



**II. FISCAL IMPACT ANALYSIS**

**Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Capital Expenditures	_____	_____	_____	_____
Operating Costs	<u>576,631</u>	_____	_____	_____
External Revenue	<u>(576,631)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u><b>000</b></u>	_____	_____	_____

# **ADDITIONAL FTE POSITIONS (Cumulative)** \_\_\_\_\_

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1010 Dept 142 Unit 1477 Object 8201  
 Program Code various

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Funding provided through the U.S. Department of Health and Human Services. No County match is required. Federal funds will provide needed services to HIV/AIDS clients in Palm Beach County.

**C. Departmental Fiscal Review:** *[Signature]*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**


*[Signature]* 9-19-07  
 9/19/07 OFMB *[initials]* CN 9/19/07  
*[Signature]* 9/26/07 Contract Dev. and Control  
 These contracts comply with our review requirements.

**B. Legal Sufficiency:**  
*[Signature]* 9/27/07  
 Assistant County Attorney

**C. Other Department Review:**  
 \_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

received  
8/6/07

1. DATE ISSUED: 08/01/2007		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act Section 2601 et seq. and Section 2693							
3. SUPERCEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>											
4a. AWARD NO.: 1 H3MHA08466-01-00	4b. GRANT NO.: H3MHA08466	5. FORMER GRANT NO.:									
6. PROJECT PERIOD: FROM: 08/01/2007 THROUGH: 07/31/2010											
7. BUDGET PERIOD: FROM: 08/01/2007 THROUGH: 07/31/2008											
8. TITLE OF PROJECT (OR PROGRAM): Minority AIDS Initiative Programs for Part A Grantees											
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Edward Rich PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura Street West Palm Beach, FL 33401-5204								
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE								
a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 0.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 576,631.00 p. INDIRECT COSTS: (Rate: % of S&WTADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 576,631.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 576,631.00			a. Authorized Financial Assistance This Period \$ 576,631.00 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 \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 576,631.00								
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)											
<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>\$ 576,631.00</td> </tr> <tr> <td>03</td> <td>\$ 576,631.00</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	02	\$ 576,631.00	03	\$ 576,631.00
YEAR	TOTAL COSTS										
02	\$ 576,631.00										
03	\$ 576,631.00										
14. 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 Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00											
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program regulation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obligated from the grant payment system.</small>											
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) PLEASE SEE ATTACHMENT FOR CONDITIONS, TERMS, AND REPORTING REQUIREMENTS. <i>Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 08/01/2007</i>											
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1596000785A1		19. FUTURE RECOMMENDED FUNDING:							
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE						
07-3770791	93.914	H3MHA08466A0	\$ 576,631.00	\$ 0.00	N/A						

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### HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) 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 NGA. 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://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

### Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

#### Program Conditions:

1. **Due Date: Within 90 days of Award Issue Date**  
Within 90 days of Budget Start Date The grantee must submit the FY 2007 Planned Part A Minority AIDS Initiative (MAI) Allocation Table indicating the priority areas established and the dollar amount of FY 2007 MAI funds allocated to each prioritized service category, including eligible Core Medical Services. A format for the table will be sent to all grantees. Use only the categories identified on the Table. The Table must be sent electronically. Part A MAI Planned Allocation Tables will also be due within 90 days of the Budget Start Date for year-two (FY 2008) and year-three (FY 2009).
2. **Due Date: Within 150 days of Award Issue Date**  
The grantee must submit the FY 2007 Final Part A MAI Expenditure Table. A format for the table will be sent to all grantees. The Table must be sent electronically using the prescribed format. Final Part A MAI Expenditure Tables will also be due within 150 days of the Budget End Date for year-two (FY 2008) and year-three (FY 2009).

#### Program Terms:

1. One copy of each Condition must be submitted electronically to the Division of Grants Management Operations (DGMO), using the e-mail address of the Grants Management Specialist listed below, concurrently with an electronic copy submitted to the Division of Service Systems (DSS), using the e-mail message address of the Program Project Officer listed below. Each e-mail submission must contain only one condition. Label each submission, using the Grantee name and the requirement exactly as it is labeled on the Notice of Grant Award, e.g., Atlanta 2007 Part A MAI Planned Allocations Report. Grantee name and Grant number must be included with each submission. Both the original and copy must be submitted on the same date.
2. One copy of each Program Term with a due date must be electronically submitted to the Division of Service System (DSS) using the e-mail message address of the Program Project Officer listed below, except for the final MAI Implementation Plan (5a) listed below, which must be submitted via the Electronic Handbook. Each e-mail submission must contain only one Program Term. Label each submission exactly as it is labeled on the Notice of Grant Award. Grantee name and Grant number must be included with each submission. The original and copy must be submitted on the same date.
3. Each Reporting Requirement must be submitted electronically to the Division of Grants Management Operations (DGMO) and the Division of Service Systems (DSS) using the Health Resources and Services Administration (HRSA) Electronic Handbook (EHB) web portal. Each reporting Requirement submission must follow the instructions provided on the EHB website and/or in the Part A MAI Reporting Instructions provided to grantees under separate cover.
4. Please be advised that your Project Officer listed below will contact you directly through an email, stating the required program submissions. Failure to respond to the Project Officer's requests for additional information may result in additional conditions and potential restriction of funds being added to a subsequent award. The communication from

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the Project Officer will cover the following:

- a. The grantee must submit a revised FY 2007 SF 424A budget and budget narrative justification for approval that addresses Grantee Administration, Quality Management and MAI services to be provided during the budget period 8/1/2007 – 7/31/2008. All contracts must be listed on the Contractual line on the SF424A, including all contracts for Administration, and Quality Management. Budget narratives must be prepared according to instructions in the 2007 Part A MAI Application Guidance. The SF 424A Budget and Narrative must be sent electronically. Grantee will incur costs at its own risk until this condition is satisfied and removed.
  - b. A revised FY 2007 implementation plan reflecting the award amount must be submitted that addresses service categories and priorities established by the Planning Council (or grantee, in the case of new Transitional Grant Area award recipients), as reflected in your FY 2007 Planned Part A MAI Allocations Table. The MAI Plan must be submitted through the HRSA EHB web portal in accordance with instructions provided separately to all grantees. Use only Part A service categories approved by HRSA for 2007. The MAI Plan must include amounts budgeted for each service directed to each minority population; and for each service, the unduplicated total number of clients expected to be served, the planned numbers of women, infants, children and youth to be served, the planned number of service units to be provided, and planned client-level outcomes.
  - c. For the FY 2007 budget period 8/1/2007 – 7/31/2008, a Contract Review Certification (CRC) for all contracted funds in Administration, Quality Clinical Management, and HIV Services, and a consolidated list of contracts.
5. Foreign travel is not permitted.
  6. The grantee may not use more than ten (10) percent of the FY 2007 MAI grant funds for administration, accounting, reporting, program oversight and planning council activities. Indirect costs are considered administration.
  7. The grantee may not use more than five (5) percent of the FY 2007 MAI grant funds or \$3,000,000, whichever is less, for clinical quality management activities.
  8. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs and the grantee's clinical quality management costs from the total MAI grant amount and multiplying the difference by 10 percent.
  9. Refer to Condition 1. Any subsequent revisions to MAI allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s); or, for Transitional Grant Areas that do not have a Planning Council, signed by the official grantee contact.
  10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs, which have HIV prevention education as their purpose exclusively, or 2.) broad-scope awareness activities about HIV services that target the general public (see the HAB website - [www.hab.hrsa.gov](http://www.hab.hrsa.gov) - for information on DSS Program policies).
  11. If the grantee or a contractor uses MAI funds to purchase or reimburse for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see 42 CFR Part 50, Subpart E, and OMB Circulars A-87 and A-122 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act, and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in that section), failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.

**Standard Terms:**

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at [ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf](http://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf) and it is anticipated that Part IV, HRSA program-specific guidance will be available at the website in the near future. In addition, HRSA-specific contacts will be appended to Part III of the GPS which identifies Department-wide points of contact.

Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect. Once available, Part IV, HRSA program-specific guidance will take precedence over Parts I and II in situations where there are conflicting or otherwise inconsistent policies.

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2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

(A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

(B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

4. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval. For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: 1-877-614-5533.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).