PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

	=======================================	:		===	===	
Meeting Date: Feb	ruary 7, 2023	[X] []	Consent Ordinance]]	Regular Public Hearing
	ommunity Services yan White Program					
	<u>I. E</u>	XECU	ITIVE BRIEF			
Motion and Title: S	Staff recommends r	notion	to			
of Health and Huma 28, 2023, in the am Epidemic (EHE): A l	an Services (HHS), f ount of \$1,166,156,	for the for a to eral gra	budget periodotal grant awa	d of ard	Ma of \$	03-01 from the U.S Department arch 1, 2022 through February 33,738,461 for Ending the HIV on reducing new HIV Infection
	vard Budget Amendm dget with the actual o			of \$1	1,49	91,815 in the Ryan White Care
Mayor's signature of the amount of \$325 On May 31, 2022, H \$3,738,461. Under annually, with 89 se infections by 90% in epidemic, Palm Beat of care services e Outreach, Responsin 2023. Transportaincludes the amount	on the EHE grant app ,659 was received a HHS, issued a final N this grant, the prog erved in the current in the United States ach County uses the each year: Teleheal e and Engagement tion and Housing sel	olication nd filed OA in the grant of grant of by the award th Adh (CORE rvices and the par	n (R2019-187 d with the Boathe amount of vill serve app year to date. year 2030. The to expand of herence Counter Coun	5). ard f \$1 orox Th o a apa nse 2022 or th	On of C, 166 is guesting it is guest	missioners (BCC) ratified the April 5, 2022, a partial NOA in County Commissioners (BCC). 5,156 for a total grant award of Itely 300 unduplicated clients rant focuses on reducing HIV emplish the goal of ending the rand provide new HIV system (TAC) in 2021, Community Itely and Entry to Care (REC) uture. The budget amendment Ito County match is required.
receiving this grant clients in the HIV sys is conducted every established based County Integrated	since 2020, increasi stem of care each yea 3 years to assess se on the Palm Beach	ng cap ar. A C ervices County Care F	pacity to serve omprehensiv gaps, with al Ending the Plan. Subreci	e an e H loca HIV	ad IV Cation 'Ep	unty Commissioners has been ditional 300 new unduplicated Community Needs Assessment as and annual work plan goals bidemic Plan and Palm Beach are monitored annually, with
Attachments: 1. Notice of Award (2. Budget Amendment)	Grant No. 6 UT8HA3 ent	3954-(03-01			
	1	Signed by:	======= alliotra	_===	23	1/27/2023
Recommended By	Department Direc					Date
Approved By:	6/1			_		- 1/30/2013
	Assistant County	Admin	istrator			Date /

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	1,491,815				
External Revenue	(1,491,815)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				
# ADDITIONAL FTE POSITIONS (Cumulative)					
s Item Included In Current Does this item include the		Yes funds? Yes	X N	o	
Budget Account No.: Fund 1010_ Dept 142Uni	t 1481 Object \	/AR Program	Code VAF	R Program	Period
Recommended Sou Funding source is the is required.			l Human S		lo County
C. Departmental Fiscal	Review:	owe, Director,	1A4	& Support	Svcs.
		EW COMMEN	···		
A. OFMB Fiscal and/or	Contract Devel	opment and (Control Co	mments:	
Susc Marte 1) OFMB	27/2013	Contract Do	evelopment	Auglise t and Con	trol
B. Legal Sufficiency:			V		
Solene C. Hern Assistant County A	nd 1-30-23 ttorney	_			
7 toolotant oodinty 7 t					
·	deview:				
·	deview:				

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



Notice of Award FAIN# UT833954 Federal Award Date: 05/31/2022

Recipient Information

1. Recipient Name COUNTY OF, PALM BEACH 301 N Olive Ave Frnt West Palm Beach, FL 33401-4703

2. Congressional District of Recipient

3. Payment System Identifier (ID) 1596000785A1

4. Employer Identification Number (EIN)

5. Data Universal Numbering System (DUNS) 078470481

6. Recipient's Unique Entity Identifier XL2DNFMPCR44

7. Project Director or Principal Investigator **Program Director** cmesser@pbcgov.org (516)355-4730

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) ISmith@hrsa.gov (301) 443-2096

10. Program Official Contact Information

Jesus Hernandez-Burgos HIV/AIDS Bureau (HAB) JHernandez-Burgos@hrsa.gov (301) 945-9837

Federal Award Information

11. Award Number 6 UT8HA33954-03-01

12. Unique Federal Award Identification Number (FAIN)

13. Statutory Authority

42 U.S.C. § 243(c); 300ff-11 et seq.

14. Federal Award Project Title Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B

15. Assistance Listing Number

93.686

16. Assistance Listing Program Title

Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B

17. Award Action Type Administrative

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023

20. Total Amount of Federal Funds Obligated by this Action \$1,166,156.00 20a. Direct Cost Amount

20b Indirect Cost Amount

21. Authorized Carryover \$0.00

\$0.00

22. Offset

\$1,491,815,00

23. Total Amount of Federal Funds Obligated this budget period

27. Total Amount of the Federal Award including Approved

\$0.00

24. Total Approved Cost Sharing or Matching, where applicable

\$1,491,815.00

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date 03/01/2020 - End Date 02/28/2025

\$3,738,461.00

Cost Sharing or Matching this Project Period 28. Authorized Treatment of Program Income

29. Grants Management Officer - Signature

Brad Barney on 05/31/2022

30. Remarks

Date Issued: 5/31/2022 1:54:49 PM Award Number: 6 UT8HA33954-03-01



HIV/AIDS Bureau (HAB)

Notice of Award Award Number: 6 UT8HA33954-03-01 Federal Award Date: 05/31/2022

	PROVED BUDGET: (Excludes Direct Assistance) Grant Funds Only	33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory				
()	Total project costs including grant funds and all other	financial participation	YEAR TOTAL C			
a. S	salaries and Wages:	\$0.00	04 \$850,0			
b. F	ringe Benefits:	\$0.00	05 \$850,0			
c. T	otal Personnel Costs:	\$0.00	34. APPROVED DIRECT ASSISTANCE BUDGET: (In li			
d. C	Consultant Costs:	\$0.00	a. Amount of Direct Assistance			
e. E	equipment:	\$0.00	b. Less Unawarded Balance of Current Year's Fund			
f. S	Supplies;	\$0.00	c. Less Cumulative Prior Award(s) This Budget Perior			
g. T	ravel:	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION			
h. C	Construction/Alteration and Renovation:	\$0.00	35. FORMER GRANT NUMBER			
i. C	Other:	\$1,491,815.00	36. OBJECT CLASS			
j. C	Consortium/Contractual Costs:	\$0.00	41.15			
k. T	rainee Related Expenses:	\$0.00	37. BHCMIS#			
I. T	rainee Stipends:	\$0.00				
m. T	rainee Tuition and Fees:	\$0.00				
n. T	rainee Travel:	\$0.00				
o. T	OTAL DIRECT COSTS:	\$1,491,815.00				
p. 11	NDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00				
q. T	OTAL APPROVED BUDGET:	\$1,491,815.00				
	i. Less Non-Federal Share:	\$0.00				
	ii. Federal Share:	\$1,491,815.00				
32. AV	VARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a. A	uthorized Financial Assistance This Period	\$1,491,815.00				
b. Le	ess Unobligated Balance from Prior Budget Periods					
	i. Additional Authority	\$0.00				
	ii. Offset	\$0.00				
c. U	nawarded Balance of Current Year's Funds	\$0.00				

33. RECOMMENDED FUTURE SUP (Subject to the availability of funds		project)		
YEAR	TOTAL COSTS			
04	\$850,000.00			
05	\$850,000.00			
34. APPROVED DIRECT ASSISTANCE	CE BUDGET: (In lieu of cash)			
a. Amount of Direct Assistance		\$0.00		
b. Less Unawarded Balance of Current Year's Funds \$C				
c. Less Cumulative Prior Award(s) This Budget Period \$				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.4				
35. FORMER GRANT NUMBER				
36. OBJECT CLASS				
41.15				
37. BHCMIS#				

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:

\$325,659.00

\$1,166,156,00

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

d. Less Cumulative Prior Award(s) This Budget Period

e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION

FY-CAN'	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST	AMT: DIR. ASST.	SUB PROGRAM CO	DE SUB ACCOUNT CODE
22 - 377EEGT	93.914	20UT8HA33954	\$1,166,156.00	\$0.00	N/A	20RWHAP-A-B



BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

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BGRV- 142 - 122922*151

BGEX - 142 - 122222*559

FUND	(1010)	٠.	Rvan	White	Care	Program	
LOND	11010	-	ityan	AAlling	Carc	i i ogiaiii	

Use this form to p	rovide budget for items not anticipated in the budg	et.						
		ORIGINAL	CURRENT		i	ADJUSTED E	NCUMBERED	REMAINING
ACCT.NUMBE	ER ACCOUNT NAME	BUDGET	BUDGET	INCREASE	DECREASE	BUDGET AS	OF 01/26/2023	BALANCE
REVENUE 142 1481	3169 Federal Grant Other -Human Services	4,281,317	4,174,035	1,491,815		5,665,850		5,665,850
Total Re	venue	13,079,158	17,797,777	1,491,815		19,289,592		19,289,592
EXPENDIT	URE							
142 1481	8301 Contributions for Individuals	0	472,727	209,788		682,515	150,483	532,032
142 1481	3401 Other Contractual Services	3,682,238	3,101,641	1,282,027		4,383,668	49,937	4,333,731
Total Expe	enditures	13,079,158	17,797,777	1,491,815		19,289,592	6,061,452	13,228,140
		Signature		ate	Ву Во	pard of County	Commissioners	
	VICES RTMENT/DIVISION Julie Dowe dget Department Approval	Tanun	a Mallistra 1/	1127/2023	At Me	eting of	2/7/2023	
OFMB Department	The street stree				-	ty Clerk to the	mmissioners	-