



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

PAGE 1 OF 9

DATE: 1/14/2025

SUBJECT: CONSIDERATION OF 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 the Fy 2025 Health Resources and Services Administration (HRSA) Ryan White Part C (Part C) Notice of Award (NOA) in the amount of \$267,840.00.

BACKGROUND

Tarrant County receives annual grant funding from HRSA to provide a variety of essential core and support services to 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 (HIV-AA) administers the grant funding through a subcontract with CAN Community Health, Inc. (CAN) to deliver the high-quality services.

The project period for the HRSA FY 2025 Part C Grant award is January 1, 2025 through December 31, 2027. The term of the grant contract is January 1, 2025, through December 31, 2025.

If approved, Tarrant County will receive \$267,840.00 in grant funding, which is estimated to be thirty-three percent (33%) of the 2024 total funding. It is anticipated that Tarrant County will receive full funding in the amount of \$803,527.00.

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: \$31,045.00 (paid by Ryan White Part C)

No match is required.

Operating subsidy: None required.

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



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**
2 H76HA00123-34-00
- 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**
Competing Continuation
- 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	\$267,840.00
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	\$267,840.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$267,840.00
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	\$267,840.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Adejumoke Oladele on 12/03/2024

30. Remarks



Notice of Award
Award Number: 2 H76HA00123-34-00
Federal Award Date: 12/03/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

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:	\$267,840.00
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:	\$267,840.00
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:	\$267,840.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$267,840.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$267,840.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$267,840.00

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	\$267,840.00	\$0.00	N/A	25H76HA00123

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
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

35. FORMER GRANT NUMBER
CSH601061

36. OBJECT CLASS
41.51

37. BHCNIS#

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. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
2. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part C grant funds. After reserving funds for administration and clinical quality management, at least 75 percent of the remaining funds must be spent on Core Medical Services, which includes Early Intervention Services (EIS). At least 50 percent of the total funds awarded must be spent on Early Intervention Services. No more than 10 percent of the funds awarded may be spent on administrative costs, including planning and evaluation and excluding costs of a clinical quality management program. The remainder of the funds may be spent on support services, defined as those services needed for low income individuals with HIV/AIDS to achieve their medical outcomes.
3. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
4. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
5. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests.
6. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
7. This award is subject to 45 CFR 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
8. Every two (2) years to the lead State agency for Part B, the recipient must submit audits consistent with 45 CFR 75 Subpart F regarding funds expended in accordance with Title XXVI of the Public Health Service Act. Include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
9. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>
10. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2025 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
11. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>).
12. These funds may not be used for the following: inpatient services, residential treatment, clinical research, nursing home care, cash

- payments to intended recipients of services, purchasing or construction of real property, or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
13. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
 14. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <https://ryanwhite.hrsa.gov/grants/policy-notice> and <https://ryanwhite.hrsa.gov/grants/program-letters>.
 15. In accordance with Program Policy No. 12-01, grant funds may not be used for: 1.) outreach programs which have HIV prevention education as their exclusive purpose, or 2.) broad-scope awareness activities about HIV services that target the general public.
<http://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
 16. These grant funds shall not be used to take the place of current funding for activities described in the application. Grantees must maintain non-Federal funding for HIV early intervention services at a level that is not less than expenditures for such activities during the fiscal year prior to receiving this grant.
 17. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
 18. Recipients must submit an annual Non-Competing Continuation (NCC) Progress Report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC Progress Report triggers the budget period renewal and release of subsequent year funds. The report demonstrates recipient progress on program-specific goals and collects core performance measurement data to measure the progress and impact of the project.
 19. This Part C Early Intervention Services program funding supports outpatient HIV primary care services targeted to low-income, vulnerable, medically underserved people living with HIV for the following service area: Counties in TX: Tarrant, Johnson, Parker, Erath, Hood, Palo Pinto, Somervell, and Wise
 20. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Part C and D recipients *may* provide prevention counseling and information to eligible clients' partners. (See the HIV/AIDS Bureau November 16, 2021 Program Letter available online at [Ryan White HIV/AIDS Program and PrEP Program Letter](#).)
 21. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>
 22. No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity.
 23. The recipient must comply with data requirements of the RWHAP Services Report (RSR) and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core medical and support service providers, including those funded through drug rebates (Part B only) and/or program income, are required to submit client-level data as instructed in the RSR manual. See <https://ryanwhite.hrsa.gov/grants/manage/reporting-requirements/rsr>.
 24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds

25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.
26. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$10,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
27. HIV medical services should be available to patients no later than 90 days from the start date of the RWHAP Part C award. When services are provided through contracts or through an MOU, subawards (contracts or MOU signed by both parties) must be finalized within 60 days of the award.
28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).
29. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
30. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>.
31. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
<http://pms.psc.gov/find-pms-liaison-accountant.html>

Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.
2. **Due Date: Within 90 Days of Budget End Date**
Submit a Ryan White HIV/AIDS Program Expenditure Report by March 31, 2026.
3. **Due Date: 03/31/2025**
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance> for additional information.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Lisa Mckamy-Muttiah	Business Official	lmuttiah@tarrantcountytx.gov
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

53

CO# 144551



COMMISSIONERS COURT
COMMUNICATION

COURT ORDER NUMBER

PAGE 1 OF

DATE:

9

1/14/2025

SUBJECT: **CONSIDERATION OF FISCAL YEAR 2025 HEALTH RESOURCES AND SERVICES ADMINISTRATION RYAN WHITE PART C NOTICE OF AWARD**

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

COMMISSIONERS COURT ACTION REQUESTED

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No match is required.

Operating subsidy: None required.

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



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H7600123
Federal Award Date: 12/03/2024

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	2 H76HA00123-34-00
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	Competing Continuation
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	\$267,840.00
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20b. Indirect Cost Amount	\$0.00
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22. Offset	\$0.00
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24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$267,840.00
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27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$267,840.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Adejumoke Oladele on 12/03/2024

30. Remarks



Notice of Award
Award Number: 2 H76HA00123-34-00
Federal Award Date: 12/03/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
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:	\$267,840.00
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:	\$267,840.00
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:	\$267,840.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$267,840.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$267,840.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$267,840.00

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
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
35. FORMER GRANT NUMBER CSH601061	
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 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	\$267,840.00	\$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 or 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 box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual a 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 email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system 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 on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP.
2. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part C grant funds. Administration and clinical quality management, at least 75 percent of the remaining funds must be spent on programs that include Early Intervention Services (EIS). At least 50 percent of the total funds awarded must be spent on Early Intervention Services. No more than 10 percent of the funds awarded may be spent on administrative costs, including planning an administrative clinical quality management program. The remainder of the funds may be spent on support services, defined as services for low income individuals with HIV/AIDS to achieve their medical outcomes.
3. The recipient is required to establish and maintain a process for protecting client confidentiality. Client confidentiality requirements apply to all phases of the project.
4. Funding beyond this budget period is contingent upon the availability of appropriated funds for this recipient satisfactory performance, and a decision that continued funding is in the best interest of the recipient.
5. This action reflects a new document number. Please refer to this number when contacting the Payment Management System drawdown requests.
6. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement for outpatient prescription drugs are expected to secure the best prices available for such products and services from their organization and its patients. Eligible health care organizations/covered entities that enroll in the Ryan White HIV/AIDS Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
7. This award is subject to 45 CFR 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements.
8. Every two (2) years to the lead State agency for Part B, the recipient must submit audits consistent with HRSA program requirements and funds expended in accordance with Title XXVI of the Public Health Service Act. Include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
9. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor requirements, minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PC Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each client's needs, including documentation requirements. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>.
10. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on current program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
11. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirements for the program management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification 02 (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>).
12. These funds may not be used for the following: inpatient services, residential treatment, clinical research, nursing home care, cash

- payments to intended recipients of services, purchasing or construction of real property, or payments that payment has been made, or reasonably can be expected to be made, with respect to that item or service, compensation program, insurance policy, Federal or State health benefits program or by an entity that provides services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
13. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (if not used). Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific services. The goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients may administer voucher and store gift card programs in a manner which assures that vouchers and gift cards are not used for anything other than allowable goods or services, and that systems are in place to account for the use of such cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards are not part of a payment network, such as Visa, MasterCard, or American Express, and are not accepted by any merchant. Recipients may not use debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
 14. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters and programmatic requirements. See <https://ryanwhite.hrsa.gov/grants/policy-notice> and <https://ryanwhite.hrsa.gov/grants/program-letters>.
 15. In accordance with Program Policy No. 12-01, grant funds may not be used for: 1.) outreach programs with a primary purpose as their exclusive purpose, or 2.) broad-scope awareness activities about HIV services that target the general public. See <http://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
 16. These grant funds shall not be used to take the place of current funding for activities described in the RWHAP Part C Early Intervention Services program or non-Federal funding for HIV early intervention services at a level that is not less than expenditures for such activities prior to receiving this grant.
 17. All providers of services available in the Medicaid State plan must have entered into a participation agreement with the State or qualified to receive payments under such plan, or receive a waiver from this requirement.
 18. Recipients must submit an annual Non-Competing Continuation (NCC) Progress Report via the HRSA EHBs 9 process by the end of the budget period. Submission and HRSA approval of this NCC Progress Report triggers the budget period for the subsequent year funds. The report demonstrates recipient progress on program-specific goals and collects core performance measurement data to measure the progress and impact of the project.
 19. This Part C Early Intervention Services program funding supports outpatient HIV primary care services for medically underserved people living with HIV for the following service area: Counties in TX: Tarrant, Collin, Somervell, and Wise
 20. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not exposed to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Part C and D recipients may provide prevention counseling and information to eligible clients' partners. (See the HIV/AIDS Bureau November 16, 2021 Program Letter available online at Ryan White HIV/AIDS Program and PrEP Program Letter.)
 21. Recipients are required to track and report all sources of service reimbursement as program income on the RWHAP Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>
 22. No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage unprotected sexual activity.
 23. The recipient must comply with data requirements of the RWHAP Services Report (RSR) and mandate compliance for all subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core medical and support service providers, including those funded through drug rebates (Part B only) and/ or other funding, must submit client-level data as instructed in the RSR manual. See <https://ryanwhite.hrsa.gov/grants/manage/reporting-requirements/rsr>.
 24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that subrecipients are authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative mandates, and terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds

25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>. See
26. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any other reports submitted within 90 days after the project period ends. Recipients are required to report all equipment or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically to HRSA.
27. HIV medical services should be available to patients no later than 90 days from the start date of the award. When services are provided through contracts or through an MOU, subawards (contracts or MOU signed by both parties) of the award.
28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Management Operations (DGMO).
29. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since 2011. References to prior OMB Circulars for the administrative and audit requirements and the cost principles associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR 200.
30. All post-award requests, such as significant budget revisions or a change in scope, must be submitted through the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Access" in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>.
31. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account specifically identify the individual grant for which they are drawing funds and will assist HRSA in managing the account number is provided to individuals at the organization who have permissions established within the PMS can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS code and the sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
- You may use your existing PMS username and password to check your organizations' account access. If you do not have a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>

Standard Term(s)

- Your organization must have policies, procedures, and financial controls to follow all the General Terms and Conditions. HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR) cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.
- Due Date: Within 90 Days of Budget End Date**
Submit a Ryan White HIV/AIDS Program Expenditure Report by March 31, 2026.
- Due Date: 03/31/2025**
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient information for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance> for additional information.

Failure to comply with these reporting requirements will result in deferral or additional restriction

Contacts

NoA Email Address(es):

Name	Role	Email
Lisa Mckamy-Muttiah	Business Official	lmuttiah@tarrantcountytx.gov
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) for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

Submissions

□

SIGNED AND EXECUTED this 14th day of January, 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.

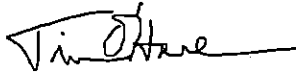
CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ N/A

Kimberly M. Buchanan
Auditor Date: 1-14-25

Consideration of the Fiscal Year 2025 Health Resources and Services Administration Ryan
White Part C Notice of Award

SIGNED AND EXECUTED this 14 day of January, 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
1/15/2025