

1. Approval of the Fiscal Year 2024-2025 Health Resources and Services Administration Ryan White Part D Notice of Award



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER _____

PAGE 1 OF 6

DATE: 07/16/2024

**SUBJECT: APPROVAL OF THE FISCAL YEAR 2024-2025 HEALTH
RESOURCES AND SERVICES ADMINISTRATION RYAN WHITE
PART D NOTICE OF AWARD**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court approve the receipt of the FY 2024-2025 Health Resources and Services Administration (HRSA) Ryan White Part D (Part D) Notice of Award (NOA) in the amount of \$364,727.00.

BACKGROUND

Tarrant County receives annual grant funding from HRSA to perform a variety of essential core and support services for HIV-positive individuals. The HRSA Ryan White Part D grant funding is used for the provision of family-centered care involving outpatient and ambulatory care for women, infant, children, and youth living with HIV/AIDS in the Fort Worth/Arlington Transitional Grant Area (TGA) which includes the counties of Tarrant, Hood, Johnson, and Parker. Tarrant County HIV Administrative Agency administers the grant funding and subcontracts with community organizations to deliver high-quality services.

The Part D project period is August 1, 2022 through July 31, 2026. The grant budget period is August 1, 2024 through July 31, 2025.

The Criminal District Attorney's Office has reviewed this document as to form.

FISCAL IMPACT

All associated costs will be paid from grant fund allocations in E0025-2025.

Administrative funding: \$22,780.00

No match or operating subsidy required.

SUBMITTED BY:	HIV Administrative Agency	PREPARED BY: APPROVED BY:	Dulce Lozano Lisa McKamie-Muttiah
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Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H1224819
Federal Award Date: 07/05/2024

Recipient Information

1. **Recipient Name**
TARRANT COUNTY HEALTH DEPARTMENT
1101 S Main St
Fort Worth, TX 76104-4802
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@tarrantcountytx.gov
(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**
Tsega Nega
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
tnega@hrsa.gov
(301) 287-0035
10. **Program Official Contact Information**
Natasha Colthirst
HIV/AIDS Bureau (HAB)
ncolthirst@hrsa.gov
(301) 443-4656

Federal Award Information

11. **Award Number**
5 H12HA24819-12-00
12. **Unique Federal Award Identification Number (FAIN)**
H1224819
13. **Statutory Authority**
42 U.S.C. § 300ff-71; 300ff-121
14. **Federal Award Project Title**
Ryan White Title IV Women, Infants, Children, Youth and Affected Family Members AIDS
Healthcare
15. **Assistance Listing Number**
93.153
16. **Assistance Listing Program Title**
Coordinated Services and Access to Research for Women, Infants, Children, and Youth
17. **Award Action Type**
Noncompeting Continuation
18. **Is the Award R&D?**
Yes

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2024 - End Date 07/31/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$364,727.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$201,282.00
23. Total Amount of Federal Funds Obligated this budget period	\$364,727.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$566,009.00
26. Project Period Start Date 08/01/2022 - End Date 07/31/2026	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,646,745.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Brad Barney on 07/05/2024

30. Remarks



Notice of Award
Award Number: 5 H12HA24819-12-00
Federal Award Date: 07/05/2024

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)																																																				
				<table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td>13</td><td>\$566,009.00</td></tr></table>			YEAR	TOTAL COSTS	13	\$566,009.00																																														
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32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:				35. FORMER GRANT NUMBER																																																				
<table><tr><td>a. Authorized Financial Assistance This Period</td><td>\$566,009.00</td></tr><tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr><tr><td> i. Additional Authority</td><td>\$0.00</td></tr><tr><td> ii. Offset</td><td>\$201,282.00</td></tr><tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$364,727.00</td></tr></table>				a. Authorized Financial Assistance This Period	\$566,009.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$201,282.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$364,727.00	36. OBJECT CLASS 41.51																																						
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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 statue 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.				37. BHCMIS#																																																				
39. ACCOUNTING CLASSIFICATION CODES																																																								
<table><tr><th>FY-CAN</th><th>CFDA</th><th>DOCUMENT NUMBER</th><th>AMT. FIN. ASST.</th><th>AMT. DIR. ASST.</th><th>SUB PROGRAM CODE</th><th>SUB ACCOUNT CODE</th></tr><tr><td>24 - 3770892</td><td>93.153</td><td>22H12HA24819</td><td>\$364,727.00</td><td>\$0.00</td><td>N/A</td><td>22H12HA24819</td></tr></table>							FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 3770892	93.153	22H12HA24819	\$364,727.00	\$0.00	N/A	22H12HA24819																																				
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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. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. \$254997 is designated under the Minority AIDS Initiative to support the elimination of racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate care and services for women, infants, children and youth.
3. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>.
4. This Notice of Award provides the offset of an unobligated balance in the amount of \$201,282 from the 08/01/2022 - 07/31/2023 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
2. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>
3. Recipients must submit an annual Non-Competing Continuation (NCC) Progress Report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC Progress Report triggers the budget period renewal and release of subsequent year funds. The report demonstrates recipient progress on program-specific goals and collects core performance measurement data to measure the progress and impact of the project.

Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA [Standard Terms](#) (unless otherwise specified on your Notice of Award), and [Legislative Mandates](#). The effectiveness of these policies, procedures, and controls is subject to audit.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**

The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a

ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

2. **Due Date: Within 60 Days of Award Issue Date**
Submit a Ryan White HIV/AIDS Program Allocation Report, within 60 days after the start of the budget period.
3. **Due Date: Within 90 Days of Project End Date**
Submit a Ryan White HIV/AIDS Program Expenditure Report by October 29, 2025.
4. **Due Date: 03/31/2025**
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <https://hab.hrsa.gov/program-grants-management/data-reporting-requirements-and-technical-assistance> for additional information.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Tim O'hare	Authorizing Official	countyjudgegrants@tarrantcountytx.gov
Lisa Mckamie-Muttiah	Point of Contact, Program Director	lmuttiah@tarrantcountytx.gov
Lisa Muttiah	Business Official	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 _____, 2024.

**COUNTY OF TARRANT
STATE OF TEXAS**

By: _____
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: _____