



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144951

PAGE 1 OF 4

DATE: 4/2/2025

**SUBJECT: CONSIDERATION TO SUBMIT THE FISCAL YEAR 2025-2026 TEXAS
DEPARTMENT OF STATE HEALTH SERVICES HIV HEALTH AND
SOCIAL SERVICES GRANT RENEWAL APPLICATION**

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

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider the submission of the FY 2025-2026 Texas Department of State Health Services (DSHS) HIV Health and Social Services (State Services) grant renewal application.

BACKGROUND

Tarrant County receives annual funding from DSHS in the form of grant contracts. The Texas DSHS State Services grant will continue to fund such as Health Insurance Premium & Cost Sharing Assistance, Transportation, and Referral for Health Care & Support Services in the Fort Worth Health Service Delivery Area (HSDA).

This grant renewal application is in the amount of \$1,044,642.00. The project period for the DSHS State Services Grant is September 1, 2017, through August 31, 2026. The term of this contract is September 1, 2025, through August 31, 2026.

The Criminal District Attorney's Office has reviewed these documents as to form.

FISCAL IMPACT

There is no fiscal impact associated with this action.

Anticipated Administrative cost: \$0.00

No match or operating subsidy is required.

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

Department of State Health Services (DSHS)

FORM A: Face Page This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the renewal's cover page and shall be completed entirely. The signature of face page certifies to all DSHS and program assurances listed in this renewal document.

RESPONDENT INFORMATION																			
1) LEGAL BUSINESS NAME: Tarrant County																			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change <input type="checkbox"/> 2300 Circle Drive, Suite 2306, Fort Worth, TX 76119																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change <input type="checkbox"/> Tarrant County, 100 East Weatherford Street, Fort Worth, TX 76196																			
4) DUNS Number (9-digit) required if receiving federal funds: 068365220																			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 75-6001170																			
<i>*The respondent acknowledges, understands, and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
6) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
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<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2025 End Date: 08/31/2026																			
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9) AMOUNT OF FUNDING REQUESTED: \$1,044,642.00	11) PROJECT CONTACT PERSON																		
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>	Name: Lisa Muttiah Phone: 817-370-4527 Fax: 817-531-6770 Email: lmuttiah@tarrantcountytx.gov																		
	12) FINANCIAL OFFICER Name: Kimberly Buchanan Phone: 817-884-1011 Fax: 817-884-1104 Email: kmbuchanan@tarrantcountytx.gov																		
The facts affirmed by me in this proposal are truthful and I warrant the respondent is following the assurances and certifications contained in APPENDIX B: DSHS Assurances and Certifications . I understand the truthfulness of the facts affirmed herein and continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																			
13) DOCUSIGN SIGNATURE AUTHORITY Name: Tim O'Hare Title: County Judge Phone: 817-884-1441 Fax: 817-884-2793 Email: countyjudgecontracts@tarrantcountytx.gov	14) DOCUSIGN ADMINISTRATIVE CONTACT Name: <u>Separate Electronic Signature Page</u> Email: countyjudgegrants@tarrantcountytx.gov																		
	15) DATE																		

FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: Tarrant County

This form provides information about the appropriate program contacts in the applicant's organization. If any of the following information changes during the contract term, please notify the Contract Manager and the HIV Care Services Group.

Director: <u>Lisa Mutiah</u> Title: <u>HIV Administrative Agency Manager</u> Phone: <u>817-370-4529</u> Ext. _____ Fax: <u>817-531-6770</u> E-mail: <u>lmuttiah@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
Project Contact: <u>Lisa Mutiah</u> Title: <u>HIV Administrative Agency Manager</u> Phone: <u>817-370-4529</u> Ext. _____ Fax: <u>817-531-6770</u> E-mail: <u>lmuttiah@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
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Data Reporting Contact: <u>S. Renee Thomas</u> Title: <u>HIV Grants and Data Coordinator</u> Phone: <u>817-370-4528</u> Ext. _____ Fax: <u>817-531-6770</u> E-mail: <u>srthomas@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
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Board Chairperson: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
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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 Marvin Nichols
James Marvin Nichols (Mar 4, 2025 10:59 CST)
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.



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E-mail:	<u>bakakembo@tarrantcountytx.gov</u>	

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:

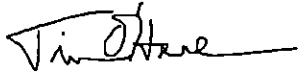
James Marvin Nichols
James Marvin Nichols (Mar 4, 2025 10:59 CST)
Criminal District Attorney's Office*

*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.

Consideration to Submit the Fiscal Year 2025-2026 Texas Department of State Health Services
HIV Health and Social Services Grant Renewal Application

SIGNED AND EXECUTED this 2 day of April, 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
4/10/2025