

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: January 23, 2024

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 receive and file:

A) a Notice of Award (NOA) No. 6 UT8HA33954-04-06 from the U.S Department of Health and Human Services (HHS), for the budget period March 1, 2023 through February 29, 2024, for carryover funds in the amount of \$1,707,570 for Grant Year (GY) 2023, for a total grant award amount of \$5,738,461, for the project period March 1, 2020 through February 28, 2025, for Ending the HIV Epidemic (EHE): A Plan for America federal grant program focused on reducing new HIV infection in the United States by 90% by 2030; and

B) a NOA No.6 UT8HA33954-04-05 from HHS, for the budget period March 1, 2023 through February 29, 2024, to authorize prior approval request of capital purchases for the project period March 1, 2020 through February 28, 2025, with no change to the overall award amount of \$5,738,461, for EHE: A Plan for America federal grant program focused on reducing new HIV infection in the United States by 90% by 2030.

Summary: On December 17, 2019, the Board of County Commissioners ratified the Mayor's signature on the EHE: A Plan for America federal grant application (R2019-1875). The EHE grant focuses on reducing HIV infections by 90% in the United States by the year 2030 by providing Rapid Entry to Care (REC) services. On October 11, 2023, HHS issued EHE GY 2021 carryover funding. Carryover amounts vary from year to year based on funds that were left over from the prior grant year. This NOA authorizes the carryover of an unobligated balance in the amount of \$1,707,570 from the budget period March 1, 2021 through February 28, 2022 into the current budget period. In GY 2022, the total number of clients served was 380 Palm Beach County residents with HIV across all programs and initiatives. Under this grant, the program will serve approximately 300 Palm Beach County residents with HIV and advance our goal to end HIV by 2030. **These are federal grant funds, no County match is required.** (Ryan White Program) Countywide (HH)

Background and Justification: The EHE: A Plan for America federal grant program has been awarded to Palm Beach County since 2020, increasing the capacity to serve 300 new unduplicated clients in the HIV system of care each year. A Comprehensive HIV Community Needs Assessment is conducted every 3 years to assess services gaps, with allocations and annual work plan goals established based on the Palm Beach County EHE Plan and Palm Beach County Integrated HIV Prevention & Care Plan. Subrecipients are monitored, with performance measures reported quarterly and annually.

Attachments:

- 1. NOA No. 6 UT8HA33954-04-06
- 2. NOA No. 6 UT8HA33954-04-05

DocuSigned by:
James E. Green 12/22/2023
BF34EF228FDF492...
Recommended By: _____ Date _____
Department Director

[Signature] 1/16/24
Approved By: _____ Date _____
Assistant County Administrator

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	1,707,570				
External Revenue	(1,707,570)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	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
 Does this item include the use of state funds? Yes No x

Budget Account No.:
 Fund 1010 Dept. 142 Unit 1481 Object VAR_ Program Code VAR Program Period GY23

B. Recommended Sources of Funds/Summary of Fiscal Impact:

No fiscal impact, carryover amount already included in budget.

Source	Total Budget	Duration	Target Demographics	Cost per:	Annual Revenue
HRSA	\$1,707,570	3/1/23 -2/29/24	Palm Beach County eligible HIV client.	Varies per client needs.	\$1,707,570

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

III. REVIEW COMMENTS

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

<p><u>ASDude 1/3/24</u> OFMB KAF 1/3/24</p>	<p><u>Sammym Amine 1/11/24</u> Contract Development and Control</p>
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B. Legal Sufficiency:

Ashlee Cottrell 1-16-24
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



Recipient Information

1. Recipient Name
COUNTY OF, PALM BEACH
301 N Olive Ave Frnt
West Palm Beach, FL 33401-4703
2. Congressional District of Recipient
21
3. Payment System Identifier (ID)
1596000785A1
4. Employer Identification Number (EIN)
596000785
5. Data Universal Numbering System (DUNS)
078470481
6. Recipient's Unique Entity Identifier
XL2DNFMPCR44
7. Project Director or Principal Investigator
Casey Messer
Program Director
cmesser@pbcgov.org
(516)355-4730
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (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 UT8HA33954-04-06
12. Unique Federal Award Identification Number (FAIN)
UT833954
13. Statutory Authority
42 U.S.C. § 243(c); 300ff-11 et seq.
14. Federal Award Project Title
Ending the HIV Epidemic: A Plan for America -- Ryan White HIV/AIDS Program Parts A and B
15. Assistance Listing Number
93.686
16. Assistance Listing Program Title
Ending the HIV Epidemic: A Plan for America -- Ryan White HIV/AIDS Program Parts A and B
17. Award Action Type
Administrative
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$1,707,570.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$3,707,570.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,738,461.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer -- Signature
Karen Mayo on 10/11/2023

30. Remarks

Prior Approval Request Tracking Number PA-00110317. Prior Approval Request Type: Carryover



Notice of Award
 Award Number: 6 UT8HA33954-04-06
 Federal Award Date: 10/11/2023

HIV/AIDS Bureau (HAB)

<p>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</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$726,516.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$291,590.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$1,018,106.00</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;">\$436,632.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$5,161.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$11,544.00</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;">\$1,286,240.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$949,887.00</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;">\$3,707,570.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$3,707,570.00</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;">\$3,707,570.00</td></tr> </table>	a. Salaries and Wages:	\$726,516.00	b. Fringe Benefits:	\$291,590.00	c. Total Personnel Costs:	\$1,018,106.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$436,632.00	f. Supplies:	\$5,161.00	g. Travel:	\$11,544.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$1,286,240.00	j. Consortium/Contractual Costs:	\$949,887.00	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:	\$3,707,570.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$3,707,570.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$3,707,570.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">05</td> <td style="text-align: right;">\$850,000.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</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>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	05	\$850,000.00	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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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$1,707,570.00 from budget period 03/1/2021-02/28/2022 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.

Program Specific Term(s)

1. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Recipient Information

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

2. Congressional District of Recipient
21

3. Payment System Identifier (ID)
1596000785A1

4. Employer Identification Number (EIN)
596000785

5. Data Universal Numbering System (DUNS)
078470481

6. Recipient's Unique Entity Identifier
XL2DNFMPCR44

7. Project Director or Principal Investigator
Casey Messer
Program Director
cmesser@pbcbgov.org
(516)355-4730

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (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

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11. Award Number
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12. Unique Federal Award Identification Number (FAIN)
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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
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17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
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20b. Indirect Cost Amount	\$0.00
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22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,000,000.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Project Period	\$5,738,461.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 08/01/2023

30. Remarks

Prior Approval Request Tracking Number PA-00109741. Prior Approval Request Type: Other



Notice of Award
Award Number: 6 UT8HA33954-04-05
Federal Award Date: 08/01/2023

HIV/AIDS Bureau (HAB)

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39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377EIGR	99.686	20UT8HA33954	\$0.00	\$0.00	N/A	20RWHAP-A-B

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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 is being issued to approve Prior Approval Request Number PA-00109741. Prior Approval Request Type: Other

Program Specific Term(s)

1. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).