



Form A: Face Page

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal and shall be completed in its entirety. Signature of face page certifies to all DSHS and program assurances listed in this renewal document.

1. Legal Business Name:	Tarrant County		
2. Physical Address:	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119	<input type="checkbox"/> Check if changed	
3. Mailing Address:	2300 Circle Drive, Suite 2306, Fort Worth, TX 76119	<input type="checkbox"/> Check if changed	
4. Payee Name	Tarrant County		
5. Payee Mailing Address:	100 East Weatherford Drive, Fort Worth, TX 76196	<input type="checkbox"/> Check if changed	
6. Unique Entity ID Number:	DBH1UNN8U5J3		
7. Federal Tax ID, Texas Comptroller Vendor ID, or Social Security Number*:	75-6001170 <i>*The respondent acknowledges, understands, and agrees that the respondent's choice to use a Social Security number as the vendor identification number for the contract may result in the Social Security number being made public via state open records requests.</i>		
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 Organization	<input type="checkbox"/> Private	
<input type="checkbox"/> Faith-Based Nonprofit*	<input type="checkbox"/> Other:		
<i>*If incorporated, provide ten-digit charter number assigned by Secretary of State:</i>			
9. Proposed Budget Period:	Start 9/1/2024	End	8/31/2025
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:	\$312,416.00		
12. Projected Expenditures:	Do respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 11 above)?*		
	<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	
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in Appendix B: DSHS Assurances and Certifications . I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I am authorized to represent the respondent.			
15. Authorized Representative:	Name:	Tim O'Hare	<input type="checkbox"/> Check if changed
	Title:	County Judge	
	Email:	countyjudgegrants@tarrantcountytx.gov	
	Phone:	817-884-1441	
	Fax:	817-884-2793	
16. Authorized Representative Signature:	17. Date:		

Form A Instructions

This form provides basic information about the applicant and the proposed project with DSHS, including the signature of the authorized representative. It is the cover page of the renewal and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return 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 applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract (i.e., fiscal agent). The payee is the corporation, entity, or vendor who will be receiving 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. This number is required if receiving ANY federal funds and can be obtained 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 the applicant's choice to use a Social Security number as its vendor identification number for the contract, may result in the Social Security number being made public via state open records requests.
8. **Type of Entity:** Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fm.x.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.
 - Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)
 - State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
 - Institutions of higher education as defined by §61.003 of the Education Code.
 - Minority Organization is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
 - If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
9. **Proposed Budget Period:** The budget period for this application has been entered for you.
10. **Counties Served by Project:** Enter the proposed counties served by the project.
11. **Amount of Funding Requested:** Enter the amount of funding per the allocation given from DSHS for proposed project activities (not including possible renewals). This amount must match Table A, Column 2 above.
12. **Projected Expenditures:** If applicant's projected federal expenditures exceed \$750,000 or its projected state expenditures exceed \$750,000 for applicant's current fiscal year, applicant must arrange for 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

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on Form A: Face Page. If any of the following information changes during the term of the contract, please notify the assigned Contract Manager and HIV Care Services Group in writing.

Legal Applicant Name:	Tarrant County
Project Director:	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
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, TX 76196-0101
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 Coordinator
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 & 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:	817-370-4529
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, budget, and Project Sponsor Data Sheet 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 submit complete semi-annual reports according to the reporting due dates for this contract.
4. Contractor must expend no less than 95 percent of HOPWA funds by the end of the contract year.
5. Contractor must conduct programmatic and fiscal monitoring of subrecipients according to DSHS requirements and the Contractor's established internal policies, procedures, and schedules.
6. Contractor must distribute all funds according to each Project Sponsor Data Sheet and make reallocations in accordance with DSHS policy.
7. Contractor must comply with, and ensure all subrecipients 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](#) contains basic overview of the DSHS HOPWA Program and its eligible activities and requirements. This manual 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 (see the attached categorical budget template in Excel format). Submit your budget in whole dollars only. Note, when you submit invoices to DSHS, you must use two decimals.

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

O55	Tenant-Based Rental Assistance
O55	Short-Term Rent, Mortgage, and Utility
O55	Facility-Based Housing Assistance
O55	Permanent Housing Placement
O55	Housing Case Management
O55	Housing Information Services
O55	Resource Identification
O55	Project Sponsor Administration
O55	Grantee Administration

HOPWA Certification of Categorical Exclusion

Determination of activities listed at 24 CFR §58.35(b) (not subject to §58.5)

May be subject to provisions of §58.6, as applicable

The Administrative Agency must complete one certification for each Project Sponsor in each HSDA.

If a Project Sponsor serves more than one HSDA, provide separate certifications for each HSDA.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	AIDS Outreach Center
HSDA	Fort Worth
Project Description	<p>The goals of the DSHS HOPWA Program are to help low-income 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:</p> <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-24-F999
Contract Amount	148,315.00

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity per 24 CFR §58.35(b) (not subject to §58.5) as follows:

<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 to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
<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 which do not have a physical impact.
<input type="checkbox"/>	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under §58.47 .

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project. By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to §58.5) and meets the conditions specified for such determination per section 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

AA Certifying Official Name: Tim O'Hare

AA Certifying Official Title: County Judge

AA Certifying Official Signature: _____

Date: _____

HOPWA Project Sponsor Data Sheet

09/01/24 – 08/31/25

The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Electronically submit Data Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

Administrative Agency:	Tarrant County Administrative Agency
Project Sponsor Name:	AIDS Outreach Center
Project Sponsor Parent Company Name:	AIDS Outreach Center
Is System for Award Management (SAM) registration active?	Yes
Unique Entity Identification (UEI) Number:	X9J8YEUNFJJ4
Employer ID Number (EIN) or Tax ID Number (TIN):	75-2139336
North American Industry Classification System (NAICS) Code:	624190
HIV Service Delivery Area:	Fort Worth
Physical Address:	400 N. Beach Street, Fort Worth, TX 76111
Mailing Address:	
Main Phone Number:	817-916-5207
Main Fax Number:	817-916-4667
Website	www.aoc.org
Facebook Page	AIDS Outreach Center
Twitter Handle	@aidsoutreach
What department administers the HOPWA grant?	Housing
Is this a nonprofit organization?	Yes
Is this a faith-based organization?	No
Is this a grassroots organization?	No
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

Select all that apply to the Project:	Selection process for Project:
<input type="checkbox"/> Minority Organization*	<input checked="" type="checkbox"/> Competitive
<input checked="" type="checkbox"/> Minority Provider**	<input type="checkbox"/> Sole source
<input type="checkbox"/> Historically Underutilized Business (HUB) Certified	<input type="checkbox"/> Other (Specify):

Assurances

I certify that this Project has not:

- ☒ Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
- ☒ Had a contract terminated by DSHS for cause;
- ☒ Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
- ☒ Voluntarily surrendered any license issued by DSHS within the past three (3) years.

I certify that the following is in place:

- ☒ Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties;
- ☒ Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.;
- ☒ Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.;
- ☒ Subcontractor receives a written report of the results of all monitoring activities conducted; and
- ☒ Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 36,240	4
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$ 31,087	10
Permanent Housing Placement	\$ 42,188	23
Housing Case Management	\$ 28,418	37
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$ 10,382	
Total	\$ 148,315	

* Minority Organization: Board of Directors has 50% racial/ethnic minority members. ** Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities.

HOPWA Project Sponsor Contact Sheet

The Administrative Agency must complete one Contact Sheet for each Project Sponsor in each HSDA. Electronically submit Contact Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

Administrative Agency:	Tarrant County Administrative Agency
Project Sponsor Name:	AIDS Outreach Center
HIV Service Delivery Area:	Fort Worth
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Johnny Watkins-Mitchell
What is the Primary Program contact title?	Housing Assistance Manager
In what department does the Primary Program contact work?	Housing
What is the Primary Program contact email?	Johnnyw@aoc.org
What is the Primary Program contact phone number?	817-916-5207
What is the Primary Program contact fax number?	817-916-4664
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Michelle Pantaleo
What is the Secondary Program contact title?	Director of Client Services
In what department does the Secondary Program contact work?	Client Services
What is the Secondary Program contact email?	Michellep@aoc.org
What is the Secondary Program contact phone number?	817-916-5228
What is the Secondary Program contact fax number?	817-916-4664
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Johnny Watkins-Mitchell
What is the Services contact title?	Housing Assistance Manager
In what department does the Services contact work?	Housing
What is the Services contact email?	Johnnyw@aoc.org
What is the Services contact phone number?	817-916-5207
What is the Services contact fax number?	817-916-4664

HOPWA Certification of Categorical Exclusion

Determination of activities listed at 24 CFR §58.35(b) (not subject to §58.5)

May be subject to provisions of §58.6, as applicable

The Administrative Agency must complete one certification for each Project Sponsor in each HSDA.

If a Project Sponsor serves more than one HSDA, provide separate certifications for each HSDA.

Program Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	The Salvation Army – Mabee Center
HSDA	Fort Worth
Project Description	<p>The goals of the DSHS HOPWA Program are to help low-income 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:</p> <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-24-F999
Contract Amount	148,315.00

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity per 24 CFR §58.35(b) (not subject to §58.5) as follows:

<input checked="" type="checkbox"/>	8. Tenant-based rental assistance;
<input checked="" type="checkbox"/>	9. 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"/>	10. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
<input type="checkbox"/>	11. 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"/>	12. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
<input type="checkbox"/>	13. 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 which do not have a physical impact.
<input type="checkbox"/>	14. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under §58.47 .

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project. By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to §58.5) and meets the conditions specified for such determination per section 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

AA Certifying Official Name: Tim O'Hare

AA Certifying Official Title: County Judge

AA Certifying Official Signature: _____

Date: _____

HOPWA Project Sponsor Data Sheet

09/01/24 – 08/31/25

The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Electronically submit Data Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

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
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:	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, Wise
Congressional Districts in this HSDA:	6, 11, 12, 13, 24, 25, 26, 33
Congressional District of Project Sponsor:	33

Select all that apply to the Project:	Selection process for Project:
<input type="checkbox"/> Minority Organization*	<input checked="" type="checkbox"/> Competitive
<input type="checkbox"/> Minority Provider**	<input type="checkbox"/> Sole source
<input type="checkbox"/> Historically Underutilized Business (HUB) Certified	<input type="checkbox"/> Other (Specify):

Assurances

I certify that this Project has not:

- ☒ Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
- ☒ Had a contract terminated by DSHS for cause;
- ☒ Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
- ☒ Voluntarily surrendered any license issued by DSHS within the past three (3) years.

I certify that the following is in place:

- ☒ Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties;
- ☒ Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.;
- ☒ Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.;
- ☒ Subcontractor receives a written report of the results of all monitoring activities conducted; and
- ☒ Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 5000	2
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$ 112,279	24
Permanent Housing Placement	\$ 20,654	12
4Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$ 10,382	
Total	\$ 148,315	

* Minority Organization: Board of Directors has 50% racial/ethnic minority members. ** Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities.

HOPWA Project Sponsor Contact Sheet

The Administrative Agency must complete one Contact Sheet for each Project Sponsor in each HSDA. Electronically submit Contact Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.


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 County
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?	Vanelly Rodriguez
What is the Services contact title?	Case Manager Specialist
In what department does the Services contact work?	Social Services Programs
What is the Services contact email?	Vanelly.rodriguez@uss.salvationarmy.org
What is the Services contact phone number?	817-344-1834
What is the Services contact fax number?	817-344-1834

SIGNED AND EXECUTED this _____ day of _____, 2024.

**COUNTY OF TARRANT
STATE OF TEXAS**

By: _____
Tim O'Hare
County Judge
Tarrant County Commissioners Court

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.