

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

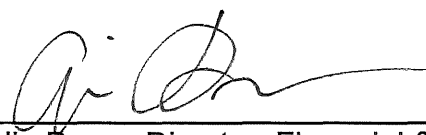
Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	\$495,833	\$354,167			
External Revenue	(\$495,833)	(\$354,167)			
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0	0	0

No. ADDITIONAL FTE POSITIONS (Cumulative)	10				
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Is Item Included In Current Budget? Yes No X
 Does this item include the use of federal funds? Yes X No

Budget Account No.:
 Fund 1010 Dept 142 Unit 1481 Object VAR Program Code VAR Program Period GY 20

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding source is the U.S. Department of Health and Human Services. No County funding is required.

C. Departmental Fiscal Review: 
 Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

 3/4/2020
 OFMB 3/2 BR 3/3/20 3/4

 3/5/2020
 Contract Development and Control
 3/4/2020 TW

B. Legal Sufficiency:

 Assistant County Attorney

C. Other Department Review:

 Department Director

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

1. DATE ISSUED: 02/20/2020		2. PROGRAM CFDA: 93.686		 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.).</p>												
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																
4a. AWARD NO.: 1 UT8HA33954-01-00		4b. GRANT NO.: UT8HA33954					5. FORMER GRANT NO.:									
6. PROJECT PERIOD: 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: COUNTY OF, PALM BEACH 301 N Olive Ave Frnt West Palm Beach, FL 33401-4703 DUNS NUMBER: 078470481				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) James Green COUNTY OF, PALM BEACH 301 N. Olive Ave. FRNT West Palm Beach, FL 33401-4703												
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:												
a. Salaries and Wages : \$0.00				a. Authorized Financial Assistance This Period \$850,000.00												
b. Fringe Benefits : \$0.00				b. Less Unobligated Balance from Prior Budget Periods												
c. Total Personnel Costs : \$0.00				i. Additional Authority \$0.00												
d. Consultant Costs : \$0.00				ii. Offset \$0.00												
e. Equipment : \$0.00				c. Unawarded Balance of Current Year's Funds \$0.00												
f. Supplies : \$0.00				d. Less Cumulative Prior Awards(s) This Budget Period \$0.00												
g. Travel : \$0.00				e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$850,000.00												
h. Construction/Alteration and Renovation : \$0.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)												
i. Other : \$850,000.00				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>02</td> <td>\$850,000.00</td> </tr> <tr> <td>03</td> <td>\$850,000.00</td> </tr> <tr> <td>04</td> <td>\$850,000.00</td> </tr> <tr> <td>05</td> <td>\$850,000.00</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	02	\$850,000.00	03	\$850,000.00	04	\$850,000.00	05	\$850,000.00
YEAR	TOTAL COSTS															
02	\$850,000.00															
03	\$850,000.00															
04	\$850,000.00															
05	\$850,000.00															
j. Consortium/Contractual Costs : \$0.00				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)												
k. Trainee Related Expenses : \$0.00				a. Amount of Direct Assistance \$0.00												
l. Trainee Stipends : \$0.00				b. Less Unawarded Balance of Current Year's Funds \$0.00												
m. Trainee Tuition and Fees : \$0.00				c. Less Cumulative Prior Awards(s) This Budget Period \$0.00												
n. Trainee Travel : \$0.00				d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00												
o. TOTAL DIRECT COSTS : \$850,000.00																
p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00																
q. TOTAL APPROVED BUDGET : \$850,000.00																
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 [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)																
Electronically signed by Brad Barney, Grants Management Officer on : 02/20/2020																
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										
20 - 377EAGR	93.686	20UT8HA33954	\$850,000.00	\$0.00		20RWHAP-A-B										

BOARD OF COUNTY COMMISSIONERS
 PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

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.

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	ENCUMBERED AS OF 3/2/20	REMAINING BALANCE
REVENUE								
142 1481 3169	Federal Grant Other -Human Services	0	0	850,000		850,000		
Total Revenue		7,360,661	8,977,186	850,000		9,827,186		
EXPENDITURE								
142 1481 1201	Salaries & Wages-Regular	0	0	326,354		326,354		
142 1481 2101	Fica-Taxes	0	0	7,049		7,049		
142 1481 2105	Fica-Medicare	0	0	4,732		4,732		
142 1481 2201	Retirement Contributions-FRS	0	0	27,773		27,773		
142 1481 2301	Insurance-Life & Health	0	0	102,024		102,024		
142 1481 3401	Other Contractual Services	0	0	350,000		350,000		
142 1481 4001	Travel & Per Diem	0	0	1,200		1,200		
142 1481 4007	Travel-Mileage	0	0	13,718		13,718		
142 1481 5101	Office Supplies	0	0	5,150		5,150		
142 1481 5121	Data Processing Software/Accessories	0	0	12,000		12,000		
Total Expenditures		7,360,661	8,977,186	850,000		9,827,186	4,223,257	5,603,929

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

Signature _____ Date _____
mal _____ *3/2/2020* _____

By Board of County Commissioners
 At Meeting of March 17, 2020

 Deputy Clerk to the
 Board of County Commissioners