PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Do	ecember 6, 2022	[X] []	Consent Ordinance	Į.]	Regular Public Hearing
Department Submitted By: Submitted For:	Community Services Ryan White Progran	<u>.</u>		ı	<u>,</u>	
	<u>l.</u>	EXEC	JTIVE BRIEF			
Motion and Title	: Staff recommends i	notion	to:			,
of Health and Hubudget period of	ıman Services, Health	Reso	urces and Se	ervice	e A	29-03 from the U.S Department Administration (HRSA), for the arryover funding of unobligated
, , ,	dget amendment in thoudget to the actual gr			080 i	n t	he Ryan White Care Program
signature on the 1778). On Septe funding from the p White HIV/AIDS I 2022, including the funds that were I Services Departm County residents	Ryan White Part A H mber 14, 2022, NOA prior grant year to the Program, Emergency his NOA is \$8,181,047 eftover from prior gra nent to continue provid	IV Eme No. 6 current Relief I '. Carry nt year ding ne ' 2021,	ergency Relied H89HA00034 grant year in Project Grant yover amounter. The carryounded Hedica 3,155 clients	of Grands 1-29- the a The s will ver f I and wer	ant -03 am e to l va fund d su e s	ners (BCC) ratified the Mayor's Program application (R2021-from HRSA issued carryover ount of \$580,080, for the Ryan otal award for Grant Year (GY) ary from year to year based on ding will allow the Community upport services to Palm Beach served with a viral suppression (Dountywide (HH)).
	ant since 1994, and					ounty commissioners has been persons with HIV/AIDS with
Attachments: 1. Notice of Awar 2. Budget Amend	d Grant No. 6H89HA0 ment	0034-2	9-03			
Recommended	By:	BF34EF2	ned by: NSA E H 22BFDF492	بع	n	, 11/14/2022 Date
Approved By:	Assistant County	10	nistrator	_	_	11/29/2022 Date

<u>II.</u>

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	\$580,080				
External Revenue	(\$580,080)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

In-	Kind Match (County)						
NE	ET FISCAL IMPACT	0					
	ADDITIONAL FTE DSITIONS (Cumulative)						
	em Included In Current l s this item include the u		ral funds?	Yes X Yes X	No	_	
	get Account No.: I 1010 Dept 142 Unit VAF	R Object 82	01 Program	Code VAR	Program Per	riod GY22	
B.	Recommended Source Funding source is the User required.		ment of Heal			No County Fun	ıding
C.	Departmental Fiscal F		05ACS	Dowe Dowe	sial 9 Cuma	and Cura	

<u>III.</u>

REVIEW COMMENTS

Julie Dowe, Director, Financial & Support Svcs.

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

OFMB Pille Sille	Contract Development and Control
Logal Sufficiency:	

B.

Jean-adel	Williams
Assistant County Attorn	ey

C. Other Department Review:

Department Director	

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

Altachment I



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
- 16. Assistance Listing Program Title
 HIV Emergency Relief Project Grants
- 17. Award Action Type Administrative
- 18. Is the Award R&D?

No

93.914

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	
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



HIV/AIDS Bureau (HAB)

Notice of Award Award Number: 6 H89HA00034-29-03 Federal Award Date: 09/14/2022

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

YEAR	TOTAL COSTS	
30	\$7,600,967.00	
31		
34. APPROVED DIRECT ASS	SISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assist	ance	\$0.00
b. Less Unawarded Balanc	\$0.00	
c. Less Cumulative Prior Av	vard(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT AS	SISTANCE THIS ACTION	\$0.00
35. FORMER GRANT NUMB BRH890034	BER	
36. OBJECT CLASS 41.15		
37. BHCMIS#		

[2	X] Grant Funds Only	
1] Total project costs including grant funds and all other	er financial participation
а.	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
1.	Trainee Stipends:	\$0.00
m.	Trainee Tuition and Fees:	\$0.00
n.	Trainee Travel:	\$0.00
0.	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. A	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

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 statue 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 COI	DE 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

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 \$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/).

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Stochment 2

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

Page 1 of 1

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

FUND (1010) - Ryan White Care Program

	FUND (1010) - Ryan White Care Program							
Use this	s form to	provide budget for items not anticipated in the bud	lget.					
			ORIGINAL	CURRENT		ADJUSTEI	ENCUMBERED	REMAINING
AC	CT.NUMB	ER ACCOUNT NAME	BUDGET	BUDGET	INCREASE	DECREASE BUDGE	AS OF 10/04/2022	BALANCE
	REVENUE							
142	1475	3169 Federal Grant Other -Human Services	4,355,086	4,355,086	473,826	4,828,91	2	4,828,912
142	1477	3169 Federal Grant Other -Human Services	664,335	664,335	106,254	770,58	9	770,589
	Total Re	venue	13,079,158	13,079,158	580,080	13,659,23	8	13,659,238
ı	EXPENDIT	URE						
142	1475	8201 Contributions Non-Govtl Agencies	3,229,839	3,229,839	473,826	3,703,66	5	3,703,665
142	1477	8201 Contributions Non-Govtl Agencies	576,027	576,027	106,254	682,28	1	682,281
	Total Expe	enditures	13,079,158	13,079,158	580,080	13,659,23	8 -	13,659,238
			Signature			By Board of Co	unty Commissioners	
COMMUNITY SERVICES INITIATING DEPARTMENT/DIVISION James Green Administration/Budget Department Approval OFMB Department - Posted		BF34EF2	VA E Fre	17/204 / ₂ 2022	At Meeting of	11/15/2022		
					Deputy Clerk to	the		
	·						y Commissioners	