



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# **H8900047**  
Federal Award Date: **05/23/2024**

**Recipient Information**

1. Recipient Name  
TARRANT COUNTY HEALTH DEPARTMENT  
100 E Weatherford St  
Fort Worth, TX 76196-0206
2. Congressional District of Recipient  
12
3. Payment System Identifier (ID)  
1756001170A1
4. Employer Identification Number (EIN)  
756001170
5. Data Universal Numbering System (DUNS)  
068365220
6. Recipient's Unique Entity Identifier  
DBH1UNN8U5J3
7. Project Director or Principal Investigator  
Lisa McKamie-Muttiah  
Project Director  
LMuttiah@tarrantcountytx.gov  
(817)370-4527
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Patryce Peden  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ppeden@hrsa.gov  
(301) 443-2277
10. Program Official Contact Information  
Jonathon Fenner  
HIV/AIDS Bureau (HAB)  
jfenner@hrsa.gov  
(301) 443-4251

**Federal Award Information**

11. Award Number  
6 H89HA00047-29-01
12. Unique Federal Award Identification Number (FAIN)  
H8900047
13. Statutory Authority  
42 U.S.C. § 300ff-11-20 and § 300ff-121
14. Federal Award Project Title  
HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number  
93.914
16. Assistance Listing Program Title  
HIV Emergency Relief Project Grants
17. Award Action Type  
Administrative
18. Is the Award R&D?  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025
20. Total Amount of Federal Funds Obligated by this Action **\$3,926,272.00**
  - 20a. Direct Cost Amount
  - 20b. Indirect Cost Amount **\$0.00**
21. Authorized Carryover **\$0.00**
22. Offset **\$0.00**
23. Total Amount of Federal Funds Obligated this budget period **\$5,501,967.00**
24. Total Approved Cost Sharing or Matching, where applicable **\$0.00**
25. Total Federal and Non-Federal Approved this Budget Period **\$5,501,967.00**
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period **\$16,111,447.48**

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
Karen Mayo on 05/23/2024

**30. Remarks**

This award includes the following sources of funding:

FY22 MAI - \$75  
FY22 Formula - \$1,322  
FY24 MAI - \$436,949  
FY24 Formula - \$3,303,315  
FY24 Supplemental - \$1,760,306

Total FY24 Award - \$5,501,967



Notice of Award  
Award Number: 6 H89HA00047-29-01  
Federal Award Date: 05/23/2024

HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$0.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$5,501,967.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr><tr><td>    i. Indirect Cost Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Indirect Cost Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$5,501,967.00</td></tr><tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Federal Share:</td><td>\$5,501,967.00</td></tr></table></div>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$5,501,967.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$5,501,967.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$5,501,967.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table><div>35. FORMER GRANT NUMBER</div><div>BRH890047</div><div>36. OBJECT CLASS</div><div>41.15</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	Not applicable		a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 377RA16	93.914	24H89HA00047	\$1,850,213.00	\$0.00	FRML	24H89HA00047
22 - 3771356	93.914	24H89HA00047	\$1,322.00	\$0.00	FRML	24H89HA00047
24 - 377RA17	93.914	24H89HA00047	\$1,760,306.00	\$0.00	SUPPL	24H89HA00047
24 - 377RA15	93.914	24H89HA00047	\$314,356.00	\$0.00	MAI	24H89HA00047
22 - 3771355	93.914	24H89HA00047	\$75.00	\$0.00	MAI	24H89HA00047

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 45 CFR Part 75.474 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
2. This Notice of Award provides the offset of an unobligated balance in the amount of \$1,397.00 from the 03/01/2022 - 02/28/2023 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2024 (FY 24) funding based on HRSA's FY 24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**  
The recipient must submit a FY 2024 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Juanita Casas	Business Official	jgcasas@tarrantcounty.com
Lisa Mckamie-Muttiah	Employee, Program Director	lmuttiah@tarrantcountytx.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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

**COUNTY OF TARRANT  
STATE OF TEXAS**

By: \_\_\_\_\_  
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: \_\_\_\_\_