

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: February 3, 2015	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	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:

**A) receive and file** Notice of Award No. H89HA00034-21-02 from the U.S. Department of Health and Human Services, for the period March 1, 2014, through February 28, 2015, in an amount not to exceed \$7,781,194; and

**B) approve** Budget Amendment of \$127,709 in the Ryan White Care Program fund to align the budget to the actual grant award.

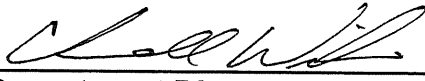

**Summary:** A Notice of Award was received from the U.S. Health and Human Services Health Resources Services Administration issuing 2013 Carryover funds payable 2014 for the current grant year in the amount of \$127,709. On July 22, 2014, Award No. H89HA00034-21-01 (R2014-1022) was approved by the Board of County Commissioners increasing the original grant amount to \$7,653,485. The total grant award for grant year 2014, including this grant award, totals \$7,781,194. No County match funds are required. (Ryan White) Countywide (HH)

**Background and Justification:** Funds are used to provide various services to serve persons living with HIV/AIDS. Grant adjustments are made during the contract year to align services with need.

**Attachments:**

1. Notice of Award
2. Budget Amendment

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Recommended By:		<u>1/21/15</u>
	Department Director	Date
Approved By:		<u>1/21/15</u>
	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	127,709				
External Revenue	(127,709)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No \_\_\_\_\_

Budget Account No.:

Fund 1010 Dept 142 Unit 1475 Object 8201 Program Code Var Program Period GY14

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding source is the U.S. Department of Health and Human Services. There is \$127,709 additional funding associated with this item.

C. Departmental Fiscal Review:

TM  
Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

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

[Signature]  
OFMB SC  
1/22 NK  
1/23/15

[Signature] 1/26/15  
Contract Development and Control  
1-26-15 [Signature]

B. Legal Sufficiency:

[Signature]  
Assistant County Attorney

C. Other Department Review:

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

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

1. DATE ISSUED: 12/09/2014		2. PROGRAM CFDA: 93.914					
3. SUPERSEDES AWARD NOTICE dated: 05/20/2014 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>							
4a. AWARD NO.: 6 H89HA00034-21-02		4b. GRANT NO.: H89HA00034					
		5. FORMER GRANT NO.: BRH890034					
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2015							
7. BUDGET PERIOD: FROM: 03/01/2014 THROUGH: 02/28/2015							
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS							
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 078470481		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Channell Wilkins PALM BEACH COUNTY BOARD OF COMMISSIONERS MailStop Code: 810 Datura St. Division Line: Dept. of Community Services 810 Datura St. West Palm Beach, FL 33401					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$7,781,194.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$7,653,485.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$127,709.00					
a. Salaries and Wages : \$0.00 b. Fringe Benefits : \$0.00 c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$0.00 j. Consortium/Contractual Costs : \$0.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$7,781,194.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$7,781,194.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$7,781,194.00		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table>		YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS						
Not applicable							
		14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00					
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other Estimated Program Income: \$0.00 [A]							
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>							
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Prior Approval Request Tracking Number PA-00041657. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on : 12/09/2014							
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1596000785A1					
19. FUTURE RECOMMENDED FUNDING: \$0.00							

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

FUND (1010) - RYAN WHITE CARE ACT PROGRAM

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 12/18/2014	REMAINING BALANCE
REVENUE								
142 1475 3169	Fed Grnt Other Human Services	7,855,665	7,855,665	127,709	0	7,983,374		
Total Revenue		7,855,665	7,855,665	127,709	0	7,983,374		
EXPENDITURE								
142 1475 8201	Contributions -Non_Govts Ag	2,178,849	2,178,849	127,709	0	2,306,558	1,133,914	1,172,644
Total Expenditures		7,855,665	7,855,665	127,709	0	7,983,374	1,133,914	6,849,460

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COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION Channell Wilkins  
Administration/Budget Department Approval  
OFMB Department - Posted

Signatures

Date

By Board of County Commissioners  
At Meeting of February 3,2015

  
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\_\_\_\_\_  
Deputy Clerk to the  
Board of County Commissioners