

Amendment No. 4 to Attachment No. A1-2020012  
 RYAN WHITE PART B, AIDS Healthcare Foundation, DSHS No. 567-17-0161-00001  
 April 1, 2020 through March 31, 2021

**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 \$275,638.00. The following service categories change:

Increase	\$3,000.00	State Services-R Early Intervention Services for a total of \$85,383.00
Increase	\$2,620.00	State Services-R Outpatient/Ambulatory Health Services for a total of \$62,853.00

CURRENT BUDGET				REVISED BUDGET			
Service Categories	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units	
Outpatient/Ambulatory Health Services	\$ 32,319.00	33	115	\$ 32,319.00	33	115	

CURRENT BUDGET				REVISED BUDGET			
Service Categories	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units	
Early Intervention Services	\$ 82,383.00	256	256	\$ 85,383.00	300	300	
Emergency Financial Assistance	\$ 10,002.00	8	15	\$ 10,002.00	8	15	
Outpatient/Ambulatory Health Services	\$ 60,233.00	61	215	\$ 62,853.00	61	215	
Referral for Health Care and Support Services	\$ 85,081.00	200	720	\$ 85,081.00	200	720	

**2. Special Provisions**

**PART B FY 20-21 (04/01/20-03/31/21)**

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 16,360.00	\$ 16,360.00
Fringe	\$ 3,325.95	\$ 3,325.95
Travel	\$ 1,800.00	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ 7,703.05	\$ 9,503.05
Other	\$ 3,130.00	\$ 3,130.00
Subtotal Part B FY 20-21 Budget	\$ 32,319.00	\$ 32,319.00

**State-R FY 20-21 (04/01/20-03/31/21)**

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 165,503.97	\$ 172,853.27
Fringe	\$ 39,497.58	\$ 35,148.28
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 10,002.00	\$ 10,002.00
Contractual	\$ 22,695.45	\$ 25,315.45
Other	\$ -	\$ -
Subtotal State-R FY 20-21 Budget	\$ 237,699.00	\$ 243,319.00
<b>TOTAL PART B FY20-21 BUDGET</b>	<b>\$ 270,018.00</b>	<b>\$ 275,638.00</b>

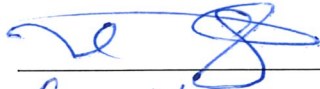
SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

  
President  
04/19/2021

COUNTY OF TARRANT  
STATE OF TEXAS

\_\_\_\_\_  
B. Glen Whitley  
County Judge

APPROVED AS TO FORM:



\_\_\_\_\_  
Criminal District Attorney's Office\*

CERTIFICATION OF

AVAILABLE FUNDS: \$ \_\_\_\_\_

\_\_\_\_\_  
Tarrant County Auditor

\*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.

**Federal Award Identification Checklist**  
(Grants Awarded After 12/26/2014)

	Part A	Part B	Part C	COVID-19 C	Part D	State Services
1. Subrecipient Name	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)	AIDS Healthcare Foundation (AHF)
2. Subrecipient DUNS Number	607963980	607963980	607963980	607963980	607963980	607963980
3. Federal Award Identification Number (FAIN)	2 H89HA00047-25-00	Contract # 537-17-0161-00001	5 H76HA00123-29-00	1 H7CHA37162-01-00	4 H12HA24819-08-02	Contract # 537-18-0013-00001 (State Funds)
4. Federal Award Date	Original Award: January 2020 (Subject to #2 CFR 200)	March 2020 (Subject to #2 CFR 200)	Original Award: November 2019 (Subject to #2 CFR 200)	Original Award: April 2020 (Subject to #2 CFR 200)	July 2019 (Subject to #2 CFR 200)	May 2020
5. Subaward Period of Performance Start and End Date	March 1, 2020 - February 28, 2021	April 1, 2020 - March 31, 2021	January 1, 2020 - December 31, 2020	April 1, 2020 - March 31, 2021	August 1, 2020 - July 31, 2021	September 1, 2020 - August 31, 2021
6. Amount of Federal Funds Obligated by This Action		\$5,620				
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$457,076	\$275,638	\$112,232	\$28,500	\$66,848	N/A (State Funds)
8. Total Amount of the Federal Award	\$4,733,023	\$1,801,583	\$805,205	\$137,744	\$512,635	N/A (State Funds)
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	Ryan White Part C Outpatient EIS Program	Ryan White HIV/AIDS Program Part C EIS COVID-19 Response	Ryan White Part D Women, Infants, Children, Youth and Affected Family Members	N/A (State Funds)
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Pass-through from HRSA to Texas Department of State Health Services (DSHS)	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)	N/A (State Funds)
11. Pass-Through Entity	Tarrant County	Tarrant County	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	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	93.918 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918 HIV Emergency Relief Project Grants	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members	HIV/SRVS HIV/STD Prevention and Care Branch State Services
14. Identification if the Award is R&D	N/A	N/A	N/A	N/A	N/A	N/A
15. Indirect Cost Rate	N/A	N/A	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

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

Certificate Number:  
2021-704830

Date Filed:  
01/11/2021

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

Date Acknowledged:

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
	Heglar, Robert	Los Angeles, CA United States		X
	Zweig, Adam	Los Angeles, CA United States		X
	Weinstein, Michael	Los Angeles, CA United States	X	X

5 Check only if there is NO Interested Party.

☐


### 6 UNSWORN DECLARATION

My name is Lyle Honig Mojica, and my date of birth is 19 December 1969.

My address is 6255 Sunset Blvd, Floor 21, 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 12 day of JANUARY, 2021.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)