

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: November 22, 2016 Consent Regular
 Ordinance Public Hearing

Department
 Submitted By: Community Services
 Submitted For: Ryan White Program

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I. EXECUTIVE BRIEF


Motion and Title: Staff recommends motion to ratify: the 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, 2017, through February 28, 2018, in an amount of \$8,275,068.

Summary: The Ryan White Part A HIV Emergency Relief Grant Program application in the amount of \$8,275,068 was submitted to the United States Department of Health and Human Services, Health Resources Services Administration on October 14, 2016. This grant highlights the need for new programs, maintaining all existing programs, increasing funding for medical case management and early intervention services, as well as funding for a new medical nutrition therapy program. This grant will allow Community Services to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. The emergency signature process was utilized because there was insufficient time to meet the application deadline under 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: Grant Application with Walkthrough Memo

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Recommended By:  10/27/16
Department Director Date

Approved By:  11/9/16
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	4,827,123	3,447,945			
External Revenue	(4,827,123)	(3,447,945)			
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 VAR. Object VAR. Program Code VAR. Program Period GY17

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:


 Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

 11/3/16
 OFMB 10/27/16
 11/2/16

 11/8/16
 Contract Development and Control
 11/8/16

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

 Department Director

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