

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

Meeting Date: October 18, 2011

Consent

Regular

Workshop

Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

**I. EXECUTIVE BRIEF**

**Motion and Title: Staff recommends motion to approve:** amendments to the Ryan White Part A HIV Health Support Services Contracts (Formula) to extend the contract end periods to February 29, 2012, clarify payment terms, and increase the total contract amounts as listed for Ryan White Part A Treatment Extension Act of 2009 HIV Emergency Relief Formula funds:

**A)** Amendment No. 1 to Health Care District of Palm Beach County (R2011-0471), to increase the contract by \$355,281, for a new not-to-exceed total of \$775,403; and

**B)** Amendment No. 1 to Gratitude House, Inc. (R2011-0470) to increase the contract by \$9,228, for a new not-to-exceed total of \$18,456.

**Summary:** The original Notice of Grant Award from HRSA was received on February 16, 2011. An amended grant award notice was received on September 1, 2011. The grant award is being received in multiple disbursements this year. The two (2) amendments listed represent part of the balance of the total funding and the dates of the contracts are being amended to reflect a 12-month contract term versus a 6 month contract term. No County funds are 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 HRSA has issued the FY 2011 award to serve persons living with HIV/AIDS.

**Attachments:**

1. Contract Amendments
2. Notice of Grant Award - amended

Recommended by: \_\_\_\_\_

Department Director

9/22/11  
Date

Approved by: \_\_\_\_\_

Assistant County Administrator

10-13-11  
Date

**II. FISCAL IMPACT ANALYSIS**

**Five Year Summary of Fiscal Impact:**

Fiscal Years	2012	2013	2014	2015	2016
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	\$364,509	_____	_____	_____	_____
External Revenue	(\$364,509)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>0.</u> * see below	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____
Is Item Included in Current Budget?	Yes <u>X</u>	No _____			
Budget Account No.: Fund <u>1010</u>	Dept <u>142</u>	Units <u>1475</u>			
Object <u>Various</u>	Program Code <u>Various</u>				

**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  
9/22

**III. REVIEW COMMENTS**

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

[Signature] 10/11/11  
 OFMB VA 9/28/11  
[Signature] 10/11/11  
 Contract Dev. and Control  
 10-7-11 B. Wheeler

**B. Legal Sufficiency:**

[Signature] 10/12/11  
 Assistant County Attorney

These Amendments comply with our review requirements.

**C. Other Department Review:**

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

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