



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 145450

PAGE 1 OF 6

DATE: 7/1/2025

SUBJECT: CONSIDERATION OF AMENDMENT NO. 1 TO THE FISCAL YEAR 2025-2026 HEALTH RESOURCES AND SERVICES ADMINISTRATION ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B NOTICE OF AWARD

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

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider Amendment No. 1 of the FY 2025-2026 Health Resources and Services Administration (HRSA) the Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (EHE) Notice of Award (NOA) in the amount of \$417,954.00. With the addition of this funding, EHE funding for FY 2025-2026 totals \$1,259,554.00.

BACKGROUND

Tarrant County is one of forty-eight (48) counties in the United States selected by HRSA to receive EHE funding to end the HIV epidemic. Tarrant County was selected based on the number of new HIV transmissions and is in the sixth (6th) year of receiving EHE funding.

On January 28, 2025, the Commissioners Court, through Court Order #144617, approved the FY 2025-2026 HRSA NOA for the EHE grant contract in the amount of \$841,600.00.

With the approval of Amendment No. 1, additional funding of \$417,954.00 will be added to the EHE grant award. Total funding is currently \$1,259,554.00.

The EHE project period is March 1, 2025, through February 28, 2030. The grant budget period will remain March 1, 2025, through February 28, 2026.

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 E0024-2026.

Administrative funding: \$41,795.40 (Paid by EHE)

No match is required, or operating subsidy required.

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



Recipient Information

- 1. Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
2300 Circle Dr Ste 2306
Fort Worth, TX 76119-8134
- 2. Congressional District of Recipient**
33
- 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
lmuttiah@tarrantcountytx.gov
(817)370-4527
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Toni Hines
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
thines@hrsa.gov
(301) 443-1665
- 10. Program Official Contact Information**
Chau D Nguyen
Project Officer
HIV/AIDS Bureau (HAB)
cnguyen1@hrsa.gov
(301) 443-5785

Federal Award Information

- 11. Award Number**
6 UT8HA33961-06-01
- 12. Unique Federal Award Identification Number (FAIN)**
UT833961
- 13. Statutory Authority**
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number**
93.686
- 16. Assistance Listing Program Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$417,954.00
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	\$1,259,554.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,259,554.00
26. Project Period Start Date 03/01/2025 - End Date 02/28/2030	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,259,554.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 06/17/2025

30. Remarks



Notice of Award
Award Number: 6 UT8HA33961-06-01
Federal Award Date: 06/17/2025

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:	\$1,259,554.00
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:	\$1,259,554.00
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:	\$1,259,554.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,259,554.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,259,554.00
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	\$841,600.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$417,954.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
07	\$841,600.00
08	\$841,600.00
09	\$841,600.00
10	\$841,600.00

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

36. OBJECT CLASS
41.15

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 - 377ABGR	93.914	25UT8HA33961	\$417,954.00	\$0.00	N/A	25UT8HA33961

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.

Program Specific Term(s)

- 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 \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

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

Contacts

NoA Email Address(es):

Name	Role	Email
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Lisa Muttiah	Program Director	lmuttiah@tarrantcountytx.gov
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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:



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 \$ _____

Auditor Date: _____