



**COMMISSIONERS COURT  
COMMUNICATION**

COURT ORDER NUMBER \_\_\_\_\_

PAGE 1 OF 4

DATE: 1/14/2025

**SUBJECT: CONSIDERATION TO SUBMIT THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES FISCAL YEAR 2025-2026 RYAN WHITE TREATMENT EXTENSION ACT PART B HIV SERVICES GRANT RENEWAL APPLICATION**

**\*\*\* CONSENT AGENDA \*\*\***

**COMMISSIONERS COURT ACTION REQUESTED**

It is requested that the Commissioners Court consider the submission of the Texas Department of State Health Services (DSHS) FY 2025-2026 Ryan White Treatment Extension Act Part B HIV Services grant renewal in the amount of \$1,279,153.00.

**BACKGROUND**

The Texas DSHS provides annual Ryan White Treatment Extension Act Part B grant funding to support the provision of essential health and support services to people living with HIV in the Tarrant County Health Services Delivery Area (HSDA). Tarrant County has received Part B funding from DSHS for more than 20 years.

The total amount of funding for FY 2025-2026 is \$1,279,153.00. The term of this contract is April 1, 2025 through March 31, 2026.

**FISCAL IMPACT**

There is no fiscal impact associated with this action.

Anticipated Administrative cost: \$428,472.00 (Paid by Ryan White Part B)

No match or operating subsidy is required.

No indirect costs allowed for this grant.

SUBMITTED BY	HIV Administrative Agency	PREPARED BY:	Barbara Kakembo
		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 cover page of the renewal and shall be completed in its entirety. 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): 2300 Circle Drive, STE 2306, Fort Worth, TX 76119-8138		Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Tarrant County, 100 East Weatherford Street, Fort Worth, TX 76196-0101		Check if address change <input type="checkbox"/>
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):		
<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): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		
7) PROPOSED BUDGET PERIOD:	Start Date: 4/1/2025	End Date: 03/31/2026
8) COUNTIES SERVED BY PROJECT: Erath, Hood, Johnson, Palo Pinto, Somervell, Tarrant, and Wise		
9) AMOUNT OF FUNDING REQUESTED: \$1,279,153.00	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 current fiscal year (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 McKamie-Muttiah Phone: 817-370-4527 Fax: 817-531-6770 Email: lmuttiah@tarrantcountytexas.gov	
	12) FINANCIAL OFFICER Name: Kimberly M. Buchanan Phone: 817-884-1011 Fax: 817-884-1104 Email: kmbuchanan@tarrantcountytexas.gov	
The facts affirmed by me in this proposal are truthful and I warrant the respondent is following the assurances and certifications contained in <b>APPENDIX B: DSHS Assurances and Certifications</b> . 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) AUTHORIZED REPRESENTATIVE Name: Tim O'Hare Title: County Judge Phone: 817-884-1441 Fax: 817-884-1104 Email: <a href="mailto:countyjudgegrants@tarrantcountytexas.gov">countyjudgegrants@tarrantcountytexas.gov</a>		14) SIGNATURE OF AUTHORIZED REPRESENTATIVE Separate Electronic Signature Page
		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 term of the contract, please notify the **Contract Manager and the HIV Care Services Group.***

<p><b>Director:</b> <u>Lisa Muttiah</u></p> <p><b>Title:</b> <u>HIV Administrative Agency Manager</u></p> <p><b>Phone:</b> <u>817-370-4527</u> Ext. _____</p> <p><b>Fax:</b> <u>817-531-6770</u></p> <p><b>E-mail:</b> <a href="mailto:lmuttiah@tarrantcountytx.gov">lmuttiah@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>2300 Circle Drive, STE 2306</u></p> <p><u>Fort Worth, TX 76119</u></p>
<p><b>Project Contact:</b> <u>Lisa Muttiah</u></p> <p><b>Title:</b> <u>HIV Administrative Agency Manager</u></p> <p><b>Phone:</b> <u>817-370-4527</u> Ext. _____</p> <p><b>Fax:</b> <u>817-531-6770</u></p> <p><b>E-mail:</b> <a href="mailto:lmuttiah@tarrantcountytx.gov">lmuttiah@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>2300 Circle Drive, STE 2306</u></p> <p><u>Fort Worth, TX 76119</u></p>
<p><b>Financial Reporting Contact:</b> <u>Kimberly Buchanan</u></p> <p><b>Title:</b> <u>County Auditor</u></p> <p><b>Phone:</b> <u>817-884-1011</u> Ext. _____</p> <p><b>Fax:</b> <u>817-884-1104</u></p> <p><b>E-mail:</b> <a href="mailto:kmbuchanan@tarrantcountytx.gov">kmbuchanan@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>100 East Weatherford Street</u></p> <p><u>Fort Worth, TX 76196</u></p>
<p><b>Data Reporting Contact:</b> <u>S. Renee Thomas</u></p> <p><b>Title:</b> <u>HIV Grants and Data Coordinator</u></p> <p><b>Phone:</b> <u>817-370-4528</u> Ext. _____</p> <p><b>Fax:</b> <u>817-531-6770</u></p> <p><b>E-mail:</b> <a href="mailto:srthomas@tarrantcountytx.gov">srthomas@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>2300 Circle Drive, STE 2306</u></p> <p><u>Fort Worth, TX 76119</u></p>
<p><b>Clinical Services Contact:</b> <u>Kaitlin Lopez</u></p> <p><b>Title:</b> <u>Grant Coordinator, Quality &amp; Planning</u></p> <p><b>Phone:</b> <u>817-370-4526</u> Ext. _____</p> <p><b>Fax:</b> <u>817-531-6770</u></p> <p><b>E-mail:</b> <a href="mailto:Klopez@tarrantcountytx.gov">Klopez@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>2300 Circle Drive, STE 2306</u></p> <p><u>Fort Worth, TX 76119</u></p>
<p><b>Board Chairperson:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Phone:</b> _____ Ext. _____</p> <p><b>Fax:</b> _____</p> <p><b>E-mail:</b> _____</p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>Emergency Contact:</b> <u>Barbara Kakembo</u></p> <p><b>Title:</b> <u>Financial Coordinator</u></p> <p><b>Phone:</b> <u>817-370-4529</u> Ext. _____</p> <p><b>Fax:</b> <u>817-531-6770</u></p> <p><b>E-mail:</b> <a href="mailto:bakakembo@tarrantcountytx.gov">bakakembo@tarrantcountytx.gov</a></p>	<p><b>Mailing Address (incl. street, city, county, state, &amp; zip):</b></p> <p><u>2300 Circle Drive, STE 2306</u></p> <p><u>Fort Worth, TX 76119</u></p>