

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: June 3, 2008 [ X ] Consent [ ] Regular [ ] Workshop [ ] 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 \$2,908,208, for Ryan White Part A HIV Emergency Relief Formula/Supplemental funds:

Table with 3 columns: Item, Formula, Supplemental. Rows include Health Care District of Palm Beach Co., Palm Beach County Health Department, and Total \$2,908,208.

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); and \$389,350 for Quality Management. An agenda item was completed and submitted for the May 6, 2008 BCC meeting with contracts totaling \$4,010,738. These are the remaining contracts totaling \$2,908,208. (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: Contracts

Recommended by: [Signature] 5-9-2008 Department Director Date

Approved by: [Signature] 5/20/08 Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**Five Year Summary of Fiscal Impact:**

Fiscal Years	2008	2009	2010	2011
Capital Expenditures	_____	_____	_____	_____
Operating Costs	\$2,908,208	_____	_____	_____
External Revenue	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>\$2,908,208</b>	_____	_____	_____

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

Is Item Included in Current Budget? Yes  No \_\_\_\_\_  
 Budget Account No.: Fund 1010 Dept 142 Unit 475/477 Object Var  
 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:** *DDW*

**III. REVIEW COMMENTS**

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

*atwillhite 5.19.08*  
 OFMB *mm 05/16* *5/19/08*  
*Contract Dev. and Control* *5/19/08* *5/19/08*

**B. Legal Sufficiency:**

*James P. D.*  
 Assistant County Attorney *5/20/08*

*These contracts comply with our review requirements. The effective dates are retroactive.*

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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