

## Department of State Health Services (DSHS)

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 renewal's cover page and shall be completed entirely. The signature of face page certifies to all DSHS and program assurances listed in this renewal document.

RESPONDENT INFORMATION																			
1) LEGAL BUSINESS NAME: Tarrant County																			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span> 2300 Circle Drive, Suite 2306, Fort Worth, TX 76119																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span> Tarrant County, 100 East Weatherford Street, Fort Worth, TX 76196																			
4) DUNS Number (9-digit) required if receiving federal funds: 068365220																			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): <span style="float: right;">75-6001170</span>																			
<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>																			
6) TYPE OF ENTITY (check all that apply):																			
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<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 Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<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 Org)	<input type="checkbox"/> Other (specify): _____
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	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
7) PROPOSED BUDGET PERIOD: <span style="margin-left: 100px;">Start Date: 09/01/2024</span> <span style="margin-left: 100px;">End Date: 08/31/2025</span>																			
8) COUNTIES SERVED BY PROJECT: Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise																			
9) AMOUNT OF FUNDING REQUESTED: \$1,096,360.00	11) PROJECT CONTACT PERSON  Name: Lisa Muttiah Phone: 817-370-4527 Fax: 817-531-6770 Email: <a href="mailto:lmuttiah@tarrantcountytx.gov">lmuttiah@tarrantcountytx.gov</a>																		
10) PROJECTED EXPENDITURES  Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  <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>																			
12) FINANCIAL OFFICER  Name: Kimberly Buchanan Phone: 817-884-1011 Fax: 817-884-1104 Email: <a href="mailto:kmbuchanan@tarrantcountytx.gov">kmbuchanan@tarrantcountytx.gov</a>																			
The facts affirmed by me in this proposal are truthful and I warrant the respondent is following the assurances and certifications contained in <b>APPENDIX B: DSHS Assurances and Certifications</b> . I understand the truthfulness of the facts affirmed herein and 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 (the person signing below) am authorized to represent the respondent.																			
13) DOCUSIGN SIGNATURE AUTHORITY  Name: Tim O'Hare Title: County Judge Phone: 817-884-1441 Fax: 817-884-2793 Email: <a href="mailto:Countyjudgecontracts@tarrantcountytx.gov">Countyjudgecontracts@tarrantcountytx.gov</a>	14) DOCUSIGN ADMINISTRATIVE CONTACT  Name: Email: <a href="mailto:countyjudgecontracts@tarrantcountytx.gov">countyjudgecontracts@tarrantcountytx.gov</a>																		
15) DATE																			

# FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: Tarrant County

This form provides information about the appropriate program contacts in the applicant's organization. **If any of the following information changes during the contract term, please notify the Contract Manager and the HIV Care Services Group.**

<b>Project Director:</b> <u>Lisa Muttiah</u> <b>Title:</b> <u>HIV Administrative Agency Manager</u> <b>Phone:</b> <u>817-370-4529</u> Ext. _____ <b>Fax:</b> <u>817-531-6770</u> <b>E-mail:</b> <u>lmuttiah@tarrantcountytx.gov</u>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
<b>Project Contact:</b> <u>Lisa Muttiah</u> <b>Title:</b> <u>HIV Administrative Agency Manager</u> <b>Phone:</b> <u>817-370-4529</u> Ext. _____ <b>Fax:</b> <u>817-531-6770</u> <b>E-mail:</b> <a href="mailto:lmuttiah@tarrantcountytx.gov">lmuttiah@tarrantcountytx.gov</a>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
<b>Financial Reporting Contact:</b> <u>Kimberly Buchanan</u> <b>Title:</b> <u>County Auditor</u> <b>Phone:</b> <u>817-884-1011</u> Ext. _____ <b>Fax:</b> <u>817-884-1104</u> <b>E-mail:</b> <u>kmbuchanan@tarrantcountytx.gov</u>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>100 East Weatherford Street</u> <u>Fort Worth, TX 76196</u>
<b>Data Reporting Contact:</b> <u>S. Renee Thomas</u> <b>Title:</b> <u>HIV Grants and Data Coordinator</u> <b>Phone:</b> <u>817-370-4528</u> Ext. _____ <b>Fax:</b> <u>817-531-6770</u> <b>E-mail:</b> <u>srthomas@tarrantcountytx.gov</u>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
<b>Clinical Services Contact:</b> <u>Kaitlin Lopez</u> <b>Title:</b> <u>Grant Coordinator, Quality and Planning</u> <b>Phone:</b> <u>817-370-4526</u> Ext. _____ <b>Fax:</b> <u>817-531-6770</u> <b>E-mail:</b> <a href="mailto:kmlopez@tarrantcountytx.gov">kmlopez@tarrantcountytx.gov</a>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>
<b>Board Chairperson:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ Ext. _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Emergency Contact:</b> <u>Barbara Kakembo</u> <b>Title:</b> <u>Financial Coordinator</u> <b>Phone:</b> <u>817-370-4529</u> Ext. _____ <b>Fax:</b> <u>817-531-6770</u> <b>E-mail:</b> <a href="mailto:bakakembo@tarrantcountytx.gov">bakakembo@tarrantcountytx.gov</a>	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> <u>2300 Circle Drive, Suite 2306</u> <u>Fort Worth, TX 76119</u>

**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.