



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144833

PAGE 1 OF 13

DATE: 3/11/2025

**SUBJECT: CONSIDERATION TO SUBMIT THE FISCAL YEAR 2025-2026 TEXAS
DEPARTMENT OF STATE HEALTH SERVICES HOUSING
OPPORTUNITIES FOR PERSONS WITH AIDS GRANT RENEWAL
APPLICATION**

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

COMMISSIONERS COURT ACTION REQUESTED

It is requested that Commissioners Court consider the submission of the FY2025-2026 Texas Department of State Health Services (DSHS) Housing Opportunities for Persons with AIDS (HOPWA) grant renewal application.

BACKGROUND

Tarrant County annually receives funding from DSHS HOPWA in the form of grants. The DSHS HOPWA program helps low-income persons living with HIV and their households to establish or maintain affordable and stable housing. Stable housing reduces the risk of homelessness and improves health outcomes.

This grant renewal application is in the amount of \$313,083.00. The project period and grant year for DSHS HOPWA is September 1, 2025, through August 31, 2026.

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

FISCAL IMPACT

All associated costs will be paid from grant fund allocations in E0037-2026.

Anticipated administrative funding: \$10,000.00 (Paid by DSHS HOPWA)

No match or operating subsidy required.

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



Form A: Face Page

Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative's signature affirms that all information herein is accurate.

1. Legal Business Name	Tarrant County		
2. Physical Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119		
3. Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119		
4. Payee Name	Tarrant County		
5. Payee Mailing Address	100 East Weatherford Street, Fort Worth, TX 76196		
6. Unique Entity ID Number	DBH1UNN8U5J3		
7. Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number*	75-6001170 <i>*The applicant acknowledges, understands, and agrees that using a Social Security number as its contractual vendor identification number may result in the number becoming public via state open records requests.</i>		
8. 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 Center	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Historically Underutilized Business	<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-Owned Business	<input type="checkbox"/> Private	
<input type="checkbox"/> Faith-Based Nonprofit*	<input type="checkbox"/> Other:		
<i>*If incorporated, provide the ten-digit charter number assigned by the Secretary of State:</i>			
9. Proposed Budget Period	Start	09/01/25	End 08/31/26
10. Counties Served by Project	Fort Worth HSDA (Counties of Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise)		
11. Amount of Funding Requested	\$313,083.00		
12. Projected Expenditures	Will the respondent's projected federal and state expenditures exceed \$1,000,000 for their current fiscal year?*		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<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>			
13. Project Contact Person	Name	Lisa Muttiah	
	Title	HIV Administrative Agency Manager	
	Email	lmuttiah@tarrantcountytx.gov	
	Phone	817-370-4527	
	Fax	817-531-6770	
14. Financial Officer	Name	Kimberly Buchanan	
	Title	County Auditor	
	Email	kmbuchanan@tarrantcountytx.gov	
	Phone	817-884-1011	
	Fax	817-884-1104	
I affirm that all information herein is accurate. I confirm that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. I understand that initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. The respondent's governing body has approved this application, and I have authorization to sign it on their behalf.			
15. Authorized Representative	Name	Tim O'Hare	
	Title	County Judge	
	Email	Countyjudgegrants@tarrantcountyc.gov	
	Phone	817-884-1441	
	Fax	817-884-2793	
16. Authorized Representative Signature	Separate Electronic Signature Page		17. Date

Form A Instructions

Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative's signature affirms that all information herein is accurate. The form confirms that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. Initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. Please follow the instructions below to complete the form and return it with the applicant's response.

1. **Legal Business Name:** Enter the applicant's legal name.
2. **Physical Address:** Enter the applicant's complete physical address, city, county, state, and 9-digit zip code.
3. **Mailing Address:** Enter the applicant's complete mailing address, city, county, state, and 9-digit zip code.
4. **Payee Name:** Enter the name of the entity involved in a contractual relationship with the applicant to receive payment for services rendered and maintain the accounting records for the contract (e.g., fiscal agent). The payee is the corporation, entity, or vendor who will receive payments.
5. **Payee Mailing Address:** Enter the payee's complete mailing address, city, county, state, and 9-digit zip code.
6. **Unique Entity Identification (UEI) Number:** Enter the applicant's Unique Entity Identification (UEI) number. The UEI is a 12-character alphanumeric value. The applicant must have this number if they receive federal funds and can obtain one at <https://sam.gov/content/home>.
7. **Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number:** Enter the applicant's Federal Tax Identification Number, Texas State Comptroller Vendor Identification Number, or Social Security Number (nine, fourteen, or nine digits respectively). The applicant acknowledges, understands, and agrees that using a Social Security number as its contractual vendor identification number may result in the number becoming public via state open records requests.
8. **Type of Entity:** Check the type of entity as defined by the Secretary of State at sos.state.tx.us/corp/businessstructure.shtml or the Texas State Comptroller at fm.xcpa.texas.gov/fm/pubs/payment/gen_prov/index.php?s=tins_codes&p=ownership and check all other boxes that describe the entity.
 - Historically Underutilized Business is defined in the [Texas Government Code, Title 10, Subtitle D, Chapter 2161](#).
 - State Agency is defined in the [Texas Government Code, Title 10, Subtitle B, Chapter 2056](#).
 - Institution of Higher Education is defined by the [Texas Education Code, Title 3, Subtitle B, Chapter 61](#).
 - Minority-Owned Business is defined in the [Texas Government Code, Title 10, Subtitle G, Chapter 2306](#).
9. **Proposed Budget Period:** DSHS has entered the budget period for this application for you.
10. **Counties Served by Project:** Enter the proposed counties served by the project.
11. **Amount of Funding Requested:** Enter the funding per the allocation given by DSHS for proposed project activities (not including possible renewals). This amount must match Table A, Column 2 above.
12. **Projected Expenditures:** If the applicant's projected federal and state expenditures exceed \$1,000,000 for their current fiscal year, they must arrange a financial compliance audit (Single Audit).
13. **Project Contact Person:** Enter the name, title, email address, phone number, and fax number of the person responsible for the proposed project.
14. **Financial Officer:** Enter the name, title, email address, phone number, and fax number of the person responsible for the financial aspects of the proposed project.
15. **Authorized Representative:** Enter the name, title, email address, phone number, and fax number of the person authorized to represent the applicant.
16. **Authorized Representative Signature:** The person authorized to represent the applicant must sign in this blank.
17. **Date:** Enter the date the authorized representative signed this form.

Form B: Administrative Agency Contact Information

Form B requests contact information for key roles within the Administrative Agency’s organization. If any of the following information changes during the contract term, please notify the assigned Contract Manager and HOPWA Coordinator in writing.

Legal Applicant Name	Tarrant County
Director	Lisa Muttiah
Title	HIV Administrative Agency
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Project Contact	Lisa Muttiah
Title	HIV Administrative Agency Manager
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Financial Reporting Contact	Kimberly Buchanan
Title	County Auditor
Email	Kmbuchanan@tarrantcountytx.gov
Phone	817-884-1011
Fax	817-884-1104
Mailing Address	100 East Weatherford Street, Fort Worth, Texas 76196
Grants Management Contact	Lisa Muttiah
Title	HIV Administrative Agency Manager
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Data Management Contact	S. Renee Thomas
Title	HIV Grants and Data Coordination
Email	srthomas@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Planning Contact	Kaitlin Lopez
Title	Quality and Planning Grant Coordinator
Email	kmlopez@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Monitoring Contact	Barbara Kakembo
Title	Financial Coordinator
Email	bakakembo@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
HOPWA Contact	Barbara Kakembo
Title	Financial Coordinator
Email	bakakembo@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119

Form C: HOPWA Performance Measures Guidelines

Administrative Measures

1. Contractor must subcontract all applicable HOPWA funds no later than 30 calendar days after the first day of the contract year or 30 calendar days after an executed amendment, if applicable.
2. Contractor must submit an electronic copy of each HOPWA subcontract and budget no later than 45 calendar days after the first day of the contract year or 45 calendar days after an executed amendment, if applicable.
3. Contractor must enter complete and correct HOPWA initial contracts in the Uniform Reporting System Take Charge Texas (TCT) no later than 30 calendar days after the first day of the contract year or 30 calendar days after an executed amendment, if applicable.
4. Contractor must submit complete and accurate semi-annual reports according to the reporting due dates for this contract.
5. Contractor must expend at least 95 percent of their HOPWA funds by the end of the contract year.
6. Contractor must conduct programmatic and fiscal monitoring of subcontractors according to DSHS requirements and the Contractor's established internal policies, procedures, and schedules.
7. Contractor must distribute all funds according to each Project Sponsor Data Sheet and make reallocations per DSHS policy.
8. Contractor must comply with, and ensure all subcontractors comply with, the [DSHS HOPWA Program Manual](#), [DSHS HOPWA Determining Household Annual Income Guide](#), and [DSHS HOPWA Determining Household Annual Adjusted Income Guide](#).

Categorical Budget Instructions

The [DSHS HOPWA Program Manual](#) provides a basic overview of the program and its eligible activities and requirements. It also provides additional detail about eligible direct and indirect costs. Grantee (Administrative Agency) Administration costs cannot exceed the amount specified under Table A, "AA Admin Cost Cap."

Please submit a twelve-month categorical budget and justification for this contract term based on your total allocation in Table A above. Use the attached categorical budget template in Excel format. Submit your budget in whole dollars only. When you submit invoices to DSHS, you must use two decimals.

The categorical budget must summarize the dollar amounts allocated to the following HOPWA activity categories:

055	Tenant-Based Rental Assistance
055	Short-Term Rent, Mortgage, and Utility
055	Facility-Based Housing Assistance
055	Permanent Housing Placement
055	Housing Case Management
055	Housing Information Services
055	Resource Identification
055	Project Sponsor Administration
055	Grantee Administration

HOPWA Certification of Categorical Exclusion

Determination of categorically excluded activities not subject to 24 CFR §58.5 listed at §58.35(b). The Administrative Agency must complete one certification for each Project Sponsor in each HIV Service Delivery Area.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	The Salvation Army – Mabee Center
HIV Service Delivery Area (HSDA)	Fort Worth
Project Description	The DSHS HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: <ul style="list-style-type: none"> • Tenant-Based Rental Assistance • Short-Term Rent, Mortgage, and Utility • Facility-Based Housing Assistance • Permanent Housing Placement • Housing Case Management • Housing Information Services • Resource Identification • Project Sponsor Administration
Funding Source	State of Texas HOPWA Grant
Grant Number	TX-25-F999
Contract Amount	\$155,000.00

This project will undertake the following categorically excluded activities not subject to 24 CFR §58.5:

<input checked="" type="checkbox"/>	1. Tenant-based rental assistance;
<input checked="" type="checkbox"/>	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
<input checked="" type="checkbox"/>	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
<input type="checkbox"/>	4. Economic development activities including, but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses, and similar costs not associated with construction or expansion of existing operations;
<input type="checkbox"/>	5. Activities to assist homebuyers in purchasing existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities resulting in a title transfer;
<input type="checkbox"/>	6. Affordable housing pre-development costs, including legal, consulting, developer, and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities that do not have a physical impact;
<input type="checkbox"/>	7. Supplemental assistance (including insurance or guarantee) to a project previously approved under this part if the same responsible entity that conducted the environmental review on the original project made the approval and §58.47 does not require reevaluation of the environmental findings; and
<input type="checkbox"/>	8. HUD's guarantee of loans for one- to four-family dwellings on trust land and on fee land within an Indian reservation and on fee land owned by the Indian Tribe outside the Tribe's Indian Reservation boundaries, under the Direct Guarantee procedure for the Section 184 Indian Housing loan guarantee program without any review or approval of the application for the loan guarantee by HUD or the responsible entity or approval of the loan guarantee by HUD before the execution of the contract for construction or rehabilitation and the loan closing.

If the project's activities fall into any of these categories, it requires no Request for Release of Funds and the recipient needs no further environmental approval from the U.S. Department of Housing and Urban Development to draw down funds and carry out said activities. The responsible entity must maintain this document as a record of each project's environmental review undertaken under this part. By signing below, the responsible entity certifies that each activity is categorically excluded not subject to §58.5 as specified by 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

Administrative Agency Official Name Tim O'Hare

Administrative Agency Official Title County Judge

Administrative Agency Official Signature Separate Electronic Signature Page

Date _____

HOPWA Project Sponsor Data Sheet

09/01/25 – 08/31/26

The Administrative Agency will electronically submit one data sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency	Tarrant County Administrative Agency
Project Sponsor Name	The Salvation Army – a G.A. Corp. – Mabee Center
Project Sponsor Parent Company Name	The Salvation Army – a G.A. Corp. – Mabee Center
Selection Process for Project Sponsor	Competitive If other:
Is System for Award Management (SAM) registration active?	Yes
Unique Entity Identification (UEI) Number	HGC7JHH1UVP7
Employer ID Number (EIN) or Tax ID Number (TIN)	580660607
North American Industry Classification System (NAICS) Code	624221
HIV Service Delivery Area (HSDA)	Fort Worth
Physical Address	1855 E. Lancaster Ave. Fort Worth, TX 76103
Mailing Address	
Main Phone Number	817-344-1831
Main Fax Number	
Website	https://salvationarmytx.org/north-texas/mabee-social-service-center/
Facebook Page	The Salvation Army USA
Twitter Handle	
What department administers the HOPWA grant?	Housing
Is this a nonprofit organization?	Yes
Is this a faith-based organization?	Yes
Is this a grassroots organization?	Yes
Cities in this HSDA	Inclusive of all cities in the counties listed below
Counties in this HSDA	Tarrant, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Wise
Congressional Districts in this HSDA	6, 11, 12, 13, 24, 25, 26, 33
Congressional District of Project Sponsor	33

Assurances and Certifications

This Project Sponsor complies with all federal and state regulations, policies, procedures, standards, general provisions, and guidelines as specified in their subcontract, the Texas Health and Human Services Uniform Terms and Conditions, and the DSHS HOPWA Program Manual. The Administrative Agency's procurement and oversight procedures for this Project Sponsor follow the minimum standards required by 2 CFR §200 et seq.

- DSHS has not suspended this Project Sponsor from future contracts nor terminated a prior contract with them for cause.
- This Project Sponsor has not defaulted on any repayment agreements with DSHS.
- This Project Sponsor has not had a contractually required license or certification revoked.
- This Project Sponsor has not voluntarily surrendered any DSHS-issued license within the past three years.
- The Administrative Agency followed written procurement policies and procedures to advertise and award these funds.
- The Administrative Agency executed a written subcontract with the Project Sponsor consistent with the DSHS contract.
- The Administrative Agency will bear responsibility to DSHS for this Project Sponsor's performance.
- The Administrative Agency will follow written monitoring policies and procedures to conduct programmatic and fiscal monitoring of this Project Sponsor. They will provide this Project Sponsor and DSHS with written reports of the results. They will take appropriate corrective actions if this Project Sponsor breaches contract terms. They will maintain documentation of monitoring plans and activities pertaining to this Project Sponsor for future review.
- The Administrative Agency will submit documentation of this Project Sponsor's actual or potential conflicts of interest for review and disposition by DSHS within ten days of the date they became aware of the conflict.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 81,797.00	13
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$ 50,382.00	12
Permanent Housing Placement	\$ 22,821.00	13
Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$	
Total	\$ 155,000.00	

HOPWA Project Sponsor Contact Sheet

The Administrative Agency will electronically submit one contact sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency:	Tarrant County Administrative Agency
Project Sponsor Name:	The Salvation Army – Mabee Center
HIV Service Delivery Area:	Fort Worth

Contact Information for Primary Program Contact

What is the Primary Program contact name?	Venette Meachem
What is the Primary Program contact title?	Senior Mgr of Behavioral Health – Tarrant & Ellis Counties
In what department does the Primary Program contact work?	Behavioral Health
What is the Primary Program contact email?	Venette.meachem@uss.salvationarmy.org
What is the Primary Program contact phone number?	817-344-1838
What is the Primary Program contact fax number?	817-344-1838

Contact Information for Secondary Program Contact

What is the Secondary Program contact name?	Deborah Bullock
What is the Secondary Program contact title?	Director of Adult & Family Programs – Tarrant & Ellis Counties
In what department does the Secondary Program contact work?	Operations Department
What is the Secondary Program contact email?	Deborah.bullock@uss.salvationarmy.org
What is the Secondary Program contact phone number?	817-344-1831
What is the Secondary Program contact fax number?	817-344-1831

Contact Information for Individuals Seeking Services

What is the Services contact name?	Raiven Smith
What is the Services contact title?	Lead Case Management Specialist
In what department does the Services contact work?	Case Management
What is the Services contact email?	Raiven.smith@uss.salvationarmy.org
What is the Services contact phone number?	817-344-1826
What is the Services contact fax number?	817-344-1826

HOPWA Certification of Categorical Exclusion

Determination of categorically excluded activities not subject to 24 CFR §58.5 listed at §58.35(b). The Administrative Agency must complete one certification for each Project Sponsor in each HIV Service Delivery Area.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	To be determined
HIV Service Delivery Area (HSDA)	Fort Worth
Project Description	The DSHS HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: <ul style="list-style-type: none"> • Tenant-Based Rental Assistance • Short-Term Rent, Mortgage, and Utility • Facility-Based Housing Assistance • Permanent Housing Placement • Housing Case Management • Housing Information Services • Resource Identification • Project Sponsor Administration
Funding Source	State of Texas HOPWA Grant
Grant Number	TX-25-F999
Contract Amount	148,083.00

This project will undertake the following categorically excluded activities not subject to 24 CFR §58.5:

<input checked="" type="checkbox"/>	1. Tenant-based rental assistance;
<input checked="" type="checkbox"/>	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
<input checked="" type="checkbox"/>	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
<input type="checkbox"/>	4. Economic development activities including, but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses, and similar costs not associated with construction or expansion of existing operations;
<input type="checkbox"/>	5. Activities to assist homebuyers in purchasing existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities resulting in a title transfer;
<input type="checkbox"/>	6. Affordable housing pre-development costs, including legal, consulting, developer, and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities that do not have a physical impact;
<input type="checkbox"/>	7. Supplemental assistance (including insurance or guarantee) to a project previously approved under this part if the same responsible entity that conducted the environmental review on the original project made the approval and §58.47 does not require reevaluation of the environmental findings; and
<input type="checkbox"/>	8. HUD's guarantee of loans for one- to four-family dwellings on trust land and on fee land within an Indian reservation and on fee land owned by the Indian Tribe outside the Tribe's Indian Reservation boundaries, under the Direct Guarantee procedure for the Section 184 Indian Housing loan guarantee program without any review or approval of the application for the loan guarantee by HUD or the responsible entity or approval of the loan guarantee by HUD before the execution of the contract for construction or rehabilitation and the loan closing.

If the project's activities fall into any of these categories, it requires no Request for Release of Funds and the recipient needs no further environmental approval from the U.S. Department of Housing and Urban Development to draw down funds and carry out said activities. The responsible entity must maintain this document as a record of each project's environmental review undertaken under this part. By signing below, the responsible entity certifies that each activity is categorically excluded not subject to §58.5 as specified by 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

Administrative Agency Official Name Tim O'Hare

Administrative Agency Official Title County Judge

Administrative Agency Official Signature Separate Electronic Signature Page

Date _____

HOPWA Project Sponsor Data Sheet

09/01/25 – 08/31/26

The Administrative Agency will electronically submit one data sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency	
Project Sponsor Name	
Project Sponsor Parent Company Name	
Selection Process for Project Sponsor	Choose a selection process. If other:
Is System for Award Management (SAM) registration active?	Yes or No
Unique Entity Identification (UEI) Number	
Employer ID Number (EIN) or Tax ID Number (TIN)	
North American Industry Classification System (NAICS) Code	
HIV Service Delivery Area (HSDA)	Choose an HSDA.
Physical Address	
Mailing Address	
Main Phone Number	
Main Fax Number	
Website	
Facebook Page	
Twitter Handle	
What department administers the HOPWA grant?	
Is this a nonprofit organization?	Yes or No
Is this a faith-based organization?	Yes or No
Is this a grassroots organization?	Yes or No
Cities in this HSDA	
Counties in this HSDA	
Congressional Districts in this HSDA	
Congressional District of Project Sponsor	

Assurances and Certifications

This Project Sponsor complies with all federal and state regulations, policies, procedures, standards, general provisions, and guidelines as specified in their subcontract, the Texas Health and Human Services Uniform Terms and Conditions, and the DSHS HOPWA Program Manual. The Administrative Agency’s procurement and oversight procedures for this Project Sponsor follow the minimum standards required by 2 CFR §200 et seq.

- DSHS has not suspended this Project Sponsor from future contracts nor terminated a prior contract with them for cause.
- This Project Sponsor has not defaulted on any repayment agreements with DSHS.
- This Project Sponsor has not had a contractually required license or certification revoked.
- This Project Sponsor has not voluntarily surrendered any DSHS-issued license within the past three years.
- The Administrative Agency followed written procurement policies and procedures to advertise and award these funds.
- The Administrative Agency executed a written subcontract with the Project Sponsor consistent with the DSHS contract.
- The Administrative Agency will bear responsibility to DSHS for this Project Sponsor’s performance.
- The Administrative Agency will follow written monitoring policies and procedures to conduct programmatic and fiscal monitoring of this Project Sponsor. They will provide this Project Sponsor and DSHS with written reports of the results. They will take appropriate corrective actions if this Project Sponsor breaches contract terms. They will maintain documentation of monitoring plans and activities pertaining to this Project Sponsor for future review.
- The Administrative Agency will submit documentation of this Project Sponsor’s actual or potential conflicts of interest for review and disposition by DSHS within ten days of the date they became aware of the conflict.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$	
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$	
Permanent Housing Placement	\$	
Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$	
Total	\$ 148,083.00	

HOPWA Project Sponsor Contact Sheet

The Administrative Agency will electronically submit one contact sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

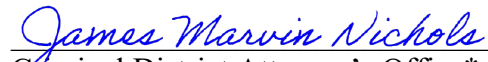
Administrative Agency:	
Project Sponsor Name:	
HIV Service Delivery Area:	
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	
What is the Primary Program contact title?	
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	
What is the Primary Program contact phone number?	
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number?	
What is the Services contact fax number?	

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.



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144833
PAGE 1 OF 13
DATE: 3/11/2025

**SUBJECT: CONSIDERATION TO SUBMIT THE FISCAL YEAR 2025-2026 TEXAS
DEPARTMENT OF STATE HEALTH SERVICES HOUSING
OPPORTUNITIES FOR PERSONS WITH AIDS GRANT RENEWAL
APPLICATION**

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

COMMISSIONERS COURT ACTION REQUESTED

It is requested that Commissioners Court consider the submission of the FY2025-2026 Texas Department of State Health Services (DSHS) Housing Opportunities for Persons with AIDS (HOPWA) grant renewal application.

BACKGROUND

Tarrant County annually receives funding from DSHS HOPWA in the form of grants. The DSHS HOPWA program helps low-income persons living with HIV and their households to establish or maintain affordable and stable housing. Stable housing reduces the risk of homelessness and improves health outcomes.

This grant renewal application is in the amount of \$313,083.00. The project period and grant year for DSHS HOPWA is September 1, 2025, through August 31, 2026.

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

FISCAL IMPACT

All associated costs will be paid from grant fund allocations in E0037-2026.

Anticipated administrative funding: \$10,000.00 (Paid by DSHS HOPWA)

No match or operating subsidy required.

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



Form A: Face Page

Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative's signature affirms that all information herein is accurate.

- 1. Legal Business Name Tarrant County
- 2. Physical Address 2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
- 3. Mailing Address 2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
- 4. Payee Name Tarrant County
- 5. Payee Mailing Address 100 East Weatherford Street, Fort Worth, TX 76196
- 6. Unique Entity ID Number DBH1UNN8U5J3
- 7. Federal Tax ID, 75-6001170
Texas Comptroller Vendor ID, or Social Security Number* **The applicant acknowledges, understands, and agrees that using a Social Security number as its contractual vendor identification number may result in the number becoming public via state open records requests.*
- 8. Type of Entity Check all that apply
 - City
 - Nonprofit Organization*
 - Individual
 - County
 - For Profit Organization*
 - Federally Qualified Health Center
 - Other Political Subdivision
 - Historically Underutilized Business
 - State Controlled Institution of Higher Learning
 - State Agency
 - Community-Based Organization
 - Hospital
 - Indian Tribe
 - Minority-Owned Business
 - Private
 - Faith-Based Nonprofit*
 - Other:

**If incorporated, provide the ten-digit charter number assigned by the Secretary of State:*

- 9. Proposed Budget Period Start 09/01/25 End 08/31/26
- 10. Counties Served by Project Fort Worth HSDA (Counties of Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise)
- 11. Amount of Funding Requested \$313,083.00
- 12. Projected Expenditures Will the respondent's projected federal and state expenditures exceed \$1,000,000 for their current fiscal year?*

Yes No

**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.*

- 13. Project Contact Person
 - Name Lisa Muttiah
 - Title HIV Administrative Agency Manager
 - Email lmuttiah@tarrantcountytx.gov
 - Phone 817-370-4527
 - Fax 817-531-6770
- 14. Financial Officer
 - Name Kimberly Buchanan
 - Title County Auditor
 - Email kmbuchanan@tarrantcountytx.gov
 - Phone 817-884-1011
 - Fax 817-884-1104

I affirm that all information herein is accurate. I confirm that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. I understand that initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. The respondent's governing body has approved this application, and I have authorization to sign it on their behalf.

- 15. Authorized Representative
 - Name Tim O'Hare
 - Title County Judge
 - Email Countyjudgegrants@tarrantcountytex.gov
 - Phone 817-884-1441
 - Fax 817-884-2793

- 16. Authorized Representative Signature Separate Electronic Signature Page

17. Date
3/11/2025

Form A Instructions

Form A requests basic information about the applicant and the proposed project with DSHS. Complete this form in its entirety. The authorized representative's signature affirms that all information herein is accurate. The form confirms that the respondent will fulfill the role of an Administrative Agency, as established in Appendix A: Program Requirements for Service Delivery and Administrative Contracts. Initiating and continuing a contractual relationship with DSHS requires compliance with the assurances and certifications in the competitive request for proposal, the original contract, and any subsequent renewals or amendments. Please follow the instructions below to complete the form and return it with the applicant's response.

1. **Legal Business Name:** Enter the applicant's legal name.
2. **Physical Address:** Enter the applicant's complete physical address, city, county, state, and 9-digit zip code.
3. **Mailing Address:** Enter the applicant's complete mailing address, city, county, state, and 9-digit zip code.
4. **Payee Name:** Enter the name of the entity involved in a contractual relationship with the applicant to receive payment for services rendered and maintain the accounting records for the contract (e.g., fiscal agent). The payee is the corporation, entity, or vendor who will receive payments.
5. **Payee Mailing Address:** Enter the payee's complete mailing address, city, county, state, and 9-digit zip code.
6. **Unique Entity Identification (UEI) Number:** Enter the applicant's Unique Entity Identification (UEI) number. The UEI is a 12-character alphanumeric value. The applicant must have this number if they receive federal funds and can obtain one at <https://sam.gov/content/home>.
7. **Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number:** Enter the applicant's Federal Tax Identification Number, Texas State Comptroller Vendor Identification Number, or Social Security Number (nine, fourteen, or nine digits respectively). The applicant acknowledges, understands, and agrees that using a Social Security number as its contractual vendor identification number may result in the number becoming public via state open records requests.
8. **Type of Entity:** Check the type of entity as defined by the Secretary of State at sos.state.tx.us/corp/businessstructure.shtml or the Texas State Comptroller at fm.xcpa.texas.gov/fm/pubs/payment/gen_prov/index.php?s=tins_codes&p=ownership and check all other boxes that describe the entity.
 - Historically Underutilized Business is defined in the [Texas Government Code, Title 10, Subtitle D, Chapter 2161](#).
 - State Agency is defined in the [Texas Government Code, Title 10, Subtitle B, Chapter 2056](#).
 - Institution of Higher Education is defined by the [Texas Education Code, Title 3, Subtitle B, Chapter 61](#).
 - Minority-Owned Business is defined in the [Texas Government Code, Title 10, Subtitle G, Chapter 2306](#).
9. **Proposed Budget Period:** DSHS has entered the budget period for this application for you.
10. **Counties Served by Project:** Enter the proposed counties served by the project.
11. **Amount of Funding Requested:** Enter the funding per the allocation given by DSHS for proposed project activities (not including possible renewals). This amount must match Table A, Column 2 above.
12. **Projected Expenditures:** If the applicant's projected federal and state expenditures exceed \$1,000,000 for their current fiscal year, they must arrange a financial compliance audit (Single Audit).
13. **Project Contact Person:** Enter the name, title, email address, phone number, and fax number of the person responsible for the proposed project.
14. **Financial Officer:** Enter the name, title, email address, phone number, and fax number of the person responsible for the financial aspects of the proposed project.
15. **Authorized Representative:** Enter the name, title, email address, phone number, and fax number of the person authorized to represent the applicant.
16. **Authorized Representative Signature:** The person authorized to represent the applicant must sign in this blank.
17. **Date:** Enter the date the authorized representative signed this form.

Form B: Administrative Agency Contact Information

Form B requests contact information for key roles within the Administrative Agency's organization. If any of the following information changes during the contract term, please notify the assigned Contract Manager and HOPWA Coordinator in writing.

Legal Applicant Name	Tarrant County
Director	Lisa Muttiah
Title	HIV Administrative Agency
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Project Contact	Lisa Muttiah
Title	HIV Administrative Agency Manager
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Financial Reporting Contact	Kimberly Buchanan
Title	County Auditor
Email	Kmbuchanan@tarrantcountytx.gov
Phone	817-884-1011
Fax	817-884-1104
Mailing Address	100 East Weatherford Street, Fort Worth, Texas 76196
Grants Management Contact	Lisa Muttiah
Title	HIV Administrative Agency Manager
Email	lmuttiah@tarrantcountytx.gov
Phone	817-370-4527
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Data Management Contact	S. Renee Thomas
Title	HIV Grants and Data Coordination
Email	srthomas@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Planning Contact	Kaitlin Lopez
Title	Quality and Planning Grant Coordinator
Email	kmlopez@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
Monitoring Contact	Barbara Kakembo
Title	Financial Coordinator
Email	bakakembo@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119
HOPWA Contact	Barbara Kakembo
Title	Financial Coordinator
Email	bakakembo@tarrantcountytx.gov
Phone	817-370-4526
Fax	817-531-6770
Mailing Address	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119

Form C: HOPWA Performance Measures Guidelines

Administrative Measures

1. Contractor must subcontract all applicable HOPWA funds no later than 30 calendar days after the first day of the contract year or 30 calendar days after an executed amendment, if applicable.
2. Contractor must submit an electronic copy of each HOPWA subcontract and budget no later than 45 calendar days after the first day of the contract year or 45 calendar days after an executed amendment, if applicable.
3. Contractor must enter complete and correct HOPWA initial contracts in the Uniform Reporting System Take Charge Texas (TCT) no later than 30 calendar days after the first day of the contract year or 30 calendar days after an executed amendment, if applicable.
4. Contractor must submit complete and accurate semi-annual reports according to the reporting due dates for this contract.
5. Contractor must expend at least 95 percent of their HOPWA funds by the end of the contract year.
6. Contractor must conduct programmatic and fiscal monitoring of subcontractors according to DSHS requirements and the Contractor's established internal policies, procedures, and schedules.
7. Contractor must distribute all funds according to each Project Sponsor Data Sheet and make reallocations per DSHS policy.
8. Contractor must comply with, and ensure all subcontractors comply with, the [DSHS HOPWA Program Manual](#), [DSHS HOPWA Determining Household Annual Income Guide](#), and [DSHS HOPWA Determining Household Annual Adjusted Income Guide](#).

Categorical Budget Instructions

The [DSHS HOPWA Program Manual](#) provides a basic overview of the program and its eligible activities and requirements. It also provides additional detail about eligible direct and indirect costs. Grantee (Administrative Agency) Administration costs cannot exceed the amount specified under Table A, "AA Admin Cost Cap."

Please submit a twelve-month categorical budget and justification for this contract term based on your total allocation in Table A above. Use the attached categorical budget template in Excel format. Submit your budget in whole dollars only. When you submit invoices to DSHS, you must use two decimals.

The categorical budget must summarize the dollar amounts allocated to the following HOPWA activity categories:

- 055 Tenant-Based Rental Assistance
- 055 Short-Term Rent, Mortgage, and Utility
- 055 Facility-Based Housing Assistance
- 055 Permanent Housing Placement
- 055 Housing Case Management
- 055 Housing Information Services
- 055 Resource Identification
- 055 Project Sponsor Administration
- 055 Grantee Administration

HOPWA Certification of Categorical Exclusion

Determination of categorically excluded activities not subject to 24 CFR §58.5 listed at §58.35(b). The Administrative Agency must complete one certification for each Project Sponsor in each HIV Service Delivery Area.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	The Salvation Army – Mabee Center
HIV Service Delivery Area (HSDA)	Fort Worth
Project Description	The DSHS HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: <ul style="list-style-type: none">• Tenant-Based Rental Assistance• Short-Term Rent, Mortgage, and Utility• Facility-Based Housing Assistance• Permanent Housing Placement• Housing Case Management• Housing Information Services• Resource Identification• Project Sponsor Administration
Funding Source	State of Texas HOPWA Grant
Grant Number	TX-25-F999
Contract Amount	\$155,000.00

This project will undertake the following categorically excluded activities not subject to 24 CFR §58.5:

- 1. Tenant-based rental assistance;
- 2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
- 3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
- 4. Economic development activities including, but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses, and similar costs not associated with construction or expansion of existing operations;
- 5. Activities to assist homebuyers in purchasing existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities resulting in a title transfer;
- 6. Affordable housing pre-development costs, including legal, consulting, developer, and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities that do not have a physical impact;
- 7. Supplemental assistance (including insurance or guarantee) to a project previously approved under this part if the same responsible entity that conducted the environmental review on the original project made the approval and [§58.47](#) does not require reevaluation of the environmental findings; and
- 8. HUD's guarantee of loans for one- to four-family dwellings on trust land and on fee land within an Indian reservation and on fee land owned by the Indian Tribe outside the Tribe's Indian Reservation boundaries, under the Direct Guarantee procedure for the Section 184 Indian Housing loan guarantee program without any review or approval of the application for the loan guarantee by HUD or the responsible entity or approval of the loan guarantee by HUD before the execution of the contract for construction or rehabilitation and the loan closing.

If the project's activities fall into any of these categories, it requires no Request for Release of Funds and the recipient needs no further environmental approval from the U.S. Department of Housing and Urban Development to draw down funds and carry out said activities. The responsible entity must maintain this document as a record of each project's environmental review undertaken under this part. By signing below, the responsible entity certifies that each activity is categorically excluded not subject to §58.5 as specified by 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

Administrative Agency Official Name	Tim O'Hare
Administrative Agency Official Title	County Judge
Administrative Agency Official Signature	Separate Electronic Signature Page
Date	3/11/2025

HOPWA Project Sponsor Data Sheet

09/01/25 – 08/31/26

The Administrative Agency will electronically submit one data sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency	Tarrant County Administrative Agency
Project Sponsor Name	The Salvation Army – a G.A. Corp. – Mabee Center
Project Sponsor Parent Company Name	The Salvation Army – a G.A. Corp. – Mabee Center
Selection Process for Project Sponsor	Competitive If other:
Is System for Award Management (SAM) registration active?	Yes
Unique Entity Identification (UEI) Number	HGC7JHH1UVP7
Employer ID Number (EIN) or Tax ID Number (TIN)	580660607
North American Industry Classification System (NAICS) Code	624221
HIV Service Delivery Area (HSDA)	Fort Worth
Physical Address	1855 E. Lancaster Ave. Fort Worth, TX 76103
Mailing Address	
Main Phone Number	817-344-1831
Main Fax Number	
Website	https://salvationarmytx.org/north-texas/mabee-social-service-center/
Facebook Page	The Salvation Army USA
Twitter Handle	
What department administers the HOPWA grant?	Housing
Is this a nonprofit organization?	Yes
Is this a faith-based organization?	Yes
Is this a grassroots organization?	Yes
Cities in this HSDA	Inclusive of all cities in the counties listed below
Counties in this HSDA	Tarrant, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Wise
Congressional Districts in this HSDA	6, 11, 12, 13, 24, 25, 26, 33
Congressional District of Project Sponsor	33

Assurances and Certifications

This Project Sponsor complies with all federal and state regulations, policies, procedures, standards, general provisions, and guidelines as specified in their subcontract, the Texas Health and Human Services Uniform Terms and Conditions, and the DSHS HOPWA Program Manual. The Administrative Agency's procurement and oversight procedures for this Project Sponsor follow the minimum standards required by 2 CFR §200 et seq.

- DSHS has not suspended this Project Sponsor from future contracts nor terminated a prior contract with them for cause.
- This Project Sponsor has not defaulted on any repayment agreements with DSHS.
- This Project Sponsor has not had a contractually required license or certification revoked.
- This Project Sponsor has not voluntarily surrendered any DSHS-issued license within the past three years.
- The Administrative Agency followed written procurement policies and procedures to advertise and award these funds.
- The Administrative Agency executed a written subcontract with the Project Sponsor consistent with the DSHS contract.
- The Administrative Agency will bear responsibility to DSHS for this Project Sponsor's performance.
- The Administrative Agency will follow written monitoring policies and procedures to conduct programmatic and fiscal monitoring of this Project Sponsor. They will provide this Project Sponsor and DSHS with written reports of the results. They will take appropriate corrective actions if this Project Sponsor breaches contract terms. They will maintain documentation of monitoring plans and activities pertaining to this Project Sponsor for future review.
- The Administrative Agency will submit documentation of this Project Sponsor's actual or potential conflicts of interest for review and disposition by DSHS within ten days of the date they became aware of the conflict.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 81,797.00	13
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$ 50,382.00	12
Permanent Housing Placement	\$ 22,821.00	13
Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$	
Total	\$ 155,000.00	

HOPWA Project Sponsor Contact Sheet

The Administrative Agency will electronically submit one contact sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency: Tarrant County Administrative Agency
Project Sponsor Name: The Salvation Army – Mabee Center
HIV Service Delivery Area: Fort Worth

Contact Information for Primary Program Contact

What is the Primary Program contact name? Venette Meachem
What is the Primary Program contact title? Senior Mgr of Behavioral Health – Tarrant & Ellis Counties
In what department does the Primary Program contact work? Behavioral Health
What is the Primary Program contact email? Venette.meachem@uss.salvationarmy.org
What is the Primary Program contact phone number? 817-344-1838
What is the Primary Program contact fax number? 817-344-1838

Contact Information for Secondary Program Contact

What is the Secondary Program contact name? Deborah Bullock
What is the Secondary Program contact title? Director of Adult & Family Programs – Tarrant & Ellis Counties
In what department does the Secondary Program contact work? Operations Department
What is the Secondary Program contact email? Deborah.bullock@uss.salvationarmy.org
What is the Secondary Program contact phone number? 817-344-1831
What is the Secondary Program contact fax number? 817-344-1831

Contact Information for Individuals Seeking Services

What is the Services contact name? Raiven Smith
What is the Services contact title? Lead Case Management Specialist
In what department does the Services contact work? Case Management
What is the Services contact email? Raiven.smith@uss.salvationarmy.org
What is the Services contact phone number? 817-344-1826
What is the Services contact fax number? 817-344-1826

HOPWA Certification of Categorical Exclusion

Determination of categorically excluded activities not subject to 24 CFR §58.5 listed at §58.35(b). The Administrative Agency must complete one certification for each Project Sponsor in each HIV Service Delivery Area.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	To be determined
HIV Service Delivery Area (HSDA)	Fort Worth
Project Description	The DSHS HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: <ul style="list-style-type: none">• Tenant-Based Rental Assistance• Short-Term Rent, Mortgage, and Utility• Facility-Based Housing Assistance• Permanent Housing Placement• Housing Case Management• Housing Information Services• Resource Identification• Project Sponsor Administration
Funding Source	State of Texas HOPWA Grant
Grant Number	TX-25-F999
Contract Amount	148,083.00

This project will undertake the following categorically excluded activities not subject to 24 CFR §58.5:

- 1. Tenant-based rental assistance;
- 2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
- 3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment, and other incidental costs;
- 4. Economic development activities including, but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses, and similar costs not associated with construction or expansion of existing operations;
- 5. Activities to assist homebuyers in purchasing existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities resulting in a title transfer;
- 6. Affordable housing pre-development costs, including legal, consulting, developer, and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities that do not have a physical impact;
- 7. Supplemental assistance (including insurance or guarantee) to a project previously approved under this part if the same responsible entity that conducted the environmental review on the original project made the approval and [§58.47](#) does not require reevaluation of the environmental findings; and
- 8. HUD's guarantee of loans for one- to four-family dwellings on trust land and on fee land within an Indian reservation and on fee land owned by the Indian Tribe outside the Tribe's Indian Reservation boundaries, under the Direct Guarantee procedure for the Section 184 Indian Housing loan guarantee program without any review or approval of the application for the loan guarantee by HUD or the responsible entity or approval of the loan guarantee by HUD before the execution of the contract for construction or rehabilitation and the loan closing.

If the project's activities fall into any of these categories, it requires no Request for Release of Funds and the recipient needs no further environmental approval from the U.S. Department of Housing and Urban Development to draw down funds and carry out said activities. The responsible entity must maintain this document as a record of each project's environmental review undertaken under this part. By signing below, the responsible entity certifies that each activity is categorically excluded not subject to §58.5 as specified by 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

Administrative Agency Official Name	<u>Tim O'Hare</u>
Administrative Agency Official Title	<u>County Judge</u>
Administrative Agency Official Signature	<u>Separate Electronic Signature Page</u>
Date	<u>3/11/2025</u>

HOPWA Project Sponsor Data Sheet

09/01/25 – 08/31/26

The Administrative Agency will electronically submit one data sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency

Project Sponsor Name

Project Sponsor Parent Company Name

Selection Process for Project Sponsor

Choose a selection process. If other:

Is System for Award Management (SAM) registration active?

Yes or No

Unique Entity Identification (UEI) Number

Employer ID Number (EIN) or Tax ID Number (TIN)

North American Industry Classification System (NAICS) Code

HIV Service Delivery Area (HSDA)

Choose an HSDA.

Physical Address

Mailing Address

Main Phone Number

Main Fax Number

Website

Facebook Page

Twitter Handle

What department administers the HOPWA grant?

Is this a nonprofit organization?

Yes or No

Is this a faith-based organization?

Yes or No

Is this a grassroots organization?

Yes or No

Cities in this HSDA

Counties in this HSDA

Congressional Districts in this HSDA

Congressional District of Project Sponsor

Assurances and Certifications

This Project Sponsor complies with all federal and state regulations, policies, procedures, standards, general provisions, and guidelines as specified in their subcontract, the Texas Health and Human Services Uniform Terms and Conditions, and the DSHS HOPWA Program Manual. The Administrative Agency's procurement and oversight procedures for this Project Sponsor follow the minimum standards required by 2 CFR §200 et seq.

- DSHS has not suspended this Project Sponsor from future contracts nor terminated a prior contract with them for cause.
- This Project Sponsor has not defaulted on any repayment agreements with DSHS.
- This Project Sponsor has not had a contractually required license or certification revoked.
- This Project Sponsor has not voluntarily surrendered any DSHS-issued license within the past three years.
- The Administrative Agency followed written procurement policies and procedures to advertise and award these funds.
- The Administrative Agency executed a written subcontract with the Project Sponsor consistent with the DSHS contract.
- The Administrative Agency will bear responsibility to DSHS for this Project Sponsor's performance.
- The Administrative Agency will follow written monitoring policies and procedures to conduct programmatic and fiscal monitoring of this Project Sponsor. They will provide this Project Sponsor and DSHS with written reports of the results. They will take appropriate corrective actions if this Project Sponsor breaches contract terms. They will maintain documentation of monitoring plans and activities pertaining to this Project Sponsor for future review.
- The Administrative Agency will submit documentation of this Project Sponsor's actual or potential conflicts of interest for review and disposition by DSHS within ten days of the date they became aware of the conflict.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$	
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$	
Permanent Housing Placement	\$	
Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$	
Total	\$ 148,083.00	

HOPWA Project Sponsor Contact Sheet

The Administrative Agency will electronically submit one contact sheet for each Project Sponsor in each HIV Service Delivery Area to the HOPWA Coordinator before the program year begins. Form A affirms that all information herein is accurate.

Administrative Agency:	
Project Sponsor Name:	
HIV Service Delivery Area:	
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	
What is the Primary Program contact title?	
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	
What is the Primary Program contact phone number?	
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number?	
What is the Services contact fax number?	

SIGNED AND EXECUTED this 11th day of March, 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.

Consideration to Submit the Fiscal Year 2025-2026 Texas Department of State Health Services
Housing Opportunities for Persons with AIDS Grant Renewal Application

SIGNED AND EXECUTED this 11 day of March, 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
3/17/2025