

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☐ New  
☒ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

**\* 3. Date Received:**

Completed by Grants.gov upon submission

**4. Applicant Identifier:**

Not applicable

**5a. Federal Entity Identifier:**

Not applicable

**5b. Federal Award Identifier:**

H89HA00047

**State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:****\* a. Legal Name:**

Tarrant County

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

75-600117

**\* c. UEI:**

DBH1UNN8U5J3

**d. Address:****\* Street1:**

2300 Circle Drive, Suite 2306

**Street2:****\* City:**

Fort Worth

**County/Parish:****\* State:**

Texas

**Province:****\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

76119-8134

**e. Organizational Unit:****Department Name:**

Tarrant County

**Division Name:**

HIV Administrative Agency

**f. Name and contact information of person to be contacted on matters involving this application:****Prefix:****\* First Name:**

Lisa

**Middle Name:****\* Last Name:**

Muttiah

**Suffix:****Title:**

HIV Administrative Agency Manager

**Organizational Affiliation:**

Tarrant County HIV Administrative Agency

**\* Telephone Number:**

817-370-4527

**Fax Number:**

817-531-6770

**\* Email:**

lmuttiah@tarrantcountytx.gov

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Health Resources and Services Administration

### 11. Catalog of Federal Domestic Assistance Number:

93.914

CFDA Title:

HIV Emergency Relief Project Grants

### \* 12. Funding Opportunity Number:

HRSA-25-054

\* Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

### 13. Competition Identification Number:

HRSA-25-054

Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Ryan White HIV/AIDS Program Part A HIV Emergency Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant 6, 12

\* b. Program/Project 6, 12

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 03/01/2026

\* b. End Date: 02/28/2027

**18. Estimated Funding (\$):**

\* a. Federal \$ 5,777,065.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$ 5,777,065.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**Prefix: 

\* First Name: Tim

Middle Name: 

\* Last Name: O'Hare

Suffix: 

\* Title: County Judge

\* Telephone Number: 817-884-1441

Fax Number: 817-884-1104

\* Email: countyjudgegrants@tarrantcountytx.gov

\* Signature of Authorized Representative: \* Date Signed: