

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

=====

Meeting Date: December 15, 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

=====

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

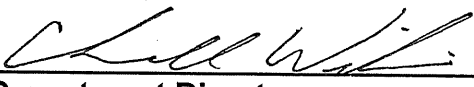
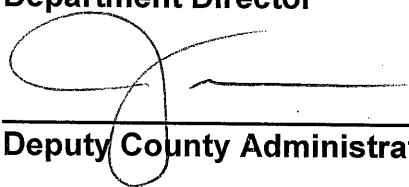
- A) **ratify** signature of the Mayor on the Ryan White Part A HIV Emergency Relief Grant Program application with the United States Department of Health and Human Services, Health Resources Services Administration, for the period March 1, 2016, through February 28, 2017, in an amount of \$9,269,663; and
- B) **approve** One full-time equivalent (FTE) grant funded position for a Program Evaluator (Pay Grade 33), for the Ryan White Program.

Summary: The Ryan White Part A HIV Emergency Relief Grant Program application in the amount of \$9,269,663 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 Outpatient Ambulatory Care, Laboratory Services, Health Insurance Continuation and Eligibility Determination. The grant will allow Community Services to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. The new position will provide program and health outcome evaluation services for the Ryan White program. The grant position will be approved for the length of the grant and will be eliminated if funding is discontinued. The emergency signature process was utilized because there was insufficient time to submit this application through the regular agenda process. No County match is required. (Ryan White) Countywide (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: Application with Walk-through Memo

=====

Recommended By:		<u>12/23/15</u>
	Department Director	Date
Approved By:		<u>12-17-15</u>
	Deputy County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	5,376,405	3,893,258			
External Revenue	(5,376,405)	(3,893,258)			
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 GY16

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:

[Signature]
OFMB ^{HP} ^{SC} ^{FB} ^{AK}
11/23 11/24 11/25

[Signature] 12/3/15
Contract Development and Control
Blumhede 2-3-15

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.