

The total Federal amount of this Contract will not exceed \$101,486.00. This includes System Agency's Federal share of \$84,572.00 and Grantee's required Federal match amount of \$16,914.00.

The total State amount of this Contract will not exceed \$359,696.00. This includes System Agency's State share of \$299,747.00 and Grantee's required State match amount of \$59,949.00.

The total amount of this Contract will not exceed \$461,182.00.

All expenditures under this Contract will be in accordance with **Attachment B, FY25 Budget**.

## **VI. ADDITIONAL GRANT INFORMATION**

### **GRANTEE'S UNIQUE ENTITY IDENTIFIER IS: S1ETLA9BNCC5**

Federal funding under this Contract is a subaward under the following federal award. In accordance with 2 CFR 200.332(A), any of the following information that is not available at the time of Contract execution will be provided via email once available.

### **Federal Award Identification Number (FAIN): NU52PS910188**

Assistance Listings Title, Number, and Dollar Amount: Project Grants and Cooperative Agreement for Tuberculosis Control Programs, 93.116, \$38,135,656.00

A. Federal Award Date: 04/05/2024

B. Federal Award Period: 1/1/2020 – 12/31/2024

C. Name of Federal Awarding Agency: Centers for Disease Control and Prevention

D. Federal Award Project Description: Tuberculosis Elimination and Laboratory Cooperative Agreement – Prevention & Control

E. Awarding Official Contact Information: Mrs. Shanica Railey, Project Officer, CDC/NCHHSTP/DTBE; Email: [iom5@cdc.gov](mailto:iom5@cdc.gov); Tel: 404-718-3149

F. Total Amount of Federal Funds Awarded to System Agency: \$38,135,656.00.

G. Amount of Funds Awarded to Grantee: \$461,182.00

H. Identification of Whether the Award is for Research and Development: No

## **VII. LEGAL NOTICES**

Legal Notices under this Contract shall be deemed delivered when deposited 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**

Department of State Health Services  
1100 W. 49th Street, MC 1919, M526  
Austin, Texas 78756  
Attention: General Counsel

With a copy to:  
Health and Human Services Commission

**ATTACHMENT B**  
**FY25 BUDGET**

<b>Budget FY25</b>			
<b>Budget Category</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$256,816.00	\$54,232.00	\$311,048.00
Fringe Benefits	\$123,182.00	\$22,631.00	\$145,813.00
Travel	\$2,687.00	\$0.00	\$2,687.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$1,164.00	\$0.00	\$1,164.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$470.00	\$0.00	\$470.00
<b>Total Direct Costs</b>	<b>\$384,319.00</b>	<b>\$76,863.00</b>	<b>\$461,182.00</b>
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>Totals:</b>	<b>\$384,319.00</b>	<b>\$76,863.00</b>	<b>\$461,182.00</b>