PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

	AGEN	DA HEI	VI SUIVIIVIART		
Meeting Date: Jar	======================================	[X] []	Consent Ordinance		
Department Submitted By: C Submitted For: R	ommunity Servic yan White Part A				i dono ricaring
			,		=======================================
	<u>I. E</u>	XECUT	VE BRIEF		
Motion and Title: S	Staff recommends	s motion	ı to:		
of Health and Hum	nan Services, Hea	alth Res	ources and S	ervices	om the U.S. Departmen s Administration, for the e the project period date
of Health and Huma the budget period N of \$261,888 for a n	an Services, Health Aarch 1, 2015, thro new total grant amo	n Resou ough Fel ount not	rces and Serv oruary 29, 201 to exceed \$7	ices Ad l6, to re 7,947,2	om the U.S. Department dministration (HRSA), for eceive carryover funding 99, for new and existing y residents living with
C) approve Budge align budget to actu		\$261,88	8 in the Ryar	White	e Care Program Fund to
date. The corrected from HRSA issuing from budget period 2015, including this County Commission Emergency Relief changes the grant Services to continuous.	d end date is Febry the carryover of a 2014 into the customers (BCC) ratified Grant Program append date to Febry to providing need to providing need to febry the providin	ruary 29 an unol urrent bu uls \$7,94 the May oplication ruary 29 ded med	, 2016. A not bligated balan adget. The to 7,299. On Cor's signature (R2014-155, 2016. These dical and supplementations)	ice of a ce in total grade on the e on	the project period end award was also received the amount of \$261,888 ant award for grant year 21, 2014, the Board of Ryan White Part A HIV his notice of award also ds will allow Community pervices to Palm Beach required. (Ryan White
Background and persons living with align services with r	HIV/AIDS. Grant	nds are t adjustr	used to prov nents are ma	vide va de dur	arious services to serve ring the contract year to
Attachments: 1. Notice of Award 2. Notice of Award 3. Budget Amendments	No. 6 H89HA0003			====	=======================================
Recommended By	r:	. , 02			12/18/15 Date /
	() t				11 lache
Approved By:	Deputy County A	Adminis	trator		Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020	
Capital Expenditures						
Operating Costs	261,888					
External Revenue	(261,888)					
Program Income						
In-Kind Match (County)						
NET FISCAL IMPACT	0					
# ADDITIONAL FTE POSITIONS (Cumulativ	e)					
Is Item Included In Curr Budget Account No.: Fund 1010 Dept 142				ım Period <u>(</u>	<u> GY15</u>	
Funding source i	ources of Funds/So s the U.S. Departn nal funding associa	nent of Health a	nd Human	Services. ī	Γhere is a	
C. Departmental Fiscal Review:						
III. REVIEW COMMENTS						
A. OFMB Fiscal and/or Contract Development and Control Comments:						
Mlns OFMB Elai E	Pm 12/21/15	Contract De	S. Janus evelopment	and Contro	2/23/19	
B. Legal Sufficiency	:					
Assistant County	Attorney					
C. Other Departmen	t Review:					
Department Direc	tor	_				

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

3. SUPERSEDES AWARD NOTICE dated: 05/20/2015 43. AWARD NO.: 4 H.89HA00034 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	1. DATE ISSUED: 07/16/2015	C C A C A C A C A C A C A C A C A C A C			U.S. Department of Health and Human Services			
Major Majo	SUPERSEDES AWARD NOTICE dated: 05/20/2015			~ ~HPSA				
MSSI-A000034_202				 	_	Health Resource	ces and Services Administration	
BRH980034		the same and the same and the same and			l.			
Pablic Health Service Act Section 2803(b), 42 U.S. C. 3006-171 to Seq (as amended), Part A seq						AUTHORIZATION	(Legislation/Regulati	
FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-6F1-16	6. PROJECT PERIOD:	UDOLICU: 00/	20/2016		D.	Public Health Service A	ct, Title XXVI, Section	n 2603b
Seq (as amended), Part A Ryan White HIV/AIDS Treatment Edension Act of 2009 (Public Law Public Health Senice Act Sections 201-2610 (Act S	FROW: 04/04/1994 1	nkough: 02/	29/2016					
2. BUDGET PERIOD: Public Health Service Ad., Sections 2601-2810 Public Health Service Ad., Sections 2601-2810 Authorized Favories Ad. Section						seq (as an	nended), Part A	
Public Health Service Act, Sections, 2801-261					Rya			009 (Public Law
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS 9. GRANTEE NAME AND ADDRESS: 9. GRANTEE NAME AND ADDRESS: 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL MINESTATUS) 11. APPROVED BUDGET: (Excludes Direct Assistance) 12. ANARD COMPUTATION FOR FINANCIAL ASSISTANCE: 13. Total project costs including grant funds and all other financial participation 13. Salaries and Wages: 14. APPROVED BUDGET: (Excludes Direct Assistance) 15. Fringe Benefits: 16. Others: 17. Supplies: 18. Supplies: 19. Other Supplies: 19. Oth	7. BUDGET PERIOD:	HEOLICH, 02/	20/2016					-2610
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS 9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PALM BEACH COUNTY B	FROW. 03/01/2015 1	nkough: 02/	29/2016		Pub	lic Health Service Act, Sect	tions 2601-2610 (42	USC 300ff-11 -
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 074670481 11. APPROVED BUDGET:(Excludes Direct Assistance) [7] Grant Funds Only 11. APPROVED BUDGET:(Excludes Direct Assistance) [8] Grant Funds Only 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: 13. Salaries and Wiges: 14. Approved by the service of the s					30			
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 074670481 11. APPROVED BUDGET:(Excludes Direct Assistance) [7] Grant Funds Only 11. APPROVED BUDGET:(Excludes Direct Assistance) [8] Grant Funds Only 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: 13. Salaries and Wiges: 14. Approved by the service of the s	0 TITLE OF DD0 1507	/OD DDOOD 4		0) / DEL IEE DD 0 IE 0				
PALM BEACH COUNTY BOARD OF COMMISSIONERS DROBOX 4036 Channell Wilkins PALM BEACH, FL 33402-DUNS NUMBER: Mails po Gode: 810 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. Division Line: Dept. of Community Services S10 Datura St. West Palm Beach, FL 33401 S10 Datura St. S10 Datura St. West Palm Beach, FL 33401 S10 Datura St. S1			M): HIV EMERGEN	CY RELIEF PROJECT			IDECTOR/DDINCID	Λ1
DURS NUMBER: 078470481 11.APPROVED BUDGET: (Excludes Direct Assistance) X Grant Funds Only 2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: X Grant Funds Only 2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: X Grant Funds Only 2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: X Grant Funds Only 2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: X Grant Funds Only 2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: X Grant Funds Only 3. Award Computation Financial participation X Fringe Benefits 3. 0.00 X Consultant Costs 3. 0.00 X Consultant Costs 3. 0.00 X Supplies 3. 0.00 X Supplies 3. 0.00 X Fravel 3. 0.00 X Computation For Financial Assistance This Period 3. Authorized Financial Assistance This Period 3. Aut			MMISSIONERS				IRECTOR/PRINCIP	AL
DUNS NUMBER: 078470481 MaliSlop Code: 810 Daturs St. West Palm Beach, Ft. 33401 11.APPROVED BUDGET:(Excludes Direct Assistance) [1] Total project costs including grant funds and all other financial participation a. Salaries and Wages: 5,000 b. Fringe Benefits: 5,000 d. Consultant Costs: 6		22.400						
Division Line: Dept. of Community Services		. 33402-					D OF COMMISSION	ERS
West Palm Beach, FL 33401 IA-PPROVED BUDGET; (Excludes Direct Assistance) IX APPROVED BUDGET; IX APPROV	A DE RESIDENCE DE SECURIOR SECURIO AND				Divis	ion Line: Dept. of Commun	ity Services	
11.APPROVED BUDGET;(Excludes Direct Assistance) X] Grant Funds Only Care Total Project costs including grant funds and all other financial participation								
X] Graft Funds Only	11.APPROVED BUDGE	T:(Excludes Dir	rect Assistance)		_		OR FINANCIAL AS	SISTANCE:
[] Total project costs including grant funds and all other financial participation a. Salaries and Wages: 5,000 b. Fringe Benefits: 5,000 d. Consultant Costs: 6,000 d. Consultant Cost	1		, , , , , , , , , , , , , , , , , , , ,					
a. Salaries and Wages : \$0.00 b. Fringe Benefits : \$0.00 c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 g. Travel : \$0.00 j. Construction/Alteration and Renovation : \$0.00 j. Construction/Alteration and Renovation : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Trainee Related Expenses : \$0.00 j. Trainee Stipends : \$0.00 j. Trainee Tuition and Fees : \$0.00 j. Total Direct Costs (Rate: % of S&W/TADC) : \$0.00 j. Total APPROVED BUDGET : \$7,685,411.00 j. Less Non-Federal Share: \$0.00 j. Less Non-Federal Share: \$0.00 j. Federal Share: \$7,685,411.00 j. Less Non-Federal Share: \$7,685,41	[] Total project costs in	ncluding grant f	unds and all other fir	nancial participation	b. L	ess Unobligated Balance fi	rom Prior Budget	,
D. Fringe Benefits \$0.00	a . Salaries and Wages :			\$0.00	Per	iods		
c. Total Personnel Costs: d. Consultant Costs:				,		i. Additional Authority		\$0.00
d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$0.00 g. Travel: \$0.00 g. Travel: \$0.00 j. Consortium/Contractual Costs: \$0.00 j. Trainee Stipends: \$0.00 j. Trainee Stipends: \$0.00 j. Trainee Travel: \$0.00 j. Trainee Travel: \$0.00 j. Total Direct Costs: \$7,685,411.00 j. In Trainee Travel: \$0.00 j. In Trainee Tr	_	e ·		*	j	i. Offset		\$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 i. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 i. Trainee Stipends: \$0.00 i. Trainee Stipends: \$0.00 i. Trainee Stipends: \$0.00 i. Trainee Tuition and Fees: \$0.00 i. Less Unawarded Balance of Current Year's Funds \$0.00 i. Less Unawarded Balance of Current Year's Funds \$0.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$0.00 ii. Federal Share: \$0.00 iii. Federal Share: \$0.00 iii	15.	.			c. U	Inawarded Balance of Curr	ent Year's Funds	\$0.00
f. Supplies: g. Travel: h. Construction/Alteration and Renovation: construction/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alterat							ds(s) This Budget	\$7,685,411.00
g. Travel: h. Construction/Alteration and Renovation: construction/Alteration and sand state and projects of construction of construct					1			
9. Natural Nation (Alteration and Renovation : \$0.00							SSISTANCE THIS	\$0.00
A constitution and Renovation SUUD SUU					10.10.00.0		SUPPORT: (Subia	act to the
j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 Trainee Stipends: \$0.00 Trainee Stipends: \$0.00 Trainee Tuition and Fees: \$0.00 Trainee Tuition and Fees: \$0.00 Trainee Tuition and Fees: \$0.00 Trainee Travel: \$0.00 Travel: \$0.00 Trainee Travel: \$0.00 Trainee Travel: \$0.00 Trainee Tr	h . Construction/Alteration	n and Renovation	on :	\$0.00				
k. Trainee Related Expenses: 1. Trainee Stipends: 2. \$0.00 1. Trainee Stipends: 3. \$0.00 1. Trainee Stipends: 3. \$0.00 1. Trainee Tuition and Fees: 3. \$0.00 1. Trainee Tuition and Fees: 3. \$0.00 1. Trainee Travel: 3. \$0.00 3. TOTAL DIRECT COSTS: 4. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 4. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 5. Less Cumulative Prior Awards(s) This Budget Period 6. Less Cumul	i. Other:			\$0.00				
I. Trainee Stipends: \$0.00 Trainee Tuition and Fees: \$0.00 Trainee Travel: \$0.00 Trainee	j. Consortium/Contractu	ual Costs :		\$0.00	L	Not a	pplicable	
I. Trainee Stipends: \$0.00 Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 n. AMOUNT OF DIRECT ASSISTANCE This \$0.00 n. AMOUNT OF DIRECT ASSISTANCE Trains \$0.00 n. AMOUNT OF DIRECT ASSIS	k . Trainee Related Expe	nses :		\$0.00	14. A	PPROVED DIRECT ASSI	STANCE BUDGET:	(In lieu of cash)
n. Trainee Travel: o. TOTAL DIRECT COSTS: p. INDIRECT COSTS (Rate: % of S&W/TADC): g. TOTAL APPROVED BUDGET: i. Less Non-Federal Share: ii. Federal Share: iii. Federal Share: 57,685,411.00 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 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, 4.45 CFR Part 76 sa 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00	I . Trainee Stipends :			\$0.00				\$0.00
n. Trainee Travel: 0. TOTAL DIRECT COSTS: 1. Trainee Travel: 0. TOTAL DIRECT COSTS: 1. Trainee Travel: 2. TOTAL DIRECT COSTS: 3. Trainee Travel: 4. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 5. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 6.	m Trainee Tuition and Fe	ees :		\$0.00	b. Le	ss Unawarded Balance of	Current Year's Fund	s \$0.00
o . TOTAL DIRECT COSTS : \$7,685,411.00 p . INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q . TOTAL APPROVED BUDGET : \$7,685,411.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$0.00 iii. Federal Share: \$7,685,411.00 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00	· ·			ψ0.00	c. Le	ss Cumulative Prior Award	s(s) This Budget Pe	riod \$0.00
o . TOTAL DIRECT COSTS : \$7,685,411.00 p . INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q . TOTAL APPROVED BUDGET : \$7,685,411.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$0.00 ii. Federal Share: \$7,685,411.00 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 noisistent 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 [X]Yes []No) GA Admin Batch Tracking Number 0000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15	n . Trainee Travel :			\$0.00	d. AN	OUNT OF DIRECT ASSIS	TANCE THIS ACTIO	N \$0.00
i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$7,685,411.00 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 [X]Yes GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 AMT. FIN. ASST. SUB PROGRAM CODE	o . TOTAL DIRECT COS	STS:		\$7,685,411.00				
i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$7,685,411.00 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. b. The grant program regulation cited above. 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 AMT. FIN. ASST. SUB PROGRAM CODE	p . INDIRECT COSTS (F	Rate: % of S&W	//TADC):	\$0.00				
ii. Federal Share: \$7,685,411.00 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM CODE	q . TOTAL APPROVED E	BUDGET :		\$7,685,411.00				
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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15	i. Less Non-Federa	I Share:		\$0.00				
A=Addition B=Deduction C=Cost Sharing or Matching D=Other 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 SUB PROGRAM ACCOUNT CODE	ii. Federal Share:			\$7,685,411.00				
A=Addition B=Deduction C=Cost Sharing or Matching D=Other 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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 SUB PROGRAM ACCOUNT CODE	15. PROGRAM INCOME	SUBJECT TO	45 CFR 75.307 SH	ALL BE USED IN AC	CORD	WITH ONE OF THE FOL	LOWING ALTERNA	ATIVES:
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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT	1							
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 [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT	Estimated Program Incor	ne: \$0.00						
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 [X]Yes	16. THIS AWARD IS BAS	SED ON AN AF	PPLICATION SUBM	IITTED TO, AND AS	APPRO	OVED BY HRSA, IS ON TH	HE ABOVE TITLED	PROJECT
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 [X]Yes	AND IS SUBJECT TO T	HE TERMS AN	ND CONDITIONS IN	ICORPORATED EITH	HER D	IRECTLY OR BY REFER	ENCE IN THE FOLI	LOWING:
REMARKS: (Other Terms and Conditions Attached [X]Yes []No) GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney, Grants Management Officer on: 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT	applicable. In the event there are co	onflicting or otherwise	e inconsistent policies applic	cable to the grant, the above or	rder of pr	ecedence shall prevail. Acceptance o	f the grant terms and condit	ions is acknowledged
GA Admin Batch Tracking Number 000001. Electronically signed by Brad Barney , Grants Management Officer on : 07/16/2015 17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT								
17. OBJ. CLASS: 41.15 18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00 FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT	GA Admin Batch Tracking	Number 00000	01.					
FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT								
FY-CAN CFDA DOCUMENT NO. AMT. FIN. ASST. AMT. DIR. ASST. SUB PROGRAM ACCOUNT	17. OBJ. CLASS: 41.15	18. CRS-E	=IN: 1596000785A1	19. FUTURE RECOM	MENI	DED FUNDING: \$0.00		CUD
CODE	FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASS	ST.	AMT. DIR. ASST.		
							CODE	

15 - 3773215	93.914	15H89HA00034	\$0.00	\$0.00	FRML	HIV1-15
15 - 3773214	93.914	15H89HA00034	\$0.00	\$0.00	MAI	HIV1-15
15 - 3773216	93.914	15H89HA00034	\$0.00	\$0.00	SUPPL	HIV1-15

19.1772015	1. DATE ISSUED:	2. PROGRAM CFDA: 93	.914	U.S. Department of Health and Human Services		
A MARA ROS db. ARANT NO.: db. ARANT				S. Department of reacts and rounan services		
Main Name Main Ma				WAR DA		
RPROJECT PERIOD: FROM: 040441994 THROUGH: 02/29/2016				Health Resources and Services Administration		
Policy P	6 H89HA00034-22-03	H89HA00034				
Public Health Service Act Section 2603(b), 42 U.S.C. 20071-18(b)	6 DDO JECT DEDIOD		BRH890034	Public Health Service Act, Title XXVI, Section 2603	b	
Seq (as amended,) part A Payan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) Public Health Service Act, Sections 2001-201 Public Health Service Act and Service Act, Sections 2001-201 Public Health Service Act and S				Public Health Service Act Section 2603(b), 42 U.S.C 300f	ff-13(b)	
Ryan White HIW/AIDS Treatment Extension Act of 2009 (Public Law 111-87)					-11-11 et	
7. BUDGET PERIOD: FROM: 03/01/2015 THROUGH: 02/29/2016 PROM: 03/01/2015 THROUGH: 02/29/2016 PROM: 03/01/2015 THROUGH: 02/29/2016 Public Health Service Act, Sections 26/01-26/10 (42 USC 300H-11 - 300H-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law Tint-3) Promote Through The Promote Total Control (Promote Through Thro				Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pu	ublic Law	
FROM: 03/01/2015 THROUGH: 02/29/2016 S. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS 9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS POBLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS BOBOLY 40/36 WEST PALM BEACH COUNTY BOARD AND SAMPLE	7. BUDGET PERIOD:					
B. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS B. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS POBOX 4036 WEST PALM BEACH, FL 33402- DUSN NUMBER: 079470481 11.APPROVED BUDGET: (Excludes Direct Assistance) PX Grant Funds Only 11.APPROVED BUDGET: (Excludes Direct Assistance) PX Grant Funds Only 11. Total project costs including grant funds and all other financial participation a. Salaries and Wages: 5. 5000 b. Fringe Benefits: 5. 5000 c. Total Personnel Costs: 5. 5000 c. Total Personnel Costs: 5. 5000 c. Total Personnel Costs: 5. 5000 d. Consultant Costs: 6. 5000 d. Consult				Public Health Service Act, Sections 2601-2610 (42 USC 30		
B. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT CRANTS 9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 078470481					atment	
9. GRANTEE NAME AND ADDRESS: PO BOX 4036 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH FL 33402- DUNS NUMBER: 078470481 11. APPROVED BUDGET; (Excludes Direct Assistance) [1] Total project costs including grant funds and all other financial participation a. Salaries and Wages: 50.00 b. Fringe Benefits: 50.00 c. Total Personnel Costs: 50.00 d. Consultant Costs: 50.00 d. Consultant Costs: 50.00 g. Travel: 50.00 g. Travel: 50.00 g. Travel: 50.00 h. Construction/Alteration and Renovation: 50.00 h. Construction/Alteration and Renovation: 50.00 h. Trainee Related Expenses: 50.00 h. Trainee Related Expenses: 50.00 h. Trainee Stipends: 50.00 h. Trainee Travel: 50.00 h. Forederal Share: 50.0			· ·	Extension victor 2000 (1 upile 2aw 111 01)		
PALM BEACH COUNTY BOARD OF COMMISSIONERS POB DX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 079470481 11.APPROVED BUDGET; (Excludes Direct Assistance) [V] Grant Funds Only [1] Total project costs including grant funds and all other financial participation a. Salaries and Wages: 50,000 b. Fringe Benefits: 50,000 c. Total Personnel Costs: 60,000 f. Supplies: 50,000 f. Supplies: 50,000 f. Supplies: 50,000 f. Supplies: 50,000 f. Consultant Costs: 50,000 f. Consortium/Contractual Costs: 50,000 f. Consortium/Contractual Costs: 50,000 f. Trainee Travel: 50,000 f. Trainee Related Expenses: 50,000 f. Trainee Travel: 50,000 f. Total DIRECT COSTS (Rale: % of S&W/TADC): 50,000 f. Total DIRECT COSTS (Rale: % of S&W/TADC): 50,000 f. Total DIRECT COSTS (Rale: % of S&W/TADC): 50,000 f. Total Direct Costs Sharing or Matching D=Other Selection Laber Supplement Suppl			GENCY RELIEF PROJECT			
Channel Wilkins Channel Wi			,			
DUNS NUMBER: 078470491 11.4.APROVED BUDGET:(Excludes Direct Assistance) [X] Grant Funds Only [] Total project costs including grant funds and all other financial participation a. Salaries and Wages: 5.000 b. Fringe Benefits: 5.000 c. Total Personnel Costs: 5.000 e. Equipment: 6. Consultant Costs: 5.000 e. Equipment: 7. Supplies: 9. Travel: 1. Construction/Alteration and Renovation: 1. Other: 1. Other: 1. Other: 1. Traines Related Expenses: 1. Traines Related Expenses: 1. Traines Related Expenses: 1. Traines Related Expenses: 1. Traines Travel: 1. Traines Travel: 1. Traines Travel: 1. Less Non-Federal Share: 1. Less Non-Federal Share: 1. Less Non-Federal Share: 1. Traines Travel: 1. Less Non-Federal Share: 1. Traines Travel: 1. Less Non-Federal Share: 1. Traines Babace: 1. Traines Travel: 1. Less Non-Federal Share: 1. Traines Travel: 2. Travel: 3. Travel:		AND OF COMMINICOTONER	5			
Division Line: Dept. of Community Services also Datures of the Path Beach, FL 33401 11.APPROVED BUDGET:(Excludes Direct Assistance) [X] Grant Funds Only [] Total project costs including grant funds and all other financial participation a. Salaries and Wages: \$0,000 b. Fininge Benefits: \$0,000 c. Total Personnel Costs: \$0,000 d. Consultant Costs: \$0,000 d. Consul		402-				
11.APPROVED BUDGET;(Excludes Direct Assistance) 12.APPROVED BUDGET;(Excludes Direct Assistance) 13.APPROVED BUDGET; (Excludes Direct Assistance) 14.APPROVED BUDGET; (Excludes Direct Assistance) 14.APPROVE	The second secon					
14.APPROVED BUDGET; (Excludes Direct Assistance) X] Grant Funds Only				810 Datura St.		
A Authorized Financial Assistance This Period \$7,947,299.00 I Total project costs including grant funds and all other financial participation and Salaries and Wages: \$0.00 I Fringe Benefits: \$0.00 I Consultant Costs: \$0.00 I Consultant Costs: \$0.00 I Supplies: \$0.00	11 APPROVED BUDGET:	Excludes Direct Assistance)		NCE:	
[] Total project costs including grant funds and all other financial participation a. Salaries and Wages: b. Fringe Benefits:	1		,	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		
a. Salaries and Wages: b. Fringe Benefits: c. Total Personnel Costs: d. Consultant Costs: d. Consultant Costs: d. Consultant Costs: d. Supplies: g. Travel: h. Construction/Alteration and Renovation: d. Construction/Alteration/Alteration/Alteration and Renovation: d. Construction/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteration/Alteratio	[] Total project costs inclu	uding grant funds and all oth	ner financial participation		,	
b. Fringe Benefits: \$0.00 c. Total Personnel Costs: \$0.00 d. Consultant Costs: \$0.00 d. Consultant Costs: \$0.00 d. Consultant Costs: \$0.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 e. Equipment: \$0.00 e. Equipment: \$0.00 d. Consultant Costs: \$0.00 d. Construction/Alteration and Renovation: \$0.00 d. Construction/Alteration and Renovation: \$0.00 d. Consortium/Contractual Costs: \$0.00 d. Consortium/Contractual C	MINISTER STATE OF THE STATE OF					
c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 g. Travel : \$0.00 j. Total Costs : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Consortium/Contractual Costs : \$0.00 j. Trainee Related Expenses : \$0.00 j. Trainee Related Expenses : \$0.00 j. Trainee Related Expenses : \$0.00 j. Trainee Truition and Fees : \$0.00 j. Trainee Truition and Fees : \$0.00 j. Trainee Truition and Fees : \$0.00 j. Trainee Truition Costs : \$0.00 j. Trainee Travel : \$0.00 j. Travel :				i. Additional Authority	\$0.00	
d. Consultant Costs: \$0,00				ii. Offset	\$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 l. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 n. Trainee Stipends: \$0.00 n. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 n. ToTAL DIRECT COSTS (Rate: % of S&W/TADC): \$0.00 n. ToTAL DIRECT COSTS (Rate: % of S&W/TADC): \$0.00 n. ToTAL APPROVED BUDGET: \$7,947,299.00 n. Trainee Travel: \$0.00 n. Total Direct Total Share: \$7,947,299.00 n. Trainee Travel: \$0.00 n. Total Direct Total Share: \$7,947,299.00 n. Trainee Travel: \$0.00 n. Total Direct Total Share: \$7,947,299.00 n. Total Direct Total Share: \$7,947,299.00 n. Trainee Travel: \$1,947,299.00 n. Travel: \$1,947,299.00 n. Travel: \$1,947,299.00 n. Trave				c. Unawarded Balance of Current Year's Funds	\$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 l. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 l. Trainee Stipends: \$0.00 l. Trainee Travel: \$0.00 l. AMOUNT OF DIRECT ASSISTANCE THIS \$0.00 l. AMOUNT OF DIRECT ASSIS			,		5,411.00	
g . Travel : \$0.00 h . Construction/Alteration and Renovation : \$0.00 i . Other : \$0.00 j . Consortium/Contractual Costs : \$0.00 l . Trainee Related Expenses : \$0.00 l . Trainee Stipends : \$0.00 l . Trainee Stipends : \$0.00 l . Trainee Travel : \$0.00 o . TOTAL DIRECT COSTS (Rate: % of \$S&W/TADC) : \$7.947,299.00 i . Less Non-Federal Share: \$7.947,299.00 i . Less Non-Federal Share: \$7.947,299.00 i . Federal Share: \$7.947,299.00 i . See Sharing or Matching D=Other \$7.947,299.00 i . Federal Share: \$7.947,299.00 i . Federal Sha					4 000 00	
h. Construction/Alteration and Renovation: i. Other: i. Other: j. Consortium/Contractual Costs: k. Trainee Related Expenses: l. Trainee Stipends: i. Trainee Stipends: i. Trainee Stipends: i. Trainee Travel: i. Less Non-Federal Share: ii. Less Non-Federal Share: ii. Less Non-Federal Share: iii. Federal Share: iii. Feder					1,888.00	
i. Other: Consortium/Contractual Costs: \$0.00 Consortium/Contrac		nd Danavatian		13. RECOMMENDED FUTURE SUPPORT: (Subject to the	 ne	
j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 I. Trainee Stipends: \$0.00 II. Trainee Stipends: \$0.00 III. Trainee Tuition and Fees: \$0.000 III. APPROVED Bulget The Assistance \$0.000 III. AMOUNT OF DIRECT Assistance \$0.0000 III. AMOUNT OF DIRECT Assistance \$0.0000 III. AMOUNT OF DIRECT Assistance \$		nd Renovation :		availability of funds and satisfactory progress of project)		
k. Trainee Related Expenses: \$0.00 I. Trainee Stipends: \$0.00 Trainee Travel: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$7,947,299.00 p. INDIRECT COSTS (Rate: % of \$&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$7,947,299.00 ii. Federal Share: \$7,947,299.00 iii. Federal Share: \$7,947,299.00 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 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 parant, the above order or precedence shall preveil, Acceptance of the grant lerms and conditions is acknowledged by the grantee when funds are drawn or otherwise inconsistent policies applicable to the grant prayment system. REMARKS: (Other Terms and Conditions Attached [X] Yes []]No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015		0				
1. Trainee Stipends: \$0.00 m Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$7,947,299.00 g. TOTAL APPROVED BUDGET: \$7,947,299.00 i. Less Unawarded Balance of Current Year's Funds \$0.00 g. TOTAL APPROVED BUDGET: \$7,947,299.00 ii. Federal Share: \$0.00 ii. Federal Share: \$7,947,299.00 iii. Federal Share: \$7,947,29	-			Not applicable		
Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 n. TotAL DIRECT COSTS: \$7,947,299.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$7,947,299.00 ii. Federal Share: \$0.00 ii. Federal Share: \$7,947,299.00 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 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 speciable in the event there are conflicting or otherwise inconsistent policies applicable in the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. EVENTARY SET OF TRANS AND CONDITION SHARE AND CONDITIONS Attached [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015	,	es:	*	14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu	of cash)	
n. Trainee Travel: n. Trainee Traines Sudget Priod n. AMOUNT OF DIRECT ASSISTANCE THIS ACTION SUMOUNT OF DIRECT ASSISTANCE THIS ACTION SUMOUNT OF DIRECT ASSISTANCE THIS ACTION OF AMOUNT OF DIRECT ASSISTANCE T	Irainee Stipends :		\$0.00	a. Amount of Direct Assistance	\$0.00	
o. TOTAL DIRECT COSTS: \$7,947,299.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$7,947,299.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$0.00 ii. Federal Share: \$7,947,299.00 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 grantles when funds are drawn or otherwise obtained from the grant payment system. REMARKS: (Other Terms and Conditions Attached [X] Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015	m Trainee Tuition and Fees	:	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	
o . TOTAL DIRECT COSTS : \$7,947,299.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$7,947,299.00 ii. Less Non-Federal Share: \$0.00 iii. Federal Share: \$0.00 iii. Federal Share: \$7,947,299.00 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 bothained from the grant payment system. REMARKS: (Other Terms and Conditions Attached [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015	n Trainee Travel		\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	
p . INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q . TOTAL APPROVED BUDGET : \$7,947,299.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$7,947,299.00 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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2/2015		i :	I some or on	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00	
q . TOTAL APPROVED BUDGET: \$7,947,299.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$7,947,299.00 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 [X] Yes [] No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015						
i. Less Non-Federal Share: \$7,947,299.00 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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015						
ii. Federal Share: \$7,947,299.00 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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015				7		
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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015		iaic.	¥			
A=Addition B=Deduction C=Cost Sharing or Matching D=Other 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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015		IBJECT TO 45 CED 75 20		CORD WITH ONE OF THE EQUI OWING ALTERNATIVE	2.	
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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015				CORD WITH ONE OF THE FOLLOWING ALTERNATIVES		
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 [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015		_	.		P. 1	
REMARKS: (Other Terms and Conditions Attached [X]Yes []No) Prior Approval Request Tracking Number PA-00049950. Prior Approval Request Type: Carryover Electronically signed by Brad Barney, Grants Management Officer on: 11/17/2015	AND IS SUBJECT TO THE a. The grant program legislation cited a applicable. In the event there are confli-	TERMS AND CONDITION above, b. The grant program regulation cting or otherwise inconsistent policies	NS INCORPORATED EIT of the cited above, c. This award notice in a sapplicable to the grant, the above of the cited above.	HER DIRECTLY OR BY REFERENCE IN THE FOLLOWIN cluding terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part	IG:	
Electronically signed by Brad Barney , Grants Management Officer on : 11/17/2015	REMARKS: (Other Terms a	nd Conditions Attached [X]Yes []No)	_		
			<u>'</u>	·		
- Company of the contract of t						

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1

BGEX - 142 - 121715*0511 BGRV - 142 - 121715*0112

FUND (1010) - RYAN WHITE CARE ACT PROGRAM

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

ORIGINAL BUDGET 4,535,366 7,536,606	CURRENT BUDGET 4,535,366	INCREASE 261,888	DECREASE	ADJUSTED BUDGET	ENCUMBERED AS OF 12/17/2015	REMAINING BALANCE
4,535,366	4,535,366		DECREASE		AS OF 12/17/2015	BALANCE
armente de la companya del companya de la companya del companya de la companya de	art en anticolor de la color de compressa de la color de la co	261.888				
armente de la companya del companya de la companya del companya de la companya de	art en anticolor de la color de compressa de la color de la co	261 888				
7,536,606	er er en	201,000	0	4,797,254		
. ,	7,536,606	261,888	0	7,798,494		and the second second second second second
2 756 075	2 756 075	261 888	0	3 017 963	1.080.974	1,936,98
7,536,606	7,536,606	261,888	0	7,798,494	2,779,905	5,018,58
Signatures		Date	В	y Board of Cour	nty Commissioners	
		7,536,606 7,536,606	7,536,606 7,536,606 261,888	7,536,606 7,536,606 261,888 0 Signatures Date By	7,536,606 7,536,606 261,888 0 7,798,494 Signatures Date By Board of Cour	7,536,606 7,536,606 261,888 0 7,798,494 2,779,905

COMMUNITY SERVICES			At Meeting of January 26, 2016
	on 10	and only	
	1 1 march 1 miles	12/18/13	
Administration/Budget Department Approval			Deputy Clerk to the
OFMB Department - Posted			Board of County Commissioners