

Amendment No. 3 to Attachment No. A1-2020003  
 RYAN WHITE PART C, Tarrant County Hospital District, HRSA No. 5 H76HA00123-29-00  
 January 1, 2020 through December 31, 2020

**1. Scope of Work**

Tarrant County Hospital District accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$222,148.00. The following service categories change:

Increase	\$7,158.00	Medical Transportation for a total of \$19,158.00
Increase	\$2,100.00	Mental Health Services for a total of \$10,100.00
Increase	\$8,000.00	Substance Abuse Outpatient Care for a total of \$35,860.00

Service Categories	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 30.00	1	1	\$ 30.00	1	1
Emergency Financial Assistance	\$ 15,000.00	8	16	\$ 15,000.00	8	16
Medical Transportation	\$ 12,000.00	52	172	\$ 19,158.00	83	274
Mental Health Services	\$ 8,000.00	8	24	\$ 10,100.00	11	33
Non-medical Case Management Services	\$ 26,000.00	72	392	\$ 26,000.00	72	392
Outpatient/Ambulatory Health Services	\$ 116,000.00	71	543	\$ 116,000.00	71	543
Substance Abuse Outpatient Care	\$ 27,860.00	34	137	\$ 35,860.00	43	175

**2. Special Provisions**

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

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 49,401.84	\$ 57,467.82
Fringe	\$ 12,458.16	\$ 14,492.18
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 15,030.00	\$ 15,030.00
Contractual	\$ 128,000.00	\$ 135,158.00
Other	\$ -	\$ -
Subtotal Part C FY 20 Budget	\$ 204,890.00	\$ 222,148.00

**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.

Tarrant County Hospital District  
1500 S. Main St.  
Fort Worth, TX 76104  
Attn: Robert Earley

By:   
Title: President and CEO  
Date: November 17, 2020

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
B. Glen Whitley  
County Judge

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$ \_\_\_\_\_



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.

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

	Part A	Part B	Part C	Part D	State Services
1. Subrecipient Name	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)
2. Subrecipient DUNS Number	068368901	068368901	068368901	068368901	068368901
3. Federal Award Identification Number (FAIN)	2 H89HA00047-25-00	Contract # 537-17-0161-00001	5 H76HA00123-29-00	4 H12HA24819-08-02	Contract # 537-18-0013-00001 (State Funds)
4. Federal Award Date	Original Award: January 2020 (Subject to #2 CFR 200)	August 2019 (Subject to #2 CFR 200)	Original Award: November 2019 (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	August 1, 2020 - July 31, 2021	September 1, 2020 - August 31, 2021
6. Amount of Federal Funds Obligated by This Action	\$6,974	\$59,903	\$17,258	\$163,284	N/A (State Funds)
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$1,121,409	\$469,322	\$222,148	\$163,284	N/A (State Funds)
8. Total Amount of the Federal Award	\$4,733,023	\$1,801,583	\$805,205	\$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 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)	N/A (State Funds)
11. Pass-Through Entity	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
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	93.153 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
15. Indirect Cost Rate	N/A	N/A	N/A	N/A	N/A