

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

Meeting Date: May 19, 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: contracts with listed provider agencies for the period March 1, 2009, through February 28, 2010, totaling \$2,793,162 for Ryan White Part A HIV Emergency Relief Formula funds:

	<u>Formula</u>
A) Compass, Inc.	217,257
B) Comprehensive AIDS Program	597,563
C) Comprehensive Community Care Network, Inc	366,874
D) Glades Health Initiative, Inc.	49,000
E) Gratitude House	17,196
F) Legal Aid Society of Palm Beach County	195,258
G) Minority Development & Empowerment, Inc.	51,398
H) Oakwood Center of the Palm Beaches, Inc.	60,000
I) Treasure Coast Health Council- Medical	215,231
J) Treasure Coast Health Council-CC Support	145,000
K) Health Care District	317,157
L) Palm Beach County Health Department	561,228
<b>Total</b>	<b>\$2,793,162</b>

**Summary:** A Notice of Grant Award from the Department of Health and Human Services Health Resources and Services Administration (HRSA) was received on March 8, 2009, that conveys an award for partial formula funds (40%) for the contract period March 1, 2009, through February 28, 2010. The funding of \$3,115,485, consists of \$311,549 for Grantee Administration (which includes \$145,000 for Care Council Support subcontracted to Treasure Coast Health Council listed above); and \$155,774 for Quality Management. 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

Date

Approved by: \_\_\_\_\_

Assistant County Administrator

Date

## II. FISCAL IMPACT ANALYSIS

### Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____
Operating Costs	\$2,793,162	_____	_____	_____
External Revenue	(\$2,793,162)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
NET FISCAL IMPACT	0	_____	_____	_____

### # ADDITIONAL FTE

POSITIONS (Cumulative) 0 \_\_\_\_\_

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:

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:

## III. REVIEW COMMENTS

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

Jan D. M. 5-5-09  
OFMB  
m 5/11/09 pm 4-30-09

Joe J. Jacobson 5/12/09  
Contract Dev. and Control  
B. memo 5/12/09

### B. Legal Sufficiency:

Joe J. Jacobson 5/12/09  
Assistant County Attorney

These contracts comply with  
our review requirements.

### C. Other Department Review:

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

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