Approved By:

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

	AGEN	DATIEN	<u>II SUMMARY</u>							
Meeting Date: Dec	ember 5, 2017	[X] []	 Consent Ordinance	[] []	========= Regular Public Hearing					
Department Submitted By: Submitted For:	Community Serv Ryan White Prog									
	<u>l. E</u>)	XECUTI	VE BRIEF	1866 MINE MINE MINE MINE MINE MINE						
Motion and Title: Staff recommends motion to:										
A) ratify the signature Program application Resources Services 2019, in an amount	n with the U.S. D s Administration, fo	epartme or the pe	ent of Health and	Human	Services, Health					
B) approve one (1 CARE Council Coor	1) full-time equival rdinator, (Pay Grad	lent (FTI le 30), fo	E) grant funded p or the Ryan White I	osition f Program.	or a Ryan White					
Summary: The Rya amount of \$8,020, Services, Health Regrant highlights the funding for medical for a Health Educ Community Services services to Palm Efunded position will Care Council member The grant position funding is discontinuous later than Novem submission processinsufficient time to match is required.	040 was submitted esources Services need for new programmer cation/Risk Reduction/Risk Reduction/Risk Reduction/Risk Reduction/Risk Reduction/Risk Reduction/Risk Reduction/Risk Reductioner to the submit to a submit these items of the submit the s	ed to the Administ and eaction Seridents line of the Carton the left of the approvidents any signatures througe.	e U.S. Department of tration (HRSA) or naintaining all existed providing new trice category. The stinue providing new trice with HIV/AID ARE Council members serviced by the grant of the grant oplication guidance delays due to the process was utility to the regular age.	nt of He Novembervices, a his grar eded me S. The abers and the Ryan and will with insi complex cilized be	alth and Human ber 8, 2017. This grams, increasing is well as funding in the will allow the dical and support requested granted ensure that the in White Program. If be eliminated if tructions to return ities of the online cause there was					
Background and Jobeen receiving this HIV/AIDS with medi	grant since 1994	and has	County Board of C assisted thousar	ounty Co nds of pe	emmissioners has ersons living with					
Attachments: Grant Application with Walkthrough Memo										
Recommended By:	: Department Dire	<u>J</u>		/	//- /					
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II. FISCAL IMPACT ANALYSIS

	scal Years	2018	2019	2020	2021	2022
Са	pital Expenditures					
Οp	erating Costs	4,731,824	3,288,216			
Ex	ternal Revenue	(4,731,824)	(3,288,216)			
Pro	ogram Income (County)					
In-	Kind Match (County)					
NE	T FISCAL IMPACT	0	0			
	. ADDITIONAL FTE SITIONS (Cumulative)	1				
	em Included In Current			s <u>X</u>	No	
)oe	s this item include the	use of federa	I funds? Yes	s <u>X</u>	No	
3ud	get Account No.:					
	d <u>1010</u> Dept <u>142</u> Unit	VAR Object \	<u>/AR_</u> Program (Code <u>V</u>	<u>AR</u> Prograr	m Period <u>GY18</u>
3.	Funding source is the funding is required.	ne Departmen	t of Health an	id Huma	n Services.	No County d.
			energy and the second	~ 1		
Э.	Departmental Fiscal		Dowe, Directo	r, Financ	ial & Suppor	t Svcs.
Э.	Departmental Fiscal	Julie	Dowe, Directo		ial & Suppor	t Svcs.
	Departmental Fiscal OFMB Fiscal and/or	Julie	N COMMENTS	<u>5</u>		
A.		Julie	N COMMENTS elopment and	Since the Control		1110711
		Julie	N COMMENTS elopment and	Since the Control	Comments	1110711
۸.	OFMB January	Julie, III. REVIEN Contract Deve	N COMMENTS elopment and	Since the Control	Comments	1110711

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

Department Director