

Amendment No. 3 to Attachment No. A1-2022002
 RYAN WHITE PART A, AIDS Healthcare Foundation, HRSA No. 2 H89HA00047-27-00
 March 1, 2022 through February 28, 2023

1. Scope of Work

AIDS Healthcare Foundation accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment, is \$574,644.00. The following service categories change:

Increase	\$7,103.00	Part A	AIDS Pharmaceutical Assistance (LPAP/CPAP) for a total of \$40,198.00
Decrease	<\$12,000.00>	Part A	Early Intervention Services for a total of \$57,443.00
Increase	\$30,000.00	Part A	Outpatient/Ambulatory Health Services for a total of \$363,903.00

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

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP/CPAP)	\$ 33,095.00	400	3,500	\$ 40,198.00	400	3,500
Early Intervention Services	\$ 69,443.00	600	600	\$ 57,443.00	600	600
Emergency Financial Assistance	\$ 10,240.00	5	5	\$ 10,240.00	15	20
Outpatient/Ambulatory Health Services	\$ 333,903.00	600	5,000	\$ 363,903.00	475	5,500

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	\$ 60,312.00	250	250	\$ 60,312.00	250	250
MAI Outpatient Ambulatory Health Services	\$ 42,548.00	15	120	\$ 42,548.00	15	120

2. Special Provisions

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

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 171,755.22	\$ 183,591.81
Fringe	\$ 42,921.71	\$ 48,730.41
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 32,464.46	\$ 37,254.88
Contractual	\$ -	\$ -
Other	\$ 199,539.61	\$ 202,206.90
Subtotal Part A FY 22-23 Budget	\$ 446,681.00	\$ 471,784.00

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

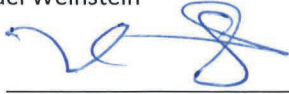
Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 73,096.33	\$ 73,096.33
Fringe	\$ 18,266.75	\$ 18,266.75
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ -	\$ -
Other	\$ 11,496.92	\$ 11,496.92
Subtotal Part A MAI FY 22-23 Budget	\$ 102,860.00	\$ 102,860.00
Total Part A and MAI FY 22-23 Budget	\$ 549,541.00	\$ 574,644.00

Total reimbursements will not exceed \$574,644.00, of which \$57,464.00 may be used for administrative costs.

SIGNED AND EXECUTED this _____ day of _____, 2022.

AIDS HEALTHCARE FOUNDATION
6255 West Sunset Blvd. 21st Floor
Los Angeles, CA 90028
Attn: Michael Weinstein

By:



Title:

Michael Weinstein, President

Date:

11/02/2022

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 A	Part B / State-R	Part D	State Services
1. Subrecipient Name	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)
2. Subrecipient DUNS Number	607963980	607963980	607963980	607963980
3. Federal Award Identification Number (FAIN)	2 H89HA00047-27-00	Contract # HHS001122200005	5 H12HA24819-09-00	Contract # 537-18-0013-00001 (State Funds)
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
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
6. Amount of Federal Funds Obligated by This Action	\$25,103	\$0	\$0	\$0
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$574,644	\$128,295	\$75,500	\$7,407
8. Total Amount of the Federal Award	\$5,181,236	\$1,718,966	\$512,635	\$461,125
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)
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)
11. Pass-Through Entity	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
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. Identification if the Award is R&D	N/A	N/A	N/A	N/A
15. Indirect Cost Rate	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:
2022-859902

Date Filed:
03/10/2022

Date Acknowledged:

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

AIDS Healthcare Foundation
Los Angeles, CA 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.

H76HA00123-29-00
HIV-Related Health Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Weinstein, Michael	Los Angeles, CA United States	X	
	Zweig, Adam	Los Angeles, CA United States		X
	Heglar, Robert	Los Angeles, CA United States		X

5 Check only if there is NO Interested Party.☐**6 UNSWORN DECLARATION**

My name is Merrill Spicker, and my date of birth is _____.

My address is 6255 W Sunset Blvd., 21st Floor, Los Angeles, CA, 90028, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Los Angeles County, State of CA, on the 10th day of March, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)