

Department of Health and Human Services Health Resources and Services Administration

Notice of Award FAIN# H1224819 Federal Award Date: 03/12/2022

| Recipient Information | Federal Award Information | | |
|---|---|--|--|
| 1. Recipient Name TARRANT COUNTY HEALTH DEPARTMENT 1101 S Main St Fort Worth, TX 76104-4802 | 11. Award Number 6 H12HA24819-09-01 12. Unique Federal Award Identification Number (FAIN) H1224819 13. Statutory Authority Public Health Service Act, Section 2671 Public Health Service Act, Section 2671, 42 USC 300ff-71 Sections 2671 and 2693 et seq of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Ext. Sections 2671 and 2693 of Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71 et seq.), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 P.L. 111-87 Section 2671 of Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) Sections 2671 and 2693 of Title XXVI of the Public Health Service Act (42 U.S.C. § 300ff-71 and 42 U.S.C. § 300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87) Section 2671 of title XXVI of the Public Health Service Act (HYS), (42 USC § 300ff-71 and Section 2693 of the PHS Act, (42 U.S.C. § 300ff-121) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). 42 U.S.C. § 300ff-71; 300ff-121 42 U.S.C. § 300ff-71; 300ff-121 42 U.S.C. § 300ff-71; and 300ff-121 (§§ 2671 and 2693 of the Public Health Service Act) 14. Federal Award Project Title Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS Healthcare 15. Assistance Listing Number 93.153 16. Assistance Listing Program Title Coordinated Services and Access to Research for Women, Infants, Children, and Youth 17. Award Action Type | | |
| Fort Worth, TX 76104-4802 2. Congressional District of Recipient 33 3. Payment System Identifier (ID) 1756001170A1 4. Employer Identification Number (EIN) 756001170 5. Data Universal Numbering System (DUNS) 068365220 6. Recipient's Unique Entity Identifier DBH1UNN8U5J3 7. Project Director or Principal Investigator Lisa Muttiah Project Director LMuttiah@tarrantcounty.com (817)370-4527 8. Authorized Official B. G Whitley County Judge gwhitley@tarrantcounty.com (817)884-1441 Federal Agency Information Adejumoke Oladele Grants Management Specialist Office of Federal Assistance Management (OFAM) | | | |
| Division of Grants Management Office (DGMO) aoladele@hrsa.gov (301) 443-2441 | 18. Is the Award R&D? Yes | | |
| 10. Program Official Contact Information Natasha Colthirst HIV/AIDS Bureau (HAB) ncolthirst@hrsa.gov (301) 443-4656 | Summary Federal Award Financial Infor 19. Budget Period Start Date 08/01/2021 - End Date 07/31/2022 20. Total Amount of Federal Funds Obligated by this Action 20a. Direct Cost Amount | mation \$0.00 | |
| | 20b. Indirect Cost Amount 21. Authorized Carryover 22. Offset 23. Total Amount of Federal Funds Obligated this budget period 24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period 26. Project Period Start Date 08/01/2017 - End Date 07/31/2022 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$110,125.00 \$0.00 \$512,635.00 \$0.00 \$622,760.00 \$2,728,144.00 | |
| | 28. Authorized Treatment of Program Income Addition 29. Grants Management Officer – Signature William Davis on 03/12/2022 | | |

30. Remarks

Prior Approval Request Tracking Number PA-00103422. Prior Approval Request Type: Carryover

Page 1 A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.



HIV/AIDS Bureau (HAB)

Notice of Award Award Number: 6 H12HA24819-09-01 Federal Award Date: 03/12/2022

| 31. / | 31. APPROVED BUDGET: (Excludes Direct Assistance) | | | | |
|---|--|--------------|--|--|--|
| [2 | [X] Grant Funds Only | | | | |
| [| [] Total project costs including grant funds and all other financial participation | | | | |
| a. | Salaries and Wages: | \$59,891.00 | | | |
| b. | Fringe Benefits: | \$26,674.00 | | | |
| C. | Total Personnel Costs: | \$86,565.00 | | | |
| d. | Consultant Costs: | \$0.00 | | | |
| e. | Equipment: | \$0.00 | | | |
| f. | Supplies: | \$632.00 | | | |
| g. | Travel: | \$5,430.00 | | | |
| h. | Construction/Alteration and Renovation: | \$0.00 | | | |
| i. | Other: | \$2,582.00 | | | |
| j. | Consortium/Contractual Costs: | \$527,551.00 | | | |
| k. | Trainee Related Expenses: | \$0.00 | | | |
| I. | Trainee Stipends: | \$0.00 | | | |
| m. | Trainee Tuition and Fees: | \$0.00 | | | |
| n. | Trainee Travel: | \$0.00 | | | |
| 0. | TOTAL DIRECT COSTS: | \$622,760.00 | | | |
| p. | INDIRECT COSTS (Rate: % of S&W/TADC): | \$0.00 | | | |
| q. | TOTAL APPROVED BUDGET: | \$622,760.00 | | | |
| | i. Less Non-Federal Share: | \$0.00 | | | |
| | ii. Federal Share: | \$622,760.00 | | | |
| 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: | | | | | |
| a. | Authorized Financial Assistance This Period | \$622,760.00 | | | |
| b. | Less Unobligated Balance from Prior Budget Periods | | | | |
| | i. Additional Authority | \$110,125.00 | | | |
| | ii. Offset | \$0.00 | | | |
| с. | Unawarded Balance of Current Year's Funds | \$0.00 | | | |
| d. | Less Cumulative Prior Award(s) This Budget Period | \$512,635.00 | | | |
| e. | AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$0.00 | | | |

| YEAR TOTAL COSTS | | | | | |
|---|----------------|-------|--------|--|--|
| Not applicable | | | | | |
| 34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) | | | | | |
| a. Amount of Direct Assistance \$0.00 | | | | | |
| b. Less Unawarded Balance of Current Year's Funds \$0. | | | \$0.00 | | |
| c. Less Cumulative Prior Award(s) This Budget Period \$0. | | | \$0.00 | | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.0 | | | \$0.00 | | |
| 35. | FORMER GRANT N | UMBER | | | |
| 36. OBJECT CLASS | | | | | |
| 41.51 | | | | | |
| 37. BHCMIS# | | | | | |

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

| 39. ACCOUNTING CLASSIFICATION CODES | | | | | | | |
|-------------------------------------|-----|--------|--------------------|-----------------|-----------------|------------------|------------------|
| FY-CAN | | CFDA | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
| 21 - 3770 | 392 | 93.153 | 17H12HA24819 | \$0.00 | \$0.00 | N/A | 17-PD-CSARWICY |

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$110,125 from budget period 8/1/2019 - 7/31/2021 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the

carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

| Name | Role | Email | | |
|--|------------------------------------|----------------------------|--|--|
| Susan R Thomas | Business Official | srthomas@tarrantcounty.com | | |
| B. G Whitley | Authorizing Official | gwhitley@tarrantcounty.com | | |
| Lisa Muttiah | Program Director, Point of Contact | Imuttiah@tarrantcounty.com | | |
| Note: NoA emailed to these address(es) | | | | |

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

SIGNED AND EXECUTED this _____ day of _____, 2022.

COUNTY OF TARRANT STATE OF TEXAS

B. Glen Whitley **County Judge**

APPROVED AS TO FORM:

CERTIFICATION OF AVAILABLE FUNDS: \$_____

James Marvin Nichols Griminal 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.