



**II. FISCAL IMPACT ANALYSIS**

**Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Capital Expenditures	_____	_____	_____	_____
Operating Costs	<u>94,418</u>	<u>472,092</u>	_____	_____
External Revenue	<u>(94,418)</u>	<u>(472,092)</u>	_____	_____
Program Income (County)	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b><u>000</u></b>	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1010 Dept 142 Unit 1477 Object 8201  
 Program Code RM32

**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:** Taruna Malhotra

**III. REVIEW COMMENTS**

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

[Signature] al2stov.  
 JA 9/25/09 OF 9/25/09 OFMB 9/25/09 CN 9/25/09

[Signature] 9/25/09  
 Contract Dev. and Control  
 E 9/25/09

This Contract complies with our contract review requirements.

**B. Legal Sufficiency:**

[Signature] 9/25/09  
 Assistant County Attorney

**C. Other Department Review:**

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

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

**CONTRACT FOR PROVISION OF RYAN WHITE PART A  
HIV HEALTH SUPPORT SERVICES (MAI)**

This Contract is made as of the \_\_\_\_\_ day of \_\_\_\_\_ 2009, by and between the Board of County Commissioners of Palm Beach County, Florida, hereinafter referred to as the COUNTY, and Comprehensive AIDS Program, 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, and whose tax ID number is 59-2582229.

Whereas, the COUNTY is the recipient and designated GRANTEE ADMINISTRATOR of U.S. Government funds being provided under the " Ryan White HIV/AIDS Treatment Modernization Act "; and

Whereas, the AGENCY has proposed providing certain services for the health and support of persons with HIV Spectrum Disease;

NOW, THEREFORE, in consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

**ARTICLE 1 - SERVICES TO BE PROVIDED BY THE AGENCY**

The AGENCY agrees during the term of this Contract to provide, within Palm Beach County, services to assist persons with HIV Spectrum Diseases by providing 31,229 units of Medical Case Management services to an estimated 320 minority clients with a budget of \$546,510, all as set forth in the Exhibit "A", Work Plan, attached hereto.

- A. **Medical Case Management (MAI)** – Each unit is equal to “one continuous fifteen minute period”, each unit will be reimbursed at Seventeen Dollars and Fifty Cents (\$17.50). The total number of reimbursable Medical Case Management units is 31,229. The total reimbursable not-to-exceed amount is \$546,510.

The AGENCY shall coordinate its services with the Palm Beach County Community Services Department (the "DEPARTMENT"), and shall submit all invoices, reports and records to the DEPARTMENT as specifically set forth in the Exhibit "A", Work Plan and Article 9, hereof.

**ARTICLE 2 - REPORTING REQUIREMENTS**

The AGENCY must maintain separate financial records for Ryan White HIV/AIDS Treatment Modernization Act funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual service categories, by administration and program costs. Ryan White fund cost allocations are to be completed and posted to the general ledger on a monthly basis.

**ARTICLE 3 - PAYMENTS TO AGENCY/REIMBURSABLE**

The COUNTY shall pay to the AGENCY as reimbursement of the AGENCY'S expenses for services rendered, an amount not to exceed Five Hundred Forty-Six Thousand Five Hundred Ten Dollars (\$546,510). The AGENCY will bill the COUNTY on a monthly basis, by the tenth (10th) working day of each month, for Medical Case Management services actually performed based on units of service provided. Exhibit "B" is provided as added information and used to support the unit cost. Failure to submit monthly Service Utilization Reimbursement Requests and required reports in a manner deemed correct and acceptable by the COUNTY, by the tenth (10th) working day of each month following the month in which services were delivered shall deem the Service Provider(s) in non-compliance with this covenant and at the option of the COUNTY, the Service Provider will forfeit its claim to any reimbursement for that specific month's reimbursement request or the COUNTY may invoke the termination provision in this contract. Any travel authorized for reimbursement must meet the condition set forth in Section 112.061, Florida Statutes and Palm Beach County PPM #CW-F-009. All Requests for Payment under the terms of this Contract shall include documents acceptable to the Palm Beach County Finance Department. The final invoice under this agreement must be labeled "Final Invoice" and must be received by the COUNTY not later than August 31, 2010.

Invoices received from the AGENCY pursuant to this Contract will be reviewed for authenticity and

accuracy and approved by the Community Services Department, to verify that services have been rendered in conformity with Contract and then will be sent to the Finance Department for payment. Invoices must reference the Document Number under which this Contract was approved. Budget changes within the designated contract can be approved, in writing, by the Director of Community Services Department at his discretion for up to ten percent (10%) of the total contract amount during the contract period. Budget changes in excess of ten percent (10%) of the total contract amount during the contract period must be approved by the Palm Beach County Board of County Commissioners.

#### **ARTICLE 4 - SCHEDULE**

The AGENCY shall commence services on August 1, 2009 and complete all services on July 31, 2010, unless this agreement has been previously terminated or extended.

#### **ARTICLE 5 - AVAILABILITY OF FUNDS**

The obligations of the COUNTY under this Contract are subject to the availability of funds lawfully appropriated for its purpose by the Board of County Commissioners of Palm Beach County, and received from the United States Government under the Ryan White HIV/AIDS Treatment Modernization Act.

#### **ARTICLE 6 - INSURANCE**

Prior to execution of this agreement by the COUNTY, the AGENCY must obtain all insurance required under this article and have such insurance approved by the COUNTY'S Risk Management Department.

Unless otherwise specified in this Contract, the Agency shall, at its sole expense, maintain in full force and effect at all times during the life of this contract, insurance coverages, limits, including endorsements, as described herein. The requirements contained herein as to types and limits, as well as County's review or acceptance of insurance maintained by Agency are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Agency under Contract.

- A. Commercial General Liability The AGENCY shall agree to maintain Commercial General Liability at a limit of liability not less than \$500,000 each occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted by COUNTY'S Risk Management Department. AGENCY agrees this coverage shall be provided on a primary basis.
- B. Business Automobile Liability The AGENCY shall agree to maintain Business Automobile Liability at a limit of liability not less than \$500,000 each occurrence for all owned, non-owned and hired automobiles. In the event the AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended to require the AGENCY to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. AGENCY agrees this coverage shall be provided on a primary basis.
- C. Worker's Compensation & Employer's Liability The AGENCY shall agree to maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440. AGENCY agrees this coverage shall be provided on a primary basis.
- D. Professional (Errors & Omissions) Liability The AGENCY shall agree to maintain professional Liability, or equivalent Directors & Officers Liability at a limit of liability not less \$500,000 per Occurrence. When a self-insured retention (SIR) or deductible exceeds \$10,000, the County reserves the right, but not the obligation, to review and request a copy of the AGENCY'S most recent annual report or audited financial statement. AGENCY agrees this coverage shall be provided on a primary basis.
- E. Additional Insured The AGENCY shall agree to endorse the COUNTY as an Additional Insured with CG 2026 Additional Insured-Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents, c/o Department of Community Services". The AGENCY shall agree the Additional Insured endorsement provides coverage on a primary basis.

F. Certificate of Insurance The AGENCY shall agree to deliver the County a certificate(s) of insurance evidencing the required insurance is in full force and effect within fifteen (15) calendar Days after receipt of Notification of Intent to Award, but in no event, later than the execution of the Contract by the County. A minimum thirty(30) day endeavor to notify due to cancellation or non-renewal of coverage shall be included on the certificate(s). Certificate Holder shall read:

Palm Beach County Board of County Commissioners  
c/o Community Services Department  
810 Datura Street Suite 200  
West Palm Beach, FL 33401  
Attn: Ryan White Program Manager

G. Right to Review & Adjust The AGENCY shall agree the County, by and through its Risk Management Department, reserves the right to periodically review, modify, reject or accept any required policies of insurance including limits, coverages, or endorsements, herein from time to time throughout the life of this Contract. The County reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

#### **ARTICLE 7 - INDEMNIFICATION**

The AGENCY shall indemnify and save harmless and defend the COUNTY, its agents, servants, and employees from and against any and all claims, liability, losses, and/or cause of action which may arise from any negligent act or omission of the AGENCY, its agents, servants, or employees in the performance of this Contract.

The AGENCY further agrees to indemnify, save harmless and defend the COUNTY, its agents, servants, and employees from and against any claim, demand or cause of action of whatsoever kind or nature arising out of any conduct or misconduct of the AGENCY not included in the paragraph above and for which the COUNTY, its agents, servants or employees are alleged to be liable. In particular, AGENCY will hold the COUNTY harmless and will indemnify the COUNTY for any funds which the COUNTY is obligated to refund the Federal Government arising out of the conduct of activities and administration by the AGENCY. The AGENCY also agrees that funds made available pursuant to this Contract shall not be used by the AGENCY for the purpose of initiating or pursuing litigation against the COUNTY.

#### **ARTICLE 8 - WARRANTY/PERSONNEL**

The AGENCY warrants that all services shall be performed by skilled and competent personnel to the highest professional standards in the field. Any changes or substitutions in the AGENCY'S key personnel as may be listed herein must be made known to the COUNTY'S representative within five (5) working days of the change.

The AGENCY further represents that it has, or will secure at its own expense, all necessary personnel required to perform the services under this Contract, and that they shall be fully qualified and, if required, authorized, permitted and/or licensed under State and local law to perform such services. Such personnel shall not be employees of or have any contractual relationship with the COUNTY.

#### **ARTICLE 9 - NONDISCRIMINATION**

The AGENCY warrants and represents that all of its employees, and participants in the programs it serves are treated equally during employment and/or services without regard to race, color, religion, sex, age, disability, marital status, sexual orientation, national origin or ancestry. Agency will comply with Executive Order No. 11246 entitled "Equal Employment Opportunity" and as amended by Executive

Order No. 11375, and as supplemented by the Department of Labor Regulations (41 CFR, Part 60).

#### **ARTICLE 10 - AGENCY'S PROGRAMMATIC AGREEMENTS**

In addition to its other obligations hereunder, the AGENCY agrees:

1. To allow COUNTY through its Community Services Department to monitor AGENCY to assure that its goals and conduct as outlined in the Work Plan, Exhibit "A", are adhered to.
2. To maintain service records reflecting and including client intake, service, treatment plan or agreement and client level data including the following: unduplicated client identifier, sex, age, race or ethnicity, mode of HIV transmission, indicators of severe need, zip code of residence
3. To allow COUNTY access to Part A chart and service records for the purpose of contract monitoring of AGENCY service goals and other program agreements.
4. To maintain client records containing evidence of financial screening for benefit and entitlement eligibility, including documentation of NO other resources, indicating their qualification for Part A services.
5. To maintain books, records, documents, and other evidence which sufficiently and properly reflects all costs and provisions of services to individuals of any nature expended in the performance of this Contract for a period of not less than seven (7) years.
6. To comply with Federal and County needs assessment and Uniform Reporting System (URS) requirements (basic computer equipment needed).
7. The AGENCY must maintain separate financial records for Ryan White HIV/AIDS Treatment Modernization Act funds and account for all receipts and expenditures including direct and indirect cost allocations in accordance with Generally Accepted Accounting Principles (GAAP), by individual service categories, by administration and program costs.  
**Ryan White fund cost allocations are to be completed and posted to the general ledger on a quarterly basis.**
8. That the COUNTY shall be promptly reimbursed for any funds which are misused, misspent or are for any reason deemed to have been spent on ineligible expenses.
9. AGENCY must submit any and all reports to the County for each individual service. These reports must include, but are not limited to the following:
  - a. Quarterly Women, Infants, Children, Youth (W.I.C.Y.) Report
  - b. Participation in Client Satisfaction Survey Reporting
  - c. Monthly Report/Request for Reimbursement (monthly)
  - d. Data elements for the annual Ryan White HIV/AIDS Program Data Report (RDR.) due **2/15/10**.
  - e. Special requirements for information (as required)
  - f. Ryan White Part A quarterly general ledger by service category

All reports are subject to on-site verification and audit of grantee records. Copies of the required forms will be supplied to the AGENCY. Failure to submit completed reports will result in a delay in payment and/or termination of this Contract.

10. AGENCY must comply with Part A, Ryan White HIV/AIDS Treatment Modernization Act and applicable Federal, State and local statutes, as may be amended.  
Including, but not limited to;
  - a. Clients receiving Part A services must provide documentation of HIV Serostatus, consisting of a lab report or physician letter stating the client is HIV Positive.
  - b. If the AGENCY receiving Part A funds charges for services, it must do so on a sliding fee schedule that is available to the public. Individual, annual aggregate charges to clients receiving Part A services must conform to statutory limitations. (See Allowable Charges Chart)
  - c. The AGENCY must participate in a community-based continuum of care. A continuum of care is defined as: A comprehensive range of services required by individuals or families with HIV infection in order to meet their health care and psycho social service needs throughout the course of their illness. The concept of a continuum suggests that services must be organized to respond to the individual or family's changing needs in a holistic, coordinated, timely, and uninterrupted manner which reduces fragmentation of care.

- d. The AGENCY must comply with the Minimum Eligibility Criteria for Palm Beach County for HIV/AIDS Services as approved by the HIV/AIDS CARE Council. (See Eligibility Criteria Chart)
  - e. The AGENCY must comply with the Service Standards of Care, as adopted by the HIV/AIDS CARE Council. (See Attachment)
  - f. The AGENCY must participate in Quality Management activities initiated by the Palm Beach County Department of Community Services and the Palm Beach County HIV CARE Council to assess the effectiveness and quality of services (Standards of Care) delivered through Ryan White HIV/AIDS Treatment Modernization Act funding. All agencies are responsible for establishing and maintaining a quality management program that enables the Grantee and HIV CARE Council to monitor disease trends and health status changes for clients living With HIV disease. **Track outcomes for each client by but not limited to: 1. number of clients/patients that access primary medical care and maintain adherence after initial contact with case management 2. track clients CD4 levels and viral loads according to the Standards of Care while continuing to maintain visits to primary medical care.** All agencies are expected to identify problems in service delivery that impact health-status outcomes at the client and system levels. Corrective actions, if required, should be initiated by the Agency and Coordinated with the Grantee and its Quality Management Program. All agencies and any vendors it enters into an agreement with to provide Ryan White HIV/AIDS Treatment Modernization Act services are expected to participate in quality assurance and evaluation activities.
11. AGENCY agrees that funds received under the agreement shall be utilized where no other financial resources are available.
  12. AGENCY agrees that their Administration cost will not exceed 10% of the contracted amount.
  13. To submit an Annual Audit by an Independent Certified Public Accountant completed within nine (9) months after the end of the AGENCY'S fiscal year in accordance with Federal requirements and showing Ryan White Part A funds separately.
  14. To attend all meetings, which will be scheduled no more than monthly, with COUNTY staff and other funded agencies, to develop their respective programs as well as work to develop a comprehensive approach to HIV/AIDS care.

Funds shall not be used to:

- a. Make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by a third party payer, with respect to that item or service:
  - I. Under any state compensation program, insurance policy, or any Federal or State health benefits program or;
  - II. By an entity that provides health services on a prepaid basis.
- b. Purchase or improve land, or to purchase, construct or make permanent improvements to any building.
- c. Make payments to recipients of services, except in the form of food or vouchers, or for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in grantee and planning council activities.

#### **ARTICLE 11 - DRUG-FREE WORKPLACE**

The AGENCY shall implement and maintain a drug-free workplace program of at least the following items:

1. Publish a statement notifying employees that the unlawful manufacture, distribution,

dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the AGENCY'S policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the services that are under contract a copy of the statement specified in Item Number 1. above.
4. In the statement specified in Item Number 1. above, notify the employees that, as a condition of working on the contract services, the employee will abide by the terms of the statement and will notify the AGENCY of any conviction of, or plea of guilty nolo contendere to, any violation of Chapter 893, Florida Statutes, or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction or plea.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted or so pleads.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Section 287.087, Florida Statutes.

#### **ARTICLE 12 - INDEPENDENT CONTRACTOR RELATIONSHIP**

The AGENCY is, and shall be, in the performance of all work services and activities under this Contract, an Independent Contractor, and not an employee, agent, or servant of the COUNTY. All persons engaged in any of the work or services performed pursuant to this Contract shall at all times, and in all places, be subject to the AGENCY'S sole direction, supervision, and control. The AGENCY shall exercise control over the means and manner in which it and its employees perform the work, and in all respects the AGENCY'S relationship and the relationship of its employees to the COUNTY shall be that of an Independent Contractor and not as employees or agents of the COUNTY.

The AGENCY does not have the power or authority to bind the COUNTY in any promise, agreement or representation other than specifically provided for in this agreement.

The AGENCY shall not pledge the COUNTY'S credit or make it a guarantor of payment or surety for any contract, debt, obligation, judgement, lien, or any form of indebtedness. The AGENCY further warrants and represents that it has no obligation or indebtedness that would impair its ability to fulfill the terms of this Contract.

#### **ARTICLE 13 - AMENDMENTS TO FUNDING LEVELS**

This agreement may be amended to decrease and/or increase funds for the delivery of services depending upon the utilization and rate of expenditure of funds.

Agency shall be subject to decrease of funds if funds are not utilized at the anticipated rate of expenditures. The anticipated rate of expenditures is determined by dividing the contract service amount by the months in the contract unless otherwise provided for in Exhibit C. A 10% increase over the monthly expenditure rate, in accordance with Exhibit C, must be pre-approved by the Grantee. The anticipated rate of expenditure will be figured on a per service basis. The formula for reduction of funds shall be as follows:

At one quarter of the service period the Agency shall have expended at a minimum twenty percent (20%) of their service dollars. If the minimum has not been expended ten percent (10%) of the unspent funds allocated for that service period will be forfeited.

At one half of the service period the Agency shall have expended at a minimum forty percent



(40%) of their service dollars. If the minimum has not been expended fifty percent (50%) of the unspent funds allocated for that service period will be forfeited.

At three quarters of the service period the Agency shall have expended at a minimum seventy five percent (75%) of their service dollars. If the minimum has not been expended one hundred percent (100%) of the unspent funds allocated for that service period will be forfeited.

Agency may become eligible for an increase in funding if they have spent their funds at the anticipated rate and can present a proposal for the utilization of additional funds by delivering additional units of service.

Any increase or decrease of funding level must be approved by the Board of County Commissioners.

#### **ARTICLE 14 - TERMINATION**

This Contract may be canceled by the AGENCY upon thirty (30) days prior written notice to the COUNTY'S representative in the event of substantial failure by the COUNTY to perform in accordance with the terms of this Contract through no fault of the AGENCY. It may also be terminated, in whole or in part, by the COUNTY, with or without cause, immediately upon written notice to the AGENCY. Unless the AGENCY is in breach of this Contract, the AGENCY shall be paid for services rendered to the COUNTY'S satisfaction through the date of termination. After receipt of a Termination Notice, and except as otherwise directed by the COUNTY, the AGENCY shall:

- A. Stop work on the date and to the extent specified.
- B. Terminate and settle all orders and subcontracts relating to the performance of the terminated work.
- C. Transfer all work in process, completed work, and other materials related to the terminated work to the COUNTY.
- D. Continue and complete all parts of the work that have not been terminated.
- E. Submit an invoice for final payment on the terminated portion of the contract within thirty (30) days of the termination date.

In the event the grant to the COUNTY under the Ryan White HIV/AIDS Treatment Modernization Act is suspended or terminated, this Agreement shall be suspended or terminated effective on the date the United States Department of Health and Human Services specifies.

#### **ARTICLE 15 - EXCUSABLE DELAYS**

The AGENCY shall not be considered in default by reason of any failure in performance if such failure arises out of causes reasonably beyond the control of the AGENCY or its subcontractors and without their fault or negligence. Such causes include, but are not limited to: acts of God; natural or public health emergencies; labor disputes; freight embargoes; and abnormally severe and unusual weather conditions.

Upon the AGENCY'S request, the COUNTY shall consider the facts and extent of any failure to perform the work and, if the AGENCY'S failure to perform was without it or its subcontractors fault or negligence, the Contract Schedule and/or any other affected provision of this Contract shall be revised accordingly; subject to the COUNTY'S rights to change, terminate, or stop any or all of the work at any time.

#### **ARTICLE 16 - AMERICANS WITH DISABILITIES (ADA)**

The AGENCY shall meet all the requirements of the Americans With Disabilities Act (ADA), which shall include, but not be limited to, posting a notice informing service recipients and employees that they can file any complaints of ADA violations directly with the Equal Employment Opportunity Commission (EEOC), One Northeast First Street, Sixth Floor, Miami, Florida 33132.

#### **ARTICLE 17 - PUBLIC ENTITY CRIMES**

As provided in F.S. 287.132-133, by entering into this contract or performing any work in furtherance hereof, the Agency certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof.

#### **ARTICLE 18 - ACCESS AND AUDITS**

The AGENCY shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least seven (7) years after completion of this Contract, or until resolution of any audit findings and/or recommendations. The COUNTY shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the AGENCY'S place of business.

The AGENCY shall provide the COUNTY with an annual financial audit report which meets the requirements of Sections 11.45 and 216.349, Fla. Stat., and Chapter 10.550 and 10.600, Rules of the Auditor General, and, to the extent applicable, the Single Audit Act of 1984, 31 U.S.C. ss. 7501-7507, OMB Circulars A-128 or A-133 for the purposes of auditing and monitoring the funds awarded under this contract.

- a. The annual financial audit report shall include all management letters and the AGENCY's response to all findings, including corrective actions to be taken.
- b. The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue by sponsoring agency and contract/agreement/grant number.
- c. The complete financial audit report, including all items specified herein, shall be sent directly to:

Ryan White Part A Program Manager  
Community Services Department  
Palm Beach County  
810 Datura Street  
West Palm Beach, Florida 33401

- d. The AGENCY shall have all audits completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Fla. Stat. The IPA shall state that the audit complied with the applicable provisions noted above.
- e. The audit is due within (9) nine months after the end of the AGENCY's fiscal year.

#### **ARTICLE 19 - STANDARDS OF CONDUCT FOR EMPLOYEES**

The AGENCY must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate the conditions under which outside activities, relationships, or financial interest are proper or improper, and provide for notification of these kinds of activities, relationships, or financial interests to a responsible and objective institution official. For the requirements of code of conduct applicable to procurement under grants, see the procurement standards prescribed by 45 CFR Part 74, Subpart P and 45 CFR Part 92.36.

The rules of conduct must contain a provision for prompt notification of violations to a responsible and objective grantee official and must specify the type of administrative action that may be taken against an individual for violations. Administrative actions, which would be in addition to any legal penalty(ies), may include oral admonishment, written reprimand, reassignment, demotion, suspension, or separation. Suspension or separation of a key official *must* be reported promptly to the County.

A copy of the rules of conduct must be given to each officer, employee, board member, and consultant

of the recipient organization who is working on the grant supported project or activity and the rules must be enforced to the extent permissible under State and local law or to the extent to which the grantee determines it has legal and practical enforcement capacity.

The rules need not be formally submitted to and approved by the County; however, they must be made available for a review upon request, for example, during a site visit.

**ARTICLE 20 - ENTIRETY OF CONTRACTUAL AGREEMENT**

The AGENCY agrees that the Work Plan has been developed from the AGENCY'S funding application and that the COUNTY expects performance by the AGENCY in accordance with such application. In the event of a conflict between the application and this Agreement (including Exhibits "A" and "B"), this Contract shall control.

The COUNTY and the AGENCY both further agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein.

None of the provisions, terms and conditions contained in this Contract may be added to, modified, superseded or otherwise altered, except by written instrument executed by the parties hereto.

**ARTICLE 21 - NOTICES**

All notices required in this Contract shall be sent by Certified Mail, Return Receipt Requested, and if sent to the COUNTY shall be mailed to:

Channell Wilkins, Director  
Community Services Department  
Palm Beach County  
810 Datura Street Suite 200  
West Palm Beach, Florida 33401

and if sent to the AGENCY shall be mailed to:

Yollette Bonnet, Executive Director  
Comprehensive AIDS Program, Inc.  
2330 South Congress Avenue  
Palm Springs, FL 33406

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

**ATTEST:**

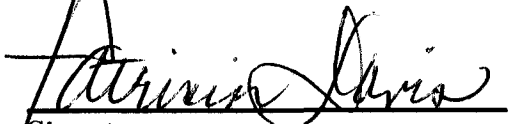
**Sharon R. Bock**  
Clerk and Comptroller

**PALM BEACH COUNTY BOARD OF  
COUNTY COMMISSIONERS**

BY \_\_\_\_\_  
Deputy Clerk

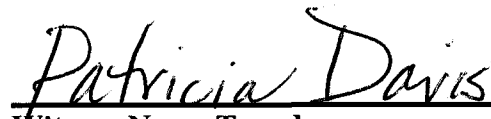
BY \_\_\_\_\_  
John F. Koons, Chairman

**WITNESS:**

  
\_\_\_\_\_  
Signature

**AGENCY:**

\_\_\_\_\_  
Comprehensive AIDS Program, Inc.  
Agency's Name Typed

  
\_\_\_\_\_  
Witness Name Typed

\_\_\_\_\_  
Larry Leed  
Agency's Signatory Name Typed

\_\_\_\_\_  
59-2582229  
Agency's Federal ID Number

\_\_\_\_\_  
Deputy Executive Director  
Agency's Signatory Title Typed

BY  \_\_\_\_\_

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

\_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
\_\_\_\_\_  
Channell Wilkins, Director

**TITLE I  
WORKPLAN**

**APPLICANT: Comprehensive AIDS Program**

**SERVICE: Medical Case Management -MAI**

**AREA TO BE SERVED:**

**PALM BEACH COUNTY**

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a quarter hour of case management. CAP will provide a total of 31,229 units of case management to an estimated 320 minority clients.</p> <p>2. 320 minority HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical &amp; social service support.</p> <p>3. 320 minority HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$17.50 per quarter hour 31,229 units of service plus State, county, and CAREware trainings at \$490 per day per staff equals 28 units at \$17.50 per unit per day (other H) plus actual cost of new computer upgrade needs (other M)</p>	<p>1. Upon execution of a contractual agreement, CAP will provide medical case management activities to eligible Ryan White MAI clients, according to the State of Florida Medical Case Management standards. The agency anticipates these services being focused on clients in the western communities (The Glades) and in Delray.</p> <p>2. To assure expenditures of Ryan White formula funds are fully utilized, the agency will begin implementing MAI services in November 2009.</p>	<p>8/1/2009</p>	<p>7/31/2010*</p>	<p>Clients have a choice of case management agencies. CAP is the largest minority case management organization, and serves clients along the HIV disease spectrum.</p> <p>CAP meets with other providers for referral services, and uses the CAREware system to prevent duplication of services .</p>

\* or Date of Depletion of Funds, whichever comes first

**BUDGET NARRATIVE SUMMARY**

**PROPOSED SERVICE:** MEDICAL CASE MANAGEMENT - MAI

**AGENCY NAME:** Comprehensive AIDS Program

**BUDGET PERIOD:** from 8/1/2009 to 7/31/2010\*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	285,134	285,134	9.13
B. Fringe Benefits	-	104,345	104,345	3.34
C. Travel	-	11,830	11,830	0.38
D. Equipment	-	-	-	
E. Supplies	-	10,493	10,493	0.34
F. Contractual	-	1,500	1,500	0.05
G. Other	49,683	83,525	133,208	4.27
<b>Total</b>	<b>49,683</b>	<b>496,827</b>	<b>546,510</b>	<b>17.50</b>

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT - MAI  
**Agency:** Comprehensive AIDS Program **Budget Period:** 8/1/2009 to 7/31/2010\*

<b>REVENUES</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
1. Funds from Government Sources Ryan White Title I	49,683	496,827	546,510
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	49,683	496,827	546,510

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT - MAI

**Agency:** Comprehensive AIDS Program

**Budget Period:** 8/1/2009 to 7/31/2010\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		285,134	285,134
13. Employee Benefits			
a. FICA .0765	-	21,813	21,813
b. FI Unemployment \$7,000 x .04 x FTE	-	2,366	2,366
c. Workers' Compensation .02	-	5,703	5,703
d. Health Plan \$650 x 12 per mo per FTE	-	65,910	65,910
e. Retirement .03	-	8,554	8,554
14. Sub-Total Employee Benefits	-	104,345	104,345
15. Sub-Total Salaries & Benefits	-	389,479	389,479
16. Travel			
a. Travel/Transportation	-	9,295	9,295
b. Conference/Registration/Travel	-	2,535	2,535
17. Sub-Total Travel		11,830	11,830

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**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - MAI**

**Agency: Comprehensive AIDS Program**

**Budget Period: 8/1/2009 to 7/31/2010\***

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	5,493	5,493
b. Program Supplies (actual purchase)		5,000	5,000
20. Sub-Total Supplies	-	10,493	10,493
21. Contractual (Part-time Case Managers @ \$15per hour x 100 hrs)		1,500	1,500
22. Other			
a. Communications/Utilities			
1. Telephone	-	5,493	5,493
2. Postage & Shipping	-	1,268	1,268
3. Utilities (Power/Water/Gas)	-	5,493	5,493
Sub-Total Communications/Utilities	-	12,253	12,253

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**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - MAI**

**Agency: Comprehensive AIDS Program**

**Budget Period: 8/1/2009 to 7/31/2010\***

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	40,560	\$40,560
2. Equipment			
Sub-Total Rental		\$40,560	\$40,560
D. Repair & Maintenance			
1. Building Maintenance	-	5,493	\$5,493
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$5,493	\$5,493
E. Specific Assistance to Individuals			
F. Dues & Membership	-	127	\$127

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**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - MAI**

**Agency: Comprehensive AIDS Program**

**Budget Period: 8/1/2009 to 7/31/2010\***

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	127	127
H. Training & Development Includes Countywide & Statewide training required for all staff. \$490 per day per staff=28units per day	-	4,141	4,141
I. Printing	-	2,535	2,535
J. Copy Cost	-	2,535	2,535
K. Advertising/Recruitment/PR	-	845	845
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	4,771	4,771
N. Insurance/General Liability/Malpractice	-	10,140	10,140
N. Administrative expense allowed at 10%	49,683	-	49,683
23. Sub-Total Other	49,683	83,525	133,208
24. Total Expenditures	49,683	496,827	546,510
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.59	15.91	17.50
Total Units less statewide trainings and computer upgrades to be reimbursed			31,229

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**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year 8/1/2009 to 7/31/2010

REVENUES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov. Sources	1,880,313	46,387	546,510	186,942	1,843,991	271,000	25,000	4,800,143
2. Foundations								
3. Other Grants								
4. Fund Raising							60,000	60,000
5. Contributions/ Legacies/Bequests							303,000	303,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public							5,000	5,000
8. Investment Income							2,000	2,000
9. In-Kind								
10. Miscellaneous								
<b>11. Total Revenues</b>	<b>1,880,313</b>	<b>46,387</b>	<b>546,510</b>	<b>186,942</b>	<b>1,843,991</b>	<b>271,000</b>	<b>395,000</b>	<b>5,170,143</b>

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year 8/1/2009 to 7/31/2010

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	913,813	8,367	285,134	85,710	614,035	133,202		2,040,261
Chief Program Director	20,932	1,470						
1 Client Services Managers	36,499							
4 Program Supervisors	93,944							
4 Program Support Specialists	62,589							
43 Case Managers/Techs	692,591							
HIV Prevention Manager	552	524						
Treatment Adherence Coordinator	6,706	6,373						
	913,813	8,367	285,134	85,710	614,035	133,202		2,040,261

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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 AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

8/1/2009

to

7/31/2010

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	913,813	8,367	285,134	85,710	614,035	133,202		2,040,261
13. Employee Benefits								
a. FICA	69,907	640	21,813	6,557	46,974	10,190		156,080
b. FI Unemployment	3,937	150	2,366	343	2,456	533		9,785
c. Workers' Comp	18,276	167	5,703	1,714	12,281	2,664		40,805
d. Health Plan	201,479	1,341	65,910	20,415	143,497	42,994		475,636
e. Retirement	27,414		8,554	2,571	18,421	3,996		60,956
14. Sub-Total Employee Benefits	321,013	2,298	104,346	31,600	223,628	60,377		743,263
15. Sub-Total Salaries/Benefits	1,234,826	10,665	389,480	117,310	837,663	193,579		2,783,524
16. Travel								
a. Travel/transportation	30,127	330	9,295	3,685	28,799	5,204	9,571	87,011
b. Conferences/ Registration/Travel	17,670		2,535	3,000	17,100	9,000	5,733	55,038
17. Sub-Total Travel	47,797	330	11,830	6,685	45,899	14,204	15,304	142,049

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

8/1/2009

to

7/31/2010

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
	FORMULA	SUPPL	MAI					
18. Equipment					3,000			3,000
19. Supplies								
a. Office Supplies	30,141	125	5,493	1,000	1,200	1,800	7,633	47,392
b. Program Supplies	21,944	225	5,000	23,517	43,193	35,326	5,969	135,174
c. Computer Software								
20. Sub-Total Supplies	52,085	350	10,493	24,517	44,393	37,126	13,602	182,566
21. Contractual	4,720		1,500	5,500	45,000		9,112	65,832
22. Other								
a. Communications/Utilities								
1. Telephone	29,451		5,493		1,566		8,500	45,010
2. Postage & Shipping	4,208		1,268	1,200			3,833	10,509
3. Utilities (Power/Water/Gas)	29,451		5,493		5,220		7,000	47,164
<b>Sub-Total Communications/Utilities</b>	63,110		12,254	1,200	6,786		19,333	102,683

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

8/1/2009

to

7/31/2010

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	552	25						577
C. Rental								
1. Building	133,346	550	40,560	7,200	82,100	6,000	130,780	400,536
2. Equipment	630							630
Sub-Total Rental	133,976	550	40,560	7,200	82,100	6,000	130,780	401,166
D. Repair & Maintenance								
1. Building Maintenance	29,451		5,493				5,000	39,944
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	29,451		5,493				5,000	39,944
E. Specific Assistance to Individuals	34,152	30,250			615,209			679,611
F. Dues & Membership	421		127				1,283	1,831
G. Subscriptions	558		127				2,000	2,685

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All Financial Information Rounded to Nearest Dollar



**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

8/1/2009

to

7/31/2010

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	14,585		4,141	1,000	500		2,917	23,143
I. Printing	10,847		2,535	3,500			1,667	18,549
J. Copy Cost	10,378		2,535				2,000	14,913
K. Advertising	7,293		845				2,000	10,138
L. Audit Fees							24,000	24,000
M. Office Furniture & Equipment	20,450		4,771				1,667	26,888
N. Insurance	45,568		10,140				61,707	117,415
O. Fundraising							15,382	15,382
P. Vehicle Operation								
Q. Promotional/PR							10,000	10,000
R. Fees/taxes/bank fees							2,000	2,000
S. Professional Fees							40,000	40,000
T. Indirect Costs	169,544	4,217	49,679	20,030	163,441	20,091	35,246	462,248
<b>25. Sub-Total Other</b>	<b>540,885</b>	<b>35,042</b>	<b>133,207</b>	<b>32,930</b>	<b>868,036</b>	<b>26,091</b>	<b>356,982</b>	<b>1,993,173</b>
<b>26. Sub-Total Expenditures</b>	<b>\$1,880,313</b>	<b>\$46,387</b>	<b>\$546,510</b>	<b>\$186,942</b>	<b>\$1,843,991</b>	<b>\$271,000</b>	<b>\$395,000</b>	<b>\$5,170,143</b>

All Financial Information Rounded to Nearest Dollar

**SALARIES PER SERVICE**

Service: MEDICAL CASE MANAGEMENT - MAI  
 Agency: Comprehensive AIDS Program  
 Budget Period: 8/1/2009 to 7/31/2010\*

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

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

(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Chief Program Director/CPO	Prog	101,920	3,920	260	8	49.00	101,920	20%		20,384	20,384
1 Program Managers	Prog	50,000	1,923	260	8	24.04	50,000	75%		37,500	37,500
1 Program Supervisors	Prog	38,000	1,462	260	8	18.27	38,000	75%		28,500	28,500
1 Program Specialists	Prog	23,500	904	260	8	11.30	23,500	75%		17,625	17,625
8 Case Managers/Techs	Prog	241,500	9,288	260	8	116.11	241,500	75%		181,125	181,125
Total Personnel (Line Item Budget Line A)		454,920	17,497				454,920			285,134	285,134

FTE Admin

(need to add up)>>>>>>>> FTE Prog

8.45 actual fte's by %

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Ryan White Part A GY 09 Contract Dates, Amounts, Time

Grant Year August 01, 2009 - July 31,2010

Provider/Service	Contract Dates Begin	End	Total Amount	Service Amount	Total Contr. Days	Avg. Day Exp.	Total Months	Avg. Mo. Exp.
Comprehensive AIDS Program	8/1/09	7/31/10	546,510.00		365	1,497.2877	12	45,542.50
Medical Case Management				546,510.00		1,497.29		45,542.50

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	Aug	2009	31	46,416.00	8.49%	46,416.00
	Sept	2009	30	44,919.00	8.22%	91,335.00
	Oct	2009	31	46,416.00	8.49%	137,751.00
	Nov	2009	30	44,919.00	8.22%	182,670.00
	Dec	2009	31	46,416.00	8.49%	229,086.00
	Jan	2010	31	46,416.00	8.49%	275,502.00
	Feb	2010	28	41,924.00	7.67%	317,426.00
	March	2010	31	46,416.00	8.49%	363,842.00
	April	2010	30	44,919.00	8.22%	408,761.00
	May	2010	31	46,416.00	8.49%	455,177.00
	June	2010	30	44,919.00	8.22%	500,096.00
	July	2010	31	46,414.00	8.51%	546,510.00
				546,510.00	100.00%	

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## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

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**5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**


Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Larry Leed Deputy Executive Director
APPLICANT ORGANIZATION Comprehensive AIDS Program of Palm Beach County, Inc. (CAP)	DATE SUBMITTED 8/24/09

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## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.

4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

8/24/09  
Date

  
Signature and Title of Authorized Official

Larry Leed, Deputy Executive Director  
Comprehensive AIDS Program of Palm Beach County, Inc.  
Name of Applicant or Recipient

2330 South Congress Avenue  
Street

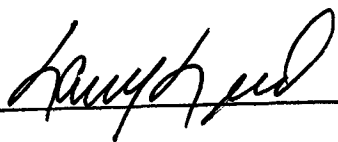
Palm Springs, Florida 33406  
City, State, Zip Code

Mail Form to:  
DHHS/Office for Civil Rights  
Office of Program Operations  
Humphrey Building, Room 509F  
200 Independence Ave., S.W.  
Washington, D.C. 20201  
Form HHS-690

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## CASH FLOW COMMITMENT

As the authorized representative of the applicant agency, I hereby certify that our agency has adequate cash available (or access to a credit line) to cover up to two (2) months cash expenses.



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Larry Leed  
Deputy Executive Director  
Comprehensive AIDS Program of PBC, Inc.

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Date 8/24/09



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 04/15/2009
PRODUCER (561)392-8888 FAX (561)750-9134 Burke, Bogart & Brownell, Inc. 181 Crawford Blvd. Boca Raton, FL 33432	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Comprehensive AIDS Program Inc. Comprehensive Community Care Network Inc. Foundation for Comprehensive Community Care P. O Box 18887 West Palm Beach, FL 33416	INSURERS AFFORDING COVERAGE INSURER A: Illinois National Ins Co INSURER B: Ameritrust Insurance Corp INSURER C: INSURER D: INSURER E:	NAIC #

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTY INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	06LX03074745000	11/01/2008	11/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	06CA32237675000	11/01/2008	11/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	06UD00347345000	11/01/2008	11/01/2009	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC0280684	04/01/2009	04/01/2010	<input type="checkbox"/> WC STATU- TORY LIMITS <input checked="" type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Professional Liability	06LX03074745000	11/01/2008	11/01/2009	Each Occurrence: \$1,000,000 General Aggregate: \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 PBC Board of Cty Commissioners, a Political Subdivision of the State of Florida, its Officers, Agents & Employees, c/o Dept of Housing & Community Devlpmt are addtl insured for GL coverage on a primary basis Policy #06LX03074741000/ Illinois National Ins: Employee Dishonesty applies \$100,000 Limit and \$1,000 Deductible. Comprehensive Community Care Network, Inc is a Named Insured Same policy # for all coverages. \*10 days notice of cancellation for nonpayment of prem.

<b>CERTIFICATE HOLDER</b>  PBC Board of County Commissioners 160 Australian Avenue Suite 500 West Palm Beach, FL 33406	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE Edward Burke/AMC
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ACORD 25 (2001/08)

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