

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: June 29, 2010

[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 A) Receive and file grant award letter from Department of Health & Human Services, for the budget period of March 1, 2010, through February 28, 2011, in the amount of \$1,939,612;

B) approve a waiver of prohibited relationship pursuant to Ordinance 2009-051, the Palm Beach County Code of Ethics, for Kimberly Rommel Enright of Palm Beach County Legal Aid Society, Inc., Hugo Rocchia of Compass, Inc., Rosalyn Collins of Gratitude House, Inc., Marlinda Jefferson of Minority Development and Empowerment, Inc., and Thomas McKissack of Oakwood Center of the Palm Beaches, Inc., who are members of the Palm Beach County HIV Care Council, as well as Mickale Linton of Palm Beach County Legal Aid Society, Inc. member of Palm Beach County Head Start Policy Council; and

C) approve contracts with listed provider agencies for the period March 1, 2010, through February 28, 2011, totaling \$1,498,671 for Ryan White Part A Treatment Extension Act of 2009 HIV Emergency Relief Supplemental funds:

Table with 2 columns: Agency Name and Amount. Includes entries for Compass, Inc., Comprehensive AIDS Program, Inc., Comprehensive Community Care Network, Inc., Legal Aid Society of Palm Beach County, Inc., Minority Development & Empowerment, Inc., Oakwood Center of the Palm Beaches, Inc., Treasure Coast Health Council, Inc., Gratitude House, Inc., Palm Beach County Health Department, and Health Care District of Palm Beach County. Total: \$1,498,671

Summary: A Notice of Grant Award from the Department of Health and Human Services Health Resources and Services Administration (HRSA) was received on April 1, 2010 that conveys an award for Supplemental funds totaling \$1,939,612. The total award includes \$193,961 for Grantee Administration and \$96,980 for Quality Management. The contracts listed represent a portion of the total funding, the balance of the funding will be awarded and the provider contracts will be submitted on a future BCC agenda. 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. Prohibited relationship waivers are being recommended for five (5) individuals named above who serve as members of the Palm Beach County HIV CARE Council. These individuals are employed by not-for-profit agencies that are current service providers and are being recommended for new service provider contracts. The individuals have disclosed this relationship and are requesting a waiver pursuant to Section 3.D. of the Code of Ethics. The waivers are being recommended in recognition of the fact that federal law and County Resolution R97-1067 require service provider representation on the HIV CARE Council.

Summary and Background continued on page three (3)

- Attachments: 1. Contracts 2. Notice of Grant Award

Recommended by: [Signature] Department Director Date: 6/25/10
Approved by: [Signature] Assistant County Administrator Date: 6/18/10

Summary (continued): A prohibited relationship waiver is being recommended for one (1) individual who serves as a member of the Palm Beach County Head Start Policy Council. This individual is employed by a not-for-profit agency that is a current service provider and is being recommended for a new service provider contract. The individual has disclosed this relationship and is requesting a waiver pursuant to Section 3.D. of the Code of Ethics. The waiver is being recommended in recognition of the fact that the individual has no influence on or contact with the Palm Beach County HIV CARE Council and the Ryan White Programs. The Grantee, Palm Beach County, is responsible for selecting and contracting with service providers and the Palm Beach County HIV CARE Council is charged with the sole responsibility of determining service priorities and allocation of funding accordingly. The agencies listed were selected through the Request For Proposal (RFP) process and have been recommended to receive funding. These are Federal funds and no County funding is required. (Ryan White) Countywide (TKF).

Background and Justification: Under the Ryan White Part A Treatment Extension Act of 2009, 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 Palm Beach County HIV CARE Council. The Department of Health and Human Services Administration has issued the FY 2010 award to serve persons living with HIV/AIDS. So that the Clerk's Office can note and receive the award letter, this receive and file item is submitted in accordance with PPM CW-O-051.

II. FISCAL IMPACT ANALYSIS

Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>\$878,670</u>	<u>\$620,001</u>	_____	_____	_____
External Revenue	<u>(\$878,670)</u>	<u>(\$620,001)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0* see below</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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

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: Tauna Malhotra
5/28

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Total grant award is \$9,058,569. Prior contracts submitted for approval at June 2nd meeting totalled \$7,489,957. Future contracts to be approved for the remaining \$1,449,941.
OFMB 6/4/10
6/2/10 6/2/10
Contract Dev. and Control 6/11/10
6/11/10


B. Legal Sufficiency:
Assistant County Attorney 6/16/10

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.

1. DATE ISSUED: 04/01/2010		2. PROGRAM CFDA: 93.914		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					
3. SUPERCEDES AWARD NOTICE dated: 03/05/2010 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:							
6 H89HA00034-17-01	H89HA00034	BRH890034							
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2011									
7. BUDGET PERIOD: FROM: 03/01/2010 THROUGH: 02/28/2011									
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) Channell Wilkins PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura Street West Palm Beach, FL 33401-5204						
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			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE						
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: \$ 9,058,569.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 9,058,569.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 9,058,569.00			a. Authorized Financial Assistance This Period \$ 9,058,569.00 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 \$ 7,118,957.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 1,939,612.00						
			13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)						
			<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not Applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
			14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)						
			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: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] 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: 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.									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Please see attachment for terms and reporting requirements.									
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 04/01/2010									
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				
10-3770722	93.914	H89HA0034V	\$ 1,867,856.00	\$ 0.00	N/A				
08-3770751	93.914	H89HA0034V	\$ 71,756.00	\$ 0.00	N/A				