

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

**Meeting Date: July 21, 2009**

**[ 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 and contract amendments with listed provider agencies for the period March 1, 2009, through February 28, 2010, totaling \$2,248,860 for Ryan White Part A HIV Emergency Relief Formula funds and \$622,241 Supplemental funds:

	<u>Formula</u> <u>(Amendments)</u>	<u>Supplemental</u> <u>(Contracts)</u>
1) Compass, Inc.	\$ 220,000	\$ 11,055
2) Comprehensive AIDS Program	1,282,750	46,387
3) Comprehensive Community Care Network, Inc	218,229	194,594
4) Glades Health Initiative, Inc.	51,398	
5) Gratitude House		6,767
6) Legal Aid Society of Palm Beach County	48,396	
7) Minority Development & Empowerment, Inc.	58,602	
8) Oakwood Center of the Palm Beaches, Inc.	1,614	
9) Health Care District	133,152	363,438
10) Palm Beach County Health Department	<u>234,719</u>	
	<b>\$2,248,860</b>	<b>\$622,241</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 the contract period March 1, 2009, through February 28, 2010. Total funds awarded are \$2,654,236 (Formula) and \$2,238,403 (Supplemental), of which \$200,001 is allocated for Grantee Administration. The grantee, Palm Beach County, is responsible for selecting and contracting with service providers. The HIV Care Council is charged with the sole responsibility of determining service priorities and the allocation of funding. 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 remaining contracts for Palm Beach County Health Department and Treasure Coast Health Council will be forthcoming. 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:

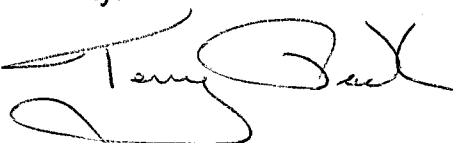
Fiscal Years	2009	2010	2011	2012
Capital Expenditures				
Operating Costs	<u>\$1,674,809</u>	<u>\$1,196,292</u>		
External Revenue	<u>(\$1,674,809)</u>	<u>(\$1,196,292)</u>		
Program Income (County)				
In-Kind Match (County)				
<b>NET FISCAL IMPACT</b>	<b><u>-0-</u></b>	<b><u>-0-</u></b>		
<b># ADDITIONAL FTE</b>				
<b>POSITIONS (Cumulative)</b>	<b><u>0</u></b>	<b><u>0</u></b>		

Is Item Included in Current Budget? Yes X No         
 Budget Account No.: Fund 1010 Dept 142 Unit 1475/1479 Object Var         
 Program Code varies

### 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.

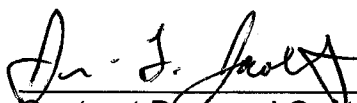
Departmental Fiscal Review:



## III. REVIEW COMMENTS

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

  
 7/16/09 OFMB *mm 07/16*

  
 7/16/09 Contract Dev. and Control  
*Exempt 7/16/09*

### B. Legal Sufficiency:


  
 7/16/09 Assistant County Attorney

*These contracts and amendments  
 comply with our review  
 requirements. The effective  
 dates on the contracts  
 are retroactive.*

### C. Other Department Review:

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

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

1. DATE ISSUED: 04/17/2009		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION   <b>HRSA</b> 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: 03/05/2009 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																									
4a. AWARD NO.: 6 H89HA00034-16-01		4b. GRANT NO.: H89HA00034				5. FORMER GRANT NO.: BRH890034																																																			
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2010																																																									
7. BUDGET PERIOD: FROM: 03/01/2009 THROUGH: 02/28/2010																																																									
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 Rich PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura Street West Palm Beach , FL 33401-0001																																																					
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  <hr/> <table style="width:100%;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$ 8,008,124.00</td></tr> <tr><td>p. INDIRECT COSTS: (Rate: % of S&amp;W/TADC)</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$ 8,008,124.00</td></tr> <tr><td>    i. Less Non-Federal Resources:</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$ 8,008,124.00</td></tr> </table>				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:	\$ 8,008,124.00	p. INDIRECT COSTS: (Rate: % of S&W/TADC)	\$ 0.00	q. TOTAL APPROVED BUDGET:	\$ 8,008,124.00	i. Less Non-Federal Resources:	\$ 0.00	ii. Federal Share:	\$ 8,008,124.00	12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE <table style="width:100%;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$ 8,008,124.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$ 3,115,485.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$ 4,892,639.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$ 8,008,124.00	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	\$ 3,115,485.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$ 4,892,639.00
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				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th style="width:70%;">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																																																	
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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 <div style="text-align: right;">[A]</div> Estimated Program Income: \$ 0.00																																																									
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 )																																																									
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 04/17/2009																																																									
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																																																				
09-3770760	93.914	H89HA0034U For.	\$ 2,654,236.00	\$ 0.00	N/A																																																				
09-3770761	93.914	H89HA0034U Suppl.	\$ 2,238,403.00	\$ 0.00	N/A																																																				