

Department of State Health Services (DSHS)

FORM A: Face Page This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal and shall be completed in its entirety. Signature of face page certifies to all DSHS and program assurances listed in this renewal document.

RESPONDENT INFORMATION																					
1) LEGAL BUSINESS NAME: Tarrant County																					
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 2300 Circle Drive, Ste 2306, Fort Worth, TX 76119-8138			Check if address change <input type="checkbox"/>																		
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Tarrant County, 100 East Weatherford Street, Fort Worth, TX 76196-0101			Check if address change <input type="checkbox"/>																		
4) DUNS Number (9-digit) required if receiving federal funds: 068365220																					
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):		75-6001170																			
<i>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																					
6) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>				<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
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<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																			
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																			
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																					
7) PROPOSED BUDGET PERIOD:		Start Date: 4/1/2023	End Date: 03/31/2024																		
8) COUNTIES SERVED BY PROJECT: Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise																					
9) AMOUNT OF FUNDING REQUESTED: 1,320,878.00		11) PROJECT CONTACT PERSON																			
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Name: Lisa Muttiah Phone: (817) 370-4527 Fax: (817) 531-6770 Email: lmuttiah@tarrantcountytexas.gov																			
**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.		12) FINANCIAL OFFICER																			
		Name: S. Renee Tidwell Phone: (817) 884-1205 Fax: (817) 884-1104 Email: rrtidwell@tarrantcounty.com																			
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX B: DSHS Assurances and Certifications . I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																					
13) AUTHORIZED REPRESENTATIVE		14) SIGNATURE OF AUTHORIZED REPRESENTATIVE																			
Name: B. Glen Whitley Title: County Judge Phone: (817) 884-1441 Fax: (817) 884-1104 Email: countyjudgegrants@tarrantcounty.com		15) DATE																			

FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: HIV-RW Tarrant County

*This form provides information about the appropriate program contacts in the applicant's organization. If any of the following information changes during the term of the contract, please notify the **Contract Manager and the HIV Care Services Group**.*

Executive Director: <u>G.K. Maenius</u> Title: <u>Tarrant County Administrator</u> Phone: <u>817-884-1773</u> <u>Ext.</u> Fax: <u>817-884-1702</u> E-mail: <u>gkmaenius@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>100 East Weatherford Street</u> <u>Fort Worth, TX 76196-0101</u>
Project Contact: <u>Lisa Mutiah</u> Title: <u>HIV Administrative Agency Manager</u> Phone: <u>817-370-4527</u> <u>Ext.</u> Fax: <u>817-531-6770</u> E-mail: <u>lmuttiah@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Ste 2306</u> <u>Fort Worth, TX 76119</u>
Financial Reporting Contact: <u>S. Renee Tidwell</u> Title: <u>County Auditor</u> Phone: <u>817-884-1205</u> <u>Ext.</u> Fax: <u>817-884-1104</u> E-mail: <u>rrtidwell@tarrantcounty.com</u>	Mailing Address (incl. street, city, county, state, & zip): <u>100 East Weatherford Street</u> <u>Fort Worth, TX 76196-0101</u>
Data Reporting Contact: <u>S. Renee Thomas</u> Title: <u>HIV Grants and Data Coordinator</u> Phone: <u>817-370-4528</u> <u>Ext.</u> Fax: <u>817-531-6770</u> E-mail: <u>srthomas@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Ste 2306</u> <u>Fort Worth, TX 76119</u>
Clinical Services Contact: <u>Kaitlin M. Lopez</u> Title: <u>Grant, Quality & Planning Coordinator</u> Phone: <u>817-370-4526</u> <u>Ext.</u> Fax: <u>817-531-6770</u> E-mail: <u>kmlopez@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Ste 2306</u> <u>Fort Worth, TX 76119</u>
Board Chairperson: Title: _____ Phone: _____ <u>Ext.</u> Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Emergency Contact: <u>Rebecca V. Seymore</u> Title: <u>Financial Coordinator</u> Phone: <u>817-370-4529</u> <u>Ext.</u> Fax: <u>817-531-6770</u> E-mail: <u>rvseymore@tarrantcountytx.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>2300 Circle Drive, Ste 2306</u> <u>Fort Worth, TX 76119</u>