

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 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 HRSA. No County funds are required.

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 5/15 4/8 30 4/8/15 AK 5/15 4/19

[Signature] 4/11/15
Contract Development and Control

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: 02/06/2015		2. PROGRAM CFDA: 93.914		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300ff-11 et seq (as amended), Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Public Health Service Act, Sections 2601-2610 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)																																																			
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
4a. AWARD NO.: 2 H89HA00034-22-00		4b. GRANT NO.: H89HA00034	5. FORMER GRANT NO.: BRH890034																																																				
6. PROJECT PERIOD: FROM: 04/04/2015 THROUGH: 02/28/2016																																																							
7. BUDGET PERIOD: FROM: 03/01/2015 THROUGH: 02/28/2016																																																							
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:																																																					
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																							
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00																																																							
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: 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 75 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.																																																							
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This award includes the following sources of funding: FY15 Formula - \$3,643,876 FY15 MAI - \$546,332 FY15 Supplemental - \$1,785,082 Total Funding - \$5,975,290																																																							
Electronically signed by Victoria Carper , Grants Management Officer on : 02/06/2015																																																							