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Agenda Item #: 3E-6

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: Novembe	r 5, 2012	[X] []	Consent Ordinance]]]]	Regular Public Hearing
	munity Serv					

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to ratify: Signature of the Mayor on the Ryan White Part A HIV Emergency Relief Grant Program Application with the Department of Health and Human Services, for the period March 1, 2014, through February 28, 2015, in an amount of \$9,463,751.

Summary: The Department of Health and Human Services required that the signed Ryan White Part A HIV Emergency Relief Grant Program Application be submitted by October 9, 2013. The grant application highlighted the need for additional funding for health insurance premiums, deductibles and co-payments in order to prepare for full implementation of the Affordable Care Act. Increases in funding were also requested to meet the demand for food assistance and legal services. The grant guidance was released on August 12, 2013 and the application was submitted on October 8, 2013. The grant will allow us to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. There are no County match funds required. (Ryan White) <u>Countywide</u> (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: Ryan White HIV Care Part A Grant Application

Recommended E	av Claha	10/21/13
Recommended	Department Director	Date
Approved By:		10/29/13
	Assistant County Administrator	Date
		j.

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	5,520,521	3,943,230			
External Revenue	(5,520,521)	(3,943,230)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

ADDITIONAL FTE POSITIONS (Cumulative)

Is Item Included In Current Budget? Yes X No

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.

III. REVIEW COMMENTS

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

Contract Development and Cor

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.