



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

The Honorable Tim O'Hare, County Judge
Tarrant County
100 W. Weatherford St., Suite 501
Ft. Worth, Texas 76196

Subject: HIV/Ryan White (RW) Amendment
Contract Number: HHS001122200005, Amendment No. 2
Contract Amount: \$4,139,300.00
Contract Term: April 1, 2022 through March 31, 2025

Dear Judge O'Hare:

Enclosed is Amendment No. 2 to the HIV/RW contract between the Department of State Health Services and Tarrant County.

The purpose of this contract is to administer HIV delivery funds to subrecipients who provide comprehensive outpatient services to meet the needs of persons living with HIV.

This amendment increases the contract by \$1,099,456.00, revises the Statement of Work, and extends the contract term through March 31, 2025.

Please let me know if you have any questions or need additional information.

Sincerely,

Nadine Bautista, CTCM
Contract Manager
Phone: 512-776-6524
Email: Nadine.Bautista@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001122200005
AMENDMENT No. 2**

THE DEPARTMENT OF STATE HEALTH SERVICES (“DSHS”) and TARRANT COUNTY (“GRANTEE”), each a “Party” and collectively the “Parties” to that certain HIV/Ryan White contract effective April 1, 2022, and denominated DSHS Contract No. HHS001122200005 (“Contract”), as amended, now desire to further amend the Contract.

WHEREAS, DSHS has chosen to exercise its option to renew the Contract for the period of April 1, 2024, through March 31, 2025;

WHEREAS, DSHS wants to add funds to the Contract for authorized services under the new Contract term;

WHEREAS, DSHS wants to modify the Statement of Work in support of the authorized services provided under the new Contract term; and

WHEREAS, Grantee agrees to complete the annual Fiscal Federal Funding Accountability and Transparency Act (“FFATA”) Certification.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. SECTION III of the Contract, DURATION, is hereby amended to reflect a revised termination date of March 31, 2025.
2. SECTION V of the Contract, BUDGET AND INDIRECT COST RATE, is amended to add \$1,099,456.00 to the Contract for authorized services provided from April 1, 2024, through March 31, 2025, with a Contract total not to exceed \$4,139,300.00. All payments shall be made in accordance with Attachment B-2.
3. SECTION VI of the Contract, REPORTING REQUIREMENTS, is supplemented to include the following:

Report Name/Reporting Requirement	Due Date	Delivery Method
Community Input plan. Plan to engage and solicit community input as required in DSHS policy 241.004 Administrative Agency Requirements for Community Input	Submit to DSHS with the annual Administrative Agency RW Part B renewal application.	Submit to DSHS staff: Nadine.bautista@dshs.texas.gov and RW Planner Katy.green@dshs.texas.gov

Report Name/Reporting Requirement	Due Date	Delivery Method
Program Income Annual Forecast	April 1, 2024	Submit to DSHS staff: FSO@dshs.texas.gov , assigned Contract Manager nadine.bautista@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY24 PI Annual Forecast
Sub of Sub-Contracts and Agreements	April 30, 2024, or 30 days after execution of Contract amendment, whichever is later	Submit to your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY24 Sub of Sub-Contracts
Data Improvement Plan Quarter 1 Report	April 30, 2024	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q1-[AA Name]
Subawards with Subgrantees (TCT contracts) https://dshs.texas.gov/thsvh/tct/ DSHS - TakeChargeTexas	May 1, 2024, or 30 days after execution of Contract amendment, whichever is later	All required elements shall be entered in the Uniform Reporting System (URS) Take Charge Texas (TCT) electronically.
Subgrantee contracts, data sheets and Subgrantee budgets Texas DSHS HIV/STD Program - Funding Information	May 15, 2024, or 45 days after execution of Contract amendment, whichever is later	Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY24 Subgrantee Data Sheets and Budgets

Report Name/Reporting Requirement	Due Date	Delivery Method
Data Improvement Plan Quarter 2 Report	July 31, 2024	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q2- [AA Name]
Monitoring results must be entered into the DSHS HIV Monitoring database	Within five business days of the site visit completion date	Send email(s) to your Care Services consultant upon completion
Semiannual Narrative Progress Report, including the following attachments: i. Semiannual QM committee meeting summaries; ii. Annual AA Client Satisfaction Survey results; and iii. Annual QM program/System Summary. Must also include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table. Texas DSHS HIV/STD Program - HIV Services Program Reports	October 31, 2024	Submit to DSHS staff nadine.bautista@dshs.texas.gov , julie.saber@dshs.texas.gov , and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY24 Semiannual Progress Report
Financial Status Report (FSR) – Q2 Texas DSHS HIV/STD Program - Contract Management Section - Prevention Contractor Forms.	October 31, 2024	Email to FSRGrants@dshs.texas.gov Required Email Subject Line: [AA Name] RW-B FY24 Q2 FSR
Data Improvement Plan Quarter 3 Report	October 31, 2024	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q3- [AA Name]
Administrative Agency Quality Management (QM) Plan and Subgrantee QM Plans	December 31, 2024	Submit to DSHS staff nadine.bautista@dshs.texas.gov ,

Report Name/Reporting Requirement	Due Date	Delivery Method
		<p>julie.saber@dshs.texas.gov, and your Care Services consultant.</p> <p>Required Email Subject Line:</p> <p>[AA Name] RW-B FY24 AA and Subgrantee QM Plans</p>
<p>Data Improvement Plan</p> <p>Quarter 4 Report and annual DIP Narrative Report</p>	<p>January 31, 2025</p>	<p>Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant.</p> <p>Required Email Subject Line:</p> <p>Data Improvement Plan-Report Q4-[AA Name]</p>
<p>RWHAP Services Report (RSR) – client level data reporting for services delivered from January 1 to December 31st of the previous year.</p>	<p>February 15, 2025</p>	<p>HRSA Requirement (entered into TCT).</p>
<p>Annual Narrative Progress Report: Must include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table</p> <p>Texas DSHS HIV/STD Program - HIV Services Program Reports</p>	<p>May 31, 2025</p>	<p>Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant.</p> <p>Required Email Subject Line:</p> <p>[AA Name] RW-B FY24 Annual Progress Report</p>
<p>Financial Status Report (FSR) – Q4</p>	<p>April 30, 2025</p>	<p>Email to FSRGrants@dshs.texas.gov</p> <p>Required Email Subject Line:</p> <p>[AA Name] RW-B FY24 Q4 FSR</p>

4. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK**, is deleted in its entirety and replaced with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
5. **ATTACHMENT B-1** of the Contract, **REVISED BUDGET**, is deleted in its entirety and replaced with **ATTACHMENT B-2, REVISED BUDGET**.

6. **ATTACHMENT J-1**, of the Contract, **FFATA CERTIFICATION FORM**, is hereby supplemented with the addition of **ATTACHMENT J-2, FFATA CERTIFICATION FORM** to complete the annual certification.
7. This Amendment No. 2 shall be effective on April 1, 2024.
8. Except as modified by this Amendment No. 2, all terms and conditions of the Contract shall remain in effect.
9. Any further revision to the Contract shall be by written agreement of the Parties.
10. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
DSHS CONTRACT NO. HHS001122200005**

DEPARTMENT OF STATE HEALTH SERVICES

TARRANT COUNTY

By: _____

By: _____

Printed Name:

Printed Name: Tim O'Hare

Title:

Title: County Judge

Date of Signature: _____

Date of Signature: _____

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT, AND THEIR TERMS ARE
HEREBY INCORPORATED INTO THE CONTRACT:**

- ATTACHMENT A-1 – REVISED STATEMENT OF WORK**
- ATTACHMENT B-2 – REVISED BUDGET**
- ATTACHMENT J-2 – FFATA CERTIFICATION FORM**

ATTACHMENT A-1
REVISED STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A.** In its role as an Administrative Agency (AA), administer the designated federal and state human immunodeficiency virus (HIV) Ryan White Service Delivery (RWSD) funds, Department of State Health Services (DSHS) State Services (SS), and Housing Opportunities for Persons with AIDS (HOPWA) funds, on behalf of DSHS, as specified in this Contract. Grantee will attend all trainings, meetings, and conferences as directed. Grantee will also assist DSHS in the administration, planning, and evaluation of services within the approved HIV Service Delivery Area (HSDA).
- B.** Perform activities in the following areas:
Fort Worth HSDA: Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise Counties.
- C.** Administer the State's HIV program to develop and/or enhance access to a comprehensive continuum of high-quality HIV care and treatment for low-income persons living with HIV (PLWH) in Texas. This includes, but is not limited to:
1. Knowledge and understanding of the systems of care in specific HSDAs and overall HIV/AIDS Administrative Service Areas (HASAs) in the AA's contractual areas of responsibility;
 2. Conducting activities focused on addressing the following four goals in compliance with the National Goals to End the HIV Epidemic and demonstrating measurable progress towards the goals to:
 - a. Reduce new HIV transmissions;
 - b. Increase access to care and optimize health outcomes for PLWH;
 - c. Reduce HIV-related health disparities and health inequities; and
 - d. Achieve a more coordinated national response to the HIV epidemic;
 3. Conducting a Needs Assessment every three years or as directed by DSHS, and per [DSHS HIV/STD Policy 241.001 section 5.4](https://www.dshs.texas.gov/hiv-std-program/texas-dshs-hiv-std-program-hiv-std-policies-procedures/texas-dshs-hiv-std/pops-chapter-13-administrative)<https://www.dshs.texas.gov/hiv-std-program/texas-dshs-hiv-std-program-hiv-std-policies-procedures/texas-dshs-hiv-std/pops-chapter-13-administrative>; and
 4. Use of the HIV Care Continuum, at a minimum, as a basis for planning and assessing outcomes.
- D.** Ensure all activities and services are performed in accordance with the terms of this Contract. The approved Comprehensive HIV Services Plan, any letters or memos with policies or other instructions provided, approved FY24 Renewal Application, community input plan, and approved Work Plan are incorporated by reference and made a part of this Contract. Any proposed changes to the Comprehensive HIV Services Plan must be pre-approved by DSHS, following the guidance located at: <https://www.dshs.texas.gov/sites/default/files/hivstd/planning/PlanGuidance.pdf>.

- E. Receive written approval from DSHS before varying from applicable policies, procedures, and protocols, and update its records within forty-eight (48) hours of making approved changes so that staff working on activities under this Contract know of the change(s).
- F. Ensure the delivery of comprehensive outpatient health and support services to meet the identified needs of PLWH and their families, in accordance with Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) legislation, the Public Health Service Act, 42 U.S. Code § 300ff, found at [Ryan White HIV/AIDS Program Legislation | Ryan White HIV/AIDS Program \(hrsa.gov\)](#), including, but not limited to:
1. Entities providing Early Intervention Services (EIS) will ensure that the following conditions have been met:
 - a. Federal, state, and local funds are otherwise inadequate for the EIS an entity proposes to provide; and
 - b. The entity will supplement, not supplant, other funds available to the entity for the provision of providing EIS;
 2. Equal Employment Opportunity Commission (EEOC) 13166, August 11, 2000, requires recipients receiving federal financial assistance to take steps to ensure that people with Limited English Proficiency (LEP) can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with LEP to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the Office for Civil Rights (OCR) website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>. Additionally, obligations of recipients are explained on the OCR website at <http://www.hhs.gov/civil-rights/index.html>;
 3. HIV-related health care and support services delivered to a program established with assistance provided under Part B will be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual living with HIV, to the maximum extent practicable;
 4. Such services will be provided in a setting that is accessible to low-income individuals living with HIV; and
 5. Outreach to low-income individuals living with HIV will be provided to inform them of the services available under Part B.
- G. Comply with applicable state and federal policies, DSHS HIV Program manuals, and DSHS HIV policy manuals, standards, guidelines, and regulations, including but not limited to:
1. DSHS HIV Assurances located at [Microsoft Word - HIV Contractor Assurances.doc \(texas.gov\)](#)
 2. HRSA RWHAP Policy Clarification Notices (PCNs) and Program Letters located at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>;
 3. DSHS' HIV policies located at www.dshs.texas.gov/hivstd/pops/default.shtm and www.dshs.texas.gov/hivstd/policy/policies.shtm;
 4. HIV Core and Support Service Categories (DSHS Standards of Care) and Universal Standards, Sections 1, 2, 3, 4, 5, 6, and 7, contained in the HIV-STD Program Policies located at www.dshs.texas.gov/hivstd/taxonomy/default.shtm;

5. DSHS Eligibility to Receive HIV Services, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/220-001>;
6. Take Charge Texas (TCT) Administrative Agency Data Managers' Core Competencies and all ARIES and TCT/URS-related and privacy, confidentiality, and security-related policies, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/231-002> and Program Operating Procedures (POPS) Chapter 13 Administrative Agency Core Competencies located at <https://www.dshs.texas.gov/hivstd/pops/chap13.shtm#13.2>. Take Charge Texas (TCT) has replaced ARIES as the Uniform Reporting System (URS). AAs and subgrantees are required to comply with current and updated policies;
7. TCT Data Improvement Plan, contained in the HIV-STD Program Policies located at <http://www.dshs.state.tx.us/hivstd/policy/policies/231-003.shtm> <https://www.dshs.texas.gov/hivstd/policy/policies/231-003>;
8. URS Security Policy located at <https://www.dshs.texas.gov/hivstd/policy/policies/231-001>;
9. Administrative Agency Roles and Responsibilities, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/241-001>;
10. Subcontracting HIV Health and Support Services, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/241-003> and POPS Chapter 13 Administrative Agency Core Competencies located at <https://www.dshs.texas.gov/hiv-std-program/texas-dshs-hiv-std-program-hiv-std-policies-procedures/texas-dshs-hiv-std/pops-chapter-13-administrative#13.2>;
11. Reallocation of HIV Client Services Funds, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/241-006>;
12. HIV Health Insurance Assistance, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/260-002>;
13. Standardized contract templates for subgrantees including all items contained in POPS Chapter 13 Administrative Agency Core Competencies located at <https://www.dshs.texas.gov/hiv-std-program/texas-dshs-hiv-std-program-hiv-std-policies-procedures/texas-dshs-hiv-std/pops-chapter-13-administrative#13.2>;
14. DSHS Funds as Payment of Last Resort, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/590-001>;
15. RWHAP Part B Manual, located at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf>;
16. Clinical Quality Management PCN, located at <http://hab.hrsa.gov/sites/default/files/hab/Global/clinicalqualitymanagementpcn.pdf>;
17. Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, located at <https://www.gpo.gov/fdsys/granule/USCODE-2010-title42/USCODE-2010-title42-chap6A>, as amended;
18. Texas Health and Safety Code, §85.085, Physician Supervision of Medical Care, located at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm>, to ensure a licensed physician supervises any medical care or procedure provided under this Contract. Grantee must include provisions in its contracts with all subgrantees

- requiring such compliance;
19. Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104), located at: <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104&num=0&edition=prelim>;
 20. Terms governed by 45 CFR Part 96 located at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96?toc=1> or 45 CFR Part 98 located at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98?toc=1>;
 21. Make services available to clients via Telemedicine, Teledentistry, or Telehealth as applicable in accordance with state and federal law, DSHS guidelines, Universal Standards, <https://dshs.texas.gov/hivstd/taxonomy/telemedguidance.shtm> and the HIV Core and Support Service Categories (DSHS Standards of Care); and
 22. Use the following acknowledgement and disclaimer on all products produced by HRSA grant funds: “This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.”

Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies, and issue briefs.

All the above-named documents are incorporated herein by reference and made a part of this Contract.

- H.** Permit and cooperate with any federal or state investigations undertaken regarding programs conducted under Part B or State Services.
- I.** Ensure subgrantees that purchase outpatient prescription drugs secure the best prices available for such products and maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa/.
- J.** By April 1, 2024, submit to DSHS an annual forecast of all program income to be generated by subgrantees, including, but not limited to, 340B-generated revenue expected to be earned by 340B-covered entities as program income from Ryan White Part B activities. AAs must also make available documentation to show how all program income is allocated and expended during annual AA monitoring visits or upon request.
- K.** Have knowledge of U.S. 45 CFR 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards (U.S. Uniform Guidance) located at <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75> and understand the

difference between 45 CFR 74 located at <https://www.govinfo.gov/app/details/CFR-2000-title45-vol1/CFR-2000-title45-vol1-part74> and 2 CFR 200 located at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>, specified in HRSA PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds (Updated 10/22/2018) (HRSA/HAB PCN) located at https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf including, but not limited to, time and effort requirements, records retention, limits on executive compensation, and mandatory disclosures.

- L. Ensure that DSHS service delivery funds are not utilized for Grantee's administrative expenses.
- M. Ensure RWHAP federal funds are only used for RWHAP-eligible clients. In accordance with the HRSA RWHAP client eligibility determination and recertification requirements (PCN 21-02, revision date 10/19/2021 located at [Determining Client Eligibility & Payor of Last Resort \(hrsa.gov\)](#)), clients' eligibility shall be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payor of last resort. Rapid eligibility determinations may be performed simultaneously with testing and treatment. Grantee and subgrantees assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and must instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program. Grantee understands that if ineligible clients are found to have received services, reimbursement for those services may be required.
- N. Ensure subgrantees do not use funds for inpatient hospital services, nursing homes, or other long-term care facilities, or to supplant or supplement existing Medicaid/Medicare services. However, funds may be used for residential hospice care provided within an inpatient setting such as a hospital or nursing home that is properly staffed and licensed for such care as mandated by state and federal law regarding hospice regulation and is compliant with DSHS HIV Standards of Care and DSHS HIV Universal Standards (<https://www.dshs.texas.gov/hivstd/taxonomy/universal.shtm>).
- O. Ensure subgrantees do not use funds to make payments directly to clients.
- P. Ensure subgrantees' staff who work on Subaward activities attend trainings, conferences, and meetings.
- Q. Ensure subgrantees do not use grant funds to purchase or majorly improve any building or other facility.
- R. In accordance with Program Policy Notice 16-02, ensure grant funds are not used:
 - 1. To support broad-scope awareness that targets the general public rather than specific populations and/or communities with high rates of HIV infection; or

2. To duplicate HIV prevention outreach efforts.
- S. Adhere to the legislative requirement to establish and maintain a Clinical Quality Management (CQM) Program and ensure all subgrantees are following requirements independently or as part of the regional CQM Program as outlined in PCN 15-02 located at: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>. Subgrantees will ensure the following key components are in place and are ongoing:
1. Clinical Quality Management (CQM) Plan that encompasses infrastructure, performance measurement, quality improvement, and program evaluation. The CQM Plan is reviewed annually and updated as needed. The CQM Plan includes goals that are health access and outcome based and are aligned across Ryan White parts and statewide goals. The CQM Plan includes an associated work plan that aligns with goals and activities listed in the CQM Plan;
 2. An established CQM Committee that meets quarterly at minimum and records meeting minutes or summary notes that are available on request to DSHS and other stakeholders;
 3. Quarterly analysis, stratification and dissemination of selected performance measure result data to DSHS CQM Committee and regional stakeholders;
 4. Care continuum and other data stratified for analysis of potential disparities by age, gender, socioeconomic status, risk factor and geography;
 5. Stakeholder involvement in the CQM Program to include people living with HIV, affected by HIV, or both;
 6. Established method to validate appropriateness of performance measure selection based on service utilization;
 7. Established systematic review process for subgrantee data including regional care continuum cascades and clinical, consumer satisfaction, and operational measures;
 8. Established method to validate data for accuracy, completeness, and timeliness of data entry;
 9. Ongoing CQM and HIV capacity building activities for region based on needs. AA CQM staff participate and support statewide CQM activities and goals; and
 10. At least one Quality Improvement Project (QIP) ongoing at all times that is linked to one of the following four strategic domains of the Texas Ryan White Part-B QM Program:
 - a. Improving Access to Care;
 - b. Improving Health Outcomes;
 - c. Improving the Client/Patient Experience; or
 - d. Eliminating Health Disparities.
- T. Ensure subgrantees that provide HIV testing in accordance with core and support service category standards for Early Intervention Services and Outreach Services (HRSA PCN 16-02, DSHS HIV/STD Taxonomy) comply with all applicable federal and state regulations and conditions including, but not limited to:
1. DSHS HIV and STD Program Operating Procedures and Standards:
 - a. Chapter 1- [Focused HIV/STI/HCV Testing, Counseling and Linkage to HIV Medical Care \(https://www.dshs.texas.gov/hivstd/pops/chap01.shtm\)](https://www.dshs.texas.gov/hivstd/pops/chap01.shtm); and

- b. Chapter 2- [Quality Assurance for Focused HIV Testing, Counseling, and Linkage to Care for HIV Prevention | Texas DSHS](https://www.dshs.texas.gov/hivstd/pops/chap02.shtm) (<https://www.dshs.texas.gov/hivstd/pops/chap02.shtm>);
 - 2. DSHS Training Requirements for staff providing HIV testing services (<https://www.dshs.texas.gov/hivstd/training/>);
 - 3. Texas Health and Safety Codes:
 - a. §81 - Communicable Diseases: §81.109 – Positive Test Results required to be provided in person (<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm>);
 - b. §85.085 - Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection (<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.85.htm>);
 - c. Texas Administrative Code (TAC) Title 25, Part 1, Chapter 97 (Subchapters A, F) ([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97)) and Chapter 98 ([https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=98](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=98)); and
 - d. Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code as amended, located at: <https://www.gpo.gov/fdsys/granule/USCODE-2010-title42/USCODE-2010-title42-chap6A>.
- U. Agree vacant positions existing after ninety (90) days may result in a decrease in funds. Report staff vacancies to DSHS within one week of vacancy and verify that access to DSHS data system(s) and platforms for document sharing is terminated. Notify DSHS of new hires within five (5) business days of the start date.
- V. Receive and disburse program funds for client services, consistent with the requirements found herein, through a Request for Proposal or Renewal process, and execute contracts directly with subgrantees for these client services within thirty (30) days of the start of the Contract year.
- W. Submit fully executed subgrantee contracts, interlocal agreements, and budgets for Ryan White administration, Service Delivery, and State Services funds to DSHS no later than forty-five (45) days after the start of the Contract year.
- X. Make available all programmatic documentation available in electronic format to DSHS and Federal Grantor upon request.
- Y. Perform annual fiscal monitoring of all subgrantees. AA shall make all fiscal initial and final fiscal monitoring reports and back-up documentation available in electronic format to DSHS and Federal Grantor upon request. All documentation will align with the required retention period of seven years after the end of the Contract. Back-up fiscal documentation at a minimum includes, but is not limited to:
 - 1. General Ledger;
 - 2. Agency and program-specific policies;
 - 3. Current organizational chart;
 - 4. Subgrantees list as included under the “contractual” or “other” budget category;

5. Tax records and payroll records;
6. All audit reports (e.g., OPA, Single Audit) and all other reports and records related to financial compliance monitoring;
7. Copy of current contracts, grants, and budgets for all funding sources supporting the same activities as those funded in this Contract;
8. Copy of the cost allocation plan and documentation to support the methodologies used;
9. Lease agreements for facilities, equipment, and/or vehicles charged to the Contract;
10. Bank statements and bank reconciliations;
11. A list of the Board of Directors and Board Minutes for the Contract period; and
12. Any supporting documentation (e.g., original invoices, purchase orders) for all expenditures.

Z. Perform subgrantee programmatic monitoring using the DSHS monitoring tools, which include the requirements of the HRSA Policy Clarification Notices (PCNs), HRSA National Monitoring Standards, DSHS HIV Standards of Care, and DSHS HIV Eligibility Standards and Policies and Procedures Standards (Universal Standards), and submit AA-generated subgrantee monitoring reports and data for each funded service category, unless otherwise directed by DSHS. Monitoring results must be entered into the DSHS HIV Monitoring database within five (5) business days of site visit completion date. Provide DSHS consultant initial and/or final subgrantee monitoring reports and subsequent close-out documentation upon request. Implement and manage the current DSHS monitoring deficiency response process. Follow the 180-day Corrective Action Plan (CAP) process. Submit CAPs and all supporting documents by service provider to DSHS within ten (10) business days of completion of process for each subgrantee. DSHS HIV Care Services Consultants will verify on a quarterly basis that these monitoring requirements are completed.

AA. Follow DSHS guidance regarding sample size.

BB. Ensure subgrantees implement and comply with DSHS HIV Standards of Care, DSHS HIV Universal Standards, and DSHS Ryan White Part B/State Services Subrecipient Program Monitoring Logistics Guide.

CC. Texas HIV Medication Program (THMP) Liaisons or other AA staff will track the following performance measures and ensure they are accomplished or surpassed for the ADAP Eligibility Workers (AEWs):

1. $\geq 90\%$ of new enrollee and recertification ADAP applications are accepted by the Texas HIV Medication Program (THMP) as complete upon initial submission.
2. $\geq 90\%$ of ADAP eligibility recertifications and self-attestations are completed on or before the lapse of ADAP program benefits.
3. $>90\%$ of applications submitted by AEW as Expedite were correctly identified as Expedite.
4. $>90\%$ of application entries in the “about you” demographic, relationship, household, client financial, insurance, and case notes in TCT are correct and complete.

DD. Ensure the following expectations are met by the THMP Liaison, which is a required position: Facilitate communication and understanding with a focus on THMP, AAs, and subcontracted agencies, with a focus on AEWs and other staff focused on THMP application submission, including stakeholders, THMP applicants and participants. Provide training, support, quality assurance/quality improvements, and oversight of the AEWs across HASAs and HSDAs for the purpose of complete and correct submissions of THMP applications to DSHS. Include issues related to applications in Take Charge Texas (TCT). TCT replaced ARIES as the URS. Un-anchored applications, those applications from clients which do not receive any other services at the agency and only require THMP application assistance, must be reviewed and assigned for AEW follow-up. Staff vacancies shall be reported to DSHS within one week of vacancy. The THMP Liaison will complete performance measurement on AEW applications submitted to THMP on a regular schedule as specified below. The THMP Liaison is responsible for reporting the progress of the following to the DSHS HIV Care Services Consultants on a monthly basis, and on the semiannual and annual reports:

1. Attend 80% of monthly regional and weekly huddle calls coordinated by THMP;
2. Attend 100% of required trainings annually, or arrange for appropriate makeup;
3. Submit a yearly QA/QI Schedule to THMP, which includes AEW performance measure reporting; and
4. Submit quarterly reports and outcomes from the QA/QI schedule. This will include technical assistance visits to agencies and pharmacies in assigned area.

EE. Ensure subgrantees establish a Memorandum of Agreement with each local health department within the Grantee's designated Service Area (or DSHS regional office, in an area without a local health department), within thirty (30) days of the effective date of each subcontract. This memorandum must be designed to facilitate linking individuals who meet Ryan White eligibility criteria to local sexually transmitted infection (STI) and tuberculosis (TB) programs so that such individuals may receive appropriate services from those programs.

FF. Establish formal systems of care and standing procedures for linking clients to primary care to assure that all clients have a provider for non-HIV-related illnesses.

GG. Ensure non-Adult Safety Net vaccine program (ASN) subgrantees have a DSHS-approved policy in place for receiving, storing (including a temperature log), and distributing vaccines. All subgrantees, regardless of contract status with ASN, must also document the procedure for ensuring required vaccination data are entered or imported into TCT.

HH. Ensure subgrantees use Outpatient Ambulatory Health Services funds for vaccinations as required by the DSHS Standards of Care and the federally approved HIV Clinical Guidelines.

II. Ensure subgrantees provide services that are equitably available and accessible to all PLWH needing services and/or care within Grantee's designated Service Area. Grantee shall not set up eligibility criteria that favor one demographic of people with HIV over

another. Grantee will make reasonable efforts to provide office hours and service locations that are accessible to as many clients as possible. HHS Office for Civil Rights provides guidance to grant and cooperative recipients on complying with civil rights laws that prohibit discrimination (see Civil Rights for Individuals and Advocates). Specific guidance for legal obligations under Title VI of the Civil Rights Act of 1964 for programs and activities that receive federal financial assistance can be found in [P.L. 88-352](#), as amended, and [45 CFR Part 75](#).

JJ. Ensure subgrantees provide key points of access for the purpose of facilitating early intervention for individuals newly diagnosed with HIV and individuals knowledgeable of their HIV status but not in care. Subgrantees should maintain appropriate relationships with other health care provider entities in the area that provide key points of access to the health care system for PLWH, so referrals can be made into the care system. These entities include, but are not limited to: emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, mental health programs, homeless shelters, migrant health centers, community health centers, health services for the homeless, family planning grantees, comprehensive hemophilia diagnostic and treatment centers, non-profit private entities that provide comprehensive primary care services to populations at risk for HIV, STD clinics/programs, DSHS Program's HIV prevention contractors, and other venues where HIV may be diagnosed.

KK. Provide a recommended allocation plan of DSHS funds available for each HSDA prioritized by service categories, with allocations reflecting the intent of the Ryan White Treatment Extension Act of 2009's mission, due no later than 30 days after the start date of the Contract term. Grantee will:

1. Conduct periodic examinations of utilization and expenditure data;
2. Maintain effective systems to minimize lapsing of Contract funds;
3. Submit reallocation requests to DSHS for review and approval no less than thirty (30) days before the end of the Contract period, unless DSHS approves a late reallocation request in advance of the late reallocation submission. The reallocation requests must follow DSHS HIV policy 241.006, Reallocation of HIV Client Services Funds, to efficiently expend funds and provide core medical services to the broadest number of clients;
4. Implement any recommendations as approved and modified by DSHS and immediately make any approved revisions to the URS contracts. Allocation and reallocation recommendations will reflect a primary emphasis on assuring participation in HIV-related medical care for PLWH;
5. Endure that recommended allocations for HSDAs containing Eligible Metropolitan Areas (EMAs) or Texas Transitional Grant Areas (TGAs) will reflect the priorities and strategies set by the Planning Council;
6. Ensure subgrantees use the additive method for program income and that use of program income complies with the DSHS Uniform Terms and Conditions ([Attachment D- HHS UTCs - Grant v 3.2.pdf \(texas.gov\)](#)) and with UT and RWHAP legislation, including PCN 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income located at https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf;

7. Ensure subgrantees comply with AA's and DSHS' policy and RWHAP legislation on disallowed costs; and
8. Ensure responsibility and accountability for RWHAP Part B funds expenditures, including monthly review of subgrantees' supporting documentation submitted with reimbursement requests.

LL. Provide the current Administrative Agency Quality Management (QM) Plan and Subgrantee QM Plans to DSHS by December 31, 2024 (the QM Plan can be incorporated into the agency's strategic and Comprehensive HIV Services plans).

MM. Submit the following reports as attachments to Annual and Semiannual Narrative Progress Report (formerly "Section B"):

1. Biannual QM Committee meeting summaries;
2. Annual Administrative Agency Client Satisfaction Survey results; and
3. Annual QM Program/System Summary.

NN. Ensure subgrantees submit, at a minimum, all required data elements under this Contract for every client who receives services through the funded provider. Grantees are responsible for ensuring subgrantees, or the Grantee on the subgrantees' behalf, submit and complete all required client data through the URS in accordance with the requirements herein and with all policies, guidelines and instructions provided by DSHS. Grantees must enter or import complete and correct contracts into the URS no later than thirty (30) days after Contract start date or thirty (30) days from the effective date of an executed amendment, as applicable. DSHS HIV Care Services consultants will verify this is completed on a regular basis.

Contracts shall include accurate information on the cost of each unit of service and follow the naming format listed below, as appropriate:

1. 24-25 SS (9/1/2024-8/31/2025);
2. 24-25 Part B (4/1/2024-3/31/2025); and
3. 24-25 Part B program income (4/1/2024-3/31/2025).

OO. Utilize the program reporting format provided by DSHS. Grantee accepts responsibility and accountability for each subgrantee's compliance and timely submission of the documentation required in the Annual and Semiannual Narrative Progress Report.

PP. Require its subgrantees to submit the Ryan White HIV/AIDS Program Services Report (RSR) electronically by February 15, 2024, for services delivered from January 1 to December 31, 2023, following all submission instructions issued by DSHS. Payment of final voucher will be contingent upon proper submission of Grantee's final RSR.

QQ. Require AA and subgrantee staff to complete URS training as directed by DSHS. AA will require service provider staff/subgrantees responsible for client eligibility to work with clients to set up a URS profile and establish eligibility to receive services and THMP medications, through the Take Charge Texas (TCT) portals.

RR. Review all THMP applications in TCT by AEWs regardless of if client is receiving other services through the Grantee. AEWs will communicate with clients, as needed, to support a timely, complete, and correct application submission to THMP. Clients that only require THMP application assistance will be assigned to subgrantees by an algorithm based on client residence. All THMP applications assigned to a subgrantee must undergo quality assurance by an AEW before submission.

SS. Ensure all required data elements are entered into TCT as outlined in DSHS policy and guidance. Ensure reporting deadlines are met as outlined in DSHS policy and reporting schedules. If importing into TCT, ensure imports are scheduled and occur in a regular and timely manner, but no less than once per month.

TT. Ensure subgrantees providing direct services adopt written protocols, standards, and guidelines based on the latest medical knowledge regarding the care and treatment of PLWH, consistent with the laws and policies referenced herein, as revised.

UU. Maintain access to current laws, standards, and guidelines for its staff working on activities under this Contract.

VV. Submit Ryan White Service Delivery (RWSD) Reports in accordance with Section VI, "Reporting Requirements," of the Contract and <https://www.dshs.state.tx.us/hivstd/fieldops/ReportsForms.shtm>.

II. PERFORMANCE MEASURES

DSHS will monitor the Grantee's performance of the requirements in this Statement of Work and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

A. Grantee will request monthly payments using the State of Texas Purchase Voucher (Form B-13) located at <https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm>.
<https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm>
<https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm>
<https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm> Grantee will submit a Voucher Support Form(s) with each B-13. Voucher and any supporting documentation required or requested will be submitted directly by electronic mail (email) to the email addresses below. If submitting the voucher electronically is not viable, Grantee may submit by mail or fax.

Specific supporting documentation for expenses billed to the program by budget category is required. Guidance for this process shall be provided separately by DSHS Fiscal Support and Oversight (FSO).

B. Grantee shall submit all final billings no later than 30 days after the end of the period of performance (April 30, 2025).

Department of State Health Services

Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.texas.gov, cmsinvoices@dshs.texas.gov and
FSO@dshs.texas.gov

Grantee will be paid on a monthly cost reimbursement basis in accordance with Attachment B-2, Revised Budget of this Contract. One Contract advance may be requested in an amount not to exceed 1/12th of the total Contract amount.

- C. Grantee will bill according to the following activity codes and amounts defined in the 2024-2025 Allocation by Code document located at <http://www.dshs.texas.gov/hivstd/funding/default.shtm>:
 - 1. Administration: H25;
 - 2. Planning and Evaluation: 079; and
 - 3. Quality Management: K18.

- D. If no funds were expended for a month of service, Grantee will submit a zero-dollar B-13.

- E. Grantee will submit a Financial Status Report (FSR-269A) biannually to FSRGrants@dshs.texas.gov during the Contract term, as outlined below:

REPORTING PERIOD	DUE DATE
April 1, 2024 – September 30, 2024	October 31, 2024
October 1, 2024 – March 31, 2025	April 30, 2025

**ATTACHMENT B-2
REVISED BUDGET**

BUDGET CATEGORIES	(04/01/2022 - 03/31/2023)	(04/01/2023 - 03/31/2024)	(04/01/2024 - 03/31/2025)
PERSONNEL	\$155,561.00	\$149,880.00	\$154,820.00
FRINGE BENEFITS	\$68,883.00	\$63,416.00	\$68,012.00
TRAVEL	\$1,388.00	\$4,628.00	\$4,430.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$4,401.00	\$2,925.00	\$900.00
CONTRACTUAL	\$1,480,263.00	\$1,093,213.00	\$849,856.00
OTHER	\$8,470.00	\$6,816.00	\$21,438.00
TOTAL DIRECT CHARGES	\$1,718,966.00	\$1,320,878.00	\$1,099,456.00
INDIRECT CHARGES	\$0.00	\$0.00	\$0.00
TOTAL	\$1,718,966.00	\$1,320,878.00	\$1,099,456.00

CONTRACT TOTAL IS NOT TO EXCEED \$4,139,300.00



Fiscal Federal Funding Accountability and Transparency Act (FFATA)

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. ***If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.***

Legal Name of Contractor: Tarrant County	FFATA Contact: (Name, Email and Phone Number): Tim O'Hare countyjudgegrants@tarrantcountytexas.gov 817-884-1441
Primary Address of Contractor: 100 E. Weatherford STE 305 Fort Worth, TX 76196	Zip Code: 9-digits required www.usps.com 76196-0103
Unique Entity ID (UEI): This number replaces the DUNS www.sam.gov DBH1UNN8U5J3	State of Texas Comptroller Vendor Identification Number (VIN) – 14 digits: 17560011706006

Printed Name of Authorized Representative: Tim O'Hare	Signature of Authorized Representative
Title of Authorized Representative County Judge	Date Signed

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here:

Certificate Of Completion

Envelope Id: 4DAFC9B7369242BABC905D98FB6BF4AF	Status: Sent
Subject: Please DocuSign: HHS001122200005; Tarrant County; Amendment No. 2	
Source Envelope:	
Document Pages: 23	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 167.137.1.9

Record Tracking

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
12/27/2023 3:01:08 PM	CMS.InternalRouting@dshs.texas.gov	

Signer Events

Signer Events	Signature	Timestamp
Honorable Tim O'Hare, County Judge countyjudgegrants@tarrantcountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		Sent: 12/27/2023 3:09:57 PM
Helen Whittington helen.whittington@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Patty Melchior Patty.Melchior@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Kirk Cole Kirk.Cole@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
<p>millie Robbins Mjrobbins2@tarrantcountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; font-size: 1.2em; color: blue;">COPIED</div>	<p>Sent: 12/27/2023 3:09:56 PM Viewed: 12/28/2023 7:56:31 AM</p>
<p>Renee Thomas srthomas@tarrantcountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; font-size: 1.2em; color: blue;">COPIED</div>	<p>Sent: 12/27/2023 3:09:56 PM Viewed: 1/5/2024 2:32:29 PM</p>
<p>Lisa Muttiah lmuttiah@tarrantcountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; font-size: 1.2em; color: blue;">COPIED</div>	<p>Sent: 12/27/2023 3:09:56 PM Viewed: 12/27/2023 3:11:05 PM</p>
<p>CMS Internal Routing Mailbox CMS.InternalRouting@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		
<p>Nadine Bautista nadine.bautista@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/27/2023 3:09:57 PM
Payment Events	Status	Timestamps

SIGNED AND EXECUTED this _____ day of _____, 2024.

**COUNTY OF TARRANT
STATE OF TEXAS**

By: _____
Tim O'Hare
County Judge

APPROVED AS TO FORM:

James Marvin 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: _____