

Amendment No. 2 to Attachment No. A1-2020001
 RYAN WHITE PART C, AIDS Healthcare Foundation, HRSA No. 5 H76HA00123-29-00
 January 1, 2020 through December 31, 2020

1. Scope of Work

AIDS Healthcare Foundation accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$112,232.00. The following service category changes:

Decrease <\$21,268.00> Outpatient/Ambulatory Health Services for a total of \$103,732.00

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 5,000.00	37	99	\$ 5,000.00	37	99
Emergency Financial Assistance	\$ 3,500.00	3	9	\$ 3,500.00	3	9
Outpatient/Ambulatory Health Services	\$ 125,000.00	127	446	\$ 103,732.00	105	370

2. Special Provisions

PART C FY20 (01/01/20-12/31/20)

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 72,880.42	\$ 54,220.43
Fringe	\$ 14,814.22	\$ 11,020.64
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 3,317.19	\$ 3,317.19
Contractual	\$ 41,758.17	\$ 42,943.74
Other	\$ 730.00	\$ 730.00
Subtotal Part C FY 20 Budget	\$ 133,500.00	\$ 112,232.00

3. Client Management Information System

The designated client management information system for the Ryan White and State Services Program must be utilized to document and enter all services and required data elements. Subrecipients may be required to cost-share in client management information system licensure fees of \$1,500.00 for new users and annual maintenance fees of \$730.00 per licensee. Subrecipients may utilize program income, grant funds, or other funding sources to cost-share licensure related fees.

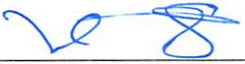
4. Program Income

Section 10 paragraph d is amended to read as follows: "Program income may be utilized to expand services within the allowable scope of the Ryan White grant." The language "or to offset current program expenses" is hereby stricken from paragraph d.

Section 10 is amended to add paragraph g, which reads as follows: "g. Subrecipient must use the 'additive' method for expending program income. Under the 'additive' method, program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award."

SIGNED AND EXECUTED this _____ day of _____, 2020.

AIDS Healthcare Foundation
6255 West Sunset Blvd., 21st Floor
Los Angeles, CA 90028
Attn: Michael Weinstein

By: 
Title: President
Date: 11/13/2020

**COUNTY OF TARRANT
STATE OF TEXAS**

B. Glen Whitley
County Judge

APPROVED AS TO FORM:



Criminal District Attorney's Office*

CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

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.

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

	Part A	Part B	Part C	COVID-19 C	Part D	State Services
1. Subrecipient Name	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)
2. Subrecipient DUNS Number	607963980	607963980	607963980	607963980	607963980	607963980
3. Federal Award Identification Number (FAIN)	2 H89HA00047-25-00	Contract # 537-17-0161-00001	5 H76HA00123-29-00	1 H7CHA37162-01-00	4 H12HA24819-08-02	Contract # 537-18-0013-00001 (State Funds)
4. Federal Award Date	Original Award: January 2020 (Subject to #2 CFR 200)	March 2020 (Subject to #2 CFR 200)	Original Award: November 2019 (Subject to #2 CFR 200)	Original Award: April 2020 (Subject to #2 CFR 200)	July 2019 (Subject to #2 CFR 200)	May 2020
5. Subaward Period of Performance Start and End Date	March 1, 2020 - February 28, 2021	April 1, 2020 - March 31, 2021	January 1, 2020 - December 31, 2020	April 1, 2020 - March 31, 2021	August 1, 2020 - July 31, 2021	September 1, 2020 - August 31, 2021
6. Amount of Federal Funds Obligated by This Action	\$156,029	\$85,081	(\$21,268)	\$28,500	\$66,848	N/A (State Funds)
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$406,813	\$261,884	\$112,232	\$28,500	\$66,848	N/A (State Funds)
8. Total Amount of the Federal Award	\$4,733,023	\$1,801,583	\$805,205	\$137,744	\$512,635	N/A (State Funds)
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	Ryan White Part C Outpatient EIS Program	Ryan White HIV/AIDS Program Part C EIS COVID-19 Response	Ryan White Part D Women, Infants, Children, Youth and Affected Family Members	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)	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)	N/A (State Funds)
11. Pass-Through Entity	Tarrant County	Tarrant County	Tarrant County	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	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	93.918 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918 HIV Emergency Relief Project Grants	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members	HIV/SRVS HIV/STD Prevention and Care Branch State Services
14. Identification if the Award is R&D	N/A	N/A	N/A	N/A	N/A	N/A
15. Indirect Cost Rate	N/A	N/A	N/A	N/A	N/A	N/A

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

Certificate Number:
2020-578510

Date Filed:
01/17/2020

Date Acknowledged:

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

AIDS Healthcare Foundation
Los Angeles, CA United States

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

Tarrant County Administrative Agency

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.

H76HA00123-29-00
HIV-related health services

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 Lyle Honig, and my date of birth is December 19, 1969

My address is 6255 W. Sunset Blvd, Floor 21, Los Angeles, CA, 90028, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Los Angeles County, State of CA, on the 17 day of JANUARY, 20 20.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

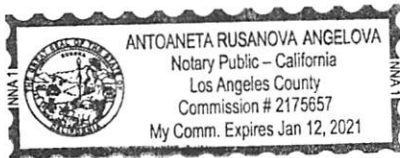
State of California

County of Los Angeles

On January 17th, 2020 before me, Antoaneta Rusanova Angelova, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Lyle Honig
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____