

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: July 21, 2015 [X] Consent [ ] Regular [ ] Ordinance [ ] Public Hearing
Department Submitted By: Community Services Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) receive and file Notice of Award No. 6 H89HA00034-22-01 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) ... B) approve Budget Amendment of \$3,102,940 in the Ryan White Care Program fund to align the budget to actual grant.

Summary: A final notice of award was received on May 22, 2015 from the HRSA, issuing remaining funding for the current grant year in the amount of \$1,710,121. The total grant award for grant year 2015, including this grant award is \$7,685,411.

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: 1. Notice of Award No.6 H89HA00034-22-01 2. Budget Amendment

Recommended By: [Signature] Department Director Date: 6/29/15
Approved By: [Signature] Assistant County Administrator Date: 7/9/15

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Capital Expenditures					
Operating Costs	991,870	718,251			
External Revenue	(991,870)	(718,251)			
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>0</b>	<b>0</b>			
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

**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:**

mal  
Taruna Malhotra, Director, Financial & Support Svcs

**III. REVIEW COMMENTS**

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

[Signature]  
OFMB <sup>RUS</sup> <sub>629</sub> <sup>AK</sup> <sub>7/11/15</sub>

[Signature] 7/8/15  
Contract Development and Control  
7-8-15 [Signature]

**B. Legal Sufficiency:**

[Signature] 7-8-15  
Assistant County Attorney

**C. Other Department Review:**

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

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

<b>1. DATE ISSUED:</b> 05/20/2015		<b>2. PROGRAM CFDA:</b> 93.914		 <b>NOTICE OF AWARD</b> 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)																																																			
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 02/06/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
<b>4a. AWARD NO.:</b> 6 H89HA00034-22-01		<b>4b. GRANT NO.:</b> H89HA00034	<b>5. FORMER GRANT NO.:</b> BRH890034																																																				
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/04/2015 <b>THROUGH:</b> 02/28/2016																																																							
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2015 <b>THROUGH:</b> 02/28/2016																																																							
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> HIV EMERGENCY RELIEF PROJECT GRANTS																																																							
<b>9. GRANTEE NAME AND ADDRESS:</b> PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- <b>DUNS NUMBER:</b> 078470481		<b>10. DIRECTOR:</b> (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																																																					
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																					
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		<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																					
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;">[A]</span> Estimated Program Income: \$0.00																																																							
<b>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:</b> 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.																																																							
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This award includes the following sources of funding:  FY15 Formula - \$4,561,895 FY15 MAI - \$674,618 FY15 Supplemental - \$2,448,898 Total funding \$7,685,411																																																							

BOARD OF COUNTY COMMISSIONERS  
 PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

BGEX - 142 - 062615\*1434  
 BGRV - 142 - 062615\*0565

FUND (1010) - Ryan White Care 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	ENCUMBERED AS OF 06/26/15	REMAINING BALANCE
<b>REVENUE</b>								
142 1475	3169 Federal Grant Other -Human Services	5,229,053	6,940,062	1,511,614		8,451,676		
142 1477	3169 Federal Grant Other -Human Services	644,889	1,075,956	298,433		1,374,389		
142 1479	3169 Federal Grant Other -Human Services	1,981,723	2,103,584	1,292,893		3,396,477		
<b>Total Revenue</b>		<b>7,855,665</b>	<b>9,735,241</b>	<b>3,102,940</b>	-	<b>12,838,181</b>		
<b>EXPENDITURE</b>								
142 1475	1201 Salaries & Wages Regular	241,895	241,895	50,000		291,895	-	291,895
142 1475	8101 Contributions Other Govtl Agency	2,265,847	2,265,847	1,160,289		3,426,136	583,443	2,842,693
142 1475	8201 Contributions-Non-Govts Agnces	2,178,849	3,626,810	301,325		3,928,135	2,208,198	1,719,937
142 1477	8201 Contributions-Non-Govts Agnces	548,155	884,646	298,433		1,183,079	484,838	698,241
142 1479	1201 Salaries & Wages Regular	154,626	154,626	117,200		271,826	-	271,826
142 1479	8201 Contributions-Non-Govts Agnces	1,164,813	1,259,937	1,175,693		2,435,630	660,000	1,775,630
<b>Total Expenditures</b>		<b>7,855,665</b>	<b>9,735,241</b>	<b>3,102,940</b>	-	<b>12,838,181</b>	<b>3,936,479</b>	<b>7,600,222</b>

Signature

Date

By Board of County Commissioners  
 At Meeting of July 21, 2015

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

ma channell wilkins      6/29/15  
Sheryl M      7/1/15

Deputy Clerk to the  
 Board of County Commissioners

Attachment # 2