PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: Marc	========= ch 17, 2020	[X] []	Consent Ordinance	=== [[===]]	Regular Public Hearing		
Department Submitted By: Community Services Submitted For: Ryan White Program								
I. EXECUTIVE	BRIEF		nacion anima, como minir almais inima; cupra supra Samb Anial ani					
Motion and Title: St	aff recommends n	notion	to:					
A) receive and file a Notice of Award (NOA) Grant No. 1 UT8HA33954-01-00 from the U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), for the budget period March 1, 2020 through February 28, 2021, in the amount of \$850,000, for new services to reduce HIV infections in Palm Beach County (PBC) by 75%;								
B) approve a budge the budget with the a		50,000	in the Ryan V	∕Vhit	te F	rogram (RWP) to align		
, .	greement with the F	Florida	Department of	of H	ealt	uthority to establish an th-Palm Beach County,		
by HRSA, including of	one (1) Program Eva anager II (PG 25),	aluator three ((PG 34), one 3) Case Mana	(1) age	Са г I (or the RWP as required sework Supervisor (PG PG 22), three (3) Peer of \$598,414 annually.		
part of a 10-year natiaward is separate, be white HIV/AIDS Promodel of care for percommunity outreach rapid entry to medicawireless technologie December 17, 2019, the EHE Grant applied HRSA timeline requirements.	onal initiative to endout complements a ogram, and required ersons living with H, response, and end al care within 72 house for 939 PLWH withe Board of Count cation (R2019-1875) irements, as grant e through the 5-year	d the H nnual is new IIV (PL ngagem ours, an who ar ty Com i). Dele year 2 ar proje	IV epidemic infunding receive and innovative WH). This furthent for 2,594 and adherence in care, but missioners rate 2020 begins Inct period and	the /ed /e a ndin PL con tified ty is War	threappears appears Whuns ot was the re- ch	issuing new funding as by 2030. This funding ough the federal Ryan roaches to the current will support time-limited H who are not in care, eling using mobile and wirally suppressed. On e Mayor's signature on quested to comply with 1, 2020. Grant-funded eliminated if funding is Countywide (HH)		
within the Communi approximately 3,500	ty Services Departi PLWH annually. To	ment, a	administers fe the HIV epide	edei mic	ral(, th	Vhite Program, serving grant funding to assist e Ryan White Program any persons by 2025.		
Attachments: 1. Notice of Award Grant No. 1 UT8HA33954-01-00 2. Budget Amendment								
Recommended By:	f Janun					3/2/2020		
Approved By:	Assistant County	B	Manistrator			3 1 2020 Date		
	V							

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	\$495,833	\$354,167	And seed the seed to see the see the seed to see the s		
External Revenue	(\$495,833)	(\$354,167)			
Program Income (County)				:	
In-Kind Match (County)				:	
NET FISCAL IMPACT	0	0	0	0	0
No. ADDITIONAL FTE POSITIONS (Cumulative)	10				
Is Item Included In Current Does this item include the Budget Account No.: Fund 1010 Dept 142 Unit	use of fede			NoX No	m Period GY 20
B. Recommended Sour Funding source is the funding is required.	rces of Fund	ls/Summar	of Fiscal Ir	npact:	
C. Departmental Fiscal		lie Dowe, Di	rector, Finan	cial & Suppor	t Svcs.
A OFME ET ALL III		EW COMMI		10	
A. OFMB Fiscal and/or	Contract De	evelopment	and Contro	Comments	•
Lux R 3	1412020 313120 P	Contr	act Develop	ment and Cor	3/5(202
OFMB P32 EQ			2/9/7	2020° 7W	0
B. Legal Sufficiency:			2/9/2	7020° TW	O
B. Legal Sufficiency:	prney		2/9/7	7020° TW	
	orney		2/9/7	7020° TW	

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

Department Director

1. DATE ISSUED: 2. PROGRAM CFDA: 93.686 02/20/2020 3. SUPERSEDES AWARD NOTICE dated: nain in effect unless specifically rescinder 4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT UT8HA33954 1 UT8HA33954-01-00 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) 6. PROJECT PERIOD: Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). FROM: 03/01/2020 THROUGH: 02/28/2025 7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021 8. TITLE OF PROJECT (OR PROGRAM): Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B 9. GRANTEE NAME AND ADDRESS: 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL COUNTY OF, PALM BEACH INVESTIGATOR) 301 N Olive Ave Frnt James Green West Palm Beach, FL 33401-4703 COUNTY OF, PALM BEACH 301 N. Olive Ave. FRNT West Palm Beach, FL 33401-4703 DUNS NUMBER: 078470481 11.APPROVED BUDGET:(Excludes Direct Assistance) 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: IXI Grant Funds Only a. Authorized Financial Assistance This Period \$850,000.00 [] Total project costs including grant funds and all other financial participation b. Less Unobligated Balance from Prior Budget a . Salaries and Wages : \$0.00 i. Additional Authority \$0.00 b . Fringe Benefits : \$0.00 ii. Offset \$0.00 c . Total Personnel Costs : \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Consultant Costs: \$0.00 d. Less Cumulative Prior Awards(s) This Budget \$0.00 e . Equipment : \$0.00 Period f. Supplies: \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$850,000.00 **ACTION** g. Travel: \$0.00 13. RECOMMENDED FUTURE SUPPORT: (Subject to the \$0.00 h. Construction/Alteration and Renovation: availability of funds and satisfactory progress of project) \$850,000.00 **TOTAL COSTS** 02 \$850,000,00 j. Consortium/Contractual Costs: \$0.00 03 \$850,000.00 k . Trainee Related Expenses : \$0.00 04 \$850,000.00 I. Trainee Stipends: \$0.00 05 \$850,000.00 ^m Trainee Tuition and Fees : \$0.00 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) n . Trainee Travel : \$0.00 a. Amount of Direct Assistance \$0.00 o . TOTAL DIRECT COSTS : \$850,000.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 p . INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 a. TOTAL APPROVED BUDGET: \$850,000.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00 i. Less Non-Federal Share: \$0.00 ii Federal Share: \$850,000,00 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 Prapplicable. 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)

Floring windly signed by Brad Borney Create Management Offices on 102/20/2020

93,686

20 - 377EAGR

Electronically signed by Brad Barney , Grants Management Officer on : 02/20/2020

20UT8HA33954

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 ACCOUNT CODE

CODE

\$850,000.00

\$0.00

20RWHAP-A-B

2	0			
-	•	-		

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Date

BGRV-030220*423 BGEX - 030220*1065

FUND (1010) - Ryan White Care Program

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

			ORIGINAL	CURRENT		ADJUST		REMAINING
ACCT.NUMBER ACCOUNT NAME		BUDGET	BUDGET	INCREASE	DECREASE BUDG	ET AS OF 3/2/20	BALANCE	
F	REVENUE	.						
142	1481	3169 Federal Grant Other -Human Services	0	0	850,000	850,0	00	
Total Revenue		7,360,661	8,977,186	850,000	9,827,	86		
E	EXPENDI [*]	TURE						
142	1481	1201 Salaries & Wages-Regular	0	0	326,354	326,3	54	
142	1481	2101 Fica-Taxes	0	0	7,049	7,0	49	
142	1481	2105 Fica-Medicare	0	0	4,732	4,	32	
142	1481	2201 Retirement Contributions-FRS	0	0	27,773	27,	73	
142	1481	2301 Insurance-Life & Health	0	0	102,024	102,0	24	
142	1481	3401 Other Contractual Services	0	0	350,000	350,0	000	
142	1481	4001 Travel & Per Diem	0	0	1,200	1,2	00	
142	1481	4007 Travel-Mileage	0	0	13,718	13, ⁻	18	
142	1481	5101 Office Supplies	0	0	5,150	5,	50	
142	1481	5121 Data Processing Software/Accessories	0	0	12,000	12,0	00	
Total Expenditures		7,360,661	8,977,186	850,000	9,827,	86 4,223,257	5,603,9	

COMMUNITY SERVICES		/ /	At Meeting o
INITIATING DEPARTMENT/DIVISION James Green	ma	3/2/2020	
Administration/Budget Department Approval	`		
OFMB Department - Posted			Deputy Cleri

Signature

By Board of County Commissioners of <u>March 17,2020</u>

k to the

Board of County Commissioners