## PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY						
Meeting Date: A	pril 1, 2014	[X] [ ]	Consent Ordinance	[ ]	Regular Public Hearing	ē <b>100 1111</b>
Department Submitted By:  Submitted For:   I	Community Serv Ryan White Part					
الناة فائلا ثاقة استر ها		EXECUTI	VE BRIEF			
Motion and Title:	Staff recommen	ds motior	n to receive a	nd file	:	
Human Se		dget period	d March 1, 20		epartment of Health ough February 28, 2	
below-listed an amount <b>1.</b> Ame \$35, <b>2.</b> Ame	d agencies for the totaling \$69,500: ndment No. 2 to 000 for a new tot	e period M FoundCar al not to ex Compass	larch 1, 2013 e, Inc. (R-201 cceed amount s, Inc. (R-201	, through 13-0523 of \$1,0 3-0521	), increasing funding	4, in g by
and Human Service the amount of \$2 additional grant av Support service do meet the needs unspent funds from system of care to residents living with file items are being the Clerk's Office County Administrational country to the Clerk's office authority to the Country to the Country to the Clerk's Office authority authority to the Clerk's Office authority authority to the Clerk's Office authority au	ces Health Resound, 294,338 in Formula, 294,33	rces Servinula and d for the red through ts. These County Head medical County moordance weive these ace with I ator, or h	ces Administremaining granular the contral amendments and support statch funds are with Countywich items. Amer Resolution (Fis designee,	ration is Initial of I	3, 2014 from the Hessuing a partial awaretive (MAI) funding. Ryan White HIV Her and reallocated to reallocated dollars from the Each Colored. These received No. CW-O-051 to a series were executed by 2519), which delegant contract amendm Ryan White) County 152 for the Each County 153 for the Each County 154 for the Each County 154 for the Each County 154 for the Each County 155 for the Ea	An ealth best from and allow the ated ents
	n HIV/AIDS. Gra				arious services to sering the contract year	
Attachments:  1. Notice of Grant  2. Two (2) Contra		======	==========	====		=
Recommended B	y: Department D	//////////////////////////////////////			3/20/19 Date/	
Approved By:	Assistant Cou	Inty Admi	nistrator		3/3//14	

## II. FISCAL IMPACT ANALYSIS

## A. Five Year Summary of Fiscal Impact:

Capi	al Years	2014	2015	2016	2017	2018
	tal Expenditures			:		
Oper	ating Costs	2,294,338				
Exte	rnal Revenue	(2,294,338)				
Prog	ram Income	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
In-Ki	nd Match (County)		·			
NET	FISCAL IMPACT	0				
	DITIONAL FTE ITIONS (Cumulative)					
Budge	n Included In Curre et Account No.: 1010 Dept 142 Un  Recommended So Funding source is to Health Department.	nit_1475_Object_V urces of Funds/S	ar_Program	Code <u>Var</u> P Fiscal Impa	ct:	
<b>).</b>	Departmental Fisc	al Review: Taruna	Malhotra, D	irector, Finai	ncial & Sup	port Svcs
		III. REVIEW	COMMENT	<u>s</u>		
<b>A.</b>	OFMB Fiscal and/o The budget with Vos been rec OFMBA OFMBA	11 be amend	ed when		entrout	3/28
В.	Legal Sufficiency:					
	Chief Assistant Cou	3/3// nty Attorney	_4			
0						

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

Department Director