Agenda Item No. 3E-17

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

	<u>AGEND</u>	A ITEM SUMMARY	, 	
Meeting Date: October 2	2, 2007	[X] Consent [] Workshop		ıring
•				
Submitted By: Comm	unity Servic	es		
Submitted For: Ryan	White Title I			
***********		CUTIVE BRIEF	:=====================================	:=====================================
Motion and Title: Staff r Ryan White Part A HIV 2007, through February 2	Health Suppo	ort Services Contra	cts for the period	dments to the
of \$61,593 for TB. Amendment Name Program, Inc. to of \$68,097 for LC. Amendment Not funding by \$1 Transportation: D. Amendment Not Beach County to of \$697,573 for	o increase fur ransportation o. 1 to con o increase fur aboratory Dia o. 1 to contra services. o. 1 to contrac to increase fur Local Supple	nding by \$8,500 for services. Itract (R2007-0741 ading by \$15,000 for agnostic Testing. Let (R2007-0740) with total not to except (R2007-0745) with minding by \$59,000 for amental Drug Programmental Drug	r a total not to ex) with Compreh ir a total not to ex ith Compass, Ind ceed amount of th Health Care Di or a total not to ex am.	ceed amount sensive AIDS ceed amount c. to increase f \$7,225 for istrict of Palm ceed amount
Summary: Ryan White I contract year and dollar reallocated to best meet (Ryan White) Countywide	s unlikely to the need of th	be spent by the e	end of the contra	ict period are
Background and Just needing funds to serve t provide needed services	he communit	nds are being mo y until the end of th	oved to ensure to se grant period ca	that agencies an continue to
2. <i>A</i> 3. <i>A</i>	Amendment N Amendment N	No. 1 Comprehensiv Io. 1 Comprehensiv Io. 1 Compass, Inc. Io. 1 Health Care D	e AIDS Program,	Inc.
		1110	1	=======
Recommended by:	Departme	nt Director	9-1	U-Jou7 Date
Approved by:	Assistant	County Administr		7 Date

II. FISCAL IMPACT ANALYSIS

А.	Five Tear Summ	ary of Fiscal	impact:					
Capi Ope Exte Prog In-K NET	iscal Years Ital Expenditures Ital Expenditures Ital Expenditures Ital Expenditures Ital Revenues It	0	2009	2010	2011	2012		
	em Included in Curre get Account No.: Fu	ınd <u>1010</u>	Yes <u>X</u> Dept <u>142</u> _{gram} Code <u>va</u>	No Unit <u>1475</u> rious	Object <u>8201</u>			
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.								
C.	Departmental Fi	scal Review:	teabft	2				
III. REVIEW COMMENTS								
A. OFMB Fiscal and/or Contract Administration Comments:								
В. С.	Legal Sufficience Assistant Count	Attornéy	/ Con 9/20/0	These Somply require	foot of Control Amendo with o marts_	121107 ments		
	Department D	Director	_					

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