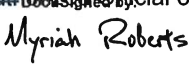
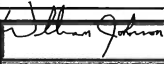


FDP Cost Reimbursement Subaward

Federal Awarding Agency: Other [Type in Agency]		Health Resources and Services Administration
Pass-Through Entity (PTE): University of North Texas Health Science Center at Fort Worth		Subrecipient: City of Fort Worth
PTE PI: Jennifer Severance	Sub PI: Brandon Pate	
PTE Federal Award No: 6 U1QHP53050-02-01	Subaward No: RAWD000219-SUB00540	
Project Title: Workforce Enhancement in Healthy Aging and Independent Living Collaborative		
Subaward Budget Period: Start: 07/01/2025 End: 06/30/2026		Amount Funded This Action (USD): \$ 25,000.00
Estimated Period of Performance: Start: 07/01/2025 End: 06/30/2026		Incrementally Estimated Total (USD): \$ 25,000.00

Terms and Conditions

1. PTE hereby awards a cost reimbursable subaward, (as determined by 2 CFR 200.331), to Subrecipient. The Statement of Work and budget for this Subaward are as shown in Attachment 5. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of PTE.
2. Subrecipient shall submit invoices not more often than monthly and not less frequently than quarterly for allowable costs incurred. Upon the receipt of proper invoices, the PTE agrees to process payments in accordance with this Subaward and 2 CFR 200.305. All invoices shall be submitted using Subrecipient's standard invoice, but at a minimum shall include current and cumulative costs (including cost sharing), breakdown by major cost category, Subaward number, and certification, as required in 2 CFR 200.415(b). Invoices that do not reference PTE Subaward number shall be returned to Subrecipient. Invoices and questions concerning invoice receipt or payments shall be directed to the party's Financial Contact, shown in Attachment 3A.
3. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Financial Contact, as shown in Attachment 3A, not later than 60 days after the final Budget Period end date. The final statement of costs shall constitute Subrecipient's final financial report.
4. All payments shall be considered provisional and are subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.
5. Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4.
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to the PTE's Administrative Contact and the Subrecipient's Administrative Contact shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official as shown in Attachments 3A and 3B.
7. The PTE may issue non-substantive changes to the Budget Period(s) and Budget Unilaterally. Unilateral modification shall be considered valid 14 days after receipt unless otherwise indicated by Subrecipient when sent to Subrecipient's Authorized Official Contact, as shown in Attachment 3B.
8. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.
9. Either party may terminate this Subaward with 30 days written notice. Notwithstanding, if the Awarding Agency terminates the Federal Award, PTE will terminate in accordance with Awarding Agency requirements. PTE shall direct written notice to the Subrecipient's Authorized Official contact, and Subrecipient shall direct written notice to the PTE's Authorized Official contact, as shown in Attachments 3A and 3B. PTE shall pay Subrecipient for termination costs as allowable under Uniform Guidance, 2 CFR 200, or 45 CFR Part 75 Appendix IX, as applicable.
10. By signing this Subaward, including the attachments hereto which are hereby incorporated by reference, Subrecipient certifies that it will perform the Statement of Work in accordance with the terms and conditions of this Subaward and the applicable terms of the Federal Award, including the appropriate Research Terms and Conditions ("RTCs") of the Federal Awarding Agency, as referenced in Attachment 2. The parties further agree that they intend this subaward to comply with all applicable laws, regulations, and requirements.

By an Authorized Official of the PTE:		By an Authorized Official of the Subrecipient:	
			
1/20/2026		01/20/2026	
Name: Myriah Roberts, JD	Date	Name:	Date
Title: Director, Research Agreements		Title: ACM	

DS
JS

Attachment 1
Certifications and Assurances

Subaward Number:

RAWD000219-SUB00540

Certification Regarding Lobbying (2 CFR 200.450)

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement in accordance with 2 CFR 200.450.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the PTE.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.214 and 2 CFR 180)

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.214 and 2 CFR 180.

Audit and Access to Records

Subrecipient certifies that it will provide PTE with notice of any adverse findings which impact this Subaward. Subrecipient certifies compliance with applicable provisions of 2 CFR 200.501-200.521. If Subrecipient is not required to have a Single Audit as defined by 200.501, Awarding Agency requirements, or the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and will provide access to such audits upon request. Subrecipient will provide access to records as required by parts 2 CFR 200.332 (a)(5), 200.337, and 200.338 as applicable.

Program for Enhancement of Contractor Employee Protections (41 U.S.C 4712)

Subrecipient is hereby notified that they are required to: inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

The Subrecipient shall require that the language of the certifications above in this Attachment 1 be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Use of Name

Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment

Pursuant to 2 CFR 200.216, Subrecipient will not obligate or expend funds received under this Subaward to: (1) procure or obtain; (2) extend or renew a contract to procure or obtain; or (3) enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services (as described in Public Law 115-232, section 889) as a substantial or essential component of any system, or as a critical technology as part of any system.

Attachment 2
Federal Award Terms and Conditions

Subaward Number
RAWD000219-SUB00540

Required Data Elements

The data elements required by Uniform Guidance are incorporated in the attached Federal Award.

Awarding Agency Institute (If Applicable)		
Health Resources & Services Administration		
Federal Award Issue Date	FAIN	Assistance Listing No.
09/09/25	U1Q53050	93.969
Assistance Listing Program Title (ALPT)		
Geriatric Education Centers Program		
Key Personnel Per NOA		

This Subaward Is:

- Research & Development
- Subject to FFATA

General Terms and Conditions

By signing this Subaward, Subrecipient agrees to the following:

1. To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:

<https://www.hrsa.gov/sites/default/files/grants/hhsgrantspolicy.pdf>

2. 2 CFR 200

3. The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:

<https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance>

4. Applicable Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:

<https://www.hrsa.gov/grants/manage-your-grant/policies-regulations-guidance> except for the following :

- a. No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the Administrative Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
- b. Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
- c. Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
- d. Title to equipment as defined in 2 CFR 200.1 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
- e. Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).

5. Treatment of program income: Additive

Special Terms and Conditions:

Data Sharing and Access:

Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and/or access requirements as reflected in the NOA or the Federal Awarding Agency's standard terms and conditions as referenced in General Terms and Conditions 1-4 above.

No additional requirements

Data Rights:

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Copyrights:

Subrecipient Grants to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Promoting Objectivity in Research (COI):

Subrecipient must designate herein which entity's Financial Conflicts of Interest policy (COI) will apply: PTE

If applying its own COI policy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of the relevant Federal Awarding Agency as identified herein: Health Resources and Services Administration

Subrecipient shall report any financial conflict of interest to PTE's Administrative Representative or COI contact, as designated on Attachment 3A. Any financial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awarding Agency. Such report shall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently identified COI.

Work Involving Human or Vertebrate Animals (Select Applicable Options)

No Human or Vertebrate Animals

This section left intentionally blank.

Human Subjects Data (Select One)

This section left intentionally blank

This section left intentionally blank

Additional Terms

Please reference RF10048 on all invoices.

Attachment 3A
Pass-Through Entity (PTE) Contacts

Subaward Number:
RAWD000219-SUB00544

PTE Information

Entity Name: University of North Texas Health Science Center at Fort Worth

Legal Address: 3500 Camp Bowie Blvd
Fort Worth, Texas 76107-2699

Website: <https://www.unthealth.edu>

PTE Contacts

Central Email: OSPContracts@unthealth.edu

Principal Investigator Name: Jennifer Severance

Email: jennifer.severance@unthealth.edu Telephone Number:

Administrative Contact Name: Lynnette Cadman

Email: lynnette.cadman@unthealth.edu Telephone Number:

COI Contact email (if different to above): OSP_Postaward@unthealth.edu

Financial Contact Name: Danielle Wheeler

Email: OSPAccounting@myunt.onmicrosoft.com Telephone Number:

Email invoices? Yes No Invoice email (if different): RFCSubMgmt@unthsc.edu

Authorized Official Name: Myriah Roberts, JD

Email: OSPContracts@unthealth.edu Telephone Number: 817-735-5073

PI Address:

The University of North Texas Health Science Center at Fort Worth
3500 Camp Bowie Blvd
Fort Worth, Texas 76107-2699

Administrative Address:

The University of North Texas Health Science Center at Fort Worth
Office of Sponsored Programs
3500 Camp Bowie Blvd
Fort Worth, Texas 76107-2699

Invoice Address:

The University of North Texas Health Science Center at Fort Worth
Office of Sponsored Programs
3500 Camp Bowie Blvd
Fort Worth, Texas 76107-2699

Attachment 3B
Subrecipient Contacts

Subaward Number:
RAWD000219-SUB00540

Subrecipient Information for FFATA reporting

Entity's UEI Name: CITY OF FORT WORTH

EIN No.: 75-6000528 Institution Type: City/Township Gov't

UEI: ENS6MKS1ZL18
 Currently registered in SAM.gov: Yes No
 Exempt from reporting executive compensation: Yes No (if no, complete 3Bpg2)

Parent UEI: ENS6MKS1ZL18
 This section for U.S. Entities: Zip Code [Look-up](#)
 Place of Performance Address Congressional District: 12th Zip Code+4: 76102

100 Fort Worth Trail
 Fort Worth, Texas 76102-2661
 United States

Subrecipient Contacts

Central Email: info@fortworthtexas.gov
 Website: https://www.fortworthtexas.gov

Principal Investigator Name: Brandon Pate
 Email: Brandon.Pate@FortWorthTexas.gov Telephone Number: 817-475-8806

Administrative Contact Name: Brenda Ray
 Email: Brenda.Ray@FortWorthTexas.gov Telephone Number: 817-392-2577

Financial Contact Name: Valentina Reyna
 Email: Valentina.Reyna@FortWorthTexas.gov Telephone Number: 817-392-8512

Invoice Email: SupplierInvoices@FortWorthTexas.gov

Authorized Official Name: William Johnson
 Email: William.Johnson@FortWorthTexas.gov Telephone Number: 817-392-5806

Legal Address:

100 Fort Worth Trail
 Fort Worth, Texas 76102-2661
 United States

Administrative Address:

100 Fort Worth Trail
 Fort Worth, Texas 76102-2661
 United States

Payment Address:

100 Fort Worth Trail
 Fort Worth, Texas 76102-2661
 United States

Attachment 3B-2
Highest Compensated Officers

Subaward Number:

RAWD000219-SUB00540

Subrecipient:

Institution Name:

PI Name:

Highest Compensated Officers

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

Attachment 4
Reporting and Prior Approval Terms

Subaward Number:
RAWD000219-SUB00540

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

Technical Reports:

- Monthly technical/progress reports will be submitted to the PTE's Administrative Contact within 15 days of the end of the month.
- Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's Administrative Contact.
- Annual technical / progress reports will be submitted within 60 days prior to the end of each budget period to the PTE's Principal Investigator. Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- A Final technical/progress report will be submitted to the PTE's Principal Investigator within 60 days of the end of the Project Period or after termination of this award, whichever comes first.
- Technical/progress reports on the project as may be required by PTE's Principal Investigator in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

Prior Approvals:

Carryover:

Carryover is restricted for this subaward by the: Federal Awarding Agency
Submit carryover requests to the Financial Contact.

Carryover instructions and requirements are as stated by the Federal Awarding Agency guidance or as shown below.

Other Reports:

- In accordance with 37 CFR 401.14, Subrecipient agrees to notify both the Federal Awarding Agency via designated portal and PTE's Financial Contact within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's Financial Contact within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency.
A negative report is required: Yes
- Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

Additional Technical and Reporting Requirements:

Attachment 5
Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number:

RAWD000219-SUB00540

Statement of Work

Below Attached, pages

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Budget Information

Indirect Cost Rate Information	Rate Applied: <input type="text" value="8"/> %	Cost Sharing	<input type="text" value="No"/>
Type: <input type="text" value="Sponsor-Limited Rate"/>	Base: <input type="text" value="Modified Total Direct Costs"/>	If Yes, include Amount: \$ <input type="text"/>	

Budget Details Below Attached, pages

Budget Totals

Direct Costs	\$	<input type="text" value="24,315.00"/>
Indirect Costs	\$	<input type="text" value="685.00"/>
Total Costs	\$	<input type="text" value="25,000.00"/>

All amounts are in United States Dollars

Attachment 6

Notice of Award (NOA) and any additional documents

- The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward.
- Not incorporating the NOA or any additional documentation to this Subaward.

OFFICE OF SPONSORED PROGRAMS



SCOPE OF WORK

Project Title

Workforce Enhancement in Healthy Aging and Independent Living Collaborative

Project PI Brandon Pate, MPH (subaward), Dr. Jennifer Severance (prime PI)

Project Period July 1, 2024 to June 30, 2029

Sponsor : HRSA (prime), UNTHSC (direct)

Funding Opportunity (if applicable): HRSA-24-018

1. **Problem Statement:** In 2023, nearly 30,000 residents aged 65 or older living in low-income and HPSA zip codes called 911 for an emergency medical services (EMS) response. Many of these patients could be effectively managed without ambulance transport to the emergency department (ED). Avoiding preventable ED visits is more patient-centered care and reduces healthcare expenses. Emergency Medical Technicians (EMTs) and paramedics in most EMS systems are not trained in critical clinical decision-making skills to appropriately determine the safety and efficacy of navigating these patients to potentially more appropriate dispositions than an ED.
2. **Goals of the Agreement:** Under this agreement, the Fort Worth Fire Department (FWFD) will train its workforce on the skills necessary to effectively be able to provide safe alternate dispositions for 911 callers to prevent avoidable ED visits.
3. **Objectives of the Agreement/Deliverables:** FWFD will train at least 105 EMTs and community paramedics annually in age- and dementia-friendly training to enhance their ability to make effective decisions for older patients. Trainee and health system outcomes will be measured and reported.
4. **Administration:**
 - The training program will be developed and administered by the Fort Worth Fire Department and the City of Fort Worth's Office of the Medical Director (OMD), in coordination with the University of North Texas Health Science Center Workforce Enhancement in Healthy Aging and Independent Living (WE HAIL) partners.
 - Competency for the training participants will be assured through written and practical assessments.
 - Protocols will be developed for trained and credentialed WEHAIL providers to initiate patient navigation for geriatric 911 callers who meet alternate disposition protocols.
 - Outcomes from the alternate disposition will be assessed through quality improvement PDSA cycles.

5. Timeline:

- Year 1: Curriculum development and scheduling
- Year 2: train at least 105 EMTs, paramedics and community paramedics
- Year 3: train at least 105 EMTs, paramedics and community paramedics
- Year 4: train at least 105 EMTs, paramedics and community paramedics
- Year 5: train at least 105 EMTs, paramedics and community paramedics

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	Mr.	Brandon	Keith	Pate	PD/PI					4,875.00	1,462.00	6,337.00
2.												
3.												
4.												
5.												
6.												
7.												
8.												
Total Funds requested for all Senior Key Persons in the attached file												Total Senior/Key Person
												6,337.00

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel		* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
	Post Doctoral Associates							
	Graduate Students							
	Undergraduate Students							
2	Secretarial/Clerical				1,714.00	514.00	2,228.00	
Total Number Other Personnel								Total Other Personnel
								2,228.00
								Total Salary, Wages and Fringe Benefits (A+B)
								8,565.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text" value="Participant Cost"/>	<input type="text" value="15,750.00"/>
<input type="text" value="105"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text" value="15,750.00"/>

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>

G. Direct Costs Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text" value="Facilities & Administrative Rate"/>	<input type="text" value="8.00"/>	<input type="text" value="24,215.00"/>	<input type="text" value="685.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs			<input type="text" value="685.00"/>

Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee Funds Requested (\$)

K. * Budget Justification

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		6,337.00
Section B, Other Personnel		2,228.00
Total Number Other Personnel	2	
Total Salary, Wages and Fringe Benefits (A+B)		8,565.00
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		15,750.00
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other	15,750.00	
6. Number of Participants/Trainees	105	
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		24,315.00
Section H, Indirect Costs		685.00
Section I, Total Direct and Indirect Costs (G + H)		25,000.00
Section J, Fee		

SUBAWARD BUDGET JUSTIFICATION

Subaward: City of Fort Worth
Project Lead: Brandon Pate, EMS Manager
Funding Period: July 1, 2025 to June 30, 2026

This narrative provides a justification for the funding requested for community partner, City of Fort Worth, to implement training in collaboration with the University of North Texas Health Science Center at Fort Worth (UNTHSC) Geriatric Workforce Enhancement Program (GWEP) entitled “Workforce Enhancement in Healthy Aging and Independent Living (WE HAIL) Collaborative.”

City of Fort Worth – YEAR TWO Total: \$25,000

Prior to July 1, 2025, MedStar Mobile Healthcare (MedStar) provided emergency services to the City of Fort Worth and 13 surrounding cities in North Texas. Since this time, the City of Fort Worth acquired MedStar personnel and operations to continue providing reliable and fiscally sustainable patient-centered services to the 1.14 million residents within the 14-city jurisdiction. In addition to MedStar’s 400 field EMTs and paramedics absorbed by the Fort Worth, an additional 75 EMTs and paramedics are projected to be added. The City of Fort Worth also acquired MedStar's specialty team of 20 Community Paramedics who visit an average of 45 patients per day in their homes for follow-up care, conduct health assessments, compliance monitoring, and education and preventative services to reduce the patient’s reliance on the 911 system for low-acuity medical complaints.

During the funding period, the City of Fort Worth will provide a one-hour online age- and dementia-friendly training to a total of at least 85 City of Fort Worth EMTs and paramedics; with a goal to increase early dementia detection and improve emergency and clinical care for older adults in underserved areas. In addition, the City of Fort Worth will coordinate the implementation and evaluation of an age-friendly and dementia-friendly training for at least 20 Mobile Integrated Healthcare Community Paramedic staff. Together, reaching a cumulative total of at least 105 trainees. Deliverables, trainee and system change outcomes will be measured and reported.

Funds will also support personnel with any training modifications, coordination, implementation, and evaluation of trainings for EMTs and paramedics providing 911 response, and Mobile Integrated Healthcare Community Paramedics providing patient navigation and education. The City of Fort Worth project personnel will attend monthly project meetings, contribute to HRSA project reports, and submit trainee and patient outcomes and invoices quarterly and annually to UNTHSC for the budgeted activities.

The City of Fort Worth will be responsible for the below quarterly activities:

1. Quarters 1 and 2 – Implement curricular improvements received during Y1-Q4. Disseminate one-hour training for EMTs and paramedics. Coordinate implementation of CHW training for MIH Community paramedics by end of Quarter 2.
2. Quarter 3 – Evaluate online training for EMTs and paramedics and training for MIH Community paramedics.
3. Quarter 4 – Submit evaluation data for analysis.

PERSONNEL: \$8,565

- Brandon Pate - PI/PD and City of Fort Worth EMS Manager (4.210%, effort) Mr. Pate will attend WE HAIL project meetings, lead in activities for curriculum improvements, implementation and evaluation data collection and reporting, provide quarterly and annual project reports, and contribute to other grantee performance reports, and will lead in sharing best practices with other providers across the state and nationally.
- Christopher Roberts – City of Fort Worth EMS Supervisor for Mobile Integrated Healthcare (1.005% effort) Mr. Roberts will co-lead curriculum improvements, implementation and conduct age- and dementia-friendly training to enhance MIH community paramedics’ ability to make effective decisions for older patients to improve patient outcomes.
- Nneka Ugochukwu – City of Fort Worth Lead Paramedic (1.005% effort) Ms. Ugochukwu will co-lead curriculum improvements, implementation and conduct age- and dementia-friendly training to enhance EMTs and community paramedics’ ability to make effective decisions for older patients to improve patient outcomes.

Personnel- City of Fort Worth			HRSA Project Salary		
			Position Title	% FTE	Salary
B. Pate	Lead/ PI	4.210	\$4,875	\$1,462	\$6,337
C. Roberts	Training Co-coordinator	1.005	\$885	\$265	\$1,150
N. Ugochukwu	Training Co-coordinator	1.005	\$829	\$249	\$1,078
			\$6,589	\$1,976	\$8,565

Personnel Salaries: \$6,589

Personnel Fringe: \$1,976 (Fringe is calculated as 30% salary, inclusive of a pro-rated portion of group medical insurance premium for all full-time employees, taxes, retirement plan.)

PARTICIPANT/TRAINEE SUPPORT COSTS: \$15,750

The City of Fort Worth will train up to 105 EMTs, paramedics and community paramedics in age- and dementia-friendly training to enhance their ability to make effective decisions for older patients at a rate of \$150 per trainee. Trainee and health system outcomes will be measured and reported.

YEAR TWO SUMMARY:

City of Fort Worth Direct Costs: \$8,565

City of Fort Worth Participant/Trainee Support Cost: \$15,750

City of Fort Worth Indirect Costs: \$685 (*Calculated at 8% of Direct Cost*)

City of Fort Worth Total Costs: \$25,000



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# U1Q53050
Federal Award Date: 09/09/2025

Recipient Information

- 1. Recipient Name**
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
3500 Camp Bowie Blvd
Fort Worth, TX 76107-2699
- 2. Congressional District of Recipient**
12
- 3. Payment System Identifier (ID)**
1756064033A1
- 4. Employer Identification Number (EIN)**
756064033
- 5. Data Universal Numbering System (DUNS)**
110091808
- 6. Recipient's Unique Entity Identifier**
J8AKPCR2KA4
- 7. Project Director or Principal Investigator**
Jennifer J Severance
jennifer.severance@unthsc.edu
(817)735-0469
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Shelia Burks
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
sburks@hrsa.gov
(301) 443-6452
- 10. Program Official Contact Information**
Jennifer L Solomon
Public Health Analyst
Bureau of Health Workforce (BHW)
jsolomon@hrsa.gov
(301) 443-0024

Federal Award Information

- 11. Award Number**
6 U1QHP53050-02-01
- 12. Unique Federal Award Identification Number (FAIN)**
U1Q53050
- 13. Statutory Authority**
42 U.S.C. § 294c(a)
- 14. Federal Award Project Title**
Geriatrics Workforce Enhancement Program
- 15. Assistance Listing Number**
93.969
- 16. Assistance Listing Program Title**
Geriatric Education Centers Program
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2025 - End Date 06/30/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$262,296.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$56,524.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,000,000.00
26. Project Period Start Date 07/01/2024 - End Date 06/30/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,001,742.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Aisha King on 09/09/2025

30. Remarks

This Notice of Award provides full funding based on FY25 program requirements and funding levels.



Notice of Award
Award Number: 6 U1QHP53050-02-01
Federal Award Date: 09/09/2025

Bureau of Health Workforce (BHW)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$489,069.00
b. Fringe Benefits:	\$131,753.00
c. Total Personnel Costs:	\$620,822.00
d. Consultant Costs:	\$50,900.00
e. Equipment:	\$0.00
f. Supplies:	\$19,538.00
g. Travel:	\$14,079.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$1,211.00
j. Consortium/Contractual Costs:	\$224,926.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$12,000.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$943,476.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$56,524.00
i. Indirect Cost Federal Share:	\$56,524.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,000,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,000,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,000,000.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$737,704.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$262,296.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
03	\$1,000,000.00
04	\$1,000,000.00
05	\$1,000,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.21

37. BHCNIS#

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 statute 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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3721UB4	93.969	24U1QHP53050	\$262,296.00	\$0.00	N/A	24U1QHP53050

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/WebEPSExternal/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. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. Applicable Regulations – Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
3. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
4. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
 - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
 - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
5. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section

1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).

- 6. Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340. Pursuant to 2 C.F.R. 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Jennifer J Severance	Program Director	jennifer.severance@unthsc.edu

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/>).