

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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

UT8HA33961

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):**

75-6001170

*** c. UEI:**

DBH1UNN8U5J3

d. Address:

*** Street1:**

2300 Circle Drive, Suite 2306

Street2:

*** City:**

Fort Worth

County/Parish:

*** State:**

TX: Texas

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

76119-8134

e. Organizational Unit:

Department Name:

Division Name:

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:

Organizational Affiliation:

*** Telephone Number:**

817-370-4527

Fax Number:

*** Email:**

lmuttiah@tarrantcountytexas.gov

Application for Federal Assistance SF-424

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

B: 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:

93.686

CFDA Title:

Ending the HIV Epidemic: A Plan for America LLL Ryan White HIV/AIDS Program Parts A and B

* 12. Funding Opportunity Number:

HRSA-25-063

* Title:

Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B

13. Competition Identification Number:

HRSA-25-063

Title:

Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Tarrant County Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B

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:

03/01/2025

* b. End Date:

02/28/2030

18. Estimated Funding (\$):

* a. Federal

3,000,000.00

* b. Applicant

0.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

3,000,000.00

*** 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:

* Email:

countyjudgegrants@tarrantcountytx.gov

* Signature of Authorized Representative:

* Date Signed: