

Amendment No. 3 to Attachment No. A1-2022003  
 RYAN WHITE PART A, AIDS Outreach Center, HRSA No. 2 H89HA00047-27-00  
 March 1, 2022 through February 28, 2023

**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 \$1,384,324.00. The following service categories change:

**PART A MAI CARRYOVER FY 22-23 (03/01/22-02/28/23)**

Increase \$ 24,302.00 Part A MAI - Carryover Early Intervention Services

**PART A FY 22-23 (03/01/22-02/28/23)**

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Early Intervention Services	\$ 178,569.00	200	3,500	\$ 178,569.00	200	3,500
Emergency Financial Assistance	\$ 15,600.00	30	100	\$ 15,600.00	30	100
Food Bank	\$ 134,266.00	534	5,000	\$ 134,266.00	534	5,000
Medical Case Management	\$ 98,343.00	266	2,130	\$ 98,343.00	266	2,130
Medical Nutrition Therapy	\$ 52,539.00	185	1,271	\$ 52,539.00	185	1,271
Mental Health Services	\$ 73,600.00	65	400	\$ 73,600.00	65	400
Non-medical Case Management Services	\$ 123,200.00	400	4,100	\$ 123,200.00	400	4,100
Oral Health Care	\$ 396,024.00	600	2,500	\$ 396,024.00	600	2,500
Psychosocial Support Services	\$ 20,022.00	40	1,300	\$ 20,022.00	40	1,300

**PART A MAI FY 22-23 (03/01/22-02/28/23)**

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
MAI Early Intervention Services	\$ 40,986.00	15	1,800	\$ 40,986.00	15	1,800
MAI Medical Case Management	\$ 68,697.00	15	900	\$ 68,697.00	15	900
MAI Referral for Health Services	\$ 52,208.00	15	1,800	\$ 52,208.00	15	1,800
MAI Housing Services	\$ 64,369.00	15	105	\$ 64,369.00	15	105
MAI Emergency Financial Assistance	\$ 40,599.00	15	30	\$ 40,599.00	15	30
MAI Linguistics	\$ 1,000.00	2	16	\$ 1,000.00	2	16

**Part A MAI Carryover FY 22-23 (03/01/22-02/28/23)**

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Early Intervention Services	\$ -	-	-	\$ 24,302.00	13	52

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**2. Special Provisions**

**PART A FY 22-23 (03/01/22-02/28/23)**

<b>Budget Line Item</b>	<b>Current Budget</b>	<b>Revised Budget</b>
Personnel	\$ 754,509.85	\$ 754,509.85
Fringe	\$ 72,361.49	\$ 72,361.49
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 76,307.08	\$ 76,307.08
Contractual	\$ 22,588.57	\$ 22,588.57
Other	<u>\$ 166,396.01</u>	<u>\$ 166,396.01</u>
Total Part A FY 22-23 Budget	\$ 1,092,163.00	\$ 1,092,163.00

**PART A MAI FY 22-23 (03/01/22-02/28/23)**

<b>Budget Line Item</b>	<b>Current Budget</b>	<b>Revised Budget</b>
Personnel	\$ 107,513.43	\$ 107,513.43
Fringe	\$ 20,264.35	\$ 20,264.35
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ -	\$ -
Other	<u>\$ 140,081.22</u>	<u>\$ 140,081.22</u>
Subtotal Part A MAI FY 22-23 Budget	\$ 267,859.00	\$ 267,859.00

**PART A MAI Carryover FY 22-23 (03/01/22-02/28/23)**

<b>Budget Line Item</b>	<b>Current Budget</b>	<b>Revised Budget</b>
Personnel	\$ -	\$ -
Fringe	\$ -	\$ -
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ -	\$ -
Other	<u>\$ -</u>	<u>\$ 24,302.00</u>
Subtotal Part A MAI Carryover FY 22-23 Budget	<u>\$ -</u>	<u>\$ 24,302.00</u>
Total Part A, MAI, and Carryover FY 22-23 Budget	<u>\$ 1,360,022.00</u>	<u>\$ 1,384,324.00</u>

Total reimbursements will not exceed \$1,384,324.00, of which \$138,432.40 may be used for administrative costs.

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SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

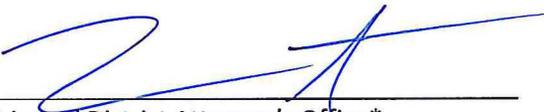
AIDS OUTREACH CENTER  
400 N. Beach Street, Suite 100  
Fort Worth, TX 76111  
Attn: Chief Executive Officer

By: Johnnie Welborne Digitally signed by Johnnie Welborne  
DN: cn=Johnnie Welborne, o=AIDS Outreach Center, ou,  
email=Johnnie@AOC.org, c=US  
Date: 2022.10.17 17:01:28 -05'00'  
Title: Associate Executive Director  
Date: 10/17/22

COUNTY OF TARRANT  
STATE OF TEXAS

\_\_\_\_\_  
B. Glen Whitley  
County Judge

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Criminal District Attorney's Office\*

CERTIFICATION OF  
AVAILABLE FUNDS: \$ \_\_\_\_\_

\_\_\_\_\_  
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 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	\$24,302	\$0	\$0	\$0	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$1,384,324	\$822,392	\$63,306	\$253,233	\$147,478
8. Total Amount of the Federal Award	\$5,181,236	\$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 (STMUR), 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/SRV5 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**

Certificate Number:  
2022-859384

Date Filed:  
03/09/2022

Date Acknowledged:

**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

**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)