AGENDA ITEM OVER 50 PAGES CAN BE VIEWED IN MINUTES SECTION

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: November 20, 2012		[X] []	Consent Ordinance] []]	Regular Public Hearing
Department Submitted By: <u>Community Serv</u> Submitted For: <u>Ryan White Part</u>						
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file:

- A) Ryan White HIV Care Part A Grant Application with the Department of Health and Human Services, for the period March 1, 2013, through February 28, 2014, in an amount not to exceed \$11,326,959 for the HIV Emergency Relief Project grant; and
- **B)** Ryan White HIV Care Part A Women, Infants, Children and Youth (WICY) Waiver Request, for the period March 1, 2011, through February 28, 2012, submitted to the Department of Health and Human Services Health Resources Services Administration.

Summary: The Department of Health and Human Services required that the signed Ryan White HIV Care Part A grant application be submitted by October 22, 2012. The grant will be funded with \$11,326,959 in Federal funds. No County match is required. Per the conditions of our federal award we must also report on the dollar amounts spent on HIV services for WICY. If the dollar amounts do not equate to the percentage designated by the Centers for Disease Control and Prevention (CDC) a waiver is required. These receive and file items are being submitted in accordance with Countywide PPM No. CW-O-051 to allow the Clerk's Office to note and receive the executed documents. These documents were executed by the County Administrator in accordance with Resolution No. R2010-1508 dated October 5, 2010, which delegated authority to the County Administrator, or his designee, to execute documents related to the Part A HIV Emergency Relief Grant Program. (Ryan White) Countywide (TKF)

Background and Justification: Palm Beach County Board of County Commissioners has been receiving this grant since 1994 and has assisted thousands of persons living with HIV/AIDS with medical and support services.

Attachments:

1. Ryan White HIV Care Part A Grant Application

2. Ryan White HIV Care Part A Women, Infants, Children and Youth Waiver

 Recommended By:
 10/29/12

 Department Director
 Date

 Approved By:
 1/712

 Assistant County Administrator
 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	6,607,393	4,719,566			
External Revenue	(6,607,393)	(4,719,566)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

ADDITIONAL FTE POSITIONS (Cumulative)

Is Item Included In Current Budget? Yes ____ No X___ Budget Account No.:

Fund 1010 Dept 142 Unit Var. Object Var. Program Code Var. Program Period _____

- B. Recommended Sources of Funds/Summary of Fiscal Impact: Funding source is Department of Health and Human Services. No County funds are required. Budget will be amended once application has been approved and awarded.
- C. Departmental Fiscal Review: Trauna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

OFM S

Contract Development and Cont

B. Legal Sufficiency:

Chief Assistant County Attorney

C. Other Department Review:

Department Director

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