

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures					
Operating Costs	216,724				
External Revenue	(216,724)				
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
 Does this item include the use of federal funds? Yes X No

Budget Account No.:

Fund 1010 Dept 142 Unit 1475 Object 8201 Program Code VAR Program Period GY 19

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


Funding source is the U.S. Department of Health and Human Services


C. Departmental Fiscal Review:


 Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

 10/31/19
 OFMB 10/31


 Contract Development and Control
 11/1/19 TW

B. Legal Sufficiency:

 11-4-19
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

1. DATE ISSUED: 09/20/2019		2. PROGRAM CFDA: 93.914		 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b 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 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) 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)																																																			
3. SUPERSEDES AWARD NOTICE dated: 04/11/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
4a. AWARD NO.: 6 H89HA00034-26-02		4b. GRANT NO.: H89HA00034																																																					
		5. FORMER GRANT NO.: BRH890034																																																					
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/29/2020																																																							
7. BUDGET PERIOD: FROM: 03/01/2019 THROUGH: 02/29/2020																																																							
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS																																																							
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 West Palm Bch, FL 33402-4036 DUNS NUMBER: 078470481		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Casey Messer PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura St West Palm Beach, FL 33401-5204																																																					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																					
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		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) Not applicable																																																					
		14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																																																					
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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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Prior Approval Request Tracking Number PA-00081905. Prior Approval Request Type: Carryover Electronically signed by Karen Mayo , Grants Management Officer on : 09/20/2019																																																							
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00																																																					

18 - 3773007	93.914	19H89HA00034	\$216,724.00	\$0.00	FRML	HIV1-19
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of **\$216,724** from budget period 3/1/2018 - 2/28/2019 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Title	Email
Casey Messer	Program Director	cmesser@pbcgov.org
Melissa Mckinlay	Authorizing Official	mmckinlay@pbcgov.org
Mary Woodard	Business Official	mwoodard@pbcgov.org
Sheron M Hoo-Hing	Employee	shoohing@pbcgov.org
Thomas Eaton	Business Official	teaton@pbcgov.org
Julie Dowe	Business Official	jdowe@pbcgov.org
James Green	Point of Contact	jgreen1@pbcgov.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Lawrence Momodu at:
5600 Fishers Ln # 9W17C
Rockville, MD, 20857-
Email: LMomodu@hrsa.gov
Phone: (301) 443-0694

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Marie Mehaffey at:
OFAM/DGMO/HRHB
5600 Fishers Lane
Rockville, MD, 20852-
Email: MMehaffey@hrsa.gov
Phone: (301) 945-3934

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
 BUDGET AMENDMENT

BGRV- 142 - 10071900000000000011

BGEX - 142 - 10071900000000000068

FUND (1010) - Ryan White Care Program

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	ENCUMBERED AS OF 10/07/19	REMAINING BALANCE
REVENUE								
142 1475 3169	Federal Grant Other -Human Services	4,368,739	4,368,739	216,724		4,585,463		
Total Revenue		7,360,661	7,360,661	216,724		7,577,385		
EXPENDITURE								
142 1475 8201	Contributions-Non Govtl Agencies	3,083,622	3,083,622	216,724		3,300,346	-	3,300,346
Total Expenditures		7,360,661	7,360,661	216,724		7,577,385		7,577,385

COMMUNITY SERVICES
 INITIATING DEPARTMENT/DIVISION James Green
 Administration/Budget Department Approval
 OFMB Department - Posted

Signature

Date

James E. Green

10/28/19

By Board of County Commissioners

At Meeting of *November 19, 2019*

 Deputy Clerk to the
 Board of County Commissioners