



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

PAGE 1 OF 6

DATE: 1/28/2025

SUBJECT: CONSIDERATION OF AMENDMENT NO. 1 TO THE FISCAL YEAR 2024-2025 HEALTH RESOURCES AND SERVICES ADMINISTRATION RYAN WHITE PART D NOTICE OF AWARD

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

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider Amendment No. 1 to the Fiscal Year 2024-2025 Health Resources and Services Administration (HRSA) Ryan White Part D (Part D) Notice of Award (NOA), increasing the amount of funding by \$80,349.00.

BACKGROUND

On July 16, 2024, the Commissioners Court, through Court Order #143477, approved the Notice of Award (NOA) to the FY 2024-2025 Health Resources and Service Administration (HRSA) Ryan White Part D grant in the amount of \$364,727.00.

On September 4, 2024, the Commissioners Court, through Court Order #143786, approved rescinding Court Order #143477 in the amount of \$364,727.00, and approved the FY2024-2025 HRSA Part D NOA in the amount of \$566,009.00.

With approval of Amendment No. 1, an unobligated balance of \$80,349.00 will be carried forward from budget period August 1, 2023, through July 31, 2024, into the current budget period of August 1, 2024, through July 31, 2025. This carryover will increase total funding to \$646,358.00.

The term of this contract will remain August 1, 2024, through July 31, 2025.

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 E0025-2025.

Administrative Funding: \$0.00

No match or operating subsidy 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# H1224819
Federal Award Date: 12/30/2024

Recipient Information

- 1. Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
1101 S Main St
Fort Worth, TX 76104-4802
- 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 McKamie-Muttiah
Project Director
LMuttiah@tarrantcountytx.gov
(817)370-4527
- 8. Authorized Official**
Tim O'Hare
County Judge
CountyjudgeGrants@tarrantcountytx.gov
(817)884-1441

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

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- 11. Award Number**
6 H12HA24819-12-01
- 12. Unique Federal Award Identification Number (FAIN)**
H1224819
- 13. Statutory Authority**
42 U.S.C. § 300ff-71; 300ff-121
- 14. Federal Award Project Title**
Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare
- 15. Assistance Listing Number**
93.153
- 16. Assistance Listing Program Title**
Coordinated Services and Access to Research for Women, Infants, Children, and Youth
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2024 - End Date 07/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$80,349.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$364,727.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$646,358.00
26. Project Period Start Date 08/01/2022 - End Date 07/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,646,745.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Adejumoke Oladele on 12/30/2024

30. Remarks

Prior Approval Request Tracking Number PA-00136026. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H12HA24819-12-01
Federal Award Date: 12/30/2024

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$56,953.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$17,727.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$74,680.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$250.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$3,000.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$3,373.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$565,055.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$646,358.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$646,358.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$646,358.00</td></tr> </table>	a. Salaries and Wages:	\$56,953.00	b. Fringe Benefits:	\$17,727.00	c. Total Personnel Costs:	\$74,680.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$250.00	g. Travel:	\$3,000.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$3,373.00	j. Consortium/Contractual Costs:	\$565,055.00	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:	\$646,358.00	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:	\$646,358.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$646,358.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">13</td> <td style="text-align: right;">\$566,009.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	13	\$566,009.00	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
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<p>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:</p> <p>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.</p>																																																							
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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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$80,349 from budget period 08/01/2023 - 07/31/2024 to into the current budget period 08/01/2024 - 07/31/2025. 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
Tim O'hare	Authorizing Official	countyjudgegrants@tarrantcountytx.gov
Lisa Mckamie-Muttiah	Program Director, Point of Contact	lmuttiah@tarrantcountytx.gov
Lisa Muttiah	Business Official	lmuttiah@tarrantcounty.com

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



COMMISSIONERS COURT
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Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$364,727.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table>	a. Salaries and Wages:	\$56,953.00	b. Fringe Benefits:	\$17,727.00	c. Total Personnel Costs:	\$74,680.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$250.00	g. Travel:	\$3,000.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$3,373.00	j. Consortium/Contractual Costs:	\$565,055.00	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:	\$646,358.00	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:	\$646,358.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$646,358.00	a. Authorized Financial Assistance This Period	\$646,358.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$80,349.00	ii. Offset	\$201,282.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$364,727.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #e0e0e0;"><th style="width:20%;">YEAR</th><th style="width:80%;">TOTAL COSTS</th></tr> </thead> <tbody> <tr><td style="text-align: center;">13</td><td style="text-align: right;">\$566,009.00</td></tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. 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<p>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:</p> <p>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.</p>																																																																					
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e0e0e0;"><th style="width:12.5%;">FY-CAN</th><th style="width:12.5%;">CFDA</th><th style="width:12.5%;">DOCUMENT NUMBER</th><th style="width:12.5%;">AMT. FIN. ASST.</th><th style="width:12.5%;">AMT. DIR. ASST.</th><th style="width:12.5%;">SUB PROGRAM CODE</th><th style="width:12.5%;">SUB ACCOUNT CODE</th></tr> </thead> <tbody> <tr><td>24 - 3770892</td><td>93.153</td><td>22H12HA24819</td><td>\$0.00</td><td>\$0.00</td><td>N/A</td><td>22H12HA24819</td></tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 3770892	93.153	22H12HA24819	\$0.00	\$0.00	N/A	22H12HA24819																																																						
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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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$80,349 from budget period 08/01/2023 - 07/31/2024 to into the current budget period 08/01/2024 - 07/31/2025. 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
Tim O'hare	Authorizing Official	countyjudgegrants@tarrantcountytx.gov
Lisa Mckamie-Muttiah	Program Director, Point of Contact	lmuttiah@tarrantcountytx.gov
Lisa Muttiah	Business Official	lmuttiah@tarrantcounty.com

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 28th 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.

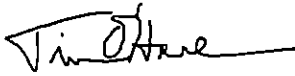
CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ N/A-Revenue

Kimberly M. Buchanan
Auditor Date: 1.27.25

Consideration of Amendment No. 1 to the Fiscal Year 2024-2025 Health Resources and Services
Administration Ryan White Part D Notice of Award

SIGNED AND EXECUTED this 28 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
2/4/2025