

Amendment No. 2 to Attachment No. A1-2021019
 RYAN WHITE PART D, AIDS Outreach Center, HRSA No. 5 H12HA24819-09-00
 August 1, 2021 through July 31, 2022

1. Scope of Work

AIDS Outreach Center accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$56,000.00. The following service categories change:

Decrease <\$6,123.00> Health Education Risk Reduction for a total funding of \$18,877.00
 Increase 10,623.00 Medical Case Management for a total funding of \$37,123.00

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Health Education Risk Reduction	\$ 25,000.00	15	350	\$ 18,877.00	15	500
Medical Case Management	\$ 26,500.00	45	500	\$ 37,123.00	50	500

2. Special Provisions


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

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 7,200.32	\$ 29,631.08
Fringe	\$ 12,389.07	\$ 3,307.82
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ 25,000.00	\$ 18,877.00
Other	\$ <u>6,910.61</u>	\$ <u>4,184.10</u>
Subtotal Part D FY 21-22 Budget	\$ 51,500.00	\$ 56,000.00

Remainder of page intentionally left blank

SIGNED AND EXECUTED this _____ day of _____, 2022.

AIDS OUTREACH CENTER
400 N. Beach Street, Suite 100
Fort Worth, TX 76111
Attn: Executive Director

By: 

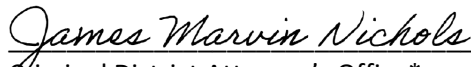
Kelly Allen Gray (Jun 10, 2022 09:28 CDT)
Title: Executive Director
Date: Jun 10, 2022

**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.






AOC Part D FY 21-22 Amendment No. 2

Final Audit Report

2022-06-10

Created:	2022-06-10
By:	Terri Walker-Burston (terriwb@aoc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAQM9UansInc5jXIHxis75N9ijVbA0ZwY6

"AOC Part D FY 21-22 Amendment No. 2" History

-  Document created by Terri Walker-Burston (terriwb@aoc.org)
2022-06-10 - 1:46:49 PM GMT
-  Document emailed to Kelly Allen Gray (kellyag@aoc.org) for signature
2022-06-10 - 1:49:10 PM GMT
-  Email viewed by Kelly Allen Gray (kellyag@aoc.org)
2022-06-10 - 2:27:18 PM GMT
-  Document e-signed by Kelly Allen Gray (kellyag@aoc.org)
Signature Date: 2022-06-10 - 2:28:19 PM GMT - Time Source: server
-  Agreement completed.
2022-06-10 - 2:28:19 PM GMT

Federal Award Identification Checklist

(Grants Awarded After 12/26/2014)

	Part A	Part B / State-R	Part D	State Services	HOPWA
1. Subrecipient Name	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)
2. Subrecipient DUNS Number	781414842	781414842	781414842	781414842	781414842
3. Federal Award Identification Number (FAIN)	2 H89HA00047-27-00	Contract # HHS001122200005	5 H12HA24819-09-00	Contract # 537-18-0013-00001 (State Funds)	Contract # 537-16-0511-00001
4. Federal Award Date	Original Award: January 2022 (Subject to #2 CFR 200)	February 2022 (Subject to #2 CFR 200)	August 2021 (Subject to #2 CFR 200)	May 2021	September 2021
5. Subaward Period of Performance Start and End Date	March 1, 2022 - February 28, 2023	April 1, 2022 - March 31, 2023	August 1, 2021 - July 31, 2022	September 1, 2021 - August 31, 2022	September 1, 2021 - August 31, 2022
6. Amount of Federal Funds Obligated by This Action	\$0	\$0	\$4,500	\$0	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$411,499	\$822,392	\$56,000	\$222,813	\$147,478
8. Total Amount of the Federal Award	\$1,616,841	\$1,718,966	\$512,635	\$461,125	\$294,296
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	N/A (State Funds)	Provide short term emergency (STMRU), long term (TBRA), short term Supportive Housing (STSH) and Permanent Housing Placemenet (PHP) for housing assistance to clients that are HIV positive
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)	N/A (State Funds)	Pass-Through from Housing and Urban Development (HUD) to Texas Department of State Health Services (DSHS)
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	HIV/SRVS HIV/STD Prevention and Care Branch State Services	14.241 Housing Opportunities for Persons with AIDS
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

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

Aids Outreach Center
Fort Worth, TX United States

Certificate Number:
2022-859384

Date Filed:
03/09/2022

Date Acknowledged:

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.

#2-H89HA00047-27-00

Subrecipient will provide services in accordance with Ryan White HIV Program 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 Johnnie Welborne, and my date of birth is 9/28/57.

My address is 1664 Vista Way, Waxahachie, TX, 75164, US.
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 9th day of March, 2022.
(month) (year)

Johnnie Welborne

Signature of authorized agent of contracting business entity
(Declarant)