



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.

1. Legal Business Name:	Tarrant County		
2. Mailing Address: <input type="checkbox"/> Check if address changed	100 East Weatherford Street, <i>(Street)</i>	Fort Worth, TX 76196, <i>(City)</i>	Tarrant <i>(County)</i>
3. Payee Name/Mailing Address: <input type="checkbox"/> Check if address changed	Tarrant County <i>(Name)</i>	100 East Weatherford Street, Fort Worth, TX 76196, <i>(Street)</i>	Tarrant <i>(County)</i>
4. UEI Number:	KJXSDVAAWL79 <i>(Nine Digits)</i>		
5. Federal Tax ID or Texas Comptroller Vendor ID or Social Security Number*:	75-6001170 <i>(Nine, Fourteen, or Nine Digits Respectively)</i> <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:	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> Private <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> For Profit Organization <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Center <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <i>*If incorporated, provide ten-digit charter number assigned by Secretary of State:</i>		
7. Proposed Budget Period:	Start 9/1/2023	End 8/31/2024	
8. Counties Served by Project:	Fort Worth HSDA (Counties of Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise)		
9. Amount of Funding Requested:	\$304,956.00		
10. Projected Expenditures:	Do respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)?* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>*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.</i>		
11. Project Contact Person:	Name Lisa Muttiah Email lmuttiah@tarrantcountytexas.gov	Phone 817-370-4527 Fax 817-531-6770	
12. Financial Officer:	Name Renee Tidwell Email rretidwell@tarrantcountytexas.com	Phone 817-884-1205 Fax 817-884-1104	
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 am authorized to represent the respondent.			
13. Authorized Representative:	Name Tim O'Hare <input checked="" type="checkbox"/> Check if changed	Title County Judge	Email CountyJudgegrants@tarrantcountytexas.gov Phone 817-884-1441 Fax 817-884-2793
14. Authorized Representative Signature:			
15. Date:			

Form A (Continued): Face Page Instructions

This form provides basic information about the applicant and the proposed project with the DSHS, including the signature of the authorized representative. It is the cover page of the renewal application and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

1. **Legal Business Name:** Enter the legal name of the applicant.
2. **Mailing Address:** Enter the applicant's complete physical address and mailing address, city, county, state, and 9-digit zip code.
3. **Payee Name & Mailing Address:** Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4.. **DUNS Number:** 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number is required if receiving ANY federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
5. **Federal Tax ID, or Texas Comptroller Vendor ID, or Social Security Number:** Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The applicant acknowledges, understands and agrees the applicant's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
6. **Type of Entity:** Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity. Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<https://comptroller.texas.gov/purchasing/>)
State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
Institutions of higher education as defined by §61.003 of the Education Code.
MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
7. **Proposed Budget Period:** Budget period for this renewal application has been entered for you.
8. **Counties Served by Project:** Enter the proposed counties served by the project.
9. **Amount of Funding Requested:** Enter the amount of funding per the allocation given from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
10. **Projected Expenditures:** If applicant's projected federal expenditures exceed \$750,000 or its projected state expenditures exceed \$750,000 for applicant's current fiscal year, applicant must arrange for a financial compliance audit (Single Audit).
11. **Project Contact Person:** Enter the name, phone, fax, and email address of the person responsible for the proposed project.
12. **Financial Officer:** Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
13. **Authorized Representative:** Enter the name, title, phone, fax, and email address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
14. **Authorized Representative Signature:** The person authorized to represent the applicant must sign in this blank.
15. **Date:** Enter the date the authorized representative signed this form.

Form B: Contact Person Information

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on Form A: Face Page. If any of the following information changes during the term of the contract, please notify, Jennifer Stanley, Contract Manager, in writing.

Legal Name of Applicant:	Tarrant County	
Executive Director:	G.K. Maenius	Mailing Address: <i>(Street/PO Box, City, State, Zip, County)</i>
Title:	Tarrant County Administrator	100 East Weatherford Street
Phone:	817-884-1773 Ext.	Fort Worth, TX 76196-0101
Fax:	817-884-1702	
Email:	gkmaenius@tarrantcountytx.gov	
Project Contact:	Lisa Muttiah	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Title:	HIV Administrative Agency Manager	2300 Circle Drive, Suite 2306
Phone:	817-370-4527 Ext.	Fort Worth, TX 76119
Fax:	817-531-6770	
Email:	lmuttiah@tarrantcountytx.gov	
Financial Reporting Contact:	Renee Tidwell	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Title:	County Auditor	100 East Weatherford Street, Room 506
Phone:	817-884-1205 Ext.	Fort Worth, TX 76196-0101
Fax:	817-884-1104	
Email:	rrtidwell@tarrantcounty.com	
URS Data Manager:	S. Renee Thomas	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Title:	Grants and Data Coordinator	2300 Circle Drive, Suite 2306
Phone:	817-370-4528 Ext.	Fort Worth, TX 76119
Fax:	817-531-6770	
Email:	srthomas@tarrantcountytx.gov	
Planning Contact:	Kaitlin Lopez	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Title:	Grants Coordinator, Quality and Planning	2300 Circle Drive, Suite 2306
Phone:	817-370-4526 Ext.	Fort Worth, TX 76119
Fax:	817-531-6770	
Email:	kmlopez@tarrantcountytx.gov	
Clinical Services Contact:	Dr. Catherine A. Colquitt	Mailing Address: <i>(Street, City, State, Zip, County)</i>
Title:	Health Authority	1101 South Main Street, Suite 2419
Phone:	817-321-4816 Ext.	Fort Worth, TX 76104-4802
Fax:	817-850-8544	
Email:	cacolquitt@tarrantcounty.com	

Form C: Administrative Information
Renewal Guidance

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information *or provide the required supplemental document behind this form*. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: Tarrant County

Identifying Information

If there are no changes to any of the items below, check here and skip the next question in this section.

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.
- O'Hare, Tim, County Judge, 100 East Weatherford Street, Fort Worth, TX 76196, Countyjudgegrants@tarrantcountytexas.gov

If a Nonprofit or For Profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

Conflict of Interest and Contract History

If there are no changes to any of the items below, check here and skip the next question in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?

Yes No

*If **Yes**, detail any such relationship(s) that might be perceived or represented as a conflict (no more than one additional page).*

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?

Yes No

*If **Yes**, indicate their name, social security number, job title, agency employed by, separation date, and reason for separation.*

3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

Yes No

*If **Yes**, please explain (no more than one additional page).*

Form D: HOPWA Performance Measures Guidelines

Applicant shall include the following performance measures in the renewal application along with the proposed number of households for each measure. The household goals will be negotiated and agreed upon by applicant and DSHS.

Applicant must provide the information for **each HSDA** and identify the Project Sponsor for the applicable HSDA. **If a Project Sponsor serves more than one HSDA, provide separate tables for each HSDA.** Each HOPWA Project Sponsor shall provide the following HOPWA activities to the target number of households:

Project Sponsor: AIDS Outreach Center	Target Number:
HSDA: Fort Worth	
Term: 09/01/23– 08/31/24	
Number of households to receive Tenant-Based Rental Assistance	3
Number of households to receive Short-Term Rent, Mortgage, and Utility	0
Number of households to receive Facility-Based Housing Assistance	9
Number of households to receive Permanent Housing Placement	24
Number of households to receive Housing Case Management	36
Number of households to receive Housing Information Services	0
<i>(Copy and paste for each HSDA as necessary)</i>	

Only the performance measures above are required for this contract. If applicant chooses to include additional measures you will be required to monitor and report on them in your semi-annual report. Applicant agrees that performance measure(s) will be used to assess, in part, the applicant’s effectiveness in performing the activities described. Address all the requirements (see Performance Measures Guidelines) associated with the activities proposed in this renewal application.

Form D: HOPWA Performance Measures Guidelines

Applicant shall include the following performance measures in the renewal application along with the proposed number of households for each measure. The household goals will be negotiated and agreed upon by applicant and DSHS.

Applicant must provide the information for each HSDA and identify the Project Sponsor for the applicable HSDA. If a Project Sponsor serves more than one HSDA, provide separate tables for each HSDA. Each HOPWA Project Sponsor shall provide the following HOPWA activities to the target number of households:

Project Sponsor: The Salvation Army-Mabee Center		Target Number:
HSDA:	Fort Worth	
Term:	09/01/23– 08/31/24	
Number of households to receive Tenant-Based Rental Assistance		2
Number of households to receive Short-Term Rent, Mortgage, and Utility		0
Number of households to receive Facility-Based Housing Assistance		24
Number of households to receive Permanent Housing Placement		14
Number of households to receive Housing Case Management		0
Number of households to receive Housing Information Services		0

(Copy and paste for each HSDA as necessary)

Only the performance measures above are required for this contract. If applicant chooses to include additional measures you will be required to monitor and report on them in your semi-annual report. Applicant agrees that performance measure(s) will be used to assess, in part, the applicant's effectiveness in performing the activities described. Address all the requirements (see Performance Measures Guidelines) associated with the activities proposed in this renewal application.

Certification of Categorical Exclusion

Determination of activities listed at 24 CFR §58.35(b) (not subject to §58.5)
May be subject to provisions of §58.6, as applicable

The Administrative Agency must complete one certification for each Project Sponsor in each HSDA. **If a Project Sponsor serves more than one HSDA, provide separate certifications for each HSDA.**

Project Name	Housing Opportunities for Persons with AIDS (HOPWA)
Administrative Agency	Tarrant County Administrative Agency
Project Sponsor	The Salvation Army – Mabee Center
HSDA	Fort Worth
Project Description	The goals of the DSHS HOPWA Program are to help low-income persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following activities: <ul style="list-style-type: none"> • Tenant-Based Rental Assistance • Short-Term Rent, Mortgage, and Utility • Facility-Based Housing Assistance • Permanent Housing Placement • Housing Case Management • Housing Information Services • Resource Identification • Project Sponsor Administration
Funding Source	State of Texas HOPWA Grant
Grant Number	TX-23-F999
Contract Amount	\$142,478.00

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity per 24 CFR §58.35(b) (not subject to §58.5) as follows:

<input checked="" type="checkbox"/>	(1) Tenant-based rental assistance;
<input checked="" type="checkbox"/>	(2) Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
<input checked="" type="checkbox"/>	(3) Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
<input type="checkbox"/>	(4) Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
<input type="checkbox"/>	(5) Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
<input type="checkbox"/>	(6) Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
<input type="checkbox"/>	(7) Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under §58.47.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to §58.5) and meets the conditions specified for such determination per section 24 CFR §58.35(b). Please keep a copy of this determination in your project files.

AA Certifying Official Name: Tim O'Hare

AA Certifying Official Title: County Judge

AA Certifying Official Signature: _____

Date: _____

HOPWA Project Sponsor Data Sheet

09/01/23 – 08/31/24

The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Data Sheets must be submitted to the HOPWA Coordinator before the program year begins (09/01) and as changes in Project Sponsors and/or allocations occur. Electronic submission is acceptable for this form. Form A certifies all information herein is true.

Administrative Agency:	Tarrant County Administrative Agency		
Date of Submission to DSHS:	3/15/2023		
Project Sponsor Agency Name:	AIDS Outreach Center		
Parent Company (if applicable):			
HSDA:	Fort Worth		
Project Sponsor Physical Address:	400 N. Beach Street, Fort Worth, TX 76111		
Project Sponsor Website:	www.aoc.org		
Project Sponsor Agency Contact:	Name	Johnny Watkins-Mitchell	
	Title	Housing Assistance Manager	
	Phone	817-916-5207	817-916-4664
	Email	johnnyw@aoc.org	

Employer Identification Number (EIN)/ Tax Identification Number (TIN):	75-2139336
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DUN & Bradstreet Number (DUN):	78-1414842
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North American Industry Classification System (NAICS) Code:	624190
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Congressional District of Project:	33
Congressional District(s) in this HSDA:	6, 11, 12, 13, 24, 25, 26, 33
Cities in this HSDA:	Inclusive of all the cities in the counties listed below
Zip Codes in this HSDA:	Inclusive of all the zip codes in the counties listed below
Counties in this HSDA:	Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise

Is the Project a nonprofit organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Project Sponsor System for Award Management registration status currently active?
If yes, check if a faith-based organization	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check if a grassroots organization.	<input type="checkbox"/> Yes	

Select all that apply to the Project:	Selection process for Project:
<input type="checkbox"/> Minority Organization (1)	<input checked="" type="checkbox"/> Competitive RFP
<input checked="" type="checkbox"/> Minority Provider (2)	<input type="checkbox"/> Sole source
<input type="checkbox"/> Historically Underutilized Business (HUB) Certified	<input type="checkbox"/> Single source

Assurances

I certify that this Project has not:

- Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
- Had a contract terminated by DSHS for cause;
- Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
- Voluntarily surrendered any license issued by DSHS within the past three (3) years.

I certify that the following is in place:

- Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties;
- Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.;
- Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.;
- Subcontractor receives a written report of the results of all monitoring activities conducted; and
- Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 34,240	3
Short-Term Rent, Mortgage, Utility	\$ 0	0
Facility-Based Housing Assistance	\$ 25,534	9
Permanent Housing Placement	\$ 44,081	24
Housing Case Management	\$ 24,000	36
Housing Information Services	\$ 0	0
Resource Identification	\$ 0	0
Project Sponsor Administration	\$ 9,623	0
Total contract amount for Project:	\$ 137,478	

Authorized Representative Signature:	
Date:	02/14/2023

(1) Minority Organization: Board of Directors has 50% racial/ethnic minority members. (2) Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities.

HOPWA Project Sponsor Data Sheet

09/01/23 – 08/31/24

The Administrative Agency must complete one Data Sheet for each Project Sponsor in each HSDA. Data Sheets must be submitted to the HOPWA Coordinator before the program year begins (09/01) and as changes in Project Sponsors and/or allocations occur. Electronic submission is acceptable for this form. Form A certifies all information herein is true.

Administrative Agency:	Tarrant County HIV Administrative Agency										
Date of Submission to DSHS:	3/15/2023										
Project Sponsor Agency Name:	The Salvation Army, a G. A. Corp. – Mabee Center										
Parent Company (if applicable):	The Salvation Army, a G.A. Corp.										
HSDA:	Fort Worth										
Project Sponsor Physical Address:	1855 E. Lancaster Ave., Fort Worth, TX 76103										
Project Sponsor Website:	https://salvationarmytx.org/north-texas/mabee-social-services-center/										
Project Sponsor Agency Contact:	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name</td> <td>Deborah Bullock</td> </tr> <tr> <td>Title</td> <td>Director of Adult & Family Programs-Tarrant & Ellis Counties</td> </tr> <tr> <td>Phone</td> <td>817-344-1831</td> </tr> <tr> <td>Fax</td> <td></td> </tr> <tr> <td>Email</td> <td>Deborah.Bullock@uss.salvationarmy.org</td> </tr> </table>	Name	Deborah Bullock	Title	Director of Adult & Family Programs-Tarrant & Ellis Counties	Phone	817-344-1831	Fax		Email	Deborah.Bullock@uss.salvationarmy.org
Name	Deborah Bullock										
Title	Director of Adult & Family Programs-Tarrant & Ellis Counties										
Phone	817-344-1831										
Fax											
Email	Deborah.Bullock@uss.salvationarmy.org										

Employer Identification Number (EIN)/ Tax Identification Number (TIN):	580660607
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DUN & Bradstreet Number (DUN):	124732699
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North American Industry Classification System (NAICS) Code:	624221
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Congressional District of Project:	33
Congressional District(s) in this HSDA:	
Cities in this HSDA:	
Zip Codes in this HSDA:	
Counties in this HSDA:	Tarrant

Is the Project a nonprofit organization? If yes, check if a faith-based organization If yes, check if a grassroots organization.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	Project Sponsor System for Award Management registration status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Select all that apply to the Project: <input type="checkbox"/> Minority Organization (1) <input type="checkbox"/> Minority Provider (2) <input type="checkbox"/> Historically Underutilized Business (HUB) Certified	Selection process for Project: <input type="checkbox"/> Competitive RFP <input type="checkbox"/> Sole source <input checked="" type="checkbox"/> Single source
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Assurances

- I certify that this Project has not:**
- Been suspended by DSHS or is delinquent on a repayment agreement to DSHS;
 - Had a contract terminated by DSHS for cause;
 - Had a required license or certification revoked that is required to carry out the terms of the subcontract; and
 - Voluntarily surrendered any license issued by DSHS within the past three (3) years.
- I certify that the following is in place:**
- Subcontract is in writing, developed to be consistent with the DSHS contract, and signed by both parties;
 - Programmatic/financial review of Project is conducted in accordance with 2 CFR § 200 et seq.;
 - Procedures used to advertise and award these funds meet the minimum standards required by 2 CFR § 200 et seq.;
 - Subcontractor receives a written report of the results of all monitoring activities conducted; and
 - Appropriate corrective action steps are taken when subcontractor is not in compliance with contract terms.

Activity	Allocation	Households to be served:
Tenant-Based Rental Assistance	\$ 5000	1 unit per month and 2 households
Short-Term Rent, Mortgage, Utility	\$	
Facility-Based Housing Assistance	\$ 107998	1440 units and 24 clients
Permanent Housing Placement	\$ 19507	14 units and 14 households
Housing Case Management	\$	
Housing Information Services	\$	
Resource Identification	\$	
Project Sponsor Administration	\$ 9973	
Total contract amount for Project:	\$ 142478	

Authorized Representative Signature: _____

Date: 2/20/23

(1) Minority Organization: Board of Directors has 50% racial/ethnic minority members. (2) Minority Provider: a) history of targeting racial/ethnic minorities; b) located in/near racial/ethnic minority communities; c) offers culturally/linguistically appropriate services to reduce disparities.

SIGNED AND EXECUTED this _____ day of _____, 2023.

COUNTY OF TARRANT
STATE OF TEXAS

Tim O'Hare
County Judge

APPROVED AS TO FORM:

James Marwin Nichols
Criminal District Attorney's Office*

*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.