

**Department Of State Health Services**  
**Contract No. 537-17-0196-00001**  
**Amendment No. 3**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“System Agency” or “DSHS”) and **THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.** (“Grantee”), which are collectively referred to herein as the “Parties,” parties to that certain grant contract under the HIV Ryan White Program that took effect April 1, 2017, and denominated as DSHS Contract No. 537-17-0196-00001, as amended (“Contract”), now desire to further amend the Contract.

**WHEREAS**, the Parties wish to add **ONE MILLION FIVE HUNDRED FIFTY-NINE THOUSAND FIVE HUNDRED NINETY-FIVE DOLLARS (\$1,559,595.00)** in funds to the Contract; and

**WHEREAS**, the Parties wish to revise the Statement of Work.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

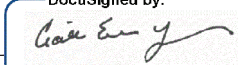
1. **SECTION IV, BUDGET**, of the Signature Document is hereby amended to increase the total amount of the Contract to **TWENTY-TWO MILLION SEVEN HUNDRED SIXTY-ONE THOUSAND TWO HUNDRED SEVENTY-NINE DOLLARS (\$22,761,279.00)**. The total payment to Grantee for the period from April 1, 2019, through March 31, 2020 (hereinafter referred to as “**Fiscal Year 2019**” or “**FY 2019**”) will not exceed **EIGHT MILLION SEVEN HUNDRED THIRTY-TWO THOUSAND EIGHTY-NINE DOLLARS (\$8,732,089.00)** and shall be made in accordance with **ATTACHMENT B-3**.
2. **ATTACHMENT A-2** of the Contract, **FY 2019 STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with **ATTACHMENT A-3, REVISED FY 2019 STATEMENT OF WORK**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
3. **ATTACHMENT B-2** of the Contract, **FY 2019 BUDGET**, is hereby deleted in its entirety and replaced with **ATTACHMENT B-3, REVISED FY 2019 BUDGET**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
4. This Amendment No. 3 shall be effective upon execution by both Parties.
5. Except as amended and modified by this Amendment No. 3, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

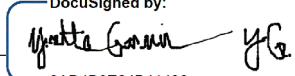
**SIGNATURE PAGE FOR AMENDMENT NO. 3  
DSHS CONTRACT NO. 537-17-0196-00001**

**SYSTEM AGENCY**

**GRANTEE**

DocuSigned by:  
  
C80071B769504E9...  
Cecile Young

Chief Deputy Executive Commissioner

By:   
8AD4B2E24B41430...

Name: Yvette Garvin

Title: Executive Director

Date of Execution: June 14, 2019

Date of Execution: June 12, 2019

**THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO. 537-17-0196-00001 ARE  
HEREBY INCORPORATED BY REFERENCE:**

- ATTACHMENT A-3 – REVISED FY 2019 STATEMENT OF WORK**
- ATTACHMENT B-3 – REVISED FY 2019 BUDGET**

**ATTACHMENT A-3  
REVISED FY 2019 STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A.** In its role as an Administrative Agency (AA), administer the designated federal and state human immunodeficiency virus (HIV) Ryan White Service Delivery (RWSD) funds, Ryan White Supplemental (RWSupp) funds, Department of State Health Services (DSHS) State Services (SS) and State-R funds, and Housing Opportunities for Persons with AIDS (HOPWA) funds, on behalf of DSHS, as specified in this Contract. Grantee will also assist DSHS in the administration, planning, and evaluation of services within the approved HIV Service Delivery Area (HSDA).
- B.** Administer the State's HIV program to develop and/or enhance access to a comprehensive continuum of high-quality HIV care and treatment for low-income persons living with HIV (PLWH) in Texas. This includes, but is not limited to:
  - 1. Knowledge and understanding of the systems of care in specific HSDAs and overall HIV/AIDS Service Delivery Areas (HASAs) in the AA's contractual areas of responsibility;
  - 2. Conducting activities focused on addressing the following four goals in compliance with the National Goals to End the HIV Epidemic and demonstrating measurable progress towards the goals to:
    - a. Reduce new HIV infections;
    - b. Increase access to care and optimize health outcomes for PLWH;
    - c. Reduce HIV-related health disparities and health inequities; and
    - d. Achieve a more coordinated national response to the HIV epidemic; and
  - 3. Use the HIV Care Continuum, at a minimum, as a basis for planning and assessing outcomes.
- C.** Ensure all activities and services are performed in accordance with the terms of this Contract. The approved Comprehensive HIV Services Plan, any letters or memos with policies or other instructions provided, approved FY19 Renewal Application, community input plan, and approved Work Plan are incorporated by reference and made a part of this Contract. Any proposed changes to the Comprehensive HIV Services Plan must be pre-approved by DSHS, following the guidance located at:  
<http://www.dshs.texas.gov/hivstd/planning/svcstadoes.shtm>.
- D.** Agree to read and comply with the Uniform Terms and Conditions (UTCs) and Supplemental and Special Conditions and work with DSHS staff regarding the management of funds received under this Contract.
- E.** Receive written approval from DSHS before varying from applicable policies, procedures, and protocols, and update its records within forty-eight (48) hours of making approved changes so that staff working on activities under this Contract know of the change(s).

- F. Ensure the delivery of comprehensive outpatient health and support services to meet the identified needs of PLWH and their families, in accordance with Health Resources Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) legislation found at <https://hab.hrsa.gov/about-ryan-white-hivaids-program/ryan-white-hivaids-program-legislation>, including, but not limited to:
1. Entities providing Early Intervention Services (EIS) will ensure that the following conditions have been met:
    - a. Federal, state and local funds are otherwise inadequate for the EIS an entity proposes to provide; and
    - b. The entity will supplement, not supplant, other funds available to the entity for the provision of providing EIS;
  2. Equal Employment Opportunity Commission (EEOC) 13166, August 11, 2000, requires recipients receiving federal financial assistance to take steps to ensure that people with Limited English Proficiency (LEP) can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with LEP to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the Office for Civil Rights (OCR) website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>.
  3. HIV-related health care and support services delivered to a program established with assistance provided under Part B will be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual living with HIV, to the maximum extent practicable;
  4. Such services will be provided in a setting that is accessible to low-income individuals living with HIV; and
  5. Outreach to low-income individuals living with HIV will be provided to inform them of the services available under Part B.
- G. Comply with applicable state and federal policies, DSHS HIV Program manuals, and DSHS HIV policy manuals, standards, guidelines, and regulations, including but not limited to (as revised):
1. Ryan White Part B Contract Guidance, issued December 14, 2011;
  2. DSHS HIV Assurances located at [www.dshs.texas.gov/hivstd/funding/docs/HIV\\_Contractor\\_Assurances.pdf](http://www.dshs.texas.gov/hivstd/funding/docs/HIV_Contractor_Assurances.pdf);
  3. HRSA RWHAP Policy Clarification Notices (PCNs) and Program Letters located at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>;
  4. DSHS policies located at [www.dshs.texas.gov/hivstd/pops/default.shtm](http://www.dshs.texas.gov/hivstd/pops/default.shtm) and [www.dshs.texas.gov/hivstd/policy/policies.shtm](http://www.dshs.texas.gov/hivstd/policy/policies.shtm);
  5. HIV Core and Support Service Categories (DSHS Standards of Care) and Universal Standards, Sections 1, 2, 3, 4, 5, 6, and 7, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/taxonomy/default.shtm](http://www.dshs.texas.gov/hivstd/taxonomy/default.shtm);

6. DSHS Eligibility to Receive HIV Services, contained in the HIV-STD Program Policies located at <https://www.dshs.texas.gov/hivstd/policy/policies/220-001.shtm> ;
7. AIDS Regional Information and Evaluation System (ARIES) Data Management Core Competencies and all ARIES-related and privacy, confidentiality, and security-related policies, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/231-002.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/231-002.shtm);
8. ARIES Data Improvement Plan, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/231-003.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/231-003.shtm);
9. Administrative Agency Roles and Responsibilities, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/241-001.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/241-001.shtm);
10. Subcontracting HIV Health and Support Services, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/241-003.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/241-003.shtm);
11. Reallocation of HIV Client Services Funds, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/241-006.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/241-006.shtm);
12. HIV Health Insurance Assistance, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/260-002.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/260-002.shtm);
13. Sub-Contracting HIV Core and Support Services by an Administrative Agency, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/280001.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/280001.shtm);
14. DSHS Funds as Payment of Last Resort, contained in the HIV-STD Program Policies located at [www.dshs.texas.gov/hivstd/policy/policies/590-001.shtm](http://www.dshs.texas.gov/hivstd/policy/policies/590-001.shtm);
15. RWHAP Part B Manual, located at <http://hab.hrsa.gov/sites/default/files/hab/Global/habpartbmanual2013.pdf>;
16. Clinical Quality Management PCN, located at <http://hab.hrsa.gov/sites/default/files/hab/Global/clinicalqualitymanagementpcn.pdf>;
17. Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, located at <https://www.gpo.gov/fdsys/granule/USCODE-2010-title42/USCODE-2010-title42-chap6A>, as amended;
18. Texas Health and Safety Code, §85.085, Physician Supervision of Medical Care, located at <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm>, to ensure a licensed physician supervises any medical care or procedure provided under this Contract. Grantee must include provisions in its contracts with all subrecipients requiring such compliance;
19. Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104), located at: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>;
20. Terms governed by 45 CFR Part 96 or 45 CFR Part 98; and
21. Use the following acknowledgement and disclaimer on all products produced by HRSA grant funds: “This project is/was supported by the

Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.”

Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies, and issue briefs.

All of the above-named documents are incorporated herein by reference and made a part of this Contract.

- H.** Permit and cooperate with any federal or state investigations undertaken regarding programs conducted under Part B or State Services.
- I.** Ensure HRSA recipients that purchase outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa/](http://www.hrsa.gov/opa/).
- J.** Have knowledge of U.S. 45 CFR 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards (U.S. Uniform Guidance) and understand the difference between 45 CFR 74 and 2 CFR 200, specified in HRSA PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds (Updated 10/22/2018) (HRSA/HAB PCN) including, but not limited to, time and effort requirements, records retention, limits on executive compensation, and mandatory disclosures.
- K.** Ensure that DSHS service delivery funds are not utilized for Grantee’s administrative expenses.
- L.** Ensure RWHAP federal funds are only used for RWHAP-eligible clients. In accordance with the HRSA RWHAP client eligibility determination and recertification requirements (Policy Clarification Notice 1302), clients’ eligibility shall be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payor of last resort. Grantee understands that if ineligible clients are found to have received services, reimbursement for those services may be required.

- M.** Ensure subrecipients do not use funds for inpatient hospital services, nursing homes, or other long-term care facilities, or to supplant or supplement existing Medicaid/Medicare services. However, funds may be used for residential hospice care provided within an inpatient setting such as a hospital or nursing home that is properly staffed and licensed for such care as mandated by state and federal law regarding hospice regulation and is compliant with DSHS Standards of Care and DSHS Universal Standards.
- N.** Ensure subrecipients do not use funds to make payments directly to clients.
- O.** Ensure subrecipients do not use funds to purchase or majorly improve any building or other facility.
- P.** In accordance with Program Policy Notice 1201, not use grant funds for: 1.) outreach programs which have HIV prevention education as their exclusive purpose, or 2.) broad scope awareness activities about HIV services that target the general public (see <https://hab.hrsa.gov/sites/default/files/hab/Global/outreachpolicy2012.pdf>).
- Q.** Adhere to the legislative requirement to establish a clinical quality management program as outlined in Policy Clarification Notice 1502, located at: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>.
- R.** Agree vacant positions existing after ninety (90) days may result in a decrease in funds.
- S.** Bill according to the following activity codes and amounts defined in the FY19 Allocation by Code document located at <http://www.dshs.texas.gov/hivstd/funding/default.shtm>:

  - 1. Administration: H25
  - 2. Planning and Evaluation: 079
  - 3. Quality Management: K18
- T.** Receive and disburse program funds for client services, consistent with the requirements found herein, through a Request for Proposal or Renewal process, and execute contracts directly with subrecipients for these client services within thirty (30) days of the execution date of this Contract.
- U.** Submit subrecipient contracts, interlocal agreements, and budgets for Ryan White Service Delivery and State Services funds to DSHS no later than forty-five (45) days after the execution date of the contract between AA and subrecipient.
- V.** Perform monitoring using the DSHS monitoring tools, which include the requirements of the HRSA PCNs, HRSA National Monitoring Standards, DSHS Standards of Care, and DSHS Universal Standards, and submit monitoring reports and data, Corrective Action Plans, Plan-Do-Study-Act Plans, and other data as directed by DSHS. Subrecipient monitoring must be conducted using DSHS monitoring tools and submitted within the timeline established by DSHS.

**W.** Follow DSHS guidance regarding sample size.

**X.** Ensure subrecipients implement and comply with DSHS Standards of Care and DSHS Universal Standards.

**Y.** Ensure the following are accomplished for the AIDS Drug Assistance Program (ADAP) Eligibility Workers (AEWs):

1.  $\geq 90\%$  of new enrollee and recertification ADAP applications are accepted by the Texas HIV Medication Program (THMP) as complete upon initial submission;
2.  $\geq 90\%$  of new enrollee applications are submitted within ten (10) business days of initial contact with the client;
3.  $\geq 90\%$  of ADAP eligibility recertifications and self-attestations are completed on or before the lapse of ADAP program benefits;
4.  $\geq 90\%$  of applications are reviewed and signed by second AEW or supervisor before submission;
5. 100% of applications rejected or held by the THMP because of missing or inaccurate documentation are followed up with the applicant within two (2) business days of notice from the THMP; and
6. All efforts made on behalf of the applicant are documented in the appropriate file (e.g., medical record) within one (1) business day of occurrence.

**Z.** Provide aggregated data regarding AEW performance measures to the DSHS Care Services Group via quarterly reporting.

**AA.** Ensure the following expectations are met by the ADAP Liaison, which is a required position to provide training, support, quality assurance/quality improvements, and oversight of the AEWs across HASAs and HSDAs for the purpose of complete and correct submissions of THMP applications to DSHS:

1. Attend 80% of monthly regional calls coordinated by the THMP;
2. Attend 100% of required trainings annually, or arrange for appropriate makeup;
3. Submit a yearly QA/QI Schedule to the THMP; and
4. Submit quarterly reports and outcomes from the QA/QI schedule. This will include technical assistance visits to agencies and pharmacies in assigned area.

**BB.** Ensure subrecipients establish a Memorandum of Agreement with each local health department within the Grantee's designated Service Area (or DSHS regional office, in an area without a local health department), within thirty (30) days of the effective date of each subcontract. This memorandum must be designed to facilitate linking individuals who meet Ryan White eligibility criteria to local sexually transmitted disease (STD) and tuberculosis (TB) programs so that such individuals may receive appropriate services from those programs.

**CC.** Establish formal systems of care and standing procedures for linking clients to primary care to assure that all clients have a provider for non-HIV-related illnesses.



**DD.** Ensure subrecipients provide services that are equitably available and accessible to all PLWH needing services and/or care within Grantee's designated Service Area. Grantee shall not set up eligibility criteria that favor one HIV-positive demographic over another. Grantee will make reasonable efforts to provide office hours and service locations that are accessible to as many clients as possible. HHS Office for Civil Rights provides guidance to grant and cooperative recipients on complying with civil rights laws that prohibit discrimination (see <http://www.hhs.gov/civil-rights/for-individuals/index.html>). Specific guidance for legal obligations under Title VI of the Civil Rights Act of 1964 for programs and activities that receive federal financial assistance can be found in P.L. 88-352, as amended, and 45 CFR Part 75.

**EE.** Ensure subrecipients provide key points of access for the purpose of facilitating early intervention for individuals newly diagnosed with HIV and individuals knowledgeable of their HIV status but not in care. Subrecipients should maintain appropriate relationships with other health care provider entities in the area that provide key points of access to the health care system for PLWH, so referrals can be made into the care system. These entities include, but are not limited to: emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, mental health programs, homeless shelters, migrant health centers, community health centers, health services for the homeless, family planning grantees, comprehensive hemophilia diagnostic and treatment centers, non-profit private entities that provide comprehensive primary care services to populations at risk for HIV, STD clinics/programs, DSHS Program's HIV prevention contractors, and other venues where HIV may be diagnosed.

**FF.** Provide a recommended allocation plan of DSHS funds available for each HSDA prioritized by service categories, with allocations reflecting the intent of the Ryan White Treatment Extension Act of 2009's mission. Grantee will:

1. Conduct periodic examinations of utilization and expenditure data;
2. Maintain effective systems to minimize lapsing of Contract funds;
3. Make written recommendations regarding reallocation to efficiently expend funds and provide medical services to the broadest number of clients, and submit to DSHS for review and approval no less than thirty (30) days before the end of the Contract period, unless DSHS approves a late reallocation request in advance;
4. Implement any recommendations as approved and modified by DSHS and immediately make any approved revisions to the ARIES contracts. Allocation and reallocation recommendations will reflect a primary emphasis on assuring participation in HIV-related medical care for PLWH;
5. Recommended allocations for HSDAs containing Eligible Metropolitan Areas (EMAs) or Texas Transitional Grant Areas (TGAs) will reflect the priorities and strategies set by the Planning Council;
6. Ensure subrecipients use the addition alternative for Program Income and that use of Program income is in compliance with the DSHS UTCs and RWHAP legislation;
7. Ensure subrecipients comply with AA's and DSHS' policy and RWHAP legislation on disallowed costs; and
8. Ensure responsibility and accountability for RWHAP Part B funds expenditures.

**GG.** Provide the current Administrative Agency Quality Management (QM) Plan and subrecipient QM Plans to DSHS by December 30, 2019 (the QM Plan can be incorporated into the agency's strategic and Comprehensive HIV Services plans).

**HH.** Submit the following reports as attachments to Annual and Semiannual Narrative Progress Report (formerly "Section B"):

1. Biannual QM Committee meeting summaries;
2. Annual Administrative Agency Client Satisfaction Survey results; and
3. Annual QM Program/System Summary.

**II.** Ensure subrecipients submit, at a minimum, all required data elements under this Contract for every client who receives services through the funded provider. Grantees are responsible for ensuring subrecipients, or Grantees on subrecipients' behalf, submit and complete all required client data through the Uniform Reporting System (URS) in accordance with the requirements herein and with all policies, guidelines and instructions provided by DSHS. All contracts, which include all services to be supported with DSHS funds, must be set up accurately in ARIES within thirty (30) days of the execution date of this Contract. Contracts shall include accurate information on the cost of each unit of service and follow the naming format listed below, as appropriate:

1. 19-20 SS (9/1/2019-8/31/2020)
2. 19-20 Part B (4/1/2019-3/31/2020)
3. 18-19 Part B Supp 2 (4/1/2019-9/29/2019)
4. 19-20 Part B Supp 1 (9/30/2019-3/31/2020)
5. 19-20 State-R (4/1/2019-3/31/2020)

**JJ.** Utilize the program reporting format provided by DSHS. Grantee accepts responsibility and accountability for each subrecipient's compliance and timely submission of the documentation required in the Annual and Semiannual Narrative Progress Report.

**KK.** Require its subrecipients to submit the Ryan White HIV/AIDS Program Services Report (RSR) electronically by February 15, 2020, for services delivered from January 1 to December 31, 2019, following all submission instructions issued by DSHS. Payment of final voucher will be contingent upon proper submission of Grantee's final RSR.

**LL.** Ensure subrecipients providing direct services adopt written protocols, standards, and guidelines based on the latest medical knowledge regarding the care and treatment of PLWH, consistent with the law and policies referenced herein, as revised.

**MM.** Maintain access to current laws, standards, and guidelines for its staff working on activities under this Contract.

## **II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-3, Revised FY 2019 Statement of Work and compliance with the Contract's terms and conditions.

**III. INVOICE AND PAYMENT**

- A. Grantee will request monthly payments using the State of Texas Purchase Voucher (Form B-13) at is <https://www.dshs.state.tx.us/grants/forms.shtm>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services  
Claims Processing Unit, MC 1940  
1100 West 49<sup>th</sup> Street  
P.O. Box 149347  
Austin, TX 78714-9347  
FAX: (512) 458-7442  
EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov)

- B. Grantee will be paid on a cost reimbursement basis in accordance with Attachment B-3, Revised FY 2019 Budget of this Contract.

**Attachment B-3 – Revised FY 2019 Budget  
Contract No. 537-17-0196-00001**

<b>BUDGET CATEGORIES</b>	<b>REVISED FY 2019 (04/01/2019- 03/31/2020)</b>
<b>PERSONNEL</b>	<b>\$545,560.00</b>
<b>FRINGE BENEFITS</b>	<b>\$163,668.00</b>
<b>TRAVEL</b>	<b>\$25,409.00</b>
<b>EQUIPMENT</b>	<b>\$0.00</b>
<b>SUPPLIES</b>	<b>\$19,633.00</b>
<b>CONTRACTUAL</b>	<b>\$7,774,293.00</b>
<b>OTHER</b>	<b>\$203,526.00</b>
<b>TOTAL DIRECT CHARGES</b>	<b>\$8,732,089.00</b>
<b>INDIRECT CHARGES</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$8,732,089.00</b>