



COMMISSIONERS COURT  
COMMUNICATION

REFERENCE NUMBER \_\_\_\_\_

PAGE 1 OF 6

DATE: 09/17/2024

**SUBJECT: CONSIDERATION TO SUBMIT THE FISCAL YEAR 2025-2026  
ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN  
WHITE HIV/AIDS PROGRAM PARTS A AND B COMPETING  
CONTINUATION GRANT APPLICATION TO HEALTH  
RESOURCES AND SERVICES ADMINISTRATION**

**\*\*\* CONSENT AGENDA \*\*\***

**COMMISSIONERS COURT ACTION REQUESTED**

It is requested that the Commissioners Court consider the submission of the FY 2025-2026 Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (EHE) Competing Continuation Grant Application to Health Resources and Services Administration (HRSA) in the amount of \$3,000,000.00.

**BACKGROUND**

Tarrant County is one of forty-eight (48) counties in the United States selected by HRSA to receive EHE funding to end the HIV epidemic. Tarrant County was selected based on the number of new HIV transmissions and is in the fifth year of receiving EHE funding.

Tarrant County is requesting consideration to submit a competing continuation grant application to HRSA for Ryan White EHE funding to implement effective and innovative strategies, interventions, approaches, and services to improve health outcomes of newly diagnosed individuals and to re-engage individuals who are not in care in the Fort Worth Health Services Delivery Area (HSDA). The application due date is October 22, 2024.

Funding is being requested in the amount of \$3,000,000.00. The project period will be March 1, 2025 through February 28, 2030. The budget period will be March 1, 2025 through February 28, 2026.

The Tarrant County Budget and Risk Management Office has been informed of this grant application renewal.

**FISCAL IMPACT**

There is no fiscal impact associated with this action.

Anticipated Administrative Cost: \$300,000.00 (Paid by Ryan White EHE)

No match or operating subsidy required.

SUBMITTED BY:	HIV Administrative Agency	PREPARED BY: APPROVED BY:	Dulce Lozano Lisa McKamie-Muttiah
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### CERTIFICATION REGARDING LOBBYING

#### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

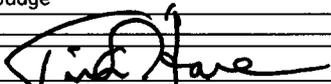
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
Tarrant County	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Tim"/> Middle Name: <input type="text"/>
* Last Name: <input type="text" value="O'Hare"/>	Suffix: <input type="text"/>
* Title: <input type="text" value="County Judge"/>	
* SIGNATURE: 	* DATE: <input type="text" value="9/17/2024"/>

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> UT8HA33961	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Tarrant County		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 75-6001170	<b>* c. UEI:</b> DBH1UNN8U5J3	
<b>d. Address:</b>		
<b>* Street1:</b> 2300 Circle Drive, Suite 2306	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Fort Worth	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> TX: Texas	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 76119-8134	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b>	<b>Division Name:</b>	
_____	_____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>	<b>* First Name:</b> Lisa	_____
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Muttiah	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> _____		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 817-370-4527	<b>Fax Number:</b> _____	
<b>* Email:</b> lmuttiah@tarrantcountytx.gov		

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Health Resources and Services Administration

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

93.686

CFDA Title:

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

**\* 12. Funding Opportunity Number:**

HRSA-25-063

\* Title:

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

**13. Competition Identification Number:**

HRSA-25-063

Title:

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

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

Add Attachment

Delete Attachment

View Attachment

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

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

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,000,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

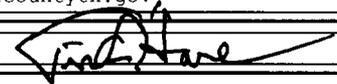
**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed: