



TARRANT COUNTY
COMMISSIONERS COURT

ADMINISTRATOR'S OFFICE
COMMUNITY DEVELOPMENT DIVISION

August 1, 2024

AIDS Outreach Center

Attn: Kelly Allen Gray
400 N. Beach St., Suite 100.
Fort Worth, Texas 76111

RE: Amendment No. 1 to 2023 Supportive Housing Program Contract Signed on May 7, 2024
(Commissioners Court Order No. 143047)

Dear Ms. Gray:

On May 7, 2024, Tarrant County and **AIDS Outreach Center** entered into the above-referenced contract (the "Contract"). By notice of this letter, Tarrant County proposes to amend the Contract concerning the following terms contained within the **Term of Agreement** as follows:

SCOPE OF SERVICES

Agency shall provide eligible services at the levels agreed upon in the current HUD approved Grant Application to the homeless population within Tarrant County during the term of this agreement.

Approved Budget: The total one-year project budget for the 2023 Continuum of Care Program TBLA 114 (Grant Number Pending) Grant is expected to be \$1,447,646.00. Pending grant agreements with HUD, interim financing was approved through Commissioners Court to ensure continuity of services. Tarrant County will reimburse Agency out of the project budget for the following expenditures, but not to exceed the following total amounts:

	Maximum Reimbursement
Rental Assistance	<u>\$ 41,379.00</u>
Total	<u>\$ 41,379.00</u>

Tarrant County will reimburse Agency for these services upon timely submission of monthly statement of expenditures. Tarrant County will not reimburse Agency under this grant for any expenses incurred in excess of the maximum reimbursement.

This portion of the Contract is hereby amended, at your request, as follows:

SCOPE OF SERVICES

Agency shall provide eligible services at the levels agreed upon in the current HUD approved Grant Application to the homeless population within Tarrant County during the term of this agreement.

Approved Budget: The total one-year project budget for the 2023 Continuum of Care Program TBLA 114 (TX0113L6T012316) Grant is \$1,447,646.00. Tarrant County will reimburse Agency out of the project budget for the following expenditures, but not to exceed the following total amounts:

	Maximum Reimbursement
Rental Assistance	\$125,961.00
Admin	<u>\$ 6,013.00</u>
Total	\$131,974.00

Tarrant County will reimburse Agency for these services upon timely submission of monthly statement of expenditures. Tarrant County will not reimburse Agency under this grant for any expenses incurred in excess of the maximum reimbursement.

* * *

[END OF AMENDMENTS]

SIGNED AND EXECUTED this _____ day of _____, 2024.

COUNTY OF TARRANT
STATE OF TEXAS

Agency

Tim O'Hare
County Judge

Johnnie Welbourn
Authorized Representative

APPROVED AS TO FORM:

CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

Kentrez Butler Work
Criminal District Attorney's Office

Tarrant County Auditor

*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.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

AIDS Outreach Center, Inc.
Fort Worth, TX United States

Certificate Number:
2024-1206575

Date Filed:
08/27/2024

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Tarrant County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Pending
Housing Assistance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is JOHNNIE WELBORNE, and my date of birth is 09/28/1957.

My address is 1664 VISTA Way, WAXAHACHIE, TX, 75165, US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Johnnie Welborne
Signature of authorized agent of contracting business entity
(Declarant)

1.	Subrecipient Name	AIDS Outreach Center
2.	Subrecipient Unique Entity ID Number	X9J8YEUNFJJ4 - \$131,974
3.	Federal Award Identification Number (FAIN)	TX0113L6T012316
4.	Federal Award Date	2/26/2024
5.	Subaward Period of Performance Start and End Date	5/1/2024-4/30/2025
6.	Amount of Federal Funds Obligated by This Action	TBD
7.	Total Amount of Federal Funds Obligated to the Subrecipient	\$1,447,646.00
8.	Federal Award Project Description, as required by FFATA	TBLA 114 CoC Program
9.	Name of Federal Awarding Agency	U.S. Department of Housing and Urban Development
10.	Pass-Through Entity	Tarrant County
11.	Contact Information for Awarding Official	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001
12.	CFDA Number and Name	2023 Continuum of Care Program, 14.267
13.	Identification if the Award is R&D	N/A
14.	Indirect Cost Rate	N/A