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Agenda Item No. 3E-1

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: October 21, 2014 **[X] Consent** **[ ] Regular**
[ ] Workshop **[ ] Public Hearing**

Department
Submitted By: Community Services
Submitted For: Ryan White Part A

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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 United States Department of Health and Human Services, Health Resources Services Administration, for the period March 1, 2015, through February 29, 2016, in an amount not to exceed $8,528,561, for new and existing programs to continue improving health outcomes for clients.

Summary: The Ryan White Part A HIV Emergency Relief Grant Program application in the amount of $8,528,561 was submitted to the United States Department of Health and Human Services, Health Resources Services Administration. The grant highlights the need for new programs and to maintain all existing programs, increasing funding for health insurance premiums, deductibles and co-payments. The grant will allow Community Services to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. No County match is required. (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: Ryan White Part A HIV Emergency Relief Grant Program Application

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Recommended By: _____ 10/3/14
Department Director **Date**

Approved By: _____ 10/17/14
Assistant County Administrator **Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs	4,974,994	3,553,567			
External Revenue	(4,974,994)	(3,553,567)			
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 GY15

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: TM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

10/7/2014
OFMB
KW 10/6 SC JN 10/6 AK 10/6/14

10/16/14
Contract Development and Control
10-16-14 B Wheeler

B. Legal Sufficiency:

10/17/14
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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