

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: November 16, 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:

A) receive and file a Notice of Award (NOA) No. 6 H89HA00034-28-02 from the U.S Department of Health and Human Services, Health Resources and Services Administration (HRSA), for the budget period of March 1, 2021 through February 28, 2022, for carryover funding of unobligated funds in the amount of \$188,344;

B) receive and file a NOA No. 6 UT8HA33954-02-03 from HRSA, for the budget period of March 1, 2021 through February 28, 2022, for carryover funding of unobligated balance in the amount of \$781,479, and

C) approve a budget amendment in the amount of \$188,344 in the Ryan White Care Program fund to align the budget to the actual grant award.

Summary: On November 17, 2020, the Board of County Commissioners (BCC) approved the Grant Year (GY) 2021 Ryan White Part A HIV Emergency Relief Grant Program Application (R2020-1663). On September 20, 2021, NOA No. 6 H89HA00034-28-02 from HRSA issued carryover funding from the prior grant year to the current grant year in the amount of \$188,344 for the Ryan White Program Part A HIV Emergency Relief Project Grant. The total grant award for GY 2021, including this NOA is \$7,492,982. Carryover amounts will vary from year to year based on funds that were leftover from prior grant year. In GY 2020, 3,100 clients were served and under the new grant, approximately 3,400 clients will be served. This funding allows the Community Services Department to continue funding much needed medical and support services to Palm Beach County residents living with HIV/AIDS. On December 17, 2019, the BCC approved the Ending the HIV Epidemic: A Plan for America Grant Application (R2019-1875). On September 14, 2021, NOA No. 6 UT8HA33954-02-03 from HRSA issued carryover funding from the prior grant year to the current grant year in the amount of \$781,479. The total grant award for GY 2021, including this NOA is \$2,178,125. This grant focuses on reducing the HIV infection by 90% in the United States by the year 2030. To accomplish the goal of ending the epidemic, Palm Beach County has used 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 are used to help keep persons with HIV adherent to their care plans and medication through TAC services. The first year of the grant was used for planning purposes, no previous statistics are available. Under this grant, approximately 250 clients will be served. These are Ryan White Part A grant funds, which require no local match. (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 No. 6H89HA00034-28-02
2. Notice of Award Grant No. UT89HA33954-02-03
3. Budget Amendment

Recommended By: James Green 10/20/2021
Department Director Date
Approved By: Nancy L. Bolbin 11/3/21
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures					
Operating Costs	\$188,344				
External Revenue	(\$188,344)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes No
 Does this item include the use of federal funds? Yes No

Budget Account No.:
 Fund 1010_ Dept 142 _Unit VAR__ Object 8201 _ 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. No County Funding is required. No budget amendment is required for the Ending the Epidemic grant, as there is sufficient budget.

DocuSigned by:

Julie Dowe

05AC9C7CC5BC4A4...

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

III. REVIEW COMMENTS

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

Steve Muth 10/26/21
 OFMB CA 10/26/21
 AP 10/26/21

Dr. J. Jaworski 10/29/21
 Contract Development and Control
 10-28-21 TW

B. Legal Sufficiency:

Anna Howard 11/3/21
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



Recipient Information	
1. Recipient Name	PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 West Palm Bch, FL 33402-4036
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	Marie E. Mehaffey Grants Management Specialist Office of Federal Assistance Management (DFAM) Division of Grants Management Office (DGMO) MMehaffey@hrsa.gov (301) 943-3934
10. Program Official Contact Information	Lawrence Momodu Project Officer HIV/AIDS Bureau (HAB) lmomodu@hrsa.gov (301) 443-0694

Federal Award Information	
11. Award Number	6 H89HA00034-28-02
12. Unique Federal Award Identification Number (FAIN)	H8900034
13. Statutory Authority	42 U.S.C. § 300ff-11-20; 300ff-121
14. Federal Award Project Title	HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number	93.914
16. Assistance Listing Program Title	HIV Emergency Relief Project Grants
17. Award Action Type	Administrative
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	\$188,344.00
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	\$7,492,982.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,492,982.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$7,492,982.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 09/20/2021

30. Remarks
Prior Approval Request Tracking Number PA-00099291. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA00034-28-02
Federal Award Date: 09/20/2021

HIV/AIDS Bureau (HAB)

31. 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	
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:	\$7,492,982.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$7,492,982.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$7,492,982.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$7,492,982.00
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	\$7,304,638.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$188,344.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
Not applicable	
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 BRH890034	
36. OBJECT CLASS 41.15	
37. BHCNIS#	

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						
FCOM	FOA	PROGRAM NUMBER	AMT. THIS ACT.	AMT. OR ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3779208	93.914	21H89HA00034	\$148,730.00	\$0.00	FRML	21H89HA00034
20 - 3779207	93.914	21H89HA00034	\$39,614.00	\$0.00	MAI	21H89HA00034

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 \$188,344 from budget period 3/1/2020 - 2/28/2021 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):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org
Thomas Eaton	Business Official	teaton@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/>).



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 (DFAM)
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 UT8HA33954-02-03
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

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$781,479.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,396,646.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,178,125.00
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	\$2,246,646.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Karen Mayo on 09/14/2021

30. Remarks

Prior Approval Request Tracking Number PA-00099500. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 UT8HA33954-02-03
Federal Award Date: 09/14/2021

HIV/AIDS Bureau (HAB)

31. 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	
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:	\$881,179.00
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:	\$2,178,125.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,178,125.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,178,125.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$2,178,125.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$781,479.00
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. BHCMI#

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-CYR	ORG	ACTIVITY	AMT FIN ASST	AMT DIR ASST	SUB PROGRAM CODE	FUN 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)

- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$781,479 from budget period 03/01/2020-02/28/2021 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.

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/>).

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGRV- 142 - 092321*611

BGEX - 142 - 092321*1921

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 9/21/21	REMAINING BALANCE
REVENUE								
142 1475	3169 Federal Grant Other -Human Services	4,291,113	6,887,546	148,730		7,036,276		7,036,276
142 1477	3169 Federal Grant Other -Human Services	659,287	953,220	39,614		992,834		992,834
Total Revenue		7,325,416	16,334,325	188,344		16,522,669		16,522,669
EXPENDITURE								
142 1475	8201 Contributions Non-Govtl Agencies	3,134,311	5,657,487	148,730		5,806,217	752,965	5,053,252
142 1477	8201 Contributions Non-Govtl Agencies	551,276	826,895	39,614		866,509	73,695	792,814
Total Expenditures		7,325,416	16,334,325	188,344		16,522,669	2,081,229	14,441,440

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

Signature

DocuSigned by:
James Green
BF34EF22BFDF492...

Date

10/20/2021

By Board of County Commissioners

At Meeting of

11/16/2021

Deputy Clerk to the
Board of County Commissioners