

Amendment No. 2 to Attachment No. A1-2023004
 RYAN WHITE PART A, Tarrant County Preventive Medicine Clinic, HRSA No. 5 H89HA00047-28-00
 March 1, 2023 through February 29, 2024

1. Scope of Work

Tarrant County Preventive Medicine Clinic accepts this Amendment and will revise the Work Plan to fulfill the Amendment’s goals. Total funding, including this Amendment, is \$556,518.00. The following service categories change:

Decrease <\$32,630.00> Part A Medical Case Management for a total of \$104,800.00

PART A FY 23-24 (03/01/23-02/29/24) Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 16,050.00	80	642	\$ 16,050.00	80	642
Emergency Financial Assistance	\$ 22,018.00	19	37	\$ 22,018.00	19	37
Medical Case Management	\$ 137,430.00	86	687	\$ 104,800.00	110	1,962
Mental Health Services	\$ 4,500.00	5	23	\$ 4,500.00	5	23
Outpatient/Ambulatory Health Services	\$ 409,150.00	833	8,679	\$ 409,150.00	833	8,679

2. Special Provisions

PART A FY 23-24 (03/01/23-02/29/24)		
Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 215,812.90	\$ 197,361.45
Fringe	\$ 93,280.16	\$ 82,967.84
Travel	\$ 316.80	\$ 316.80
Equipment	\$ -	\$ -
Supplies	\$ 46,121.27	\$ 45,468.00
Contractual	\$ 229,389.28	\$ 226,147.07
Other	\$ 4,227.59	\$ 4,256.84
Subtotal Part A FY 23-24 Budget	\$ 589,148.00	\$ 556,518.00

Total reimbursement will not exceed \$556,518.00, of which ten percent (10%) may be used for administrative costs.

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SIGNED AND EXECUTED this _____ day of _____, 2024.

TARRANT COUNTY PREVENTIVE MEDICINE CLINIC
1101 S. Main Street, Suite 1500B
Fort Worth, TX 76104
Attn: Vinny Taneja

COUNTY OF TARRANT
STATE OF TEXAS

Tim O'Hare
County Judge

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.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

Auditor Date: _____

Federal Award Identification Checklist
(Grants Awarded After 12/26/2014)

	Part A	Part B / State-R	State Services
1. Subrecipient Name	Preventive Medicine Clinic Tarrant County (PMC)	Preventive Medicine Clinic Tarrant County (PMC)	Preventive Medicine Clinic Tarrant County (PMC)
2. Subrecipient DUNS Number	068365220	068365220	068365220
3. Federal Award Identification Number (FAIN)	5 H89HA00047-28-00	Contract # HHS001122200005	Contract #HHS001317000005 (State Funds)
4. Federal Award Date	Original Award: January 2023	Original Award: January 2023 (Subject to #2 CFR 200)	March 2022
5. Subaward Period of Performance Start and End Date	March 1, 2023 - February 29, 2024	April 1, 2023 - March 31, 2024	September 1, 2023 - August 31, 2024
6. Amount of Federal Funds Obligated by This Action	(\$32,630)	\$0	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$556,518	\$51,927	\$118,000
8. Total Amount of the Federal Award	\$5,181,236	\$1,320,878	\$1,078,733
9. Federal Award Project Description, as required by FFATA	HIV Emergency Relief Project Grants	Pass-through Grant from HRSA through DSHS for HIV & AIDS Services	N/A (State Funds)
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Pass-through from HRSA to Texas Department of State Health Services (DSHS)	N/A (State Funds)
11. Pass-Through Entity	Tarrant County	Tarrant County	Tarrant County
12. Contact Information for Awarding Official	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001
13. CFDA Number and Name	93.914 HIV Emergency Relief Project Grants	93.917 HIV Care Formula Grants	HIV/SRVS HIV/STD Prevention and Care Branch State Services
14. Identification if the Award is R&D	N/A	N/A	N/A
15. Indirect Cost Rate	N/A	N/A	N/A