

Amendment No. 4 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 \$594,719.48. The following service categories change:

| | | | |
|----------|--------------|------------|--|
| Increase | \$26,575.48 | Part A MAI | MAI Early Intervention Services for a total of \$86,887.48 |
| Decrease | <\$6,500.00> | Part A MAI | MAI Outpatient Ambulatory Health Services for a total of \$36,048.00 |

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) | \$ 40,198.00 | 400 | 3,500 | \$ 40,198.00 | 400 | 3,500 |
| Early Intervention Services | \$ 57,443.00 | 600 | 600 | \$ 57,443.00 | 600 | 600 |
| Emergency Financial Assistance | \$ 10,240.00 | 15 | 20 | \$ 10,240.00 | 15 | 20 |
| Outpatient Ambulatory Health Services | \$ 363,903.00 | 475 | 5,500 | \$ 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 | \$ 86,887.48 | 250 | 250 |
| MAI Outpatient Ambulatory Health Services | \$ 42,548.00 | 15 | 120 | \$ 36,048.00 | 15 | 120 |

2. Special Provisions

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

| Budget Line Item | Current Budget | Revised Budget |
|---------------------------------|----------------|----------------|
| Personnel | \$ 183,591.81 | \$ 183,591.81 |
| Fringe | \$ 48,730.41 | \$ 48,730.41 |
| Travel | \$ - | \$ - |
| Equipment | \$ - | \$ - |
| Supplies | \$ 37,254.88 | \$ 37,254.88 |
| Contractual | \$ - | \$ - |
| Other | \$ 202,206.90 | \$ 202,206.90 |
| Subtotal Part A FY 22-23 Budget | \$ 471,784.00 | \$ 471,784.00 |

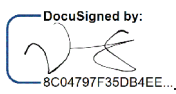
PART A MAI FY 22-23 (03/01/22-02/28/23)

| Budget Line Item | Current Budget | Revised Budget |
|--------------------------------------|----------------|----------------|
| Personnel | \$ 73,096.33 | \$ 70,194.55 |
| Fringe | \$ 18,266.75 | \$ 17,614.44 |
| Travel | \$ - | \$ - |
| Equipment | \$ - | \$ - |
| Supplies | \$ - | \$ 26,575.48 |
| Contractual | \$ - | \$ - |
| Other | \$ 11,496.92 | \$ 8,551.01 |
| Subtotal Part A MAI FY 22-23 Budget | \$ 102,860.00 | \$ 122,935.48 |
| Total Part A and MAI FY 22-23 Budget | \$ 574,644.00 | \$ 594,719.48 |

Total reimbursements will not exceed \$594,719.48, of which \$59,471.94 may be used for administrative costs.

SIGNED AND EXECUTED this _____ day of _____, 2023.

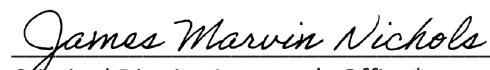
AIDS HEALTHCARE FOUNDATION
6255 West Sunset Blvd. 21st Floor
Los Angeles, CA 90028
Attn: Michael Weinstein

By:  _____
Title: President
Date: 3/22/2023

**COUNTY OF TARRANT
STATE OF TEXAS**

Tim O'Hare
County Judge

APPROVED AS TO FORM:


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.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

Auditor Date: _____

Federal Award Identification Checklist

(Grants Awarded After 12/26/2014)

| | Part A | Part B / State-R |
|--|--|--|
| 1. Subrecipient Name | AIDS Healthcare Foundation (AHF) | AIDS Healthcare Foundation (AHF) |
| 2. Subrecipient DUNS Number | 607963980 | 607963980 |
| 3. Federal Award Identification Number (FAIN) | 2 H89HA00047-27-00 | Contract # HHS001122200005 |
| 4. Federal Award Date | Original Award: January 2022 (Subject to #2 CFR 200) | February 2022 (Subject to #2 CFR 200) |
| 5. Subaward Period of Performance Start and End Date | March 1, 2022- February 28, 2023 | April 1, 2022 - March 31, 2023 |
| 6. Amount of Federal Funds Obligated by This Action | \$20,075 | \$0 |
| 7. Total Amount of Federal Funds Obligated to the Subrecipient | \$594,719 | \$128,295 |
| 8. Total Amount of the Federal Award | \$5,181,236 | \$1,718,966 |
| 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 |
| 10. Name of Federal Awarding Agency | Health Resources & Service Administration (HRSA) | Pass-through from HRSA to Texas Department of State Health Services (DSHS) |
| 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 | 93.914 HIV Emergency Relief Project Grants | 93.917 HIV Care Formula Grants |
| 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

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)