



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 145340

PAGE 1 OF 6

DATE: 6/3/2025

**SUBJECT: CONSIDERATION OF AMENDMENT NO. 1 TO THE FISCAL YEAR 2025
HEALTH RESOURCES AND SERVICES ADMINISTRATION RYAN
WHITE PART C NOTICE OF AWARD**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider Amendment No. 1 to the FY 2025 Health Resources and Services Administration (HRSA) Ryan White Part C (Part C) Notice of Award (NOA) in the amount of \$200,880.00.

BACKGROUND

Tarrant County receives annual grant funding from HRSA to provide a variety of essential core and support services for HIV-positive individuals. HRSA Ryan White Part C grant funding is used for the provision of health care and support services in outpatient settings for people living with HIV in the Health Services Delivery Area (HSDA). HSDA includes the Fort Worth/Arlington Transitional Grant Area (TGA) which includes the counties of Tarrant, Wise, Johnson, Parker, Hood, Erath, Palo Pinto, and Somerville. Tarrant County HIV Administrative Agency (TC-HIVAA) administers the grant funding through a subcontract with CAN Community Health, Inc. (CAN) to deliver high-quality services.

On January 14, 2025, the Commissioners Court, through Court Order #144551, approved the FY 2025 HRSA Part C Notice of Award (NOA) for partial funding in the amount of \$267,840.00.

With approval of Amendment No. 1 to the FY 2025 HRSA Part C NOA, grant funding will increase by \$200,880.00, for total funding of \$468,720.00.

The project period for the HRSA FY 2025 Part C Grant is January 1, 2025, through December 31, 2027. The term of the grant contract is January 1, 2025, through December 31, 2025. It is anticipated that Tarrant County will receive full funding in the amount of \$803,527.00 after HRSA receives final FY 2025 appropriations.

The Criminal District Attorney's Office has reviewed this document as to form

FISCAL IMPACT

All associated costs will be paid from grant fund allocations in E0027-2025.

Anticipated Administrative Funding: \$23,904.00 (paid by Ryan White Part C)

SUBMITTED BY	HIV Administrative Agency	PREPARED BY:	Dulce Lozano
		APPROVED BY:	Lisa McKamie-Muttiah



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER: 145340 DATE: 6/3/2025 PAGE 2 OF 6

No match or operating subsidy required.



Recipient Information

1. Recipient Name
TARRANT COUNTY HEALTH DEPARTMENT
100 E Weatherford St
Fort Worth, TX 76196-0206

2. Congressional District of Recipient
12

3. Payment System Identifier (ID)
1756001170A1

4. Employer Identification Number (EIN)
756001170

5. Data Universal Numbering System (DUNS)
068365220

6. Recipient's Unique Entity Identifier
DBH1UNN8U5J3

7. Project Director or Principal Investigator
Lisa Muttiah
HIV Grants Manager
lmuttiah@tarrantcountytx.gov
(817)370-4527

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Tsega Nega
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
tnega@hrsa.gov
(301) 287-0035

10. Program Official Contact Information
Natasha Colthirst
HIV/AIDS Bureau (HAB)
ncolthirst@hrsa.gov
(301) 443-4656

Federal Award Information

11. Award Number
6 H76HA00123-34-01

12. Unique Federal Award Identification Number (FAIN)
H7600123

13. Statutory Authority
42 U.S.C. § 300ff-51-67; 300ff-121

14. Federal Award Project Title
Ryan White Part C Outpatient EIS Program

15. Assistance Listing Number
93.918

16. Assistance Listing Program Title
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2025 - End Date 12/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$200,880.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$468,720.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$468,720.00
26. Project Period Start Date 01/01/2025 - End Date 12/31/2027	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$468,720.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Adejumoke Oladele on 05/07/2025

30. Remarks



Notice of Award
Award Number: 6 H76HA00123-34-01
Federal Award Date: 05/07/2025

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$468,720.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$468,720.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$468,720.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$468,720.00</td></tr> </table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$468,720.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$468,720.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$468,720.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$468,720.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">35</td> <td style="text-align: right;">\$803,527.00</td> </tr> <tr> <td style="text-align: center;">36</td> <td style="text-align: right;">\$803,527.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER CSH601061</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	35	\$803,527.00	36	\$803,527.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.

This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Tim O'Hare	Other	countyjudgegrants@tarrantcountytx.gov
Lisa Muttiah	Program Director	lmuttiah@tarrantcountytx.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

SIGNED AND EXECUTED this _____ day of _____, 2025.

**COUNTY OF TARRANT
STATE OF TEXAS**

By: Separate Electronic Signature Page
Tim O'Hare
County Judge

APPROVED AS TO FORM:

James Marwin Nichols
Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

_____ Date: _____
Auditor



**COMMISSIONERS COURT
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COURT ORDER NUMBER 145340
PAGE 1 OF 6
DATE: 6/3/2025

**SUBJECT: CONSIDERATION OF AMENDMENT NO. 1 TO THE FISCAL YEAR 2025
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Anticipated Administrative Funding: \$23,904.00 (paid by Ryan White Part C)

SUBMITTED BY	HIV Administrative Agency	PREPARED BY:	Dulce Lozano
		APPROVED BY:	Lisa McKamie-Muttiah



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER: 145340 DATE: 6/3/2025 PAGE 2 OF 6

No match or operating subsidy required.



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H7600123
Federal Award Date: 05/07/2025

Recipient Information

1. **Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
100 E Weatherford St
Fort Worth, TX 76196-0206
2. **Congressional District of Recipient**
12
3. **Payment System Identifier (ID)**
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4. **Employer Identification Number (EIN)**
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8. **Authorized Official**

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28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Adejumoke Oladele on 05/07/2025

30. Remarks



Notice of Award
Award Number: 6 H76HA00123-34-01
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HIV/AIDS Bureau (HAB)

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d. Less Cumulative Prior Award(s) This Budget Period	\$267,840.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$200,880.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
35	\$803,527.00
36	\$803,527.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
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36. OBJECT CLASS 41.51	
37. BHCNIS#	

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3770891	93.918	25H76HA00123	\$200,880.00	\$0.00	N/A	25H76HA00123

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.

This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Tim O'Hare	Other	countyjudgegrants@tarrantcountytx.gov
Lisa Muttiah	Program Director	lmuttiah@tarrantcountytx.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov>).

SIGNED AND EXECUTED this _____ day of _____, 2025.

COUNTY OF TARRANT
STATE OF TEXAS

By: Separate Electronic Signature Page
Tim O'Hare
County Judge

APPROVED AS TO FORM:

James Marwin Nichols
Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead, those parties should seek contract review from independent counsel.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ N/A - Revenue

Kimberly M. Buchanan Date: 5.30.25
Auditor

Consideration of Amendment No. 1 to the Fiscal Year 2025 Health Resources and Services
Administration Ryan White Part C Notice of Award

SIGNED AND EXECUTED this 3 day of June, 2025.

**COUNTY OF TARRANT
STATE OF TEXAS**

A handwritten signature in black ink that reads "Tim O'Hare". The signature is written in a cursive style with a long horizontal line extending to the right.

Tim O'Hare
County Judge
6/9/2025