



Department of Health and Human Services
Health Resources and Services Administration

Attachment 1
Notice of Award
FAIN# H8900034
Federal Award Date: 09/14/2022

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 H89HA00034-29-03
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

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$580,080.00
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	\$8,181,047.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$8,181,047.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$8,181,047.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
Karen Mayo on 09/14/2022

30. Remarks

Prior Approval Request Tracking Number PA-00109089. Prior Approval Request Type: Carryover



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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:	\$8,181,047.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$8,181,047.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$8,181,047.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$8,181,047.00
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	\$7,600,967.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$580,080.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
30	\$7,600,967.00
31	\$7,600,967.00

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	BRH890034
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36. OBJECT CLASS	41.15
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37. BHCNIS#	
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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	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3772306	93.914	22H89HA00034	\$473,826.00	\$0.00	FRML	22H89HA00034
21 - 3772305	93.914	22H89HA00034	\$106,254.00	\$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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$580,080 from budget period 3/1/2021 - 2/28/2022 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/>).

Attachment 2

23 - _____

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT**

BGRV- 142 - 100422*8
BGEX - 142 - 100422*19

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 10/04/2022	REMAINING BALANCE
REVENUE								
142 1475	3169 Federal Grant Other -Human Services	4,355,086	4,355,086	473,826		4,828,912		4,828,912
142 1477	3169 Federal Grant Other -Human Services	664,335	664,335	106,254		770,589		770,589
Total Revenue		13,079,158	13,079,158	580,080		13,659,238		13,659,238
EXPENDITURE								
142 1475	8201 Contributions Non-Govtl Agencies	3,229,839	3,229,839	473,826		3,703,665		3,703,665
142 1477	8201 Contributions Non-Govtl Agencies	576,027	576,027	106,254		682,281		682,281
Total Expenditures		13,079,158	13,079,158	580,080		13,659,238	-	13,659,238

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

Signature _____ Date _____
 DocuSigned by: *James E. Green* 11/15/2022
BF34EF22BFDF492...

By Board of County Commissioners
At Meeting of 11/15/2022

Deputy Clerk to the
Board of County Commissioners