

Amendment No. 1 to Attachment No. A1-2022008
 RYAN WHITE PART B, AIDS Outreach Center, DSHS No. HHS001122200005
 April 1, 2022, through March 31, 2023

1. Scope of Work

AIDS Outreach Center accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment, is \$823,542.00. The following service categories will change:

Increase \$1,150.00 Part B Health Insurance Premium & Cost Sharing Assistance for a total of \$823,542.00

Subrecipient shall use these funds to provide at least one Part B service to (641) unduplicated clients during Contract Year FY 22-23 (04/1/2022-03/31/2023).

PART B FY 22-23 (04/01/22-03/31/23)				CURRENT BUDGET			REVISED BUDGET		
Service Categories				\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Health Insurance Premium & Cost Sharing Assistance				\$ 822,392.00	750	6,898	\$ 823,542.00	641	6,183

2. Special Provisions

PART B FY 22-23 (04/01/22-03/31/23)			
Budget Line Item	Current Budget		Revised Budget
Personnel	\$	83,062.92	\$ 83,062.92
Fringe	\$	35,827.20	\$ 35,597.20
Travel	\$	-	\$ -
Equipment	\$	-	\$ -
Supplies	\$	-	\$ -
Contractual	\$	-	\$ -
Other	\$	703,501.88	\$ 704,881.88
Total Part B FY 22-23 Budget	\$	822,392.00	\$ 823,542.00

Total reimbursements will not exceed \$823,542.00, of which ten percent (10%) may be used for administrative costs.

Remainder of page left blank intentionally

SIGNED AND EXECUTED this _____ day of _____, 2023.

AIDS OUTREACH CENTER
400 N. Beach Street, Suite 100
Fort Worth, Texas 76111
Attn: Executive Director

By: Kelly Allen Gray
Title: Executive Director
Date: Apr 10, 2023

COUNTY OF TARRANT
STATE OF TEXAS

Tim O'Hare
County Judge

APPROVED AS TO FORM:

James Marvin 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: _____






Part B FY22-23 Amendment No. 1 (AOC)

Final Audit Report

2023-04-10

Created:	2023-04-10
By:	Terri Walker-Burston (terriwb@aoc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA0rQWXTogo2CqD6ZJ5j2wGNLtAKnBHpy4

"Part B FY22-23 Amendment No. 1 (AOC)" History

-  Document created by Terri Walker-Burston (terriwb@aoc.org)
2023-04-10 - 4:58:37 PM GMT
-  Document emailed to Kelly Allen Gray (kellyag@aoc.org) for signature
2023-04-10 - 4:59:26 PM GMT
-  Email viewed by Kelly Allen Gray (kellyag@aoc.org)
2023-04-10 - 4:59:45 PM GMT
-  Document e-signed by Kelly Allen Gray (kellyag@aoc.org)
Signature Date: 2023-04-10 - 4:59:54 PM GMT - Time Source: server
-  Agreement completed.
2023-04-10 - 4:59:54 PM GMT

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.



Adobe Acrobat Sign

Federal Award Identification Checklist

(Grants Awarded After 12/26/2014)

	Part A	Part B / State-R	State Services	HOPWA
1. Subrecipient Name	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)
2. Subrecipient DUNS Number	781414842	781414842	781414842	781414842
3. Federal Award Identification Number (FAIN)	5 H89HA00047-28-00	Contract # HHS001122200005	Contract # 537-18-0013-00001 (State Funds)	Contract # 537-16-0511-00001
4. Federal Award Date	Original Award: January 2023 (Subject to #2 CFR 200)	February 2022 (Subject to #2 CFR 200)	April 2022	March 2022
Subaward Period of Performance Start and End Date	March 1, 2023 - February 29, 2024	April 1, 2022 - March 31, 2023	September 1, 2022 - August 31, 2023	September 1, 2022 - August 31, 2023
Amount of Federal Funds Obligated by This Action	\$0	\$1,150	\$0	\$0
Total Amount of Federal Funds Obligated to the Subrecipient	\$232,441	\$823,542	\$242,019	\$147,478
8. Total Amount of the Federal Award	\$895,593	\$1,718,966	\$438,069	\$304,956
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	N/A (State Funds)	Provide short term emergency (STMUR), long term (TBRA), short term Supportive Housing (STSH) and Permanent Housing Placemenet (PHP) for housing assistance to clients that are HIV positive
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Pass-through from HRSA to Texas Department of State Health Services (DSHS)	N/A (State Funds)	Pass-Through from Housing and Urban Development (HUD) to Texas Department of State Health Services (DSHS)
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	HIV/SRVS HIV/STD Prevention and Care Branch State Services	14.241 Housing Opportunities for Persons with AIDS
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:
2023-991255

Date Filed:
03/06/2023

Date Acknowledged:

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

AIDS Outreach Center, Inc.
Fort worth, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Health and Human Services Commission, Texas

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.

A102023006

Early Intervention Services, Food Bank, Medical and Non Medical Case Management, Medical Nutrition Therapy, Oral Health Care, Mental Health Counseling and Psychosocial Support Services.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



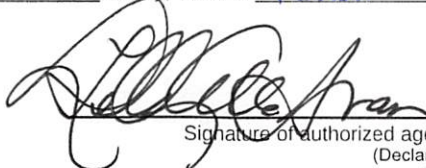
6 UNSWORN DECLARATION

My name is Kelly Allen Gray, and my date of birth is July 22, 1968.

My address is 400 N. Beach Street, Suite 100, Fort Worth, TX, 76111, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County County, State of Texas, on the 8 day of March, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)