

Amendment No. 1 to Attachment No. A1-2021018  
 RYAN WHITE PART D, AIDS Healthcare Foundation, HRSA No. 5 H12HA24819-09-00  
 August 1, 2021 through July 31, 2022

**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 \$86,500.00. The following service categories change:

Increase      \$15,000.00      Outpatient Ambulatory Health Services for a total funding of \$86,500.00

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Outpatient/Ambulatory Health Services	\$ 71,500.00	143	260	\$ 86,500.00	143	1,300

**2. Special Provisions**

**Part D FY 21-22 (08/01/2021-07/31/2022)**

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 39,235.32	\$ 39,235.32
Fringe	\$ 9,817.60	\$ 9,817.60
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ 18,587.08	\$ 33,587.08
Other	<u>\$ 3,860.00</u>	<u>\$ 3,860.00</u>
Subtotal Part D FY 21-22 Budget	\$ 71,500.00	\$ 86,500.00

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**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	\$0	\$0	\$15,000	\$0	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$627,534	\$172,679	\$86,500	\$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)