



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H1224819
Federal Award Date: 09/23/2022

Recipient Information

1. **Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
1101 S Main St
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**

Federal Agency Information

9. **Awarding Agency Contact Information**
Benoit Mirindi
Sr. Public Health Analyst
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
bmirindi@hrsa.gov
(301) 443-6606
10. **Program Official Contact Information**
Natasha Colthirst
HIV/AIDS Bureau (HAB)
ncolthirst@hrsa.gov
(301) 443-4656

Federal Award Information

11. **Award Number**
6 H12HA24819-10-01
12. **Unique Federal Award Identification Number (FAIN)**
H1224819
13. **Statutory Authority**
42 U.S.C. § 300ff-71; 300ff-121
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**
Administrative
18. **Is the Award R&D?**
Yes

Summary Federal Award Financial Information

19. **Budget Period Start Date 08/01/2022 - End Date 07/31/2023**
20. **Total Amount of Federal Funds Obligated by this Action** \$150,000.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. **Authorized Carryover** \$0.00
22. **Offset** \$0.00
23. **Total Amount of Federal Funds Obligated this budget period** \$716,009.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$0.00
25. **Total Federal and Non-Federal Approved this Budget Period** \$716,009.00
26. **Project Period Start Date 08/01/2022 - End Date 07/31/2026**
27. **Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$716,009.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Brad Barney on 09/23/2022

30. Remarks



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HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation	33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)
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YEAR	TOTAL COSTS
11	\$566,009.00
12	\$566,009.00
13	\$566,009.00

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	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER
36. OBJECT CLASS 41.51
37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$716,009.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$566,009.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$150,000.00

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 statute 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
22 - 3770892	93.153	22H12HA24819	\$150,000.00	\$0.00	N/A	22H12HA24819

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/WebEPSEExternal/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 supplemental award is limited to currently funded RWHAP Part D WICY recipients (HRSA-22-037). The purpose of this supplemental award is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality family-centered HIV primary health care services for low income and underserved WICY. The period of performance is August 1, 2022, through July 31, 2023 (one year).

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Project End Date**

A final report is due within 90 days after the project period ends. The final report collects information relevant to program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences during the entire project period.

2. **Due Date: 02/17/2023**

Submit an interim progress report in a format prescribed in the attachment to this award by February 17, 2023.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Lisa Muttiah	Program Director	lmuttiah@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
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.