

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: February 9, 2016

[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 approve: Amendments to Contract for Provision of Ryan White Part A HIV Health Support Services with below listed agencies, for the period March 1, 2015, through February 29, 2016 in an amount totaling \$343,362.

A) Amendment No. 2 to contract with Compass, Inc. (R2015-0615), to increase funding by \$112,425, for a new total contract amount not to exceed \$810,734; and

B) Amendment No. 4 to contract with FoundCare, Inc. (R2015-0616), to increase funding by \$223,575, for a new total contract amount not to exceed \$4,001,599; and

C) Amendment No. 2 to contract with Legal Aid Society of Palm Beach County, Inc. (R2015-0468), to increase funding by \$7,362, for a new total contract amount not to exceed \$308,222.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and reallocated to best meet the needs of affected clients. These funds will allow our system of care to provide additional medical and support services to Palm Beach County residents living with HIV/AIDS. These amendments are for services for HIV affected clients, which include Non Medical Case Management-Determining Eligibility, Medical Case Management, Health Insurance Premium and Cost Sharing Assistance and Legal Aid Services. Legal Aid Society of Palm Beach County Inc. requested IT infrastructure assistance to upgrade and replace aging desktops and laptops for Ryan White Legal Project attorney and paralegal staff. The increase will allow for new work stations which will improve productivity for staff members. No County funds are required. (Ryan White) Countywide (HH)

Background and Justification: Funds are used to provide various services to serve persons living with HIV/AIDS. Grant adjustments are made during the contract year to align services with need.

Attachments: Amendments (3)

Recommended By: _____

Department Director

Date

1/29/16

Approved By: _____

Deputy County Administrator

Date

2-4-16

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures					
Operating Costs	343,362				
External Revenue	(343,362)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No _____

Budget Account No.:

Fund 1010 Dept 142 Unit Varies Object Varies Program Code Varies Program Period GY15

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Funding source is the U.S. Department of Health and Human Services. No County funds are required.

C. Departmental Fiscal Review: 
Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

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


OFMB KP
1/26 
12/15


Contract Development and Control
B. Wheeler 2/3/16 

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

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