

Amendment No. 2 to Attachment No. A1-2022001
 RYAN WHITE PART C, CAN Community Health Inc., HRSA No. 2 H76HA00123-31-00
 January 1, 2022 through December 31, 2022

1. Scope of Work

CAN Community Health Inc. accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$763,622.00. The following service categories change:

Decrease	Part C	\$ (4,428.00)	AIDS Pharmaceutical Assistance for a total of \$10,428.00
Decrease	Part C	\$ (985.79)	Emergency Financial Assistance for a total of \$15,642.00
Decrease	Part C	\$ (6,257.00)	Health Insurance Premium for a total of \$6,257.00
Increase	Part C	\$ 3,495.00	Medical Case Management for a total of \$92,371.00
Increase	Part C	\$ 4,268.79	Medical Transportation for a total of \$9,385.00
Decrease	Part C	\$ (7,000.00)	Mental Health Services for a total of \$15,000.00
Increase	Part C	\$ 2,762.00	Oral Health Care for a total of \$156,577.00
Increase	Part C	\$ 11,705.00	Outpatient/Ambulatory Health Services for a total of \$177,272.00
Decrease	Part C	\$ (2,750.00)	Psychosocial Support Services for a total of \$17,936.00

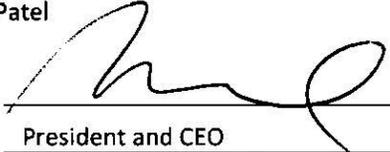
PART C FY2022 (01/01/22-12/31/22) Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 10,428.00	80	1,042	\$ 6,000.00	80	400
Early Intervention Services	\$ 221,510.00	70	888	\$ 221,510.00	90	888
Emergency Financial Assistance	\$ 15,642.00	15	15	\$ 14,656.21	5	7
Health Insurance Premium	\$ 6,257.00	25	25	\$ -	-	-
Medical Case Management	\$ 92,371.00	150	1,500	\$ 95,866.00	150	1,500
Medical Transportation	\$ 9,385.00	80	521	\$ 13,653.79	85	521
Mental Health Services	\$ 15,000.00	60	60	\$ 8,000.00	10	30
Non-medical Case Management Services	\$ 32,586.00	100	504	\$ 32,586.00	140	600
Oral Health Care	\$ 156,577.00	80	906	\$ 159,339.00	80	906
Outpatient/Ambulatory Health Services	\$ 177,272.00	100	1,317	\$ 188,977.00	100	1,317
Psychosocial Support Services	\$ 17,936.00	100	510	\$ 15,186.00	100	400
Referral for Health Care and Support Services	\$ 7,848.00	45	85	\$ 7,848.00	61	103

2. Special Provisions

PART C FY2022 (01/01/22-12/31/22)		
Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 392,939.67	\$ 463,877.30
Fringe	\$ 79,116.03	\$ 87,220.69
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 19,168.45	\$ 5,874.95
Contractual	\$ 162,455.00	\$ 140,415.00
Other	\$ 109,132.85	\$ 66,234.06
Total Part C FY 2022 Budget	\$ 762,812.00	\$ 763,622.00

SIGNED AND EXECUTED this _____ day of _____, 2022.

CAN COMMUNITY HEALTH INC.
4440 Fruitville Road
Sarasota, FL 34232
Attn: Rishi Patel

By: 
Title: President and CEO
Date: 10/20/2022

**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 C	EHE
1. Subrecipient Name	CAN Community Health Inc.	CAN Community Health Inc.
2. Subrecipient DUNS Number	966571366	966571366
3. Federal Award Identification Number (FAIN)	2 H76HA00123-31-00	6 UT8HA33961-03-01
4. Federal Award Date	Original Award: December 2021 (Subject to #2 CFR 200)	Original Award: January 2022 (Subject to #2 CFR 200)
5. Subaward Period of Performance Start and End Date	January 1, 2022 - December 31, 2022	March 1, 2022 - February 28, 2023
6. Amount of Federal Funds Obligated by This Action	\$810	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$763,622	\$84,072
8. Total Amount of the Federal Award	\$863,084	\$1,200,000
9. Federal Award Project Description, as required by FFATA	Ryan White Part C Outpatient EIS Program	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)
11. Pass-Through Entity	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
13. CFDA Number and Name	93.918 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.686 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
14. Identification if the Award is R&D	N/A	N/A
15. Indirect Cost Rate	N/A	N/A

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

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

CAN Community Health Inc.
 Sarasota, FL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

CAN Community Health, Inc.

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.

AI-2020027 - CAN provides medical, social, and education services essential to the health and well being of those living with HIV, Hepatitis C, STD's, and other diseases to enhance public awareness.

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.

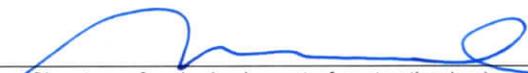
6 UNSWORN DECLARATION

My name is RISHI PATEL, and my date of birth is 6/1/1974.

My address is 1375 SAUTERN DRIVE, FORT MYERS FL, 33919 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Sarasota County, State of Florida, on the 20 day of January, 2022.
(month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY