

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>30,000</u>	_____	_____	_____	_____
External Revenue	<u>(30,000)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>-0~</u> *see below	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget?	Yes _____	No	X	_____	_____
Budget Account No.:	Fund _____	Dept _____	Unit _____	Object _____	_____
		Program Code _____			

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
 2/28/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 3/1/11
 OFMB YA
 3/3/11 3/2/11 3/1/11

[Signature] 3/17/11
 Contract Dev. and Control
 E. Jones 3/17/11

B. Legal Sufficiency:

[Signature] 3/8/11
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET AMENDMENT

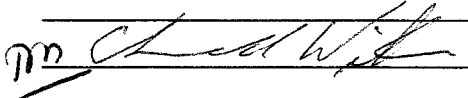
BGEX - 142 -021011000000000000915
 BGRV - 142 -021011000000000000243

FUND (1010) - Ryan White Care Act Program

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 2/18/2011	REMAINING BALANCE
REVENUE								
142 1475 3169	Fed Grant Indirect - Other Human Svc's	\$8,892,369	\$8,892,369	\$30,000	\$0	\$8,922,369		
	Total Revenue	\$12,889,898	\$12,889,898	\$30,000	\$0	\$12,919,898		
EXPENDITURE								
142 1475 8201	Contributions-Non-Govts Agnces	\$8,892,369	\$8,892,369	\$30,000	\$0	\$8,922,369	\$1,182,638	\$7,739,731
	Total Expenditures	\$12,889,898	\$12,889,898	\$30,000	\$0	\$12,919,898	\$4,231,244	\$8,658,654

COMMUNITY SERVICES
 INITIATING DEPARTMENT/DIVISION Channell Wilkins
 Administration/Budget Department Approval
 OFMB Department - Posted

Signatures _____ Date _____
 _____ 2/28/11

By Board of County Commissioners
 At Meeting of 3/15/2011

 Deputy Clerk to the
 Board of County Commissioners

1. DATE ISSUED: 01/11/2011		2. PROGRAM CFDA: 93.914		 U.S. Department of Health and Human Services HRSA 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. SUPERSEDES AWARD NOTICE dated: 04/01/2010 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 H89HA00034-17-02	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	a. Authorized Financial Assistance This Period	\$9,088,569.00				
b. Fringe Benefits :	\$0.00	b. Less Unobligated Balance from Prior Budget Periods					
c. Total Personnel Costs :	\$0.00	i. Additional Authority	\$0.00				
d. Consultant Costs :	\$0.00	ii. Offset	\$0.00				
e. Equipment :	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00				
f. Supplies :	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$9,058,569.00				
g. Travel :	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$30,000.00				
h. Construction/Alteration and Renovation :	\$0.00						
i. Other :	\$0.00	13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)					
j. Consortium/Contractual Costs :	\$0.00	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">YEAR</th> <th style="width: 50%;">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	
YEAR	TOTAL COSTS						
Not applicable							
k. Trainee Related Expenses :	\$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
l. Trainee Stipends :	\$0.00	a. Amount of Direct Assistance	\$0.00				
m. Trainee Tuition and Fees :	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00				
n. Trainee Travel :	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00				
o. TOTAL DIRECT COSTS :	\$9,088,569.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00				
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00						
q. TOTAL APPROVED BUDGET :	\$9,088,569.00						
i. Less Non-Federal Share:	\$0.00						
ii. Federal Share:	\$9,088,569.00						

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]
A=Addition B=Deduction C=Cost Sharing or Matching D=Other
 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 Yes No)
 Please see attachment for comments.

Electronically signed by Dorothy Kelley, Grants Management Officer on : 01/11/2011

17. OBJ. CLASS: 41.15	18. CRS-EIN: 1596000785A1	19. FUTURE RECOMMENDED FUNDING: \$0.00				
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
09 - 3770760	93.914	H89HA0034V	\$30,000.00	\$0.00	N/A	N/A

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772;301-998-7373.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Grant Award authorizes the carryover of an unobligated balance in the amount of \$30,000 from budget period 03/01/09-02/28/10 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts**NGA Email Address(es):**

Name	Role	Email
Jennifer Millington	Business Official	JMilling@pbcgov.org
Channell Wilkins	Program Director	cwilkins@pbcgov.org

Note: NGA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Songhai Barclift at:
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: songhai.barclift@hrsa.hhs.gov
Phone: (301)443-0523

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Janene Dyson at:
HRSA, OFAM, DGMO, GSF
5600 Fishers Lane
RM 11A-02
Rockville, MD, 20857-0001
Email: jdyson@hrsa.gov
Phone: (301)443-8325
Fax: (301)443-6686

**AMENDMENT TO RYAN WHITE PART A
HIV HEALTH SUPPORT SERVICES
(Formula)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2010 – 0950, dated June 8, 2010) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2011 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive Community Care Network, 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 S. Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Primary Medical Care.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 8, 2010 is hereby amended as follows:

- I. A new Work Plan "A3" attached hereto shall replace the original work plan Exhibit "A2" in its entirety for Primary Medical Care.
- II. New Budgets Exhibit "B3" attached hereto showing the new total budget for funding for Primary Medical Care shall replace the original Exhibit "B2" in its entirety.
- III. New Schedule "C" Exhibit "C3" for Primary Medical Care shall replace Schedule "C2" in its entirety.
- IV. Increase funding for Primary Medical Care by \$30,000 for a new total of \$166,000.
- V. Total contract not to exceed amount will be \$613,874.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Third amendment to the Contract shall be and are hereby changed to conform to this amendment.

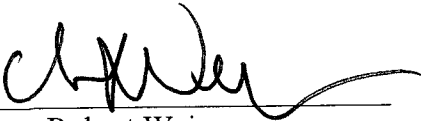
All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

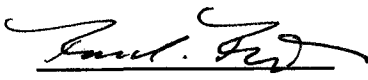
ATTEST:
Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

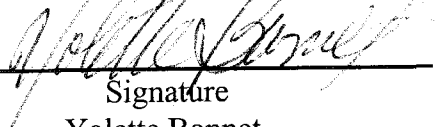
By: _____
Deputy Clerk

By: 
Robert Weisman
County Administrator

2/14/11
Date

WITNESS:

Signature


Comprehensive Community Care Network

By: 
Signature
Yolette Bonnet
Chief Executive Officer

Robbin J. Rodriguez
Witness Name

1/31/11
Date

**APPROVED AS TO TERMS
AND CONDITIONS**


Channell Wilkins, Director
Community Services

**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Outpatient/Ambulatory Primary Medical Care (health services) - FORMULA

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 visit. As CCCnet has just opened its new Health Center the actual unit cost can not be determined and varies per provider at the center. We have estimated that we will provide services to about 50 clients.</p> <p>2. 93 HIV+ men, women and children will have access to comprehensive health care services at CCCnet to include Infectious Disease, nurse coordination of lab, xray, pharmacy.</p> <p>3. 93 HIV+ men, women, and children will receive referrals and linkages to supportive services as determined by the treatment plan.</p> <p>cost= actual cost plus 10% handling fee</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide outpatient ambulatory medical care.</p> <p>2. Each patient will participate in an initial evaluation: medical and social hx, confirmation test, standard lab testing, treatment plan.</p> <p>3. 60% of patients will follow standard treatment regimen with on average of quarterly visits (4). 40% of patients requiring more extensive care to reach stabization of treatment will receive on</p>	<p>3/1/2010</p>	<p>2/28/2011*</p>	<p>Upon intake, the patient and medical team will assess appropriateness of match of of services, location and patient needs, location of previous treatment, etc, to determine the best location of service site. CCCnet will complete transfer of CCCnet meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY**PROPOSED SERVICE:** Outpatient/Ambulatory Primary Medical Care - FORMULA**AGENCY NAME:** Comprehensive Community Care Network, Inc.**BUDGET PERIOD:** from 3/1/2010 to 2/28/2011*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	96,520	96,520	
B. Fringe Benefits	-	19,689	19,689	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	30,200	30,200	
G. Other	15,091	4,500	19,591	
Total	15,091	150,909	166,000	Varies by Provider

BUDGET NARRATIVE**Service:** Outpatient/Ambulatory Primary Medical Care - FORMULA**Agency:** CCCnet**Budget Period:** 3/1/2010

to

2/28/2011*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	15,091	150,909	166,000
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	15,091	150,909	166,000

BUDGET NARRATIVE

Service: Outpatient/Ambulatory Primary Medical Care - FORMULAAgency: CCCnetBudget Period: 3/1/2010 to 2/28/2011*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		96,520	96,520
13. Employee Benefits			
a. FICA .0765	-	7,384	7,384
b. FI Unemployment \$7,000 x .0346 x FTE	-	399	399
c. Workers' Compensation .012	-	1,158	1,158
d. Health Plan \$645 per fte per month	-	7,852	7,852
e. Retirement .03	-	2,896	2,896
14. Sub-Total Employee Benefits	-	19,689	19,689
15. Sub-Total Salaries & Benefits	-	116,209	116,209
16. Travel			
a. Travel/Transportation	-		
b. Conference/Registration/Travel	-		
17. Sub-Total Travel			

BUDGET NARRATIVE

Service: Outpatient/Ambulatory Primary Medical Care - FORMULAAgency: CCCnetBudget Period: 3/1/2010 to 2/28/2011*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment- 30% of practice management system as attached	-		-
19. Supplies			
a. Office Supplies	-		-
b. Program Supplies-		-	-
20. Sub-Total Supplies	-	-	-
21. Contractual- ID Physician @3040 per month x 5 mos plus EMR support Health Choice Network		30,200	30,200
22. Other			
a. Communications/Utilities			
1. Telephone	-		-
2. Postage & Shipping	-		-
3. Utilities (Power/Water/Gas	-		-
Sub-Total Communications/Utilities	-	-	-

BUDGET NARRATIVE

Service: Outpatient/Ambulatory Primary Medical Care - FORMULA

Agency: CCCnet

Budget Period: 3/1/2010 to 2/28/2011*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building			
2. Equipment			
Sub-Total Rental			
D. Repair & Maintenance			
1. Building Maintenance	-		
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership	-		

BUDGET NARRATIVE

Service: Outpatient/Ambulatory Primary Medical Care - FORMULA

Agency: CCCnet

Budget Period: 3/1/2010 to 2/28/2011*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-		-
H. Training & Development	-		-
I. Printing	-		-
J. Copy Cost	-		-
K. Advertising/Recruitment/PR	-		-
L. Audit Fees	-		-
M. Office Furniture and Equipment (needed for office, exam, waiting, furniture, computer hardware/software, communication,)	-		-
N. Insurance/General Liability/Malpractice \$500 per month		4,500	4,500
N. Administrative expense allowed at 10%	15,091		15,091
23. Sub-Total Other	15,091	4,500	19,591
24. Total Expenditures	15,091	150,909	166,000
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)			

SALARIES PER SERVICE

Service: Outpatient/Ambulatory Primary Medical Care - FORMULA
 Agency: Comprehensive Community Care Network, Inc.
 Budget Period: 3/1/2010 to 2/28/2011*

*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											
Center Manager	Prog	85,000	3,269	260	8	40.87	85,000	25%		21,250	21,250
Nurse Practitioner	Prog	78,000	3,000	260	8	37.50	78,000	65%		50,700	50,700
Medical Assistant	Prog	32,760	1,260	260	8	15.75	32,760	75%		24,570	24,570
Total Personnel (Line Item Budget Line A)		195,760	7,529				195,760			96,520	96,520

EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc. - FORMULA

Outpatient Primary Care	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	14,099.00	8.49%	14,099.00
	April	2010	30	13,644.00	8.22%	27,743.00
	May	2010	31	14,099.00	8.49%	41,842.00
	June	2010	30	13,644.00	8.22%	55,486.00
	July	2010	31	14,099.00	8.49%	69,585.00
	Aug	2010	31	14,099.00	8.49%	83,684.00
	Sept	2010	30	13,644.00	8.22%	97,328.00
	Oct	2010	31	14,099.00	8.49%	111,427.00
	Nov	2010	30	13,644.00	8.22%	125,071.00
	Dec	2010	31	14,099.00	8.49%	139,170.00
	Jan	2011	31	14,099.00	8.49%	153,269.00
	Feb	2011	28	12,731.00	7.69%	166,000.00
				166,000.00	100.00%	