Add-ON

Agenda Item No. 6B-2

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: September 15, 2009 [] Consent [] Public Hearing Department

Submitted By: Community Services

Submitted For: Ryan White Part A

I. <u>EXECUTIVE BRIEF</u>

Motion and Title: Staff recommends motion to A) receive and file: The Ryan White Part A HIV Emergency Relief grant award from Human Services Health Resources and Services Administration (HRSA) for the period March 01, 2009 through February 28, 2010 in the amount of \$4,892,639; B) approve a budget amendment of \$1,795,047 in the Ryan White Care Program fund to reconcile the budget to the actual grant award.

Summary: Ryan White Part A received from the Department of Health and Human Services Health Resources and Services Administration (HRSA) additional funds in the amount of \$4,892,639. 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.

Recommended by:

Department Director

14/09

Approved by:

Assistant County Administrator

Date

II. FISCAL IMPACT ANALYSIS

A.	Five Year Summary of Fiscal I	mpact:			
Capit Opera Exter Progr In-Kir	scal Years al Expenditures ating Costs nal Revenues am Income (County) d Match (County) FISCAL IMPACT 2009 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047 1,795,047	2010	2011	2012	2013
_	DITIONAL FTE TIONS (Cưmulative)				
	m Included in Current Budget? et Account No.: Fund <u>1010</u> Program Code <u>Various</u>	Yes Dept_142	Unit <u>1479</u>	No <u>X</u> Object <u>810</u>	<u>)1/</u>
В.	Recommended Sources of Fur Funding provided through the U. No county match is required.				ervices.
C.	Departmental Fiscal Review:	Taruna	e Malhel	яа	÷
	III. REV	IEW COMM	<u>ENTS</u>		
A.	OFMB Fiscal and/or Contract A	Administrati	on Commen	ts:	
	OFIN OF OFMB GILDOG A M	12,009	Contract D	Jowbard Nev. and Contraction	9/1109
В.	Legal Sufficiency: Assistant County Attorney	469			
C.	Other Department Review:				
	Department Director				

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

04/17/2009 3. SUPERCEDES AWARD NOTICE dated: 03/05/2009 4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT NO.: 6 H89HA00034-16-01 H89HA00034 BRH890034 6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2010 7. BUDGET PERIOD:

FROM: 03/01/2009 THROUGH: 02/28/2010

2. PROGRAM CFDA: 93.914

1. DATE ISSUED:

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION



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

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8. TITLE OF PROJECT (OR PROGRAM): HIV EME	RGENCY RELIEF	PROJECT GRANTS			
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSION PO BOX 4036 WEST PALM BEACH, FL 33402	ERS	Edward Rich	OGRAM DIRECTOR/PRINCIPAL II NTY BOARD OF COMMISSIONER: L 33401-0001	•	
11. APPROVED BUDGET: (Excludes Direct Assista	ance)	12. AWARD COMP	UTATION FOR FINANCIAL ASSIS	TANCE	
[X] Grant Funds Only		a. Authorized Finance	cial Assistance This Period	\$ 8,008,124.00	
[] Total project costs including grant funds and all	other financial	b. Less Unobligated	Balance from Prior Budget Periods		
participation		i. Additional Autho	\$ 0.00		
0.1.1		ii. Offset		\$ 0.00	
a. Salaries and Wages:	\$ 0.00	c. Unawarded Balan	ce of Current Year's Funds	\$ 0.00	
b. Fringe Benefits:	\$ 0.00	d. Less Cumulative	Prior Award(s) This Budget	\$ 3,115,485.00	
c. Total Personnel Costs:	\$ 0.00	Period			
d. Consultant Costs:	\$ 0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$4,892,639.0			
e. Equipment:	\$ 0.00	ACTION			
f. Supplies:	\$ 0.00	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of			
g. Travel:	\$ 0.00	funds and satisfacto	ry progress of project)		
h. Construction/Alteration and Renovation:	\$ 0.00	YEAR	TOTAL COSTS		
i. Other:	\$ 0.00	00 Not Applicable			
j. Consortium/Contractual Costs:	14 ADDDOVED DIDECT ASSISTANCE BUIDGET: (in lieu of cash)				

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of casi	h)
a. Amount of Direct Assistance	\$ 0.00
b. Less Unawarded Balance of Current Year's Funds	\$ 0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$ 0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$ 0.00

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:**

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$8,008,124.00

\$ 8,008,124.00

\$8,008,124.00

A=Addition B=Deduction C=Cost Sharing or Matching D=Other

p. INDIRECT COSTS: (Rate: % of S&W/TADC)

i. Less Non-Federal Resources:

Estimated Program Income: \$ 0.00

k. Trainee Related Expenses:

m. Trainee Tuition and Fees:

o. TOTAL DIRECT COSTS:

ii. Federal Share:

q. TOTAL APPROVED BUDGET:

I. Trainee Stipends:

n. Trainee Travel:

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:

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 82 as applicable. 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 ecknowledged by the grantee when funds are drawn or of obtained from the grant payment system.

Conditions Attached [X] Yes [] No)	REMARKS: (Other Terms and
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Electronically signed by Dorothy		

17. OBJ. CLASS: 41.15	18. CRS-EIN:	1596000785A1	\$ 0.00 N/A			
FY-CAN	CFDA	DOCUMENT	NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	
09-3770760	93.914	H89HA003	34U	\$ 2,654,236.00	\$ 0.00	N/A
09-3770761	93.914	H89HA003	34U	\$ 2.238.403.00	\$ 0.00	N/A



BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

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BGEX - 142 - 090809*2336 BGRV - 142 - 090809*774

FUND (1010) - Ryan White

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 09/04/09	REMAINING Balance
REVENUE								
142 1479 3169 Fed Grant	Indirect - Human Services	3,097,592	3,097,592	1,795,047	0	4,892,639		
Total Revenue		12,644,584	12,644,584	1,795,047	0	14,439,631	er i se Managamagamana (1996) e september managamana arranti senember (1994) e september (1994) e september (1	elikkani middenilikas uhran jarimanakki i mina upus (Approx. middinena di
	•							
EXPENDITURE								
42 1479 8101 Contribution	ons- Non-Govts Agency	0	1,079,583	1,795,047		2,874,630	545,654	2,328,9
Total Expenditures	· · · · · · · · · · · · · · · · · · ·	12,644,584	12,644,584	1,795,047	0	14,439,631		2,328,9
H MIZ of		Signatures		Date		. Doord of Co	nty Commissioner	

BUD_BLNK.xl

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Channell Wilkins

Administration/Budget Department Approval

OFMB Department - Posted

Signatures

Date

By Board of County Commissioners

At Meeting of_

Deputy Clerk to the

Board of County Commissioners

offin /09 Pallot