

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

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Meeting Date: January 15, 2008	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
	<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: amendment no. 1 to contract with Treasure Coast Health Council (R2007-1478) to correct work plan dates for Program Support.

**Summary:** Dates throughout the work plan of the Treasure Coast Health Council contract are incorrect. This amendment is needed to correct dates to the work plan. No County funds are required. (Ryan White) Countywide (TKF).

**Background and Justification:** The work plan dates reflected on the Treasure Coast Health Council's contract hinder the payment process because they are incorrect. The dates must be corrected in order to ensure proper payment processing throughout the contract term.

**Attachments:**

Amendment #1- Treasure Coast Health Council

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Recommended by:		12-17-2007
	Department Director	Date

Approved by:		12-28-2009
	Assistant County Administrator	Date

**FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>0</u>	_____	_____	_____	_____
External Revenues	<u>0</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>0</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE</b>	<u>0</u>	_____	_____	_____	_____
<b>POSITIONS (Cumulative)</b>					

Is Item Included in Current Budget? Yes X No  
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201  
 Program Code 53

**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 Fiscal Review:**

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**  
 Approval of this item will not change the original contract amount of \$190,020.

*[Handwritten signatures and dates]*  
 OFMB 12-21-07      Contract Dev. and Control 12/20/07

**B. Legal Sufficiency:**  
*[Handwritten signature]* 12/26/07  
 Assistant County Attorney

This amendment complies with our review requirements.

**C. Other Department Review:**

Department Director

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

**AMENDMENT TO RYAN WHITE Part A  
HIV HEALTH SUPPORT SERVICES**

**THIS AMENDMENT TO THE RYAN WHITE Part A HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No.R-2007-1478, dated September 11, 2007) made and entered into at West Palm Beach Florida, on this \_\_\_\_ day of \_\_\_\_, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Treasure Coast Health Council, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 600 Sand Tree Drive, Palm Beach Gardens, FL 33403.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to correct work plan dates for Care Council Support and Program Support.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on September 11, 2007 is hereby amended as follows:

- I. New Work Plans with date corrections**
  - a. Program Support**
  - b. Care Council Support**
  
- II. Total contract not to exceed \$ 190,020 (amount remains the same).**

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**  
Sharon R. Bock  
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Addie L. Greene, Chairperson

\_\_\_\_\_  
Date

Treasure Coast Health Council, Inc.

**WITNESS:**  
*Gayle Corso*  
\_\_\_\_\_  
Signature

By: *Barbara Jacobowitz*  
\_\_\_\_\_  
Signature  
Barbara Jacobowitz  
Executive Director

*Gayle Corso*  
\_\_\_\_\_  
Witness Name

*12/5/07*  
\_\_\_\_\_  
Date

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

\_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

*Edward L. Rich*  
\_\_\_\_\_  
Edward L. Rich, Director

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p><b>1. Objective:</b> Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of service.</p> <p><b>2. Impact Statement:</b> When the objective is accomplished, what impact will it will have?</p> <p><b>1. Objectives:</b>                      A.) To maintain and expand the standard data collection and management information system for all providers of Ryan White Title I funded services in Palm Beach County.                      B.) Add PBC Health Care District and PBC Health Department to the FACTORS database through the use of a datapump of software product to upload bulk service information, and access to FACTORS through a remote desktop system.                      C.) Continue countywide reporting of demographic and service related data on a centralized basis which will enable the EMA to meet federal reporting requirements under the Ryan White CARE Act Title I Grant.                      D.) Ongoing maintenance of the central database of information relating to HIV/AIDS services for use in planning, implementing and monitoring programs planned for or funded through the Ryan White Title I Grant to Palm Beach County.</p> <p><b>2. Impact:</b>                      A.) Upon implementation and ongoing operation of the Management Information Services Project, the EMA will be better positioned to understand who is receiving publicly funded HIV/AIDS services. What those services are, and what agencies are providing the services.</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p> <p>Verify the existing capacity of various participating agencies and determine the necessary data system expansion to support data input and report generation at each site.                      Complete design and writing of appropriate program code. Test, procedures with fictional client data, then beta test and complete installation. Begin ongoing uploading of client level data.                      Train staff at various agencies as appropriate.                      Provide technical assistance in the development of reports necessary for program reporting.                      Upgrade various database tables, create and run necessary reports, maintain the database software and implement any upgrades to the system as necessary.                      Ongoing training of MIS staff, key project support staff and other system management-level staff in administration of the FACTORS and user-level software operation.</p>	<p>3-1-2007</p> <p>3-1-2007</p> <p>3-1-2007</p> <p>3-1-2007</p>	<p>5-31-2007</p> <p>5-31-2007</p> <p>5-31-2007</p> <p>5-31-2007</p>	<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p> <p>There is no other resource in Palm Beach County Florida which collects, processes and distributes on a countywide basis, information suitable and necessary for the planning, operating, maintaining and monitoring of HIV/AIDS medical and support services.</p>