

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: April 20, 2021

[ X ] Consent [ ] Regular
[ ] Ordinance [ ] Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file:

A) a partial Notice of Award (NOA) No. 2 H89HA00034-28-00 from the U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA), for the budget period March 1, 2021 through February 28, 2022, in the amount of \$1,626,211, for new and existing programs to continue improving health outcomes for clients with HIV/AIDS;

B) a partial NOA No. 5 UT8HA33954-02-00 from the U.S Department of Health and Human Services, HRSA, for the grant period March 1, 2020 through February 28, 2025, in the amount of \$204,000 for the federal grant program, Ending the HIV Epidemic (EHE), which focuses on reducing new HIV infections by 90% in the United States by the year 2030;

C) a final NOA No. 6 UT8HA33954-02-01 from the U.S. Department of Health and Human Services, HRSA, for the grant period March 1, 2020 through February 28, 2025, in the amount of \$1,192,646, for a total grant funding amount of \$2,246,646, for the federal grant program EHE, which focuses on reducing new HIV infections by 90% in the United States by the year 2030; and

D) a budget amendment in the amount of \$1,396,646 in the Ryan White Fund to recognize the EHE award.

Summary: On November 17, 2020, the Board of County Commissioners (BCC) ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (R2020-1663). The grant allows the Community Services Department (CSD) to continue providing needed medical and support services to Palm Beach County residents living with HIV/AIDS. Some of the services provided under the grant are medical case management, medical care, pharmaceutical assistance, oral health care, legal support services, outpatient ambulatory services, health insurance premium assistance and food bank home delivered meals. On January 13, 2021, HRSA issued a partial NOA (CFDA 93.914) in the amount of \$1,626,211. Under this grant, the program will serve approximately 3,744 clients. In Grant Year (GY) 2019, 2,929 clients were served. On December 17, 2019, the BCC ratified the Mayor's signature on the EHE Grant Program application (R2019-1875). On January 21, 2021, HRSA issued a partial NOA (CFDA 93.145) in the amount of \$204,000 for the EHE grant program. Palm Beach County was prioritized for Phase 1 of this federal initiative. On March 4, 2021, HRSA issued the final NOA (CFDA 93.686) for the funding period, bringing the total to \$2,246,646 for the budget period March 1, 2021 through February 28, 2022. To accomplish the goal of ending the epidemic, Palm Beach County will use the award to engage in three main activities: Telehealth Adherence Counseling (TAC), Community Outreach, Response and Engagement (CORE) Teams and Rapid Entry to Care (REC). Telehealth platforms will be used to help keep persons with HIV adherent to their care plans and medication through TAC services. Approximately 500 clients will be served through TAC services. CORE teams will consist of community based individuals who will work with the out-of-care population to relink and reengage them to care. The CORE team will work with approximately 250 out-of-care persons. The REC clinical sites will allow out-of-care persons to reengage in care within 3 days of linkage. Approximately 250 out-of-care persons will be served. The first year of the grant was spent planning. Program services will begin in GY 2021. No County match is required. (Ryan White Program) Countywide (HH)

Background and Justification: The Palm Beach County Ryan White Program administers federal grant funding to assist approximately 3,500 persons living with HIV/AIDS annually. To successfully end the HIV epidemic, the Ryan White Program is seeking to aggressively expand and extend services to twice as many persons by 2025.

Attachments:

- 1. Notice of Award Grant No. 2 H89HA00034-28-00
2. Notice of Award Grant No. 5 UT8HA33954-02-00
3. Notice of Award Grant No. 6 UT8HA33954-02-01
4. Budget Amendment

Recommended By: James Green 3/22/2021
Department Director Date

Approved By: Nancy L. Beldon 4/17/21
Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures					
Operating Costs	\$2,259,167	1,613,690			
External Revenue	(\$2,259,167)	(1,613,690)			
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>0</b>	<b>0</b>			

# ADDITIONAL FTE POSITIONS (Cumulative)					
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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     

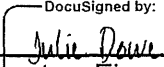
Budget Account No.:

Fund \_1010 Dept \_142\_Unit 1475\_ Object VAR Program Code \_VAR\_ Program Period GY21  
 Fund \_1010 Dept \_142\_Unit 1477\_ Object VAR Program Code \_VAR\_ Program Period GY21  
 Fund \_1010 Dept \_142\_Unit 1479\_ Object VAR Program Code \_VAR\_ Program Period GY21  
 Fund \_1010 Dept \_142\_Unit 1481\_ Object VAR Program Code \_VAR\_ Program Period GY21

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

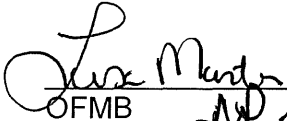
Funding source is the U.S. Department of Health and Human Services. Fiscal Impact includes previous awarded amount of \$850,000. No County funding is required. Ryan White Part A budget will be amended upon receipt of Final grant award.

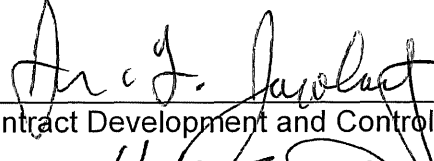
**C. Departmental Fiscal Review:**

DocuSigned by:  
  
 Julie Dowe, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

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

  
 OFMB 3/31/21  
 AP 3/30 LM 3/30

  
 Contract Development and Control 4/10/21  
 4-e-21 TW

**B. Legal Sufficiency:**

  
 Assistant County Attorney 4-6-21

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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



Attachment 1

Recipient Information	
<b>1. Recipient Name</b>	PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 West Palm Bch, FL 33402-4036
<b>2. Congressional District of Recipient</b>	21
<b>3. Payment System Identifier (ID)</b>	1596000785A1
<b>4. Employer Identification Number (EIN)</b>	596000785
<b>5. Data Universal Numbering System (DUNS)</b>	078470481
<b>6. Recipient's Unique Entity Identifier</b>	
<b>7. Project Director or Principal Investigator</b>	Casey Messer cmesser@pbcgov.org (516)355-4730
<b>8. Authorized Official</b>	Dave Kerner dkerner@pbcgov.org

Federal Award Information	
<b>11. Award Number</b>	2 H89HA00034-28-00
<b>12. Unique Federal Award Identification Number (FAIN)</b>	H8900034
<b>13. Statutory Authority</b>	42 U.S.C. § 300ff-11-20; 300ff-121
<b>14. Federal Award Project Title</b>	HIV EMERGENCY RELIEF PROJECT GRANTS
<b>15. Assistance Listing Number</b>	93.914
<b>16. Assistance Listing Program Title</b>	HIV Emergency Relief Project Grants
<b>17. Award Action Type</b>	Competing Continuation
<b>18. Is the Award R&amp;D?</b>	No

Summary Federal Award Financial Information	
<b>19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,626,211.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
<b>21. Authorized Carryover</b>	\$0.00
<b>22. Offset</b>	\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$1,626,211.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,626,211.00
<b>26. Project Period Start Date 03/01/2021 - End Date 02/28/2022</b>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$1,626,211.00

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
Brad Barney on 01/13/2021

**30. Remarks**

This award includes the following sources of funding:

FY21 MAI - \$145,374

FY21 FRML - \$1,480,837

Total Funding - \$1,626,211

**Health Resources and Services Administration**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$1,626,211.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$1,626,211.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$1,626,211.00</td></tr> </table>	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:	\$1,626,211.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$1,626,211.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,626,211.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">YEAR</th> <th style="width:50%;">TOTAL COSTS</th> </tr> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b> BRH890034</p> <p><b>36. OBJECT CLASS</b> 41.15</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS		Not applicable	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>
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Attachment 2

**Recipient Information**

1. **Recipient Name**  
COUNTY OF, PALM BEACH  
301 N Olive Ave Frnt  
West Palm Beach, FL 33401-4703
2. **Congressional District of Recipient**  
21
3. **Payment System Identifier (ID)**  
1596000785A1
4. **Employer Identification Number (EIN)**  
596000785
5. **Data Universal Numbering System (DUNS)**  
078470481
6. **Recipient's Unique Entity Identifier**
7. **Project Director or Principal Investigator**  
Casey Messer  
cmesser@pbcgov.org  
(516)355-4730
8. **Authorized Official**

**Federal Agency Information**

9. **Awarding Agency Contact Information**  
India Smith  
GRANTS MANAGEMENT SPECIALIST  
Health Resources and Services Administration  
ISmith@hrsa.gov  
(301) 443-2096
10. **Program Official Contact Information**  
Jesus Hernandez-Burgos  
Health Resources and Services Administration  
JHernandez-Burgos@hrsa.gov  
(301) 945-9837

**Federal Award Information**

11. **Award Number**  
5 UT8HA33954-02-00
12. **Unique Federal Award Identification Number (FAIN)**  
UT833954
13. **Statutory Authority**  
42 U.S.C. § 243(c); 300ff-11 et seq.
14. **Federal Award Project Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
15. **Assistance Listing Number**  
93.686
16. **Assistance Listing Program Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
17. **Award Action Type**  
Noncompeting Continuation
18. **Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$204,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$204,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$204,000.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,054,000.00

28. **Authorized Treatment of Program Income**  
Addition
29. **Grants Management Officer – Signature**  
Karen Mayo on 01/21/2021

**30. Remarks**

**Health Resources and Services Administration**

**31. 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:	\$204,000.00
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:	\$204,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$204,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$204,000.00

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$204,000.00</b>
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 Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$204,000.00</b>

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

YEAR	TOTAL COSTS
03	\$850,000.00
04	\$850,000.00
05	\$850,000.00

**34. 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 Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.15

**37. BHCNIS#**

**38. 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.

**39. ACCOUNTING CLASSIFICATION CODES**

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 377EHGR	93.145	20UT8HA33954	\$204,000.00	\$0.00		20RWHAP-A-B



Attachment 3

**Recipient Information**

**1. Recipient Name**  
COUNTY OF, PALM BEACH  
301 N Olive Ave Frnt  
West Palm Beach, FL 33401-4703

**2. Congressional District of Recipient**  
21

**3. Payment System Identifier (ID)**  
1596000785A1

**4. Employer Identification Number (EIN)**  
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**5. Data Universal Numbering System (DUNS)**  
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**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**  
Casey Messer  
cmesser@pbcgov.org  
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**8. Authorized Official**

**Federal Agency Information**

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GRANTS MANAGEMENT SPECIALIST  
Health Resources and Services Administration  
ISmith@hrsa.gov  
(301) 443-2096

**10. Program Official Contact Information**  
Jesus Hernandez-Burgos  
Health Resources and Services Administration  
JHernandez-Burgos@hrsa.gov  
(301) 945-9837

**Federal Award Information**

**11. Award Number**  
6 UT8HA33954-02-01

**12. Unique Federal Award Identification Number (FAIN)**  
UT833954

**13. Statutory Authority**  
42 U.S.C. § 243(c); 300ff-11 et seq.

**14. Federal Award Project Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B

**15. Assistance Listing Number**  
93.686

**16. Assistance Listing Program Title**  
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B

**17. Award Action Type**  
Administrative

**18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,192,646.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,396,646.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,396,646.00
<b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,246,646.00

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
Brad Barney on 03/04/2021

**30. Remarks**

**Health Resources and Services Administration**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$1,396,646.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$1,396,646.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$1,396,646.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$1,396,646.00</td></tr> </table>	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:	\$1,396,646.00	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:	\$1,396,646.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$1,396,646.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,396,646.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">03</td><td style="text-align: right;">\$850,000.00</td></tr> <tr><td style="text-align: center;">04</td><td style="text-align: right;">\$850,000.00</td></tr> <tr><td style="text-align: center;">05</td><td style="text-align: right;">\$850,000.00</td></tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b></p> <p><b>36. OBJECT CLASS</b> 41.15</p> <p><b>37. BHCMIS#</b></p>	YEAR	TOTAL COSTS	03	\$850,000.00	04	\$850,000.00	05	\$850,000.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>
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<p><b>38. 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:</b></p> <p>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.</p>																																																							
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">FY-CAN</th> <th style="text-align: center;">CFDA</th> <th style="text-align: center;">DOCUMENT NO.</th> <th style="text-align: center;">AMT. FIN. ASST.</th> <th style="text-align: center;">AMT. DIR. ASST.</th> <th style="text-align: center;">SUB PROGRAM CODE</th> <th style="text-align: center;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">21 - 377EHGR</td> <td style="text-align: center;">93.686</td> <td style="text-align: center;">20UT8HA33954</td> <td style="text-align: right;">\$1,192,646.00</td> <td style="text-align: right;">\$0.00</td> <td></td> <td style="text-align: center;">20RWHAP-A-B</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 377EHGR	93.686	20UT8HA33954	\$1,192,646.00	\$0.00		20RWHAP-A-B																																								
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BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

BGRV- 142 - 031521\*453

BGEX - 142 - 031621\*1092

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 3/15/21	REMAINING BALANCE
<b>REVENUE</b>								
142 1481	3169 Federal Grant Other -Human Services	0	813,332	1,396,646		2,209,978		2,209,978
<b>Total Revenue</b>		<b>7,325,416</b>	<b>11,870,170</b>	<b>1,396,646</b>		<b>13,266,816</b>		<b>13,266,816</b>
<b>EXPENDITURE</b>								
142 1481	1201 Salaries & Wages Regular	0	447,746	319,957		767,703	0	767,703
142 1481	2101 FICA Taxes	0	0	19,837		19,837	0	19,837
142 1481	2105 FICA Medicare	0	0	4,639		4,639	0	4,639
142 1481	2201 Retirement Contributions-FRS	0	0	27,228		27,228	0	27,228
142 1481	2301 Insurance-Life & Health	0	0	76,790		76,790	0	76,790
142 1481	4007 Travel-Mileage	0	0	1,000		1,000	0	1,000
142 1481	5101 Office Supplies	0	0	11,850		11,850	0	11,850
142 1481	3401 Other Contractual Services	0	365,586	935,345		1,300,931	0	1,300,931
<b>Total Expenditures</b>		<b>7,325,416</b>	<b>11,870,170</b>	<b>1,396,646</b>		<b>13,266,816</b>	<b>1,725,678.00</b>	<b>11,541,138</b>

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
DocuSigned by:  
*James Green* 3/22/2021  
BF34EF22BDFD492...  
*Luz Marta* 3/31/21

By Board of County Commissioners  
At Meeting of 4/20/2021  
\_\_\_\_\_  
Deputy Clerk to the  
Board of County Commissioners