

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: June 16, 2020       [ X ] Consent   [ ] Regular
                                   [ ] Ordinance [ ] Public Hearing
Department
Submitted By: Community Services
Submitted For: Ryan White Program
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) receive and file a final Notice of Award (NOA) Grant Award No. 6 H89HA00034-27-01 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), for the budget period March 1, 2020 through February 28, 2021, in the amount of \$7,458,808, for new and existing programs to continue improving health outcomes for people living with HIV;

B) approve a budget amendment of \$3,171,166 in the Ryan White Care Program fund to align the budget with the actual grant award; and

C) authorize the County Administrator, or designee, to execute Ryan White subrecipient funding agreements, amendments, and other documents necessary to align with actual allocations of the grant award.

Summary: A final NOA was received on April 2, 2020 from HRSA. The total grant award for the Grant Year (GY) 2020, including this final NOA is \$7,458,808. This award amount is an increase of 1.5% or \$108,564 from GY 2019, after receiving a decrease in funding each year for the prior 5 years. On November 5, 2019, the Board of County Commissioners (BCC) ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (R2019-1723). On May 5, 2020, the BCC approved a partial NOA for \$1,494,582. The grant allows the Community Services Department to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. In GY 2019, 3,155 clients were served with a viral suppression rate of 83%. Funding for GY 2020 will provide resources to support a minimum of 45 additional clients (3,200 total) with a goal to increase viral suppression rate to 85%. Some of the services provided under this grant are outpatient medical care, medical case management, pharmaceutical assistance, oral health care, mental health services, substance use disorder treatment, legal support services, health insurance premium assistance, food bank, medical transportation, home delivered meals and psychosocial support services. **No County match is required.** (Ryan White Program) Countywide (HH)

Background and Justification: Palm Beach County Board of County Commissioners has been receiving this grant since 1994 and has assisted thousands of persons living with HIV/AIDS with medical and support services.

- Attachments:**
1. Notice of Award Grant Award No. 6 H89HA00034-27-01
 2. Budget Amendment

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DocuSigned by:
Taruna Malhotra
1459E4101F1049C...
5/27/2020
Recommended By: _____ Date _____
Department Director

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Approved By: Nancy L. Boldm 6/15/20
Assistant County Administrator Date

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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2020 | 2021 | 2022 | 2023 | 2024 |
|--|---------------|---------------|------|------|------|
| Capital Expenditures | | | | | |
| Operating Costs | \$3,171,166 | \$4,287,642 | | | |
| External Revenue | (\$3,171,166) | (\$4,287,642) | | | |
| Program Income | | | | | |
| In-Kind Match (County) | | | | | |
| NET FISCAL IMPACT | 0 | -0- | | | |
| # ADDITIONAL FTE POSITIONS (Cumulative) | | | | | |

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 VAR 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

C. Departmental Fiscal Review: Julie Dowe
DocuSigned by: Julie Dowe
 Julie Dowe, Director of Finance and Support Services

III. REVIEW COMMENTS

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

[Signature] 6/1/2020
 OFMB
 2/28

[Signature] 6/3/2020
 Contract Development and Control
 6-3-2020

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

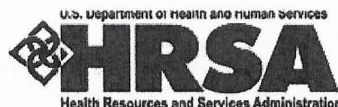
04/02/2020

3. SUPERSEDES AWARD NOTICE dated: 01/29/2020
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

| | | |
|--------------------------------------|------------------------------|-----------------------------------|
| 4a. AWARD NO.: 6 H89HA00034-27-01 | 4b. GRANT NO.: H89HA00034 | 5. FORMER GRANT NO.: BRH890034 |
|--------------------------------------|------------------------------|-----------------------------------|

6. PROJECT PERIOD:
FROM: 04/04/1994 THROUGH: 02/28/2021

7. BUDGET PERIOD:
FROM: 03/01/2020 THROUGH: 02/28/2021



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)

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
Division Line: Ryan White Program
810 Datura St
West Palm Beach, FL 33401-5204

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

| | |
|--|----------------|
| a . Salaries and Wages : | \$0.00 |
| b . Fringe Benefits : | \$0.00 |
| c . Total Personnel Costs : | \$0.00 |
| d . Consultant Costs : | \$0.00 |
| e . Equipment : | \$0.00 |
| f . Supplies : | \$0.00 |
| g . Travel : | \$0.00 |
| h . Construction/Alteration and Renovation : | \$0.00 |
| i . Other : | \$0.00 |
| j . Consortium/Contractual Costs : | \$0.00 |
| k . Trainee Related Expenses : | \$0.00 |
| l . Trainee Stipends : | \$0.00 |
| m . Trainee Tuition and Fees : | \$0.00 |
| n . Trainee Travel : | \$0.00 |
| o . TOTAL DIRECT COSTS : | \$7,458,808.00 |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 |
| q . TOTAL APPROVED BUDGET : | \$7,458,808.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$7,458,808.00 |

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$7,458,808.00 |
| b. Less Unobligated Balance from Prior Budget Periods | |
| i. Additional Authority | \$0.00 |
| ii. Offset | \$0.00 |
| c. Unawarded Balance of Current Year's Funds | \$0.00 |
| d. Less Cumulative Prior Awards(s) This Budget Period | \$1,494,582.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$5,964,226.00 |

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

| YEAR | TOTAL COSTS |
|----------------|-------------|
| Not applicable | |

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

| | |
|---|--------|
| a. Amount of Direct Assistance | \$0.00 |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 |
| c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 |

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 [X]Yes []No)

This award includes the following sources of funding:

FY20 Formula - \$4,355,403

Electronically signed by Brad Barney , Grants Management Officer on : 04/02/2020

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 - 3779208 | 93.914 | 20H89HA00034 | \$2,989,735.00 | \$0.00 | FRML | HIV1-20 |
| 20 - 3779209 | 93.914 | 20H89HA00034 | \$2,442,612.00 | \$0.00 | SUPPL | HIV1-20 |
| 20 - 3779207 | 93.914 | 20H89HA00034 | \$531,879.00 | \$0.00 | MAI | HIV1-20 |

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/WebEPSEExternal/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 is to notify you that the required PSC 272 report has not been submitted to the Division of Payment Management (DPM). DPM does not allow grant funds to be drawn down while this report is outstanding. Please submit or/update this report to DPM within 30 days. Contact your DPM account representative if you need assistance.
2. This Notice of Award provides the balance of Fiscal Year 2020 (FY20) funding based on HRSA's FY20 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Award Issue Date

The recipient must submit a FY 2020 Program Submission no later than 90 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. Due Date: Within 90 Days of Award Issue Date

The recipient must submit a FY 2020 Program Terms Report no later than 90 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

| Name | Role | Email |
|--------------|-------------------|--------------------|
| Thomas Eaton | Business Official | teaton@pbcgov.org |
| Casey Messer | Program Director | cmesser@pbcgov.org |
| Julie Dowe | Business Official | jdowe@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 - 050120*458

BGEX - 142 -050120*1360

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 04/29/20 | REMAINING BALANCE |
|---------------------------|-------------------------------------|------------------|------------------|------------------|----------|-------------------|---------------------------|-------------------|
| REVENUE | | | | | | | | |
| 142 1475 3169 | Federal Grant Other -Human Services | 4,368,739 | 5,467,446 | 1,839,276 | | 7,306,722 | | |
| 142 1477 3169 | Federal Grant Other -Human Services | 629,985 | 709,767 | 285,405 | | 995,172 | | |
| 142 1479 3169 | Federal Grant Other -Human Services | 2,361,937 | 2,799,973 | 1,046,485 | | 3,846,458 | | |
| Total Revenue | | 7,360,661 | 9,827,186 | 3,171,166 | 0 | 12,998,352 | | |
| EXPENDITURE | | | | | | | | |
| 142 1475 8201 | Contributions Other Govtl Agency | 3,083,622 | 4,112,028 | 1,839,276 | | 5,951,304 | 2,266,372.00 | 3,684,932 |
| 142 1479 8201 | Contributions Other Govtl Agency | 411,342 | 473,548 | 1,046,485 | | 1,520,033 | 1,127,700 | 392,333 |
| 142 1477 8201 | Contributions-Non-Govts Agnces | 1,924,654 | 2,345,115 | 285,405 | | 2,630,520 | 137,545 | 2,492,975 |
| Total Expenditures | | 7,360,661 | 9,827,186 | 3,171,166 | 0 | 12,998,352 | 3,531,617 | 6,570,240 |

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

Signature

DocuSigned by:
Taruna Malhotra
1459E4101F1049C...

Date

5/27/2020

By Board of County Commissioners
At Meeting of June 16, 2020

Deputy Clerk to the
Board of County Commissioners