

Agenda Item over 100 pages,
can be viewed in Minutes

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: May 6, 2008

Consent
 Workshop

Regular
 Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: contracts with listed provider agencies for the period March 1, 2008, through February 28, 2009, totaling \$4,010,738 for Ryan White Part A HIV Emergency Relief Formula/Supplemental funds:

	<u>Formula</u>	<u>Supplemental</u>
A) Compass, Inc.	\$ 266,512	\$ 119,136
B) Comprehensive AIDS Program	\$1,187,878	536,925
C) Comprehensive Community Care Network, Inc	\$ 392,173	91,850
D) Florida Housing Corporation	\$ 41,491	12,515
E) Gratitude House	\$ 37,500	NA
F) Legal Aid Society of Palm Beach County	\$ 139,794	55,206
G) Minority Development & Empowerment, Inc.	\$ 100,000	NA
H) Oakwood Center of the Palm Beaches, Inc.	\$ 75,000	NA
I) Treasure Coast Health Council- Medical	\$ 460,322	194,436
J) Treasure Coast Health Council-CCSupport	NA	300,000
	<u>\$2,700,670</u>	<u>\$1,310,068</u>
	Total	\$4,010,738

Summary: A Notice of Grant Award from the Department of Health and Human Services Health Resources and Services Administration (HRSA) was received on March 3, 2008, that conveys an award for the contract period March 1, 2008, through February 28, 2009. Total funds awarded are \$7,786,995, of which \$778,699 is allocated for Grantee Administration (which includes \$300,000 for Care Council Support subcontracted to Treasure Coast Health Council listed above); and \$389,350 for Quality Management. The remaining \$2,908,208 has been allocated and contracts will be presented for approval on a future agenda. The grantee, Palm Beach County, is responsible for selecting and contracting with service providers. The HIV Council is charged with the sole responsibility of determining service priorities and the allocation of funding the service priorities. The grant award is for the provision of services related to HIV affected clients, such as medical case management, medical care, oral health care and substance abuse treatment. The agencies listed were selected through the Request For Proposal (RFP) process and have been recommended to receive funding. (Ryan White) Countywide (TKF)

Background and Justification: Under the new Ryan White Treatment Modernization Act of 2006, the Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages. The grantee, Palm Beach County, is responsible for the Request For Proposal (RFP), selection and contracting with the selected service providers. The RFP process for this grant cycle has been completed and the Department has selected agencies to receive funding in accordance with the service priorities and funding allocations designated by the HIV Care Council.

Attachments: 1. Contracts
2. Notice of Grant Award

Recommended by: _____
Department Director

4-30-2008

Date

Approved by: _____
Assistant County Administrator

5/5/08

Date

II. FISCAL IMPACT ANALYSIS

Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____
Operating Costs	\$7,786,995	_____	_____	_____
External Revenue	(1,786,995)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	0	_____	_____	_____

ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1010 Dept 142 Unit 1475/1477 Object 8201
 Program Code _____

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: *Key*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Atwillhite 5.1.08
 OFMB *pn 04/30* *CN 4/30/08*
Contract Dev. and Control
5/1/08 *These contracts comply with our review requirements. The effective dates are retroactive.*

B. Legal Sufficiency:


Donna P. Taylor Fields
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

received 3/3/08

1. DATE ISSUED: 02/27/2008		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, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A					
3. SUPERCEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>									
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:							
2 H89HA00034-15-00	H89HA00034	BRH890034							
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2009									
7. BUDGET PERIOD: FROM: 03/01/2008 THROUGH: 02/28/2009									
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS									
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 L Rich PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura St 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: \$ 7,786,995.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 7,786,995.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 7,786,995.00			a. Authorized Financial Assistance This Period \$ 7,786,995.00 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 \$ 7,786,995.00						
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 colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
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 Estimated Program Income: \$ 0.00 [A]									
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 legislation 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 obtained 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.									
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 02/27/2008									
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1596000785A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
08-3770750	93.914	H89HA0034T	\$ 5,769,416.00 ✓	\$ 0.00	N/A				
08-3770751	93.914	H89HA0034T	\$ 2,017,579.00 ✓	\$ 0.00	N/A				