## PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

## **AGENDA ITEM SUMMARY**

Meeting Date: Ap	ril 4, 2017	[X] [ ]	Consent	 [	 	Regular
	Community Service Ryan White Progra	<u> </u>	Ordinance	[	]	Public Hearing
	<u>l. E)</u>	KECUT	VE BRIEF			
Motion and Title:	Staff recommends	motion	ı to:			
Health and Humar the budget period	n Services, Health F March 1, 2017, thro www.and existing pro	Resourd ugh Fel	es and Services and Services and Services	ces <i>i</i> 18. ii	Adr n ai	the U.S. Department of ministration (HRSA), for n amount not to exceed ng health outcomes for
B) approve one Compliance Specia	(1) full-time equiv dist II (Pay Grade 30	valent 0), for th	(FTE) grant ne Ryan White	func Pro	ded ogra	position for a Grant ım.
Mayor's signature application (R2016 18, 2017 issuing a 45% of what is e Services Departme Beach County residualth outcome evaluapproved for the least	on the Ryan Whi -1658). A partial no a grant amount of s expected to be the ent to continue providents living with HI aluation services for	te Part tice of a \$3,404, final a iding ne V/AIDS the Ry nd will	A HIV Eme award was readed. The greeded medical The new postan White Progbe eliminated	rger ceive ount ant l and sitior gram if fu	ncy ed f rep will d su n win n. Th	missioners ratified the Relief Grant Program from HRSA on January presents approximately allow the Community apport services to Palm ill provide program and he grant position will be ing is discontinued. <b>No</b>
been receiving this	<b>Justification</b> : Palm grant since 1994, ical and support ser	and ha	County Board s assisted the	of C ousa	Coui	nty Commissioners has s of persons living with
Attachments: Noti	ce of Award Grant N	lo. H89	HA00034	700 MONTHS WARRE (MANUAL		
Recommended By	Department Direct	Lictor				3/15/17 Date
Approved By:	Nancy K. Assistant County	B) Admin	lbn istrator	<del></del>		3/28/17 Date

## **II. FISCAL IMPACT ANALYSIS**

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	1,974,551	1,429,847			
External Revenue	(1,974,551)	(1,429,847)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					
# ADDITIONAL FTE POSITIONS (Cumulative)	1	0			
Budget Account No.:					
Budget Account No.: Fund 1010 Dept 142 Unit Secommended Social Funding source is the	<u>Var</u> Object <u>Var</u> l u <b>rces of Funds</b> /	Program Code <u>V</u> /Summary of Fi	<u>′ar</u> Progran	ot:	<u>Y17</u>
s Item Included In Currer Budget Account No.: Fund 1010 Dept 142 Unit 1  B. Recommended Sor Funding source is the C. Departmental Fisca	Var Object Var I urces of Funds ie U.S. Departme al Review: Julie	Program Code <u>V</u> /Summary of Fi	<u>ar</u> Progran scal Impac I Human S	et: ervices.	

D	OFMB 187 3/17 3/10 3/20	Contract Development and Control
B.	Legal Sufficiency:	

Other Department Review:

C.

Department Director

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

1. DATE ISSUED: 2. PROGRAM CFDA: 93.914 01/18/2017 3. SUPERSEDES AWARD NOTICE dated: main in effect unless specifically rescinded 5. FORMER GRANT 4a. AWARD NO.: 2 H89HA00034-24-00 H89HA00034 NO. AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title XXVI, Section 2603b BRH890034 6. PROJECT PERIOD: 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 300-ff-11 et FROM: 04/04/1994 THROUGH: 02/28/2018 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) 7. BUDGET PERIOD: FROM: 03/01/2017 THROUGH: 02/28/2018 Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) 8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL 9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS INVESTIGATOR) Channell Wilkins PO BOX 4036 PALM BEACH COUNTY BOARD OF COMMISSIONERS WEST PALM BEACH, FL 33402-MailStop Code: 810 Datura St. Division Line: Dept. of Community Services DUNS NUMBER: 078470481 810 Datura St. West Palm Beach, FL 33401 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: 11.APPROVED BUDGET:(Excludes Direct Assistance) \$3,404,398.00 a. Authorized Financial Assistance This Period [X] Grant Funds Only b. Less Unobligated Balance from Prior Budget [ ] Total project costs including grant funds and all other financial participation Periods a Salaries and Wages \$0.00 i. Additional Authority \$0.00 b Fringe Benefits \$0.00 ii. Offset \$0.00 c. Total Personnel Costs : c. Unawarded Balance of Current Year's Funds \$0.00 \$0.00 d . Consultant Costs \$0.00 d. Less Cumulative Prior Awards(s) This Budget \$0.00 e . Equipment e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$3,404,398.00 \$0.00 f. Supplies: **ACTION** \$0.00 g . Travel 13. RECOMMENDED FUTURE SUPPORT: (Subject to the \$0.00 h. Construction/Alteration and Renovation: availability of funds and satisfactory progress of project) TOTAL COSTS \$0.00 YEAR Not applicable j. Consortium/Contractual Costs \$0.00 \$0.00 k. Trainee Related Expenses: 14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash) \$0.00 1. Trainee Stipends a Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 Trainee Tuition and Fees: \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 n. Trainee Travel d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00 \$3,404,398.00 o . TOTAL DIRECT COSTS : p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q . TOTAL APPROVED BUDGET : \$3,404,398.00 \$0.00 i. Less Non-Federal Share: \$3,404,398.00

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 a 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)

Electronically signed by Brad Barney , Grants Management Officer on : 01/18/2017

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 CODE	SUB ACCOUNT CODE	
17 - 3778239	93.914	17H89HA00034	0034 \$3,138,902.00		FRML	HIV1-17	
17 - 3778238	93.914	17H89HA00034	\$265,496.00	\$0.00	MAI	HIV1-17	