

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

Meeting Date: April 7, 2009

☒ 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: Amendment No.3 to contract with Comprehensive Community Care Network, Inc. (R2008-0953), for the period March 1, 2008, through February 28, 2009, in the amount of \$129,676 for an added service category of Ambulatory Outpatient Primary Medical.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and allocated to best meet the needs of affected clients. This service category, Ambulatory Outpatient Primary Medical, is not currently on the contract. It is a needed category for this provider to best serve the Ryan White clients. Funding of \$129,676 is being moved from the Administrative reserve. These dollars are being moved to ensure that agencies will have funds to meet budgetary needs for the grant period. No County funds are required. (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. These changes have been approved by the Care Council Priorities and Allocation Committee.

Attachments: Amendment No. 3 with Comprehensive Community Care Network, Inc.

Recommended by: _____

Department Director

3/11/09

Date

Approved by: _____

Assistant County Administrator

3/20/09

Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	<u>0</u>				
Operating Costs	<u>129,676</u>				
External Revenues	<u>(129,676)</u>				
Program Income (County)	<u>0</u>				
In-Kind Match (County)	<u>0</u>				
NET FISCAL IMPACT	<u>0</u>				
# ADDITIONAL FTE					
POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No
Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8101
Program Code 64

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: *REW*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

3-15-09
3/17/09 OFMB ~~PM~~ CN 3/13/09


 Contract Dev. and Control
 3/19/09
 3/18/09

B. Legal Sufficiency:

Legal Sufficiency: 3/19/09
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
Formula**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2008 - 0953, dated June 3, 2008) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive Community Care Network, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to add service category Ambulatory Outpatient Primary Medical and funding of \$129,676.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 3, 2008 is hereby amended as follows:

- I. Budget Exhibits "B" attached hereto showing the total budget for funding for Ambulatory Outpatient Primary Medical services.
- II. Added funding of \$129,676 for total contract not to exceed amount of \$581,849.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Third 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.

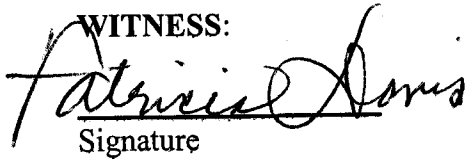
ATTEST:
Sharon R. Bock
Clerk and Comptroller

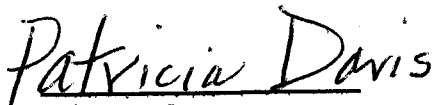
PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

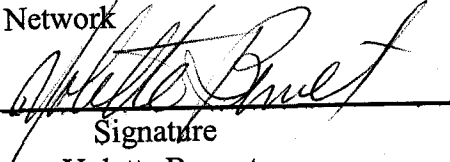
By: _____
John F. Koons, Chairman

Date

WITNESS:

Signature


Witness Name

Comprehensive Community Care
Network

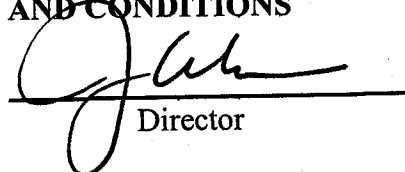
By: 
Signature
Yolette Bonnet
Chief Executive Officer


Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**


Director

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: AMBULATORY PRIMARY MEDICAL

AGENCY NAME: CCCnet

BUDGET PERIOD: from 2/1/2009 to 2/28/09*

Category	Administration	Program	Total	AVERAGE Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	129,676	129,676	
E. Supplies	-	-	-	
F. Contractual	-	-	-	
G. Other	-	-	-	
Total	-	129,676	129,676	

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: **AMBULATORY PRIMARY MEDICAL**

Agency: **Comprehensive AIDS Program**

Budget Period: **2/1/2009**

to

2/28/09*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	-	129,676	129,676
2. Foundations			-
3. Other Grants	-	-	-
4. Fund Raising			-
5. Contributions/Legacies/Bequests			-
6. Membership dues			-
7. Program Service Fees and Sales to the Public			-
8. Investment Income			-
9. In Kind			-
10. Miscellaneous Revenue			-
11. Total Revenue	-	129,676	129,676

BUDGET NARRATIVE

Service: AMBULATORY PRIMARY MEDICAL

Agency: Comprehensive AIDS Program

Budget Period: 2/1/2009 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)			-
13. Employee Benefits			
a. FICA .0765			
b. FI Unemployment \$7000 x RATE x FTE			
c. Workers' Compensation			
d. Health Plan \$RATE x 12 x FTE			
e. Retirement			
14. Sub-Total Employee Benefits			
15. Sub-Total Salaries & Benefits			
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

BUDGET NARRATIVE

Service: AMBULATORY PRIMARY MEDICAL

Agency: Comprehensive AIDS Program

Budget Period: 2/1/2009 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)		129,676	129,676
19. Supplies			
a. Office Supplies			
b. Program Supplies			
20. Sub-Total Supplies			
21. Contractual:			
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas			
Sub-Total Communications/Utilities			

BUDGET NARRATIVE

Service: AMBULATORY PRIMARY MEDICAL

Agency: Comprehensive AIDS Program

Budget Period: 2/1/2009 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building			
2. Equipment			
Sub-Total Rental			
D. Repair & Maintenance			
1. Building Maintenance			
2. Equipment Maintenance			
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership			

BUDGET NARRATIVE

Service: AMBULATORY PRIMARY MEDICAL

Agency: Comprehensive AIDS Program

Budget Period: 2/1/2009 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions			
H. Training & Development			
I. Printing			
J. Copy Cost			
K. Advertising			
L. Audit Fees			
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Administrative expense allowed at 10%			
23. Sub-Total Other			
24. Total Expenditures		129,676	129,676
25. Total Cost per unit of Service (must match unit of service cost used in Workplan)			
Total Units			

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service:	AMBULATORY PRIMARY MEDICAL		
Agency:	CCCnet		
Budget Period:	2/1/2009	to	2/28/09*

***Total Salary = No. of days x Hrs per day x Hourly rate**

**** Requested amount = Total salary x percent funded**

[illegible]

FTE Admin

TOTAL AGENCY BUDGET**Comprehensive Community Care Network, Inc.**

Agency Budget for Fiscal Year 3/1/08 to 2/28/09

REVENUES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	581,849	91,850	2,533,000				25,000	3,231,699
2. Foundations								
3. Other Grants								
4. Fund Raising								
5. Contributions/ Legacies/Bequests								
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	581,849	91,850	2,533,000				25,000	3,231,699

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/08 to 2/28/09[illegible]

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/08 to 2/28/09

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries			172,933					172,933
13. Employee Benefits								
a. FICA								
b. FI Unemployment								
c. Workers' Comp								
d. Health Plan								
e. Retirement								
14. Sub-Total Employee Benefits			54,119					54,119
15. Sub-Total Salaries/Benefits			227,052					227,052
16. Travel								
a. Travel/transportation			5,340					5,340
b. Conferences/ Registration/Travel								
17. Sub-Total Travel			5,340					5,340

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/08 to 2/28/09

13

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment	129,676							129,676
19. Supplies								
a. Office Supplies								
b. Program Supplies	928		5,500					6,428
c. Computer Software								
20. Sub-Total Supplies	928		5,500					6,428
21. Contractual	301,831	23,631					21,739	347,201
22. Other								
a. Communications/Utilities								
1. Telephone								
2. Postage & Shipping								
3. Utilities (Power/Water/Gas)								
Sub-Total Communications/Utilities								

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/08 to 2/28/09

144

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development								
I. Printing								
J. Copy Cost								
K. Advertising								
L. Audit Fees								
M. Office Furniture & Equipment								
N. Insurance								
O. Fundraising								
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	41,107	8,350	165,708				3,261	218,426
25. Sub-Total Other	149,414	68,219	2,295,108				3,261	2,516,002
26. Sub-Total Expenditures	\$581,849	\$91,850	\$2,533,000				\$25,000	\$3,231,699

All Financial Information Rounded to Nearest Dollar