PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

	يو ويبيد جديد بيبين ويبيد بيبيد جديد بيبيد ايجها بجب عبي وجيد بيبين ايجها البيبة بيبية عالم البيبة ال			_		
Meeting Date:	April 21, 2015	[X] []	 Consent Ordinance		- 1	Regular Public Hearing
	<u>Community Services</u> <u>Ryan White Part A</u>			L.		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: Notice of Award No. 2 H89HA00034-22-00 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), for the budget period March 1, 2015, through February 28, 2016, in an amount not to exceed \$5,975,290, for new and existing programs to continue improving health outcomes for clients.

Summary: On October 21, 2014, the Board of County Commissioners ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (R2014-1558). A partial notice of award was received from the HRSA issuing grant amount of \$5,975,290. This amount represents approximately 80% of the final award. These funds will provide for new programs and maintain all existing programs, increase 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. The grant end will be changed to February 29, 2016 with the notification of final award, since this is only the partial award. No County match is required. (Ryan White) <u>Countywide</u> (HH)

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: Notice of Award No. 2 H89HA00034-22-00

Recommended By:

Approved By:

Department Director

4/8/15

یں کے اور بنیا کے این این کے ایک کے ایک کی کر ایک کے

Date

4/14/15

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	3,465,668	2,509,622			
External Revenue	(3,465,668)	(2,509,622)			
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 <u>1010</u> Dept <u>142</u> Unit <u>VAR</u> Object <u>VAR</u> Program Code <u>VAR</u> Program Period <u>GY15</u>

- **B. Recommended Sources of Funds/Summary of Fiscal Impact:** Funding source is HRSA. No County funds are required.
- C. Departmental Fiscal Review: _____

1) V)

Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

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

419115

Contract Development and C

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

1. DATE ISSUED:	2. PROGRAM CFDA: 93.	914	U.S. Department of Health and Human Services		
02/06/2015		<i>WRSA</i>			
3. SUPERSEDES AWARD No except that any additions or restrictions pr					
4a. AWARD NO.: 2 H89HA00034-22-00	4b. GRANT NO.: H89HA00034	5. FORMER GRANT NO.:	Health Resources and Services Administration		
2110911/200034-22-00	1 1031 1400034	BRH890034	NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation))	
6. PROJECT PERIOD:			Public Health Service Act, Title XXVI, Section 2 Public Health Service Act Section 2603(b), 42 U.S.C		
FROM: 04/04/2015 THRO	UGH: 02/28/2016		FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section		
			seq (as amended), Part A Ryan White HIV/AIDS Treatment Extension Act of 2009	9 (Public Law	
7. BUDGET PERIOD:			111-87)		
FROM: 03/01/2015 THRO	UGH: 02/28/2016		Public Health Service Act, Sections 2601-26 Public Health Service Act, Sections 2601-2610 (42 US		
			300ff-20), as amended by the Ryan White HIV/AIDS	Treatment	
			Extension Act of 2009 (Public Law 111-87)	
8. TITLE OF PROJECT (OR		ENCY RELIEF PROJECT			
9. GRANTEE NAME AND AD PALM BEACH COUNTY BOAI			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)		
PO BOX 4036			Channell Wilkins		
WEST PALM BEACH, FL 3340 DUNS NUMBER:	JZ-		PALM BEACH COUNTY BOARD OF COMMISSIONERS MailStop Code: 810 Datura St.		
078470481			Division Line: Dept. of Community Services		
			810 Datura St. West Palm Beach, FL 33401		
11.APPROVED BUDGET:(Ex	cludes Direct Assistance)		12. AWARD COMPUTATION FOR FINANCIAL ASSIS		
[X] Grant Funds Only	ing grant funds and all atta	n financial nationation		5,975,290.00	
[] Total project costs includ	grant lunus and all othe		b. Less Unobligated Balance from Prior Budget Periods		
a . Salaries and Wages : b . Fringe Benefits :		\$0.00 \$0.00	i. Additional Authority	\$0.00	
c. Total Personnel Costs :		\$0.00	ii. Offset	\$0.00	
d . Consultant Costs :		\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	
e. Equipment :		\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	
f. Supplies :		\$0.00 \$0.00		5,975,290.00	
g. Travel :		\$0.00	ACTION		
h. Construction/Alteration and	Renovation :	\$0.00	13. RECOMMENDED FUTURE SUPPORT: (Subject availability of funds and satisfactory progress of project)		
i. Other:		\$0.00	YEAR TOTAL COSTS	<u> </u>	
j. Consortium/Contractual Co	osts :	\$0.00	Not applicable		
k. Trainee Related Expenses	:	\$0.00	14. APPROVED DIRECT ASSISTANCE BUDGET:(In	lieu of cash)	
I. Trainee Stipends :		\$0.00	a. Amount of Direct Assistance	\$0.00	
^m Trainee Tuition and Fees :		\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	
n . Trainee Travel :		¢0.00	c. Less Cumulative Prior Awards(s) This Budget Period	d \$0.00	
• . TOTAL DIRECT COSTS :		\$0.00 \$5,975,290.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00	
p. INDIRECT COSTS (Rate:	% of S&W/TADC)	\$0.00 \$0.00		-	
q. TOTAL APPROVED BUDG		\$5,975,290.00			
i. Less Non-Federal Sha		\$0.00			
ii. Federal Share:		\$5,975,290.00			
15. PROGRAM INCOME SUB	JECT TO 45 CFR 75.307	SHALL BE USED IN ACC	CORD WITH ONE OF THE FOLLOWING ALTERNATI	VES:	
A=Addition B=Deduction C=	Cost Sharing or Matchin	g D=Other		[A]	
Estimated Program Income: \$					
AND IS SUBJECT TO THE T	ERMS AND CONDITION	S INCORPORATED EITH	PPROVED BY HRSA, IS ON THE ABOVE TITLED PR ER DIRECTLY OR BY REFERENCE IN THE FOLLO	WING	
a. The grant program legislation cited above	/e. b. The grant program regulation of	cited above, c. This award notice incl	uding terms and conditions, if any, noted below under REMARKS. d. 45 CFR er of precedence shall prevail. Acceptance of the grant terms and conditions	R Part 75 as	
by the grantee when funds are drawn or oth	nerwise obtained from the grant paym	ient system.		acknowledged	
REMARKS: (Other Terms and This award includes the following the following the following the following		(es []No)			
FY15 Formula - \$3,643,876	- ······				
FY15 MAI - \$546,332 FY15 Supplemental - \$1,785,082					
Total Funding - \$5,975,290		·			
Electronically signed by Victor	oria Carper , Grants Man	agement Officer on : 02/0	6/2015		