



**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2021	2022	2023	2024	2025
Capital Expenditures					
Operating Costs	\$814,710	\$581,936	\$0		
External Revenue	(\$814,710)	(\$581,936)	(\$0)		
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	0	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 1481\_\_ Object VAR\_ Program Code VAR\_ Program Period GY\_21.

**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:** DocuSigned by:  
Julie Dowe  
05AC9C70C5B04A...  
 Julie Dowe, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

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

Robert Brown 7/23/21  
 OFMB 7-22-21  
 AP 7/23

J. S. Jacobson 8/4/21  
 Contract Development and Control  
 8-4-21

**B. Legal Sufficiency:**

Rue/Bur for H. Huzd 8/4/21  
 Assistant County Attorney

**C. Other Department Review:**

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

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



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# UT833954  
Federal Award Date: 06/02/2021

### 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  
Program Director  
cmesser@pbcgov.org  
(516)355-4730
8. **Authorized Official**

### Federal Agency Information

9. **Awarding Agency Contact Information**  
India Smith  
GRANTS MANAGEMENT SPECIALIST  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ismith@hrsa.gov  
(301) 443-2096
10. **Program Official Contact Information**  
Jesus Hernandez-Burgos  
HIV/AIDS Bureau (HAB)  
JHernandez-Burgos@hrsa.gov  
(301) 945-9837

### Federal Award Information

11. **Award Number**  
6 UT8HA33954-02-02
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>	\$0.00
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>	\$1,396,646.00
<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>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$2,246,646.00

28. **Authorized Treatment of Program Income**  
Addition
29. **Grants Management Officer – Signature**  
Karen Mayo on 06/02/2021

### 30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award  
Award Number: 6 UT8HA33954-02-02  
Federal Award Date: 06/02/2021

HIV/AIDS Bureau (HAB)

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$427,898.00
b. Fringe Benefits:	\$171,845.00
c. Total Personnel Costs:	\$599,743.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$25,900.00
g. Travel:	\$1,303.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$99,700.00
j. Consortium/Contractual Costs:	\$670,000.00
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

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

a. Authorized Financial Assistance This Period	\$1,396,646.00
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 Award(s) This Budget Period	\$1,396,646.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

**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	\$0.00

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.15

**37. BHCMIIS#**

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

FY CAN	FDA	DOCUMENT NUMBER	AMT FIN ASST	AMT DIR ASST	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 377EHGR	93.686	20UT8HA33954	\$0.00	\$0.00	N/A	20RWHAP-A-B

### 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)

- The grant condition stated below on NoA 6 UT8HA33954-02-01 is hereby lifted.  
Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

#### Program Specific Term(s)

- If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

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

#### Contacts

#### NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

# CONTRACT SUMMARY

This contract action has completed the Department's routing process and has received the required approvals for execution.

<b>Division/CHD/Office:</b> Disease Control and Health Protection
<b>Provider Name:</b> Palm Beach County Board of County Commissioners
<b>Contract Number:</b> CODRY
<b>Renewal Number:</b> N/A
<b>Amendment Number:</b> A-1

### DESCRIPTION OF CONTRACT AMENDMENT:

The Department and Provider amend this contract to comply with Ch.20-149, Laws of Fla., which created section 448.095, Florida Statutes to require all public employers, contractor, and subcontractors register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system.

### REQUIRED FOR EXECUTION PHASE:

Please **check the box** to identify the Provider representative receiving the contract action through DocuSign. Selecting the Point-of-Contact means the Provider will **physically sign** the contract action.

Signatory for Provider (electronic signature)  Point-of-Contact (will print and obtain signature)

Provide the following information for the box checked above:

Last Name	First Name	E-mail Address
Messer	Dr. Casey	cmesser@pbcgov.org

This contract complies with all of the following requirements:

- A statement of work
- Quantifiable and measurable deliverables
- Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value

DS  
EWD

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ORIGINAL CONTRACT # CODRY  
AMENDMENT # A-1

This amendment entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and Palm Beach County, a political subdivision of the State of Florida, acting by and through its Board of Commissioners, hereinafter referred to as "Provider," amend Contract # CODRY.

The Department and Provider amend this contract to comply with Ch.20-149, Laws of Fla., which created section 448.095, Florida Statutes to require all public employers, contractor, and subcontractors register with and use the E-Verify system to verify the work authorization status of all newly hired employees. A public employer, contractor, or subcontractor may not enter into a contract unless each party to the contract registers with and uses the E-Verify system. Accordingly, the contract is amended as follows:

1. Standard Contract, Page 1, Section I.B.2.f., is deleted in its entirety and replaced with the following:
  - f. **Employment Eligibility Verification:** Effective January 1, 2021, Provider is required to use the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all newly hired employees used by the Provider under this Contract, pursuant to section 448.095, Florida Statutes. Also, the Provider must include in related subcontracts, if authorized under this Contract, a requirement that subcontractors performing work or providing services pursuant to this Contract use the E-Verify system to verify employment eligibility of all newly hired employees used by the subcontractor for the performance of services under this Contract. The subcontractor must provide the Provider with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Provider must maintain a copy of such affidavit for the duration of the Contract. If the Department has a good faith belief that a subcontractor knowingly violated section 448.095(1), Florida Statutes, and notifies the Provider of such, but the Provider otherwise complied with this statute, the Provider must immediately terminate the contract with the subcontractor.
2. This amendment will begin on January 1, 2021, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this two-page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: Palm Beach County, a political subdivision of the State of Florida, acting by and through its Board of Commissioners.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

SIGNED BY: \_\_\_\_\_

NAME: Dave Kerner

TITLE: Mayor

DATE: \_\_\_\_\_

FEDERAL ID NUMBER: 59-80000785

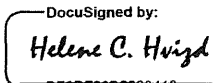
SIGNED BY:  \_\_\_\_\_

NAME: Shamarial Roberson, DrPH, MPH  
5/17/2021

TITLE: Deputy Secretary for Health

DATE: \_\_\_\_\_

Approved As To Form and Legal Sufficiency

By:  \_\_\_\_\_  
Senior Assistant County Attorney

Approved As To Terms and Conditions

By:  \_\_\_\_\_  
Department Director

Attest: Joseph Abruzzo  
Clerk of the Circuit Court and Comptroller  
Palm Beach County

By: \_\_\_\_\_  
Deputy Clerk