



**II. FISCAL IMPACT ANALYSIS**

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

<b>Fiscal Years</b>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures					
Operating Costs	<u>94,179</u>	<u>470,897</u>			
External Revenues	<u>(94,179)</u>	<u>(470,897)</u>			
Program Income (County)					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<u>Ø</u>	<u>Ø</u>			

**# ADDITIONAL FTE POSITIONS (Cumulative)**

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

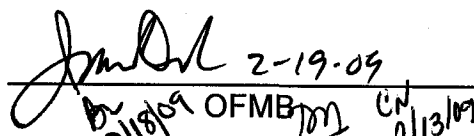
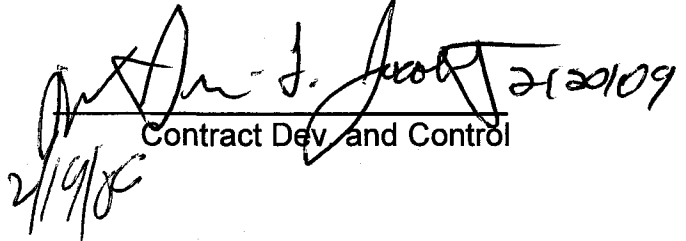
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**


Department of Health and Human Services Health Resources and Services Administration (HRSA)

**C. Departmental Fiscal Review:** 

**III. REVIEW COMMENTS**

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

 2-19-09  
 by 2/18/09 OFMB mm cn 2/13/09  
 2/19/09  
 Contract Dev and Control

**B. Legal Sufficiency:** 2/17  
 2/2/09  
 Assistant County Attorney

**C. Other Department Review:**

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

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

**Program Narrative:**

1. Progress Report:

**The FY 2008 Implementation Plan provided increased access to the HIV continuum of care in the West Palm Beach EMA for communities where HIV prevalence is increasing, minority communities disproportionately impacted by HIV disease, and to people who know their HIV status but are not in care.** The Implementation Plan continues to be enhanced through Core Medical Services (Medical Case Management ). This service is targeted to areas throughout the EMA according to documented need with regard to demographics and epidemiology. The medical case management agencies keep client records of medical appointments and lab results. In addition, they encourage clients to keep medical appointments, adhere to medications, and strive to prevent new infections by providing 'prevention for positives' education. Agencies who serve the African American, Haitian, Hispanic and other minority communities all have staff that reflects the demographics of the populations that they serve. This is to ensure that services are culturally and linguistically appropriate.

The MAI funded services are targeted to **communities where HIV prevalence is increasing in minority communities that are disproportionately impacted by HIV disease and people who know their status but are not in care.** Medical Case Management services identify people living with HIV and enroll them in care at an earlier state of illness. Medical Case Management also helps bring persons back into care that may have dropped out of care for various reasons.

The **West Palm Beach Special Populations** that are being addressed with MAI funded services include African-American/ Haitian and Hispanic/Latino populations. The needs of special populations are unique and varied so these services are culturally sensitive and comprehensive to maintain the patients in medical care. Medical Case Management services link these special populations to primary medical care and help them remain in care.

**The FY 2008 Implementation Plan encourages PLWHA to remain engaged in HIV primary medical and adhere to HIV treatment** by providing medical case management, including treatment adherence programs. Medical case management is a top priority of the Planning Council and is the key access point to HIV primary care and other support services. Access to case management services is most often synonymous with access to primary medical care.

Medical case management services are provided in Spanish for the Latino population and French Creole for the Haitian population.

**Geographical parity** within the EMA is ensured through service providers that have multiple site locations throughout this EMA. Medical case management services are provided throughout the Coastal, Southern and Western areas of Palm Beach County. Culturally appropriate services are provided at all locations. Satisfaction surveys and recent needs assessment surveys indicate that culturally sensitive services keep patients in Medical Care. The largest case management agency has four service centers located throughout the county (Belle Glade, Delray Beach, Riviera Beach, Lake Worth/Palm Springs,) and provides MAI funded medical case management at the Riviera Beach and Belle Glade.

**Cultural appropriateness** is ensured through several objectives in the 2006 Comprehensive Plan. The competitive process to award service contracts requires potential vendors to demonstrate the ability to provide services in a culturally appropriate manner. The Planning Council has also completed and approved Standards of Care to ensure cultural and linguistic competency in all Ryan White Part A services.

**The FY 2008 Implementation Plan is closely tied to *Healthy People 2010 (now 2020)*, the Nation's plan for healthy improvement. *Healthy People 2020* has two major goals: (1) To increase the quality and years of a healthy life; and (2) Eliminate our country's health disparities. The Program consists of 28 focus areas and 467 objectives; one of the focus areas is HIV. The West Palm Beach EMA Part A FY 2008 is working towards the goals and objectives of *Healthy People 2020* through reducing barriers to care and maintaining individuals in care through such services as case management, mental health counseling, substance abuse treatment and legal assistance. Another main objective in *Healthy People 2020* is to reduce the disproportionate impact of HIV/AIDS among certain racial and ethnic groups. The West Palm Beach EMA has identified special populations and medical case management services which includes treatment adherence. Currently, The Planning Council is also working toward ensuring that the goals of the EMA represent those in *Health People 2020*.**

**In accordance with the service priorities established by the Ryan White Part A Planning Council, all services directed to women, infants, children and youth (WICY) were funded.**

As determined in our local needs assessment case management services are highly prioritized and valued by women. All services that are funded include primary medical care; case management and support services are all being utilized by WICY. In FY 2008, this EMA exceeded the Center for Disease Control and Prevention (CDC) percentage of 32.77% for WICY providing WICY with 40.76% with services.

**MAI funds for FY 2008 are allocated for Medical Case Management** The dollars are used to reduce disparities and to improve access to care and primary medical services for populations that are disproportionately impacted communities of color and underserved communities through an expansion of Medical Case Management. There is a specific focus on Haitian, African American and Hispanic/Latino populations. Within those populations, there is a focus on Women, Infants, Youth, and Children.

**Medical Case Management:**

The primary service goal is to provide a range of Primary Medical Care to Haitians, Afro-Americans and Hispanic/Latinos. Our EMA is working toward this goal by allocating the MAI funds to Medical Case Management, \$565,076. This goal will be accomplished through the following two objectives: 1. providing and expanding Medical Case Management services to Haitian, Afro-American and Hispanic/Latino populations that provide culturally appropriate services countywide and 2. improving healthcare and adherence to treatment. The monies allocated to Medical Case Management will provide 41,858 units of Medical Case Management to 400 eligible clients.

August 1, 2008 through December 31, 2008 the largest Case Management organization, the Comprehensive AIDS Program (CAP), has provided 18,555 units to 437 clients. Therefore, half way through the fiscal year CAP has provided 48% of the set goal of units and has served 105% of the set goal of clients to be served. The demographics of the clients, as reported by the provider include 270 African American, 131 Haitian, 21 Hispanic, and 15 either 'Other' race or 'Unknown'.

In order to assure that every client receives the services they need, CAP actively partners with all of the Ryan White providers including the Palm Beach County Health Department, Compass,

Inc., Gratitude House, CARP, CCCnet, Drug Abuse Foundation, Oakwood, private physicians, Florida Community Health Centers, as well as, other service providers. Medical case managers assist clients with making medical appointments and follow-up to assure that the client received the services they were seeking. Medical case managers also work to educate clients on the importance of staying in medical care and adhering to their medication. Medical case managers maintain clients lab records on file and all other important treatment care information.

**APPENDIX C: AGREEMENTS AND COMPLIANCE ASSURANCES**

**For the FY 2009 Part A Minority AIDS Initiative Grant**

The Chief Elected Official (CEO) of all Part A-Emergency Relief for Areas with Substantial Need for Services (Part A), or her/his designee, must include a signed copy of the attached assurances with the Part F, Subpart III-Minority AIDS Initiative (MAI) application, that must be satisfied in order to qualify for a MAI grant award as required under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act Of 2006.

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**RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006  
FY 2009 Part A MAI Agreements and Compliance Assurances**

I, the Chief Elected Official for the *Part A-Emergency Relief for Areas with Substantial Need for Services* (hereinafter referred to as *Part A*) grant in \_\_\_\_\_ as designated pursuant to Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006, do hereby certify that:

A. Pursuant to Section 2693(b)(2)(A) of the PHS Act, MAI funds will be used for the purpose of improving "...*HIV-related health outcomes to reduce existing racial and ethnic health disparities*"; and

B. MAI funds and services will be allocated and administered in accordance with the *FY 2008 Part A Ryan White Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

**SIGNED:** \_\_\_\_\_  
Chief Elected Official

**Title:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

<b>Opportunity Title:</b>	Part A Minority AIDS Initiative Grant Program
<b>Offering Agency:</b>	Health Resources & Services Administration
<b>CFDA Number:</b>	93.914
<b>CFDA Description:</b>	HIV Emergency Relief Project Grants
<b>Opportunity Number:</b>	5-H3M-09-001
<b>Competition ID:</b>	3436
<b>Opportunity Open Date:</b>	01/13/2009
<b>Opportunity Close Date:</b>	03/06/2009
<b>Agency Contact:</b>	Douglas Morgan Director, Division of Service Systems Telephone: (301) 443-6745 Email: dmorgan@hrsa.gov

**This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.**

**If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.**

**This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.**

\* **Application Filing Name:**

### Mandatory Documents

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

**Application for Federal Assistance (SF-424)**  
HHS Checklist Form PHS-5161

### Optional Documents

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

## Instructions

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.



**Application for Federal Assistance SF-424**

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
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<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> 5H3MHA08466-02-00
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
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**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Palm Beach County FL Board of County Commissioners

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 59-60000785	<b>* c. Organizational DUNS:</b> 100219570
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**d. Address:**

<b>* Street1:</b>	810 Datura Street
<b>Street2:</b>	_____
<b>* City:</b>	West Palm Beach
<b>County:</b>	Palm Beach
<b>* State:</b>	FL: Florida
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	33401

**e. Organizational Unit:**

<b>Department Name:</b> Community Services Dept.	<b>Division Name:</b> Administration
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Ms.	<b>* First Name:</b> Gayle
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Corso	_____
<b>Suffix:</b>	_____

**Title:** Program Manager

**Organizational Affiliation:**  
Palm Beach County Community Services Department

<b>* Telephone Number:</b> 561-355-4730	<b>Fax Number:</b> _____
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**\* Email:** gcorso@pbcgov.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Health Resources & Services Administration

**11. Catalog of Federal Domestic Assistance Number:**

93.914

CFDA Title:

HIV Emergency Relief Project Grants

**\* 12. Funding Opportunity Number:**

5-H3M-09-001

\* Title:

Part A Minority AIDS Initiative Grant Program

**13. Competition Identification Number:**

3436

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Palm Beach County, Florida

**\* 15. Descriptive Title of Applicant's Project:**

MAI- Medical Case Managment

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**  
\* a. Applicant  \* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**  
\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="565,076.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="565,076.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**  
 a. This application was made available to the State under the Executive Order 12372 Process for review on   
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**  
 Yes  No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**  
 \*\* I AGREE  
\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Title:   
\* Telephone Number:  Fax Number:   
\* Email:   
\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:  NEW  Noncompeting Continuation  Competing Continuation  Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

Table with 2 columns: Included, NOT Applicable. Rows include: 1. Proper Signature and Date, 2. Proper Signature and Date on PHS-5161-1 "Certifications" page, 3. Proper Signature and Date on appropriate "Assurances" page, 4. Civil Rights Assurance, Assurance Concerning the Handicapped, Assurance Concerning Sex Discrimination, Assurance Concerning Age Discrimination, 5. Human Subjects Certification.

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

Table with 2 columns: YES, NOT Applicable. Rows include: 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?, 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372?, 3. Has the entire proposed project period been identified on the SF-424?, 4. Have biographical sketch(es) with job description(s) been attached, when required?, 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?, 6. Has the 12 month detailed budget been provided?, 7. Has the budget for the entire proposed project period with sufficient detail been provided?, 8. For a Supplemental application, does the detailed budget address only the additional funds requested?, 9. For Competing Continuation and Supplemental applications, has a progress report been included?

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made. Name: Mr. John F. Koons, Title: Chairman, Organization: PBC Brd of Cty Commissoners, Address: 301 N. Olive Avenue, West Palm Beach, FL: Florida, USA: UNITED STATES, Telephone Number: 561-355-2202, E-mail Address, Fax Number.

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

59-6000078