

Amendment No. 2 to Attachment No. A1-2024002  
 RYAN WHITE PART A, Tarrant County Hospital District, HRSA No. 6 H89HA00047-29-02  
 March 1, 2024 through February 28, 2025

**1. Scope of Work**

Tarrant County Hospital District accepts this Amendment and will revise the Work Plan to fulfill the Amendment’s goals. Total funding, including this Amendment, is \$2,060,425.00. The following service categories change:

Increase                    \$1.00    Part A                    Outpatient Ambulatory Health Services for a total of \$1,007,428.00

Increase    \$104,668.00    Part A Carryover    Outpatient Ambulatory Health Services for a total of \$104,668.00

**PART A FY 24-25 (03/01/24-02/28/25)**

| Service Categories                         | CURRENT BUDGET  |           |         | REVISED BUDGET  |           |         |
|--|-----------------|-----------|---------|-----------------|-----------|---------|
|  | \$ Amount       | # Clients | # Units | \$ Amount       | # Clients | # Units |
| AIDS Pharmaceutical Assistance (LPAP/CPAP) | \$ 29,286.00    | 450       | 3,200   | \$ 29,286.00    | 450       | 3,200   |
| Emergency Financial Assistance             | \$ 43,608.00    | 244       | 920     | \$ 43,608.00    | 244       | 920     |
| Medical Case Management                    | \$ 318,685.00   | 215       | 5,884   | \$ 318,685.00   | 215       | 5,884   |
| Medical Nutrition Therapy                  | \$ 73,190.00    | 106       | 1,015   | \$ 73,190.00    | 106       | 1,015   |
| Mental Health Services                     | \$ 27,967.00    | 125       | 300     | \$ 27,967.00    | 125       | 300     |
| Oral Health Care                           | \$ 84,123.00    | 260       | 1,590   | \$ 84,123.00    | 260       | 1,590   |
| Outpatient/Ambulatory Health Services      | \$ 1,007,427.00 | 765       | 15,900  | \$ 1,007,428.00 | 765       | 15,900  |

**PART A MAI FY 24-25 (03/01/24-02/28/25)**

| Service Categories                    | CURRENT BUDGET |           |         | REVISED BUDGET |           |         |
|---------------------------------------|----------------|-----------|---------|----------------|-----------|---------|
|                                       | \$ Amount      | # Clients | # Units | \$ Amount      | # Clients | # Units |
| Outpatient/Ambulatory Health Services | \$ 371,470.00  | 421       | 2,947   | \$ 371,470.00  | 421       | 2,947   |

**PART A Carryover FY 24-25 (03/01/24-02/28/25)**

| Service Categories                    | CURRENT BUDGET |           |         | REVISED BUDGET |           |         |
|---------------------------------------|----------------|-----------|---------|----------------|-----------|---------|
|                                       | \$ Amount      | # Clients | # Units | \$ Amount      | # Clients | # Units |
| Outpatient/Ambulatory Health Services | \$ -           | -         | -       | \$ 104,668.00  | 110       | 1,100   |

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**2. Special Provisions**

**PART A FY 24-25 (03/01/24-02/28/25)**

| <b>Budget Line Item</b>         | <b>Current Budget</b> | <b>Revised Budget</b> |
|---------------------------------|-----------------------|-----------------------|
| Personnel                       | \$ 337,489.58         | \$ 337,489.58         |
| Fringe                          | \$ 126,134.95         | \$ 126,134.95         |
| Travel                          | \$ 2,800.00           | \$ 2,800.00           |
| Equipment                       | \$ -                  | \$ -                  |
| Supplies                        | \$ 133,523.65         | \$ 133,523.65         |
| Contractual                     | \$ 824,083.22         | \$ 824,084.22         |
| Other                           | \$ 160,254.60         | \$ 160,254.60         |
| Subtotal Part A FY 24-25 Budget | \$ 1,584,286.00       | \$ 1,584,287.00       |

**PART A MAI FY 24-25 (03/01/24-02/28/25)**

| <b>Budget Line Item</b>             | <b>Current Budget</b> | <b>Revised Budget</b> |
|-------------------------------------|-----------------------|-----------------------|
| Personnel                           | \$ 33,100.06          | \$ 33,100.06          |
| Fringe                              | \$ 12,370.39          | \$ 12,370.39          |
| Travel                              | \$ -                  | \$ -                  |
| Equipment                           | \$ -                  | \$ -                  |
| Supplies                            | \$ -                  | \$ -                  |
| Contractual                         | \$ 288,852.55         | \$ 288,852.55         |
| Other                               | \$ 37,147.00          | \$ 37,147.00          |
| Subtotal Part A MAI FY 24-25 Budget | \$ 371,470.00         | \$ 371,470.00         |

**PART A Carryover FY 24-25 (03/01/24-02/28/25)**

| <b>Budget Line Item</b>                            | <b>Current Budget</b>  | <b>Revised Budget</b>  |
|--|------------------------|------------------------|
| Personnel  | \$ -                   | \$ -                   |
| Fringe   | \$ -                   | \$ -                   |
| Travel   | \$ -                   | \$ -                   |
| Equipment  | \$ -                   | \$ -                   |
| Supplies   | \$ -                   | \$ -                   |
| Contractual  | \$ -                   | \$ 94,201.20           |
| Other  | \$ -                   | \$ 10,466.80           |
| Subtotal Part A CYO FY 24-25 Budget                | \$ -                   | \$ 104,668.00          |
| <b>Total Part A, MAI, &amp; A CYO 24-25 Budget</b> | <b>\$ 1,955,756.00</b> | <b>\$ 2,060,425.00</b> |

Total reimbursement will not exceed \$2,060,425.00, of which ten percent (10%) may be used for administrative costs.

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**SIGNED AND EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

TARRANT COUNTY HOSPITAL DISTRICT  
1500 S. Main Street  
Fort Worth, Texas 76104  
Attn: Dr. Karen Duncan, MD

DocuSigned by:

*Karen Duncan*

By: \_\_\_\_\_  
067CAFC7B0A2418...

Title: President & CEO

Date: 08/12/24 | 12:32 PM CDT

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
Tim O'Hare  
County Judge

APPROVED AS TO FORM:

*James Marwin Nichols*  
\_\_\_\_\_  
Criminal District Attorney's Office\*

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ \_\_\_\_\_

\_\_\_\_\_  
Auditor Date: \_\_\_\_\_

**Federal Award Identification Checklist**  
**(Grants Awarded After 12/26/2014)**

|  | <b>Part A</b>  | <b>State Services</b>   | <b>EHE</b>   |
|--|--|---|--|
| 1. Subrecipient Name   | Tarrant County Hospital District (JPS)                                   | Tarrant County Hospital District (JPS)  | Tarrant County Hospital District (JPS)   |
| 2. Subrecipient DUNS Number                                    | 068368901  | 068368901   | 068368902  |
| 3. Federal Award Identification Number (FAIN)                  | 5 H89HA00047-29-00   | Contract #HHS001317000005 (State Funds)                                       | 5 UT8HA33961-05-00   |
| 4. Federal Award Date  | Original Award: January 2024<br>(Subject to #2 CFR 200)                  | March 2024  | Original Award: January 2024<br>(Subject to #2 CFR 200)  |
| 5. Subaward Period of Performance Start and End Date           | March 1, 2024 - February 28, 2025  | September 1, 2024 - August 31, 2025   | March 1, 2024 - February 28, 2025  |
| 6. Amount of Federal Funds Obligated by This Action            | \$104,669  | \$0   | \$0  |
| 7. Total Amount of Federal Funds Obligated to the Subrecipient | \$2,060,425  | \$699,002   | \$655,046  |
| 8. Total Amount of the Federal Award                           | \$5,501,967  | \$1,094,360   | \$2,821,482  |
| 9. Federal Award Project Description, as required by FFATA     | HIV Emergency Relief Project Grants                                      | HIV/SRVS HIV/STD Prevention and Care Branch<br>State Services                 | Ending the HIV Epidemic: A Plan for America -<br>Ryan White HIV/AIDS Program Parts A and B           |
| 10. Name of Federal Awarding Agency                            | Health Resources & Service Administration<br>(HRSA)                      | Pass-through from HRSA to Texas Department<br>of State Health Services (DSHS) | Health Resources & Service Administration<br>(HRSA)  |
| 11. Pass-Through Entity  | Tarrant County   | Tarrant County  | Tarrant County   |
| 12. Contact Information for Awarding Official                  | Tarrant County<br>100 E. Weatherford Street<br>Fort Worth, TX 76196-0001 | Tarrant County<br>100 E. Weatherford Street<br>Fort Worth, TX 76196-0001      | Tarrant County<br>100 E. Weatherford Street<br>Fort Worth, TX 76196-0001                             |
| 13. CFDA Number and Name                                       | 93.914 HIV Emergency Relief Project Grants                               | HIV/SRVS HIV/STD Prevention and Care Branch<br>State Services                 | 93.686 Ending the HIV Epidemic: A Plan for<br>America - Ryan White HIV/AIDS Program Parts<br>A and B |
| 14. Identification if the Award is R&D                         | N/A  | N/A   | N/A  |
| 15. Indirect Cost Rate   | N/A  | N/A   | N/A  |