



COMMISSIONERS COURT  
COMMUNICATION

COURT ORDER NUMBER 145452

PAGE 1 OF 6

DATE: 7/1/2025

**SUBJECT: CONSIDERATION OF AMENDMENT NO. 2 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. 2 to the FY 2025 Health Resources and Services Administration (HRSA) Ryan White Part C (Part C) Notice of Award (NOA) in the amount of \$22,756.00. With the addition of carryover funding, Part C funding for FY 2025 totals \$491,476.00.

**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 partial FY2025 HRSA Part C NOA in the amount of \$267,840.00.

On June 3, 2025, the Commissioners Court, through Court Order #145340, approved Amendment No. 1 to the FY 2025 HRSA Part C NOA in the amount of \$200,880.00, for a total award of \$468,720.00.

With approval of Amendment No. 2, an unobligated balance of \$22,756.00 will be carried forward from budget period January 1, 2024, through December 31, 2024, into the current budget period of January 1, 2025, through December 31, 2025. The total funding with carryover is currently \$491,476.00.

The Part C project period is January 1, 2025, through December 31, 2027. The term of the contract period is January 1, 2025, through December 31, 2025.

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

**FISCAL IMPACT**

There is no fiscal impact associated with this action.  
Anticipated administrative funding: \$0.00

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



# COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER: 145452 DATE: 7/1/2025 PAGE 2 OF 6

No match or 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 H76HA00123-34-02

**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**

<b>19. Budget Period Start Date 01/01/2025 - End Date 12/31/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$22,756.00
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	\$491,476.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$491,476.00</b>
<b>26. Project Period Start Date 01/01/2025 - End Date 12/31/2027</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$491,476.00

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
Adejumoke Oladele on 06/16/2025

**30. Remarks**

Prior Approval Request Tracking Number PA-00140480. Prior Approval Request Type: Carryover



Notice of Award  
Award Number: 6 H76HA00123-34-02  
Federal Award Date: 06/16/2025

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<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:	\$10,995.00
f. Supplies:	\$11,761.00
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:	\$491,476.00
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:	\$491,476.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$491,476.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$491,476.00</b>
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	\$468,720.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$22,756.00</b>

**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
24 - 3770891	93.918	25H76HA00123	\$22,756.00	\$0.00	N/A	25H76HA00123

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
35	\$803,527.00
36	\$803,527.00
<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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	<b>\$0.00</b>
<b>35. FORMER GRANT NUMBER</b> CSH601061	
<b>36. OBJECT CLASS</b> 41.51	
<b>37. BHCNIS#</b>	

## 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)

- Applicable Regulations – Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
- 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).
- By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
  - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
  - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
  - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
  - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
  - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$22,756 from budget period 01/01/2024 - 12/31/2024 to into the current budget period 01/01/2025 - 12/31/2025. These funds can only be used for the purposes stated in your Prior Approval request.  
Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

## Contacts

### NoA Email Address(es):

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

Note: NoA emailed to these address(es)

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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