



Recipient Information

- 1. Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
100 E Weatherford St
Fort Worth, TX 76196-0206
- 2. Congressional District of Recipient**
12
- 3. Payment System Identifier (ID)**
1756001170A1
- 4. Employer Identification Number (EIN)**
756001170
- 5. Data Universal Numbering System (DUNS)**
068365220
- 6. Recipient's Unique Entity Identifier**
DBH1UNN8U5J3
- 7. Project Director or Principal Investigator**
Lisa McKamie-Muttiah
Project Director
LMuttiah@tarrantcounty.com (817)370-4527
- 8. Authorized Official**
Tim O'Hare
County Judge
countyjudgegrants@tarrantcountytx.gov
(817)884-1441

Federal Agency Information

- 9. Awarding Agency Contact Information**
Patryce Peden
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
PPeden@hrsa.gov
(301) 443-2277
- 10. Program Official Contact Information**

Federal Award Information

- 11. Award Number**
6 H89HA00047-26-04
- 12. Unique Federal Award Identification Number (FAIN)**
H8900047
- 13. Statutory Authority**
42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title**
HIV EMERGENCY RELIEF PROJECT GRANTS
- 15. Assistance Listing Number**
93.914
- 16. Assistance Listing Program Title**
HIV Emergency Relief Project Grants
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	(\$561.11)
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,871,022.89
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,871,022.89
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,871,022.89

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 04/03/2023

30. Remarks

This Notice of Award is issued to de-obligate (\$561.11) and close document number 21H89HA00047. Please refer to the Grant Specific Term of this notice for record retention instructions. Questions regarding this closeout can be directed to the Awarding Agency Contact listed in block 9.



Notice of Award
Award Number: 6 H89HA00047-26-04
Federal Award Date: 04/03/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)				
		YEAR	TOTAL COSTS			
		Not applicable				
a. Salaries and Wages: \$0.00 b. Fringe Benefits: \$0.00 c. Total Personnel Costs: \$0.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$0.00 g. Travel: \$0.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$0.00 j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$4,871,022.89 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$4,871,022.89 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$4,871,022.89		34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00				
		35. FORMER GRANT NUMBER BRH890047				
		36. OBJECT CLASS 41.15				
		37. BHCNIS#				
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Authorized Financial Assistance This Period \$4,871,022.89 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$4,871,584.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION (\$561.11)						
38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.						
39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3772306	93.914	21H89HA00047	(\$560.47)	\$0.00	FRML	21H89HA00047
21 - 3772305	93.914	21H89HA00047	(\$0.64)	\$0.00	MAI	21H89HA00047

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability.

Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75.

Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government.

If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR).

Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Lisa Mckamie-Muttiah	Employee, Program Director	lmuttiah@tarrantcounty.com
Lisa Muttiah	Business Official	lmuttiah@tarrantcounty.com
Tim O'Hare	Authorizing Official	countyjudgegrants@tarrantcountytx.gov
Lisa Muttiah	Point of Contact	lmuttiah@tarrantcounty.com

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

SIGNED AND EXECUTED this _____ day of _____, 2023.

**COUNTY OF TARRANT
STATE OF TEXAS**

By: _____
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.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

Auditor Date: _____