



<b>Recipient Information</b> <b>1. Recipient Name</b> MCHENRY, COUNTY OF 2200 N SEMINARY AVE WOODSTOCK, IL 60098 <b>2. Congressional District of Recipient</b> 11 <b>3. Payment System Identifier (ID)</b> 1366006623A4 <b>4. Employer Identification Number (EIN)</b> 366006623 <b>5. Data Universal Numbering System (DUNS)</b> 082044694 <b>6. Recipient's Unique Entity Identifier</b> DAJDARNBA5Y8 <b>7. Project Director or Principal Investigator</b> Kelly Scimeca  kascimeca@22ndcircuit.illinoiscourts.gov 815-334-4458 <b>8. Authorized Official</b> Mr. James Dan Wallis jdwallis@22ndcircuit.illinoiscourts.gov 815-334-4351	<b>Federal Award Information</b>  <b>11. Award Number</b> 1H79SM089831-01 Revision 2 (Change in Terms and Conditions) <b>12. Unique Federal Award Identification Number (FAIN)</b> H79SM089831 <b>13. Statutory Authority</b> Section 224 of the Protecting Access to Medicare Act of 2014 <b>14. Federal Award Project Title</b> McHenry County's Assisted Outpatient Treatment Partnership Program <b>15. Assistance Listing Number</b> 93.997 <b>16. Assistance Listing Program Title</b> Assisted Outpatient Treatment <b>17. Award Action Type</b> New Competing (REVISED) <b>18. Is the Award R&amp;D?</b> No																										
<b>Federal Agency Information</b> <b>9. Awarding Agency Contact Information</b> Sarah Dayhoff Grants Specialist Sarah.Dayhoff@samhsa.hhs.gov (240) 276-1688 <b>10. Program Official Contact Information</b> Lorie Lopez Program Official lorie.lopez@samhsa.hhs.gov 240-276-2595	<table><tr><th colspan="2">Summary Federal Award Financial Information</th></tr><tr><td colspan="2"><b>19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025</b></td></tr><tr><td><b>20. Total Amount of Federal Funds Obligated by this Action</b></td><td>\$0</td></tr><tr><td>20a. Direct Cost Amount</td><td>\$-15,732</td></tr><tr><td>20b. Indirect Cost Amount</td><td>\$15,732</td></tr><tr><td><b>21. Authorized Carryover</b></td><td></td></tr><tr><td><b>22. Offset</b></td><td></td></tr><tr><td><b>23. Total Amount of Federal Funds Obligated this budget period</b></td><td>\$402,700</td></tr><tr><td><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td><td>\$0</td></tr><tr><td><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td><td>\$402,700</td></tr><tr><td colspan="2"><hr/></td></tr><tr><td colspan="2"><b>26. Project Period Start Date 09/30/2024 – End Date 09/29/2028</b></td></tr><tr><td><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td><td>\$402,700</td></tr></table> <b>28. Authorized Treatment of Program Income</b> Additional Costs <b>29. Grants Management Officer - Signature</b> Sarah Dayhoff	Summary Federal Award Financial Information		<b>19. Budget Period Start Date 09/30/2024 – End Date 09/29/2025</b>		<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0	20a. Direct Cost Amount	\$-15,732	20b. Indirect Cost Amount	\$15,732	<b>21. Authorized Carryover</b>		<b>22. Offset</b>		<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$402,700	<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0	<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$402,700	<hr/>		<b>26. Project Period Start Date 09/30/2024 – End Date 09/29/2028</b>		<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$402,700
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Assisted Outpatient Treatment Program  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Notice of Award

**Issue Date:** 02/03/2025

Center for Mental Health Services

**Award Number:** 1H79SM089831-01 Revision 2

**FAIN:** H79SM089831

**Program Director:** Kelly Scimeca

**Project Title:** McHenry County's Assisted Outpatient Treatment Partnership Program

**Organization Name:** MCHENRY, COUNTY OF

**Authorized Official:** Mr. James Dan Wallis

**Authorized Official e-mail address:** jdwallis@22ndcircuit.illinoiscourts.gov

**Budget Period:** 09/30/2024 – 09/29/2025

**Project Period:** 09/30/2024 – 09/29/2028

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 MCHENRY, COUNTY OF in support of the above referenced project. This award is pursuant to the authority of Section 224 of the Protecting Access to Medicare Act of 2014 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,  
Sarah Dayhoff  
Grants Management Officer  
Division of Grants Management  
[Sarah.Dayhoff@samhsa.hhs.gov](mailto:Sarah.Dayhoff@samhsa.hhs.gov)  
See additional information below

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**SECTION I – AWARD DATA – 1H79SM089831-01 REVISED****Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$92,863
Fringe Benefits	\$41,540
Travel	\$14,403
Supplies	\$6,755
Contractual	\$41,660
Other	\$189,747

Direct Cost	\$386,968
Indirect Cost	\$15,732
Approved Budget	\$402,700
Federal Share	\$402,700
Cumulative Prior Awards for this Budget Period	\$402,700

**AMOUNT OF THIS ACTION (FEDERAL SHARE)** \$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$402,700
2	\$406,580
3	\$412,464
4	\$418,871

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:	1366006623A4
Document Number:	24SM89831A
Fiscal Year:	2024

IC	CAN	Amount
SM	C96J670	\$402,700

IC	CAN	2024	2025	2026	2027
SM	C96J670	\$402,700	\$406,580	\$412,464	\$418,871

**SM Administrative Data:**

**PCC:** AOT-24 / **OC:** 4145

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM089831-01 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.

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**SECTION III – TERMS AND CONDITIONS – 1H79SM089831-01 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. 45 CFR Part 75 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.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 1H79SM089831-01 REVISED**

**REMARKS**

**Removal of Special Condition of Award**

1) This Notice of Award (NOA) is issued to remove the Special Condition of Award listed below that was placed on the award on ***September 13, 2024***, and due on ***October 30, 2024***.

o **Revised Budget:** Removes condition and approves the detailed budget based on the submission via eRA Terms Tracker on ***January 30, 2025***.

o ***Please note the following for your internal records:***

§ Please note, the Year 01 Revised Detailed Budget submitted to SAMHSA, reflects a reduced requested amount of \$240,473. The Year 01 award amount was \$402,700. Funds in the amount of \$162,227 not broken down within the detailed budget were moved to the Other cost category and cannot be used. You must report the funds on the Year 01 Annual Federal Financial Report as an Unobligated Balance.

§ Travel

o The National Judicial College Mindfulness for Judges

§ The travel costs breakdown listed for this conference do not align with the written narrative. It appears the conference travel costs

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were requested for two individuals, but only one is listed within the written narrative. Please reduce the requested amounts within your internal detailed budget for only one individual.

§ Per Diem

- The per diem rates are listed at \$51 per day x 4 days x 2 individuals and \$68 per day x 4 days x 2 individuals. As stated above, only one individual is approved therefore the request must be reduced. The written narrative also states that the first and last days will be prorated, and the other two days will be fully charged. The breakdown provided is incorrect. Please reduce and revise the requested amounts within your internal detailed budget.

§ Supplies

o General Office Supplies

- § Please note, recipients may charge costs for supplies if the supplies are needed for specific project activities; otherwise, general office supplies should already be covered by the indirect cost rate if indirect costs are requested. As described in 45 CFR 75.403, costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both.

§ Other

o Various Training and Licensures

- § Please ensure only SAMHSA's fairshare of the AOT grant is being allocated for costs.

o Non-Cash Incentives

- § Please note, per the NOFO Standard Funding Restrictions: SAMHSA grant funds cannot be used to:
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services (See 42 U.S.C. 1320a-7b). Note: A recipient or treatment or prevention provider may provide up to \$30 noncash incentive (for example, gift cards, bus passes, or gifts) to individuals to participate in required data collection follow-up. This amount may be paid for participation in each required data collection follow-up

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interview. Incentives cannot be provided for completing an intake or exit interview.

o Client Medication

§ Please note, medication costs for clients must only be used as a one-time cost for emergent needs on a case-by-case basis once all other third-party resources have been exhausted.

2) This is a post-award amendment, therefore this NoA reflects the current budget year only.

**STANDARD TERMS OF AWARD:**

**Compliance with Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, REMEDIES FOR NONCOMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer**

**Staff Contacts:**

Lorie Lopez, Program Official

**Phone:** 240-276-2595 **Email:** lorie.lopez@samhsa.hhs.gov

Sarah Dayhoff, Grants Specialist

**Phone:** (240) 276-1688 **Email:** Sarah.Dayhoff@samhsa.hhs.gov **Fax:** (240) 276-1420