

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: October 4, 2022 [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 final Notice of Award (NOA) No. 6 H89HA00034-29-02 from the U.S Department of Health and Human Services...
B) approve Amendment No.1 to Subrecipient Agreement for Ryan White Program HIV/AIDS Part A (RWHAP) for Health Support Services with Compass Inc. (R2021-0307)...
C) approve Amendment No.1 to Subrecipient Agreement for RWHAP for Health Support Services with Treasure Coast Health Council, Inc. (R2021-0309)...
D) approve Amendment No.2 to Subrecipient Agreement for RWHAP for Health Support Services with The Poverello Center Inc. (R2022-0299)...
E) approve a budget amendment of \$3,124,229 in the Ryan White HIV/AIDS Program to align the budget with the actual grant award.

Summary: On June 14, 2022, HRSA issued a final NOA (CFDA 93.914) in the amount of \$5,261,789. The grant allows the Community Services Department (CSD) to continue providing needed medical and support services to Palm Beach County residents with HIV/AIDS. On December 7, 2021, the Board of County Commissioners (BCC) ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (R2021-1778). On January 18, 2022, HRSA issued a partial NOA (CFDA 93.914) in the amount of \$2,339,178. The total grant award for GY 2022, including this notice of award is \$7,600,967. These amendments are needed to allocate these funds, as well as reallocating funds that were swept from agencies that were unable to spend them in the designated categories. Ashnika Ali, employee of Treasure Coast Health Council, Inc. and Lysette Perez, employee of Compass Inc., are members of the HIV CARE Council. This board provides no regulation, oversight, management, or policy-setting recommendation regarding the agency contracts listed above. Disclosure of these contractual relationships at duly noticed public meeting is being provided in accordance with the provisions of Section 2-443, of the Palm Beach County Code of Ethics. These amendments allow the agencies to continue improving health outcomes for people with HIV/AIDS. Under this grant, the program will serve approximately 3,600 clients. In GY 2021, 3,100 clients were served. No County match is required. (Ryan White Program) Countywide (HH)

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

Attachments:

- 1. Notice of Award Grant No. 6 H89HA00034-29-02
2. Amendment No. 1 with Compass, Inc.
3. Amendment No. 1 with Treasure Coast Health Council, Inc.
4. Amendment No. 2 with The Poverello Center, Inc.
5. Budget Amendment

Recommended By: James E. Green 9/14/22
Department Director Date

Approved By: [Signature] 9/21/22
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	4,433,898	3,167,069			
External Revenue	(4,433,898)	(3,167,069)			
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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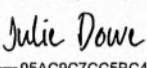
Is Item Included In Current Budget? Yes X No       
 Does this item include the use of federal funds? Yes X No     

Budget Account No.:  
 Fund 1010 Dept 142 Unit VAR Object VAR Program Code VAR Program Period GY22

**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:  
  
 05AC9C7CC5BC4A4

Julie Dowe, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

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

ASDella 9/16/22  
 OFMB  
 MG 9/15  
 9/15/22

John J. Jaworski 9/19/22  
 Contract Development and Control

**B. Legal Sufficiency:**

Debra C. Hingst 9-20-22  
 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# H8900034  
Federal Award Date: 06/14/2022

**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  
XL2DNFMPCR44
7. Project Director or Principal Investigator  
Casey Messer  
Program Manager  
cmesser@pbcgov.org  
(561)355-4730
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Marie E. Mehaffey  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
MMehaffey@hrsa.gov  
(301) 945-3934
10. Program Official Contact Information  
Jonathon Fenner  
HIV/AIDS Bureau (HAB)  
jfenner@hrsa.gov  
(301) 443-4251

**Federal Award Information**

11. Award Number  
6 H89HA00034-29-02
12. Unique Federal Award Identification Number (FAIN)  
H8900034
13. Statutory Authority  
42 U.S.C. § 300ff-11-20 and § 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**

<b>19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00
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	\$7,600,967.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$7,600,967.00</b>
<b>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$7,600,967.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
Karen Mayo on 06/14/2022

**30. Remarks**

GA Admin Batch Tracking Number 000148.



Notice of Award  
Award Number: 6 H89HA00034-29-02  
Federal Award Date: 06/14/2022

HIV/AIDS Bureau (HAB)

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>  <input checked="" type="checkbox"/> Grant Funds Only  <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;">\$7,600,967.00</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;">\$7,600,967.00</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;">\$7,600,967.00</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:	\$7,600,967.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$7,600,967.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$7,600,967.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COST</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">30</td> <td style="text-align: right;">\$7,600,967.00</td> </tr> <tr> <td style="text-align: center;">31</td> <td style="text-align: right;">\$7,600,967.00</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;">\$0.00</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 COST	30	\$7,600,967.00	31	\$7,600,967.00	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	\$0.00
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<p><b>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:</b>  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.</p>																																																					
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## 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. The recipient must submit a FY 2022 Program Terms Report consistent with reporting guidelines, instructions, and/or reporting templates provided in EHBs. Submission deadline: 8/13/2022.

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

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  
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  
XL2DNFMPCR44
7. Project Director or Principal Investigator  
Casey Messer  
Program Manager  
cmesser@pbcbgov.org  
(561) 355-4730
8. Authorized Official

**Federal Agency Information**

9. Awarding Agency Contact Information  
Marie E Mehaffey  
Grants Management Specialist  
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28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
Brad Barney on 05/23/2022

**30. Remarks**

This award consists of the following amounts:  
FY22 MAI – \$647,581  
FY22 FRML – \$4,400,118  
FY22 SUPPL - \$2,553,268  
Total Funding – \$7,600,967



Notice of Award  
Award Number: 6 H89HA00034-29-01  
Federal Award Date: 05/23/2022

HIV/AIDS Bureau (HAB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)							
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31	\$7,600,967.00								
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$7,600,967.00</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 \$2,339,178.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$5,261,789.00</b>		<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> 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>							
<b>35. FORMER GRANT NUMBER</b> BRH890034		<b>36. OBJECT CLASS</b> 41.15							
<b>37. BHCNIS#</b>									

**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	DBA	PROGRAM NUMBER	AMT FIN ASST	AMT DIR ASST	CLASSIFICATION CODE	NSR ACCOUNT CODE
22 - 3771356	93.914	22H89HA00034	\$2,265,852.00	\$0.00	FRML	22H89HA00034
22 - 3771357	93.914	22H89HA00034	\$2,553,268.00	\$0.00	SUPPL	22H89HA00034
22 - 3771355	93.914	22H89HA00034	\$442,669.00	\$0.00	MAI	22H89HA00034

### 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. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>). Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.
2. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Note: this term supersedes Program Specific term #24 included in your initial fiscal year 2022 (FY22) Notice of Award.

#### Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY2022 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds. Note: this term supersedes Grant Specific term #1 included in your initial fiscal year 2022 (FY22) Notice of Award.

#### Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**  
The recipient must submit a FY 2022 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
2. **Due Date: 12/09/2022**  
The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>.

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
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/>).

## AMENDMENT 1

**FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT  
FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR  
HEALTH SUPPORT SERVICES**

THIS FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR HEALTH SUPPORT SERVICES (R2021-0307) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **Compass, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **65-0052657**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

**WITNESSETH:**

**WHEREAS**, on March 9, 2021, the above named parties entered into a three-year Agreement (R2021-0307) (the Agreement) to provide services in the areas of Core Medical and Support Services in a total amount of THREE MILLION SEVEN HUNDRED AND SEVENTEEN THOUSAND, THREE HUNDRED AND TWENTY-FOUR DOLLARS AND ZERO CENTS (\$3,717,324.00); and

**WHEREAS**, the need exists to amend the Agreement in order to: amend **Article 5 PAYMENT TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** to increase the total Agreement amount to **FOUR MILLION FORTY-FIVE THOUSAND, EIGHT HUNDRED SEVENTY-SIX DOLLARS AND ZERO CENTS (\$4,045,876.00)**; increase the annual Agreement amount from **ONE MILLION, TWO HUNDRED AND THIRTY-NINE THOUSAND, ONE HUNDRED AND EIGHT DOLLARS AND ZERO CENTS (\$1,239,108.00)** to **ONE MILLION, FOUR HUNDRED AND THREE THOUSAND, THREE HUNDRED AND EIGHTY FOUR DOLLARS AND ZERO CENTS (\$1,403,384.00)**, for Grant Year 2022 and Grant Year 2023; replace **EXHIBIT A – IMPLEMENTATION PLAN** with **EXHIBIT A1 – IMPLEMENTATION PLAN**; replace **EXHIBIT B-UNITS OF SERVICE RATE AND DEFINITION** with **EXHIBIT B1-UNITS OF SERVICE RATE AND DEFINITION**; and replace **EXHIBIT F –SUBAWARD DATA** with **EXHIBIT F1 – SUBAWARD DATA**.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the Agreement (R2021-0307), is hereby amended as follows:

- I. The whereas clauses above are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement.
- II. The first paragraph of **ARTICLE 5- PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** shall be replaced in its entirety with the following:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of FOUR MILLION, FORTY-FIVE THOUSAND, EIGHT HUNDRED SEVENTY-SIX DOLLARS AND ZERO CENTS (\$4,045,876.00) of which ONE MILLION, TWO HUNDRED THIRTY NINE THOUSAND, ONE HUNDRED AND EIGHT DOLLARS AND ZERO CENTS (\$1,239,108.00) is budgeted in Grant Year 2021, and ONE MILLION, FOUR HUNDRED THREE THOUSAND, THREE HUNDRED AND EIGHTY-FOUR DOLLARS AND ZERO CENTS (\$1,403,384.00) is budgeted in Grant Year 2022, with an anticipated allocation of ONE MILLION FOUR HUNDRED THREE THOUSAND, THREE HUNDRED AND EIGHTY-FOUR DOLLARS AND ZERO CENTS (\$1,403,384.00) in Grant Year 2023.

- III. **EXHIBIT A1- IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A- IMPLEMENTATION PLAN** to the Agreement in its entirety.
- IV. **EXHIBIT B1- UNITS OF SERVICE RATE AND DEFINITIONS** attached hereto and incorporated herein by reference shall replace **EXHIBIT B - UNITS OF SERVICE RATE AND DEFINITIONS** to the Agreement in its entirety.
- V. **EXHIBIT F1- SUBAWARD DATA** attached hereto and incorporated herein by reference shall replace **EXHIBIT F- SUBAWARD DATA** to the Agreement in its entirety.

**REMAINDER OF PAGE LEFT BLANK INTENTIONALLY**

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Agreement on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Joseph Abruzzo, Clerk of the Circuit Court & Comptroller  
Palm Beach County

PALM BEACH COUNTY, FLORIDA,  
A Political Subdivision of the State of Florida  
BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Robert S. Weinroth, Mayor

AGENCY:  
Compass Inc.

DocuSigned by:  
*Julie Seaver*  
BY: \_\_\_\_\_  
Authorized Signature

Julie Seaver  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

DocuSigned by:  
*Helene C. Hvig*  
\_\_\_\_\_  
Assistant County Attorney

DocuSigned by:  
*Taruna Mallotra*  
\_\_\_\_\_  
Taruna Mallotra, Assistant Director  
Community Services Department

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Early Intervention Services					
	Total Budget:	\$100,088					
<p><b>Service Category Goal:</b> The provision of targeted HIV testing (only when other funding for testing is unavailable), referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.</p>							
<p><b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b></p>							
At the end of the project period, increase the number of clients linked to HIV medical care by 5% through the provision of Early Intervention Services.	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided				
	1 unit= 15 minutes of service	276	4,233				
<p><b>HAB/HHS Performance Measure:</b> Linkage to Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>73%</td> </tr> <tr> <td>Target (%)</td> <td>78%</td> </tr> </table>				Baseline (%)	73%	Target (%)	78%
Baseline (%)	73%						
Target (%)	78%						

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Non-Medical Case Management					
	Total Budget:	\$153,150					
<p><b>Service Category Goal:</b> The provision of coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).</p>							
<p><b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b></p>							
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Non-Medical Case Management.	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided				
	1 unit= 15 minutes of service	1,630	33,392				
<p><b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Compass, Inc.		
Fiscal Year: 2022	Service Category:	Medical Case Management	
	Total Budget:	\$330,881	
<p><b>Service Category Goal:</b> The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients who achieve HIV viral suppression by 5% through the provision of Medical Case Management.		1 unit= 15 minutes of service	380
			7,563
<b>HAB/HHS Performance Measure:</b>			
HIV Viral Load Suppression			
		Baseline (%)	87%
		Target (%)	92%

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Compass, Inc.		
Fiscal Year: 2022	Service Category:	Medical Transportation	
	Total Budget:	\$20,959	
<p><b>Service Category Goal:</b> The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Medical Transportation		1 unit= 1 trip/ transportation voucher	113
			1,091
<b>HAB/HHS Performance Measure:</b>			
Retention in HIV Medical Care			
		Baseline (%)	89%
		Target (%)	94%

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Housing					
	Total Budget:	\$166,058					
<p><b>Service Category Goal:</b> The provision of transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care.</p>							
<p><b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)</p>							
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Housing.	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided				
	1 unit= 1 day of service	34	2,718				
<p><b>HAB/HHS Performance Measure:</b> Retention in Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Emergency Financial Assistance					
	Total Budget:	\$70,754					
<p><b>Service Category Goal:</b> The provision of limited, one-time, or short-term payments to assist the client with an urgent need for essential items or services necessary to improve health outcomes.</p>							
<p><b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)</p>							
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Emergency Financial Assistance	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided				
	1 unit= 1 emergency assistance payment	93	93				
<p><b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Mental Health Services					
	Total Budget:	\$100,049					
<p><b>Service Category Goal:</b> The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services.</p>							
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>				
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Mental Health Services	1 unit= 1 hour of service	55	348				
<p><b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Compass, Inc.						
Fiscal Year: 2022	Service Category:	Health Insurance Premium and Cost-Sharing Assistance					
	Total Budget:	\$446,445					
<p><b>Service Category Goal:</b> The provision of financial assistance for clients to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.</p>							
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>				
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Health Insurance Premium and Cost-Sharing Assistance	1 unit= 1 monthly premium, 1 copay, 1 deductible payment	106	524				
<p><b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						



## EXHIBIT B1

**UNITS OF SERVICE RATE AND DEFINITION  
2021 – 2023 RYAN WHITE PART A - CONTRACT**

COMPASS, INC.				
<b>Core Medical Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total</b>
Early Intervention Services	140,088	100,088	100,088	340,264
Health Insurance Premium and Cost Sharing Assistance	446,445	446,445	446,445	1,339,335
Medical Case Mgt. - Including Treatment Adherence	330,881	330,881	330,881	992,643
Mental Health Services	140,049	100,049	100,049	340,147
<b>Subtotal Core Medical Services</b>	<b>1,057,463</b>	<b>977,463</b>	<b>977,463</b>	<b>3,012,389</b>
<b>Support Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total</b>
Emergency Housing Services	50,000	166,058	166,058	382,116
Emergency Financial Assistance	8,000	70,754	70,754	149,508
Food Bank/Home Delivered Meals	46,284	0	0	46,284
Medical Transportation	12,959	20,959	20,959	54,877
Non - Medical Case Mgt.	49,402	153,150	153,150	355,702
<b>Subtotal Support Services</b>	<b>166,645</b>	<b>410,921</b>	<b>410,921</b>	<b>988,487</b>
<b>Combined Core Medical and Support Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total Combined Amount</b>
<b>Total</b>	<b>1,224,108</b>	<b>1,388,384</b>	<b>1,388,384</b>	<b>4,000,876</b>
Continuous Quality Management (CQM) Program	15,000	15,000	15,000	45,000
<b>Total</b>	<b>1,239,108</b>	<b>1,403,384</b>	<b>1,403,384</b>	<b>4,045,876</b>

Annual allocations do not rollover to future years if unspent.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission. The backup documentation – copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

## EXHIBIT F1

**Sub-award Data  
For Grant Year GY22**

(i)	Sub-recipient Name	COMPASS. INC.
(ii)	Sub-recipient Unique Entity Identifier:	65-0052657
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	06/14/2022
(v)	Sub-award Period of Performance Start Date:	03/01/2022
	Sub-award Period of Performance End Date:	02/28/2023
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$1,403,384
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	\$1,403,384
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	\$1,403,384
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Marie E Mehaffey <a href="mailto:MMehaffey@hrsa.gov">MMehaffey@hrsa.gov</a> (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra <a href="mailto:TMalhotr@pbcgov.org">TMalhotr@pbcgov.org</a> (561) 355-4716
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer <a href="mailto:cmesser@pbcgov.org">cmesser@pbcgov.org</a> (561) 355- 4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.



July 1, 2022

Anna Balla  
Grant Compliance  
Palm Beach County Services Department  
810 Datura Street  
West Palm Beach, FL 33401

**Julie Seaver**

Executive Director

**Julia Murphy**

Chief Development  
Officer

**Lysette Pérez**

Health Programs  
Officer

**Board of Trustees**

Nicholas Coppola  
*Board Co-Chair*

Aquannette Thomas, MPA  
*Board Co-Chair*

Barry Hayes  
*Vice Chair*

J. Michael Woods, M.Ed.  
*Treasurer*

Nicole Marulli, MSW  
*Secretary*

Manuel Gutierrez

Dear Anna,

Compass, Inc. maintains general liability insurance and automobile liability insurance. Compass, Inc. is currently insured by Philadelphia Insurance Co., policy number PHPK1982327. A copy of this certificate of insurance has been provided for your file. The automobile liability insurance covers both hired and non-owned autos. However, Compass does not have any company owned, nor company leased autos.

If you have any further questions or concerns regarding this matter, please feel free to contact me at (561) 533-9699 ext 4038.

Thank you,

Julie Seaver  
Executive Director

Search

Deficiencies

Insured Name

Compass, Inc. (DX00001160)

Q








Compass, Inc. (014-01)


Active Records Only

Advance Search

Insured Tasks Admin Tools

View

-  Insured
-  Notes
-  History
-  Deficiencies
-  Coverages
-  Requirements
-  Contract Screen
- Add**
- Edit**
- Help**
- Video Tutorials**

Name: Compass, Inc. 

Account Number: DX00001160

Address:

Status: Compliant with minor/expiring deficiencies.

The following deficiencies are according to last validation on :09/08/2022

Deficiencies Information					
Coverage	Deficiency	Waived	Waiver Reason	Created By	Authorized By
Workers Comp	<u>Workers Comp - Insurance Carrier name not found in A.M. Best Rating Guide: Amtrust North America Inc</u>	No			

Major deficiencies are displayed in red.  
 Minor deficiencies are displayed in black.  
 Waived deficiencies are displayed in blue.  
 Future waived deficiencies are

AMENDMENT 1

**FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT  
FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR  
HEALTH SUPPORT SERVICES**

THIS FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR HEALTH SUPPORT SERVICES (R2021-0309) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **Treasure Coast Health Council d/b/a Health Council of Southeast Florida.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **59-2242689**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

**WITNESSETH:**

**WHEREAS**, on March 9, 2021, the above named parties entered into a three-year Agreement (R2021-0309) (the Agreement) to provide services in the areas of Core Medical and Support Services in a total amount of TWO MILLION, NINE HUNDRED FORTY-EIGHT THOUSAND SEVENTY-SIX DOLLARS AND ZERO CENTS (\$2,948,076.00); and

**WHEREAS**, the need exists to amend the Agreement in order to amend **Article 5 PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** to increase the total Agreement amount to THREE MILLION FIVE HUNDRED THIRTY-FIVE THOUSAND SIX HUNDRED FOURTEEN DOLLARS AND ZERO CENTS (\$3,535,614.00); increase the annual Agreement amount from NINE HUNDRED EIGHT-TWO THOUSAND SIX HUNDRED NINETY-TWO DOLLARS AND ZERO CENTS (\$982,692.00) to ONE MILLION TWO HUNDRED SEVENTY-SIX THOUSAND FOUR HUNDRED SIXTY-ONE DOLLARS AND ZERO CENTS (1,276,461.00) for Grant Year 2022 and Grant Year 2023; replace **EXHIBIT A – IMPLEMENTATION PLAN** with **EXHIBIT A1-IMPLEMENTATION PLAN**; replace **EXHIBIT B-UNITS OF SERVICE RATE AND DEFINITION** with **EXHIBIT B1-UNITS OF SERVICE RATE AND DEFINITION**; and replace **EXHIBIT F – SUBAWARD DATA** with **EXHIBIT F1-SUBAWARD DATA**.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the Agreement (R2021-0309), is hereby amended as follows:

- I. The whereas clauses above are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement
- II. The first paragraph of **ARTICLE 5- PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** shall be replaced in its entirety with the following:  
The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount **THREE MILLION, FIVE**

**HUNDRED THIRTY-FIVE THOUSAND, SIX HUNDRED FOURTEEN DOLLARS AND ZERO CENTS (\$3,535,614.00) of which NINE HUNDRED EIGHTY-TWO THOUSAND, SIX HUNDRED NINETY-TWO DOLLARS AND ZERO CENTS (\$982,692.) is budgeted in Grant Year 2021, and ONE MILLION, TWO HUNDRED SEVENTY SIX THOUSAND FOUR HUNDRED SIXTY ONE DOLLARS AND ZERO CENTS (\$1,276,461.00) is budgeted in Grant Year 2022, with an anticipated allocation of ONE MILLION, TWO HUNDRED SEVENTY-SIX THOUSAND FOUR HUNDRED SIXTY- ONE DOLLARS AND ZERO CENTS (\$1,276,461.00) in Grant Year 2023.**

- III. **EXHIBIT A1- IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A- IMPLEMENTATION PLAN** to the Agreement in its entirety.
- IV. **EXHIBIT B1- UNITS OF SERVICE RATE AND DEFINITIONS** attached hereto and incorporated herein by reference shall replace **EXHIBIT B - UNITS OF SERVICE RATE AND DEFINITIONS** to the Agreement in its entirety.
- V. **EXHIBIT F1- SUBAWARD** attached hereto and incorporated herein by reference shall replace **EXHIBIT F- SUBAWARD** to the Agreement in its entirety.

**REMAINDER OF PAGE LEFT BLANK INTENTIONALLY**

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Agreement on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

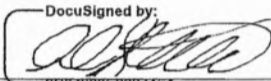
Joseph Abruzzo, Clerk of the  
Circuit Court & Comptroller  
Palm Beach County

PALM BEACH COUNTY, FLORIDA, a  
Political Subdivision of the State of Florida  
BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Robert S. Weinroth, Mayor

AGENCY:  
Treasure Coast Health Council d/b/a/ Health  
Council of Southeast Florida

BY: \_\_\_\_\_  
DocuSigned by:  
  
9C67DB3E96074E1...  
Authorized Signature

Andrea Stephenson Royster  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND  
CONDITIONS

DocuSigned by:  
BY: Helene C. Hvizd  
BE3DF29B2223413  
Assistant County Attorney

DocuSigned by:  
BY: Taruna Malhotra  
M9E1101F1049C  
Taruna Malhotra, Assistant Director  
Community Services Department

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Treasure Coast Health Council, Inc.						
Fiscal Year: 2022	Service Category:	Early Intervention Services					
	Total Budget:	\$99,570					
<p><b>Service Category Goal:</b> The provision of targeted HIV testing (only when other funding for testing is unavailable), referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.</p>							
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>				
At the end of the project period, increase the number of clients linked to HIV medical care by 5% through the provision of Early Intervention Services.	1 unit= 15 minutes of service	293	1534				
<p><b>HAB/HHS Performance Measure:</b> Linkage to Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>73%</td> </tr> <tr> <td>Target (%)</td> <td>78%</td> </tr> </table>				Baseline (%)	73%	Target (%)	78%
Baseline (%)	73%						
Target (%)	78%						

Ryan White Part A Implementation Plan: Service Category Table							
Agency Name:	Treasure Coast Health Council, Inc.						
Fiscal Year: 2022	Service Category:	Non-Medical Case Management					
	Total Budget:	\$25,212					
<p><b>Service Category Goal:</b> The provision of coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).</p>							
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>				
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Non-Medical Case Management.	1 unit= 15 minutes of service	230	5,931				
<p><b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>89%</td> </tr> <tr> <td>Target (%)</td> <td>94%</td> </tr> </table>				Baseline (%)	89%	Target (%)	94%
Baseline (%)	89%						
Target (%)	94%						



EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Medical Case Management	
	Total Budget:	\$72,913	
<p><b>Service Category Goal:</b> The provision of a range of client-centered activities focused on <b>improving health outcomes</b> in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients who achieve HIV viral suppression by 5% through the provision of Medical Case Management.		1 unit= 15 minutes of service	227
			5,044
<b>HAB/HHS Performance Measure:</b> HIV Viral Load Suppression			
		Baseline (%)	87%
		Target (%)	92%

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Medical Transportation	
	Total Budget:	\$27,888	
<p><b>Service Category Goal:</b> The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Medical Transportation		1 unit= 1 trip/ transportation voucher	64
			1,110
<b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care			
		Baseline (%)	89%
		Target (%)	94%

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Specialty Medical Care	
	Total Budget:	\$296,686	
<b>Service Category Goal:</b> The provision of short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for clients based upon referral from a primary care medical provider.			
<b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
At the end of the project period, increase the number of clients who achieve HIV viral suppression by 5% through the provision of Specialty Medical Care	1 unit= 1 medical visit	198	885
<b>HAB/HHS Performance Measure:</b> HIV Viral Load Suppression			
	Baseline (%)	87%	
	Target (%)	92%	

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Health Insurance Premium and Cost-Sharing Assistance	
	Total Budget:	\$450,000	
<b>Service Category Goal:</b> The provision of financial assistance for clients to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.			
<b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Health Insurance Premium and Cost-Sharing Assistance	1 unit= 1 monthly premium, 1 copay, 1 deductible payment	113	743
<b>HAB/HHS Performance Measure:</b> Retention in HIV Medical Care			
	Baseline (%)	89%	
	Target (%)	94%	

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table							
Agency Name:	Treasure Coast Health Council, Inc.						
Fiscal Year: 2022	Service Category:	Early Intervention Services					
	Total Budget:	\$154,438					
<p><b>Service Category Goal:</b> The provision of targeted HIV testing (only when other funding for testing is unavailable), referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.</p>							
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>				
At the end of the project period, increase the number of clients linked to HIV medical care by 5% through the provision of Early Intervention Services.	1 unit= 15 minutes of service	328	1,800				
<p><b>HAB/HHS Performance Measure:</b> Linkage to Medical Care</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>71%</td> </tr> <tr> <td>Target (%)</td> <td>76%</td> </tr> </table>				Baseline (%)	71%	Target (%)	76%
Baseline (%)	71%						
Target (%)	76%						

Ryan White MAI Implementation Plan: Service Category Table							
Agency Name:	Treasure Coast Health Council, Inc.						
Fiscal Year: 2022	Service Category:	Medical Case Management					
	Total Budget:	\$60,066					
<p><b>Service Category Goal:</b> The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>							
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>				
At the end of the project period, increase the number of clients who achieve HIV viral suppression by 5% through the provision of Medical Case Management.	1 unit= 15 minutes of service	206	3,530				
<p><b>HAB/HHS Performance Measure:</b> HIV Viral Load Suppression</p> <table border="1"> <tr> <td>Baseline (%)</td> <td>88%</td> </tr> <tr> <td>Target (%)</td> <td>93%</td> </tr> </table>				Baseline (%)	88%	Target (%)	93%
Baseline (%)	88%						
Target (%)	93%						

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Non-Medical Case Management	
	Total Budget:	\$27,822	
<p><b>Service Category Goal:</b> The provision of coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients retained in HIV medical care by 3% through the provision of Non-Medical Case Management.		1 unit= 15 minutes of service	217
			4,236
<b>HAB/HHS Performance Measure:</b>			
Retention in HIV Medical Care			
Baseline (%) 97%			
Target (%) 100%			

Ryan White MAI Implementation Plan: Service Category Table			
Agency Name:	Treasure Coast Health Council, Inc.		
Fiscal Year: 2022	Service Category:	Psychosocial Support Services	
	Total Budget:	\$46,866	
<p><b>Service Category Goal:</b> The provision of group or individual support and counseling services to assist clients to address behavioral and physical health concerns.</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
At the end of the project period, increase the number of clients retained in HIV medical care by 3% through the provision of Psychosocial Support Services.		1 unit= 1 hour of service	100
			600
<b>HAB/HHS Performance Measure:</b>			
Retention in HIV Medical Care			
Baseline (%) 97%			
Target (%) 100%			

EXHIBIT B1

**UNITS OF SERVICE RATE AND DEFINITION  
2021 – 2023 RYAN WHITE PART A - CONTRACT**

TREASURE COAST HEALTH COUNCIL, INC.				
<b>Core Medical Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total</b>
Early Intervention Services	149,570	99,570	99,570	348,710
Early Intervention Services - MAI	84,950	154,438	154,438	393,826
Health Insurance Premium and Cost Sharing Assistance	150,000	450,000	450,000	1,050,000
Medical Case Mgt.- Including Treatment Adherence	72,913	72,913	72,913	218,739
Medical Case Mgt.- Including Treatment Adherence - MAI	35,066	60,066	60,066	155,198
Specialty Outpatient Medical Care	371,016	296,686	296,686	964,388
<b>Subtotal Core Medical Services</b>	<b>863,515</b>	<b>1,133,673</b>	<b>1,133,673</b>	<b>3,130,861</b>
<b>Support Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total</b>
Medical Transportation	15,888	27,888	27,888	71,664
Non - Medical Case Mgt.	25,212	25,212	25,212	75,636
Non - Medical Case Mgt. - MAI	18,511	27,822	27,822	74,155
Psychosocial Support Services - MAI	46,866	46,866	46,866	140,598
<b>Subtotal Support Services</b>	<b>106,477</b>	<b>127,788</b>	<b>127,788</b>	<b>362,053</b>
<b>Combined Core Medical and Support Services</b>	<b>GY21</b>	<b>GY22</b>	<b>GY23</b>	<b>Total Combined Amount</b>
<b>Total</b>	<b>969,992</b>	<b>1,261,461</b>	<b>1,261,461</b>	<b>3,492,914</b>
Continuous Quality Management (CQM) Program	12,700	15000	15000	42,700
<b>Total</b>	<b>982,692</b>	<b>1,276,461</b>	<b>1,276,461</b>	<b>3,535,614</b>

Annual allocations do not rollover to future years if unspent.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission. The backup documentation – copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

## EXHIBIT F1

**Sub-award Data  
For Grant Year GY22**

(i)	Sub-recipient Name	Treasure Coast Health Council, INC.
(ii)	Sub-recipient Unique Entity Identifier:	59-2242689
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	06/14/2022
(v)	Sub-award Period of Performance Start Date:	03/01/2022
	Sub-award Period of Performance End Date:	02/28/2023
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$1,276,461
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	\$1,276,461
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	\$1,276,461
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Marie E Mehaffey <a href="mailto:MMehaffey@hrsa.gov">MMehaffey@hrsa.gov</a> (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra <a href="mailto:TMalhotra@pbcgov.org">TMalhotra@pbcgov.org</a> (561) 355-4716
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer <a href="mailto:cmesser@pbcgov.org">cmesser@pbcgov.org</a> (561) 355- 4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward. **\*\*This sub-award notice applies to GY22 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown of Florida, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		<b>CONTACT NAME:</b> Christine Ellis <b>PHONE (A/C, No, Ext):</b> (321) 757-8686 <b>E-MAIL ADDRESS:</b> Chrissie.Ellis@bbrown.com <b>FAX (A/C, No):</b> (321) 757-8687	
<b>INSURED</b> Treasure Coast Health Council, Inc. 600 Sandtree Drive Ste 101 Palm Beach Gardens FL 33403		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hartford Casualty Insurance Company <b>INSURER B:</b> Hartford Underwriters Insurance Company <b>INSURER C:</b> Federal Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 29424 30104 20281	

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 Liab      **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	21 SBM BV0075 DV	05/30/2022	05/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Empl Practices Liab Ins \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			21 SBM BV0075 DV	05/30/2022	05/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	21WECDZ3934	01/01/2022	01/01/2023	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C				8164-4447	02/03/2022	02/03/2023	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Professional Liability - LHM791248 - 8/27/2021 - 8/27/2022 - Liability Limit \$1,000,000 Aggregate Limit - \$3,000,000

Certificate Holder is Additional Insured in regards to General Liability as per written contract. A waiver of Subrogation applies to Workers Compensation.

<b>CERTIFICATE HOLDER</b> Palm Beach Insurance Compliance PO Box 100085 - DX Duluth GA 30096	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT  
FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR  
HEALTH SUPPORT SERVICES**

THIS SECOND AMENDMENT TO SUBRECIPIENT AGREEMENT FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR HEALTH SUPPORT SERVICES (R2021-0312) made and entered into at West Palm Beach Florida, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **The Poverello Center, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **65-0056218**.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

**WITNESSETH:**

**WHEREAS**, on March 9, 2021, the above named parties entered into a three-year Agreement (R2021-0312) (the Agreement) to provide services in the areas of Core Medical and Support Services in a total amount of \$28,380.00; and

**WHEREAS**, the Agreement, was amended on February 2, 2022, (R2022-0299), in order to: increase the total amount for Grant Year 2021 by replacing **ARTICLE 5 - PAYMENT TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY**; and updating EXHIBIT A – IMPLEMENTATION PLAN, EXHIBIT B - UNITS OF SERVICE RATE AND DEFINITION, and EXHIBIT F – SUBAWARD DATA; and

**WHEREAS**, the need exists to amend the Agreement in order to increase the total Agreement amount for Grant Year 2022 and update the following: EXHIBIT A1-IMPLEMENTATION PLAN; EXHIBIT B1-UNITS OF SERVICE RATE AND DEFINITION; and EXHIBIT F1-SUBAWARD DATA.

**NOW, THEREFORE**, the above named parties hereby mutually agree that the Agreement entered into on March 9, 2021, is hereby amended as follows:

- I. The whereas clauses above are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement
- II. The first paragraph of **ARTICLE 5- PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** shall be replaced in its entirety with the following:

**The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of TWO HUNDRED SIXTY-ONE THOUSAND NINETY-FOUR DOLLARS AND ZERO CENTS (\$261,094.00); OF WHICH FIFTY THOUSAND TWO HUNDRED THIRTY-EIGHT DOLLARS AND ZERO CENTS (\$50,238.00) IS BUDGETED IN GRANT YEAR 2021, AND ONE**

**HUNDRED FIVE THOUSAND FOUR HUNDRED TWENTY-EIGHT DOLLARS AND ZERO CENTS (105,428.00) IS BUDGETED IN GRANT YEAR 2022, WITH AN ANTICIPATED ALLOCATION OF ONE HUNDRED FIVE THOUSAND FOUR HUNDRED TWENTY-EIGHT DOLLARS AND ZERO CENTS (105,428.00) IN GRANT YEAR 2023.**

- III. **EXHIBIT A2- IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A1- IMPLEMENATION PLAN** to the Agreement in its entirety.
- IV. **EXHIBIT B2- UNITS OF SERVICE RATE AND DEFINITIONS** attached hereto and incorporated herein by reference shall replace **EXHIBIT B1 - UNITS OF SERVICE RATE AND DEFINITIONS** to the Agreement in its entirety.
- V. **EXHIBIT F2- SUBAWARD** attached hereto and incorporated herein by reference shall replace **EXHIBIT F1- SUBAWARD** to the Agreement in its entirety.

**REMAINDER OF PAGE LEFT BLANK INTENTIONALLY**

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Agreement on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

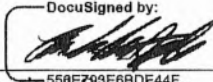
Joseph Abruzzo, Clerk of the Circuit Court & Comptroller  
Palm Beach County

PALM BEACH COUNTY, FLORIDA,  
a Political Subdivision of the State of Florida  
BOARD OF COUNTY COMMISSIONERS

BY: \_\_\_\_\_  
Deputy Clerk

BY: \_\_\_\_\_  
Robert S. Weinroth, Mayor

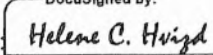
AGENCY:  
The Poverello Center, Inc.

BY:  \_\_\_\_\_  
Authorized Signature

Thomas S. Pietrogallo, MSW/LCSW,  
MBA  
AGENCY'S Signatory Name Typed  
CEO

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND  
CONDITIONS

BY:  \_\_\_\_\_  
Assistant County Attorney

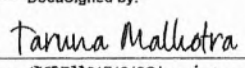
BY:  \_\_\_\_\_  
Taruna Malhotra, Assistant Director  
Community Services Department

EXHIBIT A2

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	The Poverello Center, Inc.		
Fiscal Year: 2022	Service Category:	Food Bank/Home Delivered Meals	
	Total Budget:	\$101,413	
Service Category Goal: The provision of actual food items, hot meals, or a voucher program to purchase food.			
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>			
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Food Bank/Home Delivered Meals.	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
	1 unit= 1 food box/voucher	497	1,326
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	89%	
	Target (%)	94%	

## EXHIBIT B2

**UNITS OF SERVICE RATE AND DEFINITION  
2021 – 2023 RYAN WHITE PART A - CONTRACT**

THE POVERELLO CENTER, INC.				
	GY21	GY22	GY23	Total
<b>Support Services</b>				
Food Bank/Home Delivered Meals	46,987	101,413	101,413	249,813
<b>Subtotal Support Services</b>	<b>46,987</b>	<b>101,413</b>	<b>101,413</b>	<b>249,813</b>
Continuous Quality Management (CQM) Program	3,251	4,015	4,015	11,281
<b>Total</b>	<b>50,238</b>	<b>105,428</b>	<b>105,428</b>	<b>261,094</b>

Annual allocations do not rollover to future years if unspent.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission. The backup documentation – copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

## EXHIBIT F2

**Sub-award Data  
For Grant Year GY22**

(i)	Sub-recipient Name	The Poverello Center, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	65-0056218
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	06/14/2022
(v)	Sub-award Period of Performance Start Date:	03/01/2022
	Sub-award Period of Performance End Date:	02/28/2023
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$105,428
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	\$105,428
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	\$105,428
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Marie E Mehaffey <a href="mailto:MMehaffey@hrsa.gov">MMehaffey@hrsa.gov</a> (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra <a href="mailto:TMalhotr@pbcgov.org">TMalhotr@pbcgov.org</a> (561) 355-4716
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer <a href="mailto:cmesser@pbcgov.org">cmesser@pbcgov.org</a> (561) 355- 4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

**\*\*This sub-award notice applies to GY22 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.**

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.



**Palm Beach County  
Compliance Summary Report**

Vendor Number	Vendor Name	AM Best Rating	Insurance Carrier	Policy #	Eff. Date	Exp. Date	Coverage	Contract Number	Contract Name
DX00001361	The Poverello Center, Inc.		Compliant					182-01 Ryan White Part A	The Poverello Center, Inc.
		A++p , XV	Philadelphia Indemnity Insurance Company	PHUB801355	1/28/2022	1/28/2023	Excess Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2373769	1/28/2022	1/28/2023	General Liability		
		A++p , XV	Philadelphia Indemnity Insurance Company	PHPK2373769	1/28/2022	1/28/2023	Professional Liability		
		A- , VIII	SUNZ Insurance Company	WC04600001022	1/1/2022	1/1/2023	Workers Comp		

Risk Profile : Standard - Professional Services

Required Additional Insured : Palm Beach County Board of County Commissioners

Ownership Entity :

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

BGEX - 142 - 081822\*1689  
BGRV - 142 - 081822\*514

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 06/10/22	REMAINING BALANCE
<b>REVENUE</b>								
142 1475	3169 Federal Grant Other -Human Services	4,527,901	4,425,150	1,474,496		5,899,646		
142 1477	3169 Federal Grant Other -Human Services	690,696	610,331	166,924		777,255		
142 1479	3169 Federal Grant Other -Human Services	2,455,810	3,570,259	1,140,648		4,710,907		
<b>Total Revenue</b>		<b>8,941,906</b>	<b>12,157,522</b>	<b>2,782,068</b>		<b>14,939,590</b>		
<b>EXPENDITURE</b>								
142 1475	8201 Contributions-Non-Govts Agnces	3,283,007	3,000,256	1,474,496		4,474,752	963,786	3,510,966
142 1477	8201 Contributions-Non-Govts Agnces	573,466	493,101	166,924		660,025	198,000	462,025
142 1479	8201 Contributions-Non-Govts Agnces	2,135,184	3,193,911	1,140,648		4,334,559	520,260	3,814,299
<b>Total Expenditures</b>		<b>8,941,906</b>	<b>12,157,522</b>	<b>2,782,068</b>	<b>-</b>	<b>14,939,590</b>	<b>1,832,254</b>	<b>13,107,336</b>

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

Signature

DocuSigned by:  
*James E. Green*  
9/7/2022

Date

By Board of County Commissioners  
At Meeting of October 4, 2022

Deputy Clerk to the  
Board of County Commissioners