

Amendment No. 6 to Attachment No. A1-2020013  
 RYAN WHITE PART B, AIDS Outreach Center, DSHS No. 567-17-0161-00001  
 April 1, 2020 through March 31, 2021

**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 \$619,836.00. The following service categories change:

Increase	\$15,952.93	Part B	Health Insurance Premium for a total of \$161,078.93
Decrease	<\$5,451.32>	Part B	Mental Health Services for a total of \$146,548.68
Decrease	<\$4,501.61>	Part B	Non-Medical Case Management Services for a total of \$123,746.399
Increase	\$2,000.00	State Services-R	Psychosocial Support Services for a total of \$2,000.00

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Food Bank	\$ 101,500.00	250	3,075	\$ 101,500.00	250	3,075
Health Insurance Premium	\$ 145,126.00	100	1,251	\$ 161,078.93	100	1,251
Mental Health Services	\$ 152,000.00	80	487	\$ 146,548.68	89	514
Non-medical Case Management Services	\$ 128,248.00	400	3,206	\$ 123,746.39	402	4,503

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Emergency Financial Assistance	\$ 30,000.00	37	37	\$ 30,000.00	37	37
Psychosocial Support Services	\$ -	-	-	\$ 2,000.00	10	181
Referral for Health Care and Support Services	\$ 54,962.00	175	1,056	\$ 54,962.00	175	1,056

**2. Special Provisions**

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

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 225,953.32	\$ 208,464.09
Fringe	\$ 42,614.42	\$ 42,076.24
Travel	\$ 78.00	\$ -
Equipment	\$ -	\$ -
Supplies	\$ 72,983.46	\$ 72,757.72
Contractual	\$ 53,006.75	\$ 52,839.27
Other	\$ 132,238.05	\$ 156,736.68
Subtotal Part B FY 20-21 Budget	\$ 526,874.00	\$ 532,874.00

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

Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 40,893.40	\$ 42,053.25
Fringe	\$ 11,639.28	\$ 11,912.83
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ -
Contractual	\$ 30,500.00	\$ 30,550.28
Other	\$ 1,929.32	\$ 2,445.64
Subtotal State-R FY 20-21 Budget	\$ 84,962.00	\$ 86,962.00
TOTAL PART B FY20-21 BUDGET	\$ 611,836.00	\$ 619,836.00

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

AIDS Outreach Center  
400 N. Beach Street Suite 100  
Fort Worth, TX 76111

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

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

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

*Stephene Kyle*  
*Director of Client Services*  
*4/19/2021*

COUNTY OF TARRANT  
STATE OF TEXAS

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

APPROVED AS TO FORM:

*[Signature]*

\_\_\_\_\_  
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.

# 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:  
2020-701002

Date Filed:  
12/22/2020

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.

AIDS Outreach Center, Inc.

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  
Oral Health Services, Mental Health Services, Referral for Health and Supportive 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 Stephanie Cagle, and my date of birth is 2/3/86.

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

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

Executed in Tarrant County County, State of Texas, on the 22 day of December, 2020.  
(month) (year)

Stephanie Cagle  
Signature of authorized agent of contracting business entity  
(Declarant)

Federal Award Identification Checklist (Grants Awarded After 12/26/2014)									
	Part A	COVID-19 A	Part B	Part C	COVID-19 C	Part D	COVID-19 D	State Services	HOPIA
1. Subrecipient Name	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)	AIDS Outreach Center (AOC)
2. Subrecipient DUNS Number	781414842	781414842	781414842	781414842	781414842	781414842	781414842	781414842	781414842
3. Federal Award Identification Number (FAIN)	2 H89HA0047-25-00 Original Award: January 2020 (Subject to #2 CFR 200)	1 H8AHA36948 Original Award: April 2020 (Subject to #2 CFR 200)	Contract # 537-17-0161-00001 March 2020 (Subject to #2 CFR 200)	5 H76HA00123-29-00 Original Award: November 2019 (Subject to #2 CFR 200)	1 H7CHA37162-01-00 Original Award: April 2020 (Subject to #2 CFR 200)	4 H12HA24819-08-02 July 2019 (Subject to #2 CFR 200)	1 H3XWA37034 Original Award: April 2020 (Subject to #2 CFR 200)	Contract # 537-18-0013-00001 (State Funds)	Contract # 537-16-0511-00001
4. Federal Award Date								May 2020	March 2020
5. Subaward Period of Performance Start and End Date	March 1, 2020 - February 28, 2021	April 1, 2020 - March 31, 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	April 1, 2020 - March 31, 2021	September 1, 2020 - August 31, 2021	September 1, 2020 - August 31, 2021
6. Amount of Federal Funds Obligated by This Action	\$44,000	\$30,000	\$8,000	\$75,000	\$0	\$67,000	\$0	N/A (State Funds)	\$144,034
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$1,675,950	\$30,000	\$619,836	\$100,000	\$22,000	\$67,000	\$29,441	N/A (State Funds)	\$144,034
8. Total Amount of the Federal Award	\$4,733,023	\$272,626	\$1,801,583	\$805,205	\$137,744	\$512,635	\$37,633	N/A (State Funds)	\$289,173
9. Federal Award Project Description, as required by FFATA	HIV Emergency Relief Project Grants	Ryan White HIV/AIDS Program Part A COVID-19 Response	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	Ryan White HIV/AIDS Program Part D WICY COVID-19 Response	N/A (State Funds)	Provide short term emergency (STMRIU), 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)	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)	Health Resources & Service Administration (HRSA)	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	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	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	93.914 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 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members	HIV/STVS 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	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	N/A	N/A	N/A