PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

· ·	ovember 17, 2020	[X] []	Consent Ordinance		Regular Public Hearing
Department Submitted By: Submitted For:	Community Services Ryan White Program				
	<u>I. EX</u>	ECUTIVE I	BRIEF		
Motion and Title	: Staff recommends mo	tion to:			
of Health and Hubudget period Manew not-to-exceed	le a Notice of Award (NOA Iman Services, Health Re arch 1, 2020 through Feb ed amount of \$7,707,875, for persons living with HIV	esources a ruary 28, 2 for new a	nd Services A 2021, to incre	Adminis ase fur	stration (HRSA), for the ading by \$249,067 for a
	udget Amendment in the abudget to the actual grant		\$249,067 in t	he Rya	an White Care Program
carryover funding total grant award carryover amount based on funds to County Commissed Emergency Relies a partial notice of final notice of available of the County HIV CAR \$80,000 to housing Community Service Palm Beach County HIV CAR	ised notice of award was for the prior grant year to for Grant Year (GY) 2020 it; it is not a new annual hat were left over from the sioners (BCC) ratified the Grant Program application of award (R2020-0408) for ward (R2020-0629) for \$100 E Council allocated carrying services and \$31,123 ices Department to continuty residents living with Harate of 83%. No County for the side of 83%.	the currer o, including award. Ca e prior grai e Mayor's on (R2019 \$1,494,58 7,458,808. over funding to medical nue providi	nt grant year in this notice of rryover amount signature on -1723). On M 2. On June 16 On Septemb g of \$137,944 case managen n GY 2019, 3	n the and award ovember the Republication and the Republication an	mount of \$249,067. The is \$7,707,875. This is a vary from year to year er 5, 2019, the Board of tyan White Part A HIV 020, the BCC approved the 2020, the Palm Beach lith insurance premiums, The grant will allow the and support services to ents were served with a
•	d Justification: The BC ds of persons living with I			_	•
Attachments: 1. Notice of Awa 2. Budget Amend	rd Grant No. 6 H89HA000 dment)34-27-02			
Recommended	(0	gned by: Hun 22BFDF492			10/27/2020 Date
Approved By:	Assistant County Ac	dministrat	or		// //2/20 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	249,067				
External Revenue	(249,067)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				
# ADDITIONAL FTE POSITIONS (Cumulative)					
Is Item Included In Curren Does this item include the Budget Account No.: Fund 1010 Dept 142 _Unit ^ _GY20	use of federa	al funds?		No	n Period
B. Recommended Sou Funding source is the is required.		ent of Healtl	n and Humai DocuSigned by:		No County funding
C. Departmental Fisca			dic <i>Dowe</i> _{05AC8C7CC5BC4A4} ctor, Financ	ial & Support	Svcs.
A OEMP Figgs and/or	·	VIEW COM		Commonto	
A. OFMB Fiscal and/or	Contract Dev	veiopinent a	ina Control	Comments	•
P. Most- Ul	5/2424	Contra	An. A	nept and Cor	atrol (1111 DO)
OFMB (1)	11/1 11/2		Develop	670	
DFMB (1) A STATE OF THE STATE O	(1 11/2		ict Developi	672	
OFMBODY OF	ttorney	10/202		672	
B. Legal Sufficiency:	•			670	
B. Legal Sufficiency: Assistant County A	•			672	

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

Department Director

1. DATE ISSUED: 2. PROGRAM CFDA: 93.914 09/14/2020 3. SUPERSEDES AWARD NOTICE dated: 04/02/2020 ifically rescinded except that any additions or restrictions previously imposed remain in effect unless sp 4a. AWARD NO.: 4h. GRANT NO : 5. FORMER GRANT 6 H89HA00034-27-02 NO.: H89HA00034 AUTHORIZATION (Legislation/Regulation) BRH890034 Public Health Service Act, Title XXVI, Section 2603b 6. PROJECT PERIOD: Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FROM: 04/04/1994 THROUGH: 02/28/2021 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) 7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021 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: 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL PALM BEACH COUNTY BOARD OF COMMISSIONERS INVESTIGATOR) PO BOX 4036 Casey Messer West Palm Bch, FL 33402-4036 PALM BEACH COUNTY BOARD OF COMMISSIONERS **DUNS NUMBER:** Division Line: Ryan White Program 078470481 810 Datura St West Palm Beach, FL 33401-5204 11.APPROVED BUDGET:(Excludes Direct Assistance) 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: [X] Grant Funds Only a. Authorized Financial Assistance This Period \$7,707,875.00 [] 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 \$7,458,808,00 e . Equipment : \$0.00 Period f. Supplies: \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS \$249.067.00 **ACTION** g. Travel: \$0.00 13. RECOMMENDED FUTURE SUPPORT: (Subject to the h . Construction/Alteration and Renovation : \$0.00 availability of funds and satisfactory progress of project) i. Other: \$0.00 j. Consortium/Contractual Costs: Not applicable \$0.00 k. Trainee Related Expenses: \$0.00 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) 1. Trainee Stipends: \$0.00 a. Amount of Direct Assistance \$0.00 m Trainee Tuition and Fees : b. Less Unawarded Balance of Current Year's Funds \$0.00 \$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: \$7,707,875,00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q . TOTAL APPROVED BUDGET : \$7,707,875.00 i. Less Non-Federal Share: \$0.00 \$7,707,875.00 ii. Federal Share: 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)
Prior Approval Request Tracking Number PA-00090440. Prior Approval Request Type: Carryover

Electronically signed by Karen Mayo , Grants Management Officer on : 09/14/2020

Date Issued: 9/14/2020 10:55:06 AIVI
Award Number: 6 H89HA00034-27-02

17. OBJ. CLASS: 41.15	18. CRS-	8. CRS-EIN: 1596000785A1 19. FUTURE RECOMMENDED FUNDING: \$0.00						
		magistratical programmer and the second			Kundabah sangan merangan			
19 - 3772207	93.914	20H89HA00034	\$217,944.00	\$0.00	FRML	HIV1-20		
19 - 3772206	93.914	20H89HA00034	\$31,123.00	\$0.00	MAI	HIV1-20		

Date Issued: 9/14/2020 10:55:08 Alvi Award Number: 6 H89HA00034-27-02

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 \$249,067 from budget period 3/1/2019 - 2/29/2020 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):

Julie Dowe	Business Official	jdowe@pbcgov.org
Casey Messer	Program Director	cmesser@pbcgov.org
Thomas Eaton	Business Official	teaton@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

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Attachment 2

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1

BGRV- 142 - 09172000000000000574

BGEX - 142 - 09172000000000001968

Board of County Commissioners

FUND (1010) - Ryan White Care Program

	FUND (1010) - Ryan White Care Program							
·	oudget for items not anticipated in the bu	ORIGINAL	CURRENT	W055455	2505405	ADJUSTED		REMAINING
ACCT.NUMBER	ACCOUNT NAME	BUDGET	BUDGET	INCREASE	DECREASE	BUDGET	AS OF 9/17/20	BALANCE
REVENUE		4 004 440	1 001 110	0.40.007		4.540.400		
142 1475 3169 F	ederal Grant Other -Human Services	4,291,113	4,291,113	249,067		4,540,180		
Total Revenue		7,360,661	12,998,352	249,067		13,247,419		
EXPENDITURE								
142 1475 8201 C	ontributions-Non Govtl Agencies	3,083,622	5,951,304	249,067		6,200,371	1,099,856.00	5,100,518
Total Expenditures		7,360,661	12,998,352	249,067		13,247,419	2,553,282.00	10,694,13
		Signature		ate	Ву	Board of Cou	nty Commissioner	S
OMMUNITY SERVICES IITIATING DEPARTMENT dministration/Budget De	'/DIVISION James Green	BF34EF2		10/27/2020	At 1	Meeting of	11/17/2020	
OFMB Department - Posted					Dep	puty Clerk to t	he	