistance is required to complete your FPR contact the Program Official. The FPR should be mailed to the address listed at the end of this letter.

All required documents should be mailed to the following address:

SAMHSA, Division of Grants Management  
Attn: Closeout  
1 Choke Cherry Road, Room 7-1091  
Rockville, Maryland 20857\*  
\*Use zip code 20850 for overnight delivery

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT UNTIL SPECIFICALLY APPROVED AND REMOVED BY THE GRANTS MANAGEMENT OFFICER

CONTACTS:

Holly Rogers, Program Official  
**Phone:** (240) 276-2916 **Email:** holly.rogers@samhsa.hhs.gov **Fax:** (240) 276-2970

*HZ* Helen Zhou, Grants Specialist  
**Phone:** (240) 276-2482 **Email:** helen.zhou@samhsa.hhs.gov **Fax:** (240) 276-2410