

Amendment No. 5 to Attachment No. A1-2021002
 RYAN WHITE PART A, AIDS Healthcare Foundation, HRSA No. 2 H89HA00047-26-00
 March 1, 2021 through February 28, 2022

1. SCOPE OF WORK

AIDS Healthcare Foundation accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. This amendment is adjusting funding to Part A service categories and adding the Ending the HIV Epidemic cooperative agreement and funding. Total funding, including this Amendment, is \$677,534.00. The following service categories change:

Increase	\$28,000.00	Part A	Outpatient Ambulatory Health Services for a total of \$347,475.00
Increase	\$50,000.00	EHE	Emergency Financial Assistance for a total of \$50,000.00

Part A FY 21-22 (03/01/21-02/28/22)

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 28,662.00	213	567	\$ 28,662.00	213	567
Early Intervention Services	\$ 68,373.00	332	332	\$ 68,373.00	332	332
Emergency Financial Assistance	\$ 23,000.00	17	17	\$ 23,000.00	17	17
Outpatient/Ambulatory Health Services	\$ 319,475.00	614	10,800	\$ 347,475.00	937	17,000

Part A MAI FY 21-22 (03/01/21-02/28/22)

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
MAI Early Intervention Services (Black)	\$ 102,619.00	1,152	1,152	\$ 102,619.00	1,152	1,152
MAI Early Intervention Services (Hispanic)	\$ 48,327.00	540	540	\$ 48,327.00	540	540
MAI Linguistic	\$ 9,078.00	108	108	\$ 9,078.00	108	108

Ending the HIV Epidemic FY 21-22 (03/01/21-02/28/22)

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Emergency Financial Assistance	\$ -	-	-	\$ 50,000.00	20	25

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2. SPECIAL PROVISIONS

PART A FY 21-22 (03/01/21-02/28/22)

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 146,724.59	\$ 146,724.59
Fringe	\$ 37,441.29	\$ 37,441.29
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 39,158.27	\$ 39,158.27
Contractual	\$ 197,405.85	\$ 225,405.85
Other	<u>\$ 18,780.00</u>	<u>\$ 18,780.00</u>
Subtotal Part A FY 21-22 Budget	\$ 439,510.00	\$ 467,510.00

PART A MAI FY 21-22 (03/01/21-02/28/22)

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 88,941.75	\$ 90,686.44
Fringe	\$ 22,253.24	\$ 22,689.74
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 23,085.80	\$ 18,729.62
Contractual	\$ 2,100.00	\$ 2,100.00
Other	<u>\$ 23,643.21</u>	<u>\$ 25,818.20</u>
Subtotal Part A MAI FY 21-22 Budget	\$ 160,024.00	\$ 160,024.00

Ending the HIV Epidemic FY 21-22 (03/01/21-02/28/22)

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ -	\$ -
Fringe	\$ -	\$ -
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ -	\$ 50,000.00
Other	<u>\$ -</u>	<u>\$ -</u>
Subtotal EHE FY 21-22 Budget	\$ -	\$ 50,000.00
Total Part A, Part A MAI, & EHE FY 21-22 Budget	<u>\$ 599,534.00</u>	<u>\$ 677,534.00</u>

3. ENDING THE HIV EPIDEMIC

a. Subrecipient will conduct activities focused on addressing the following four (4) goals in compliance with the National Goals to End the HIV Epidemic and demonstrate measurable progress towards the goals.

- (i) Reduce new HIV infections;
- (ii) Increase access to care and optimize health outcomes for people living with HIV (PLWH);
- (iii) Reduce HIV-related health disparities and health inequities; and
- (iv) Achieve a more coordinated national response to the HIV epidemic.

The HIV Care Continuum, at a minimum, should be used as a basis for planning and assessing outcomes.

b. In collaboration with County, the subrecipients responsibilities will include:

- (i) Completing proposed initiative work plan activities
- (ii) Collaborating with Tarrant County on review of activities, procedures, and budget items, including timely communication with HIV AA; Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- (iii) Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- (iv) Coordinating the initiative activities with existing RWHAP programs;
- (v) Collaborating with the technical assistance providers on implementation, coordination, and integration of initiative activities
- (vi) Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement; modifying activities as necessary to ensure relevant outcomes for the project; and
- (vii) Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA and Tarrant County guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA and Tarrant County grant awards.

c. Ending the HIV Epidemic requirement of eligibility:

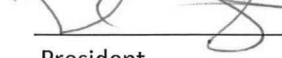
As outlined in Notice of Funding Opportunity HRSA-20-078, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. All newly diagnosed clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.

- d. Preference for usage of EHE – EFA Medication funds will be given to clients that are Newly Diagnosed, Returning to Care, and non-virally suppressed.

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SIGNED AND EXECUTED this _____ day of _____, 2022.

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

By: 
Title: President
Date: 2/1/2022

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 / State-R	Part D	EHE	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)
2. Subrecipient DUNS Number	607963980	607963980	607963980	607963980	607963980
3. Federal Award Identification Number (FAIN)	2 H89HA00047-26-00	Contract # 537-17-0161-00001	5 H12HA24819-09-00	2 H76HA00123-31-00	Contract # 537-18-0013-00001 (State Funds)
4. Federal Award Date	Original Award: January 2021 (Subject to #2 CFR 200)	February 2021 (Subject to #2 CFR 200)	August 2021 (Subject to #2 CFR 200)	Original Award: January 2021 (Subject to #2 CFR 200)	May 2021
5. Subaward Period of Performance Start and End Date	March 1, 2021- February 28, 2022	April 1, 2021 - March 31, 2022	August 1, 2021 - July 31, 2022	March 1, 2021- February 28, 2022	September 1, 2021 - August 31, 2022
6. Amount of Federal Funds Obligated by This Action	\$28,000	\$0	\$0	\$50,000	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$627,534	\$172,679	\$71,500	\$50,000	\$0
8. Total Amount of the Federal Award	\$4,840,007	\$1,801,583	\$512,635	\$1,137,824	\$461,125
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 D Women, Infants, Children, Youth and Affected Family Members	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	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 & Services 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	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members	93.686 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	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

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:
2021-704830

Date Filed:
01/11/2021

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
	Heglar, Robert	Los Angeles, CA United States		X
	Zweig, Adam	Los Angeles, CA United States		X
	Weinstein, Michael	Los Angeles, CA United States	X	X

5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is Lyle Honig Mojica, and my date of birth is 19 December 1969.

My address is 6255 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 12 day of JANUARY, 2021.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)