



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	420,692				
External Revenue	(420,692)				
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>					

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included in Current Budget? Yes \_\_\_ No x  
 Is this item using Federal Funds? Yes x No \_\_\_  
 Is this item using State Funds? Yes \_\_\_ No x

Budget Account No.:  
 Fund 1010 Dept 142 Unit 1475, 1477 Object var Program Code var Program Period GY23

**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.

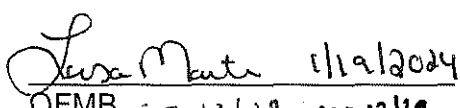
Source	Total Budget	Duration	Target Demographics	Cost per:	Annual Cost
HRSA	\$420,692	March 1, 2023-February 29, 2024	Persons with HIV below the 400 FPL	Approximately \$2,124 per person	\$420,692

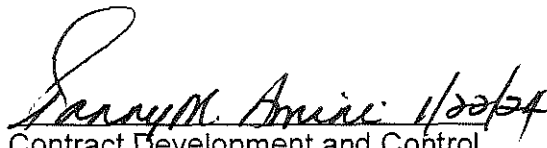

 Digitally signed by Julie Dowe  
 DN: cn=Julie Dowe, o=Palm Beach  
 Julie Dowe  
 I am approving this document  
 Date: 2023.12.29 13:50:37-05'00'  
 PDF Editor Version: 12.1.0

**C. Departmental Fiscal Review:** \_\_\_\_\_  
 Julie Dowe, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

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


 Laura Mente 1/19/2024  
 OFMB CB 12/29 AMT 12/29


 Sarah M. Amici 1/22/24  
 Contract Development and Control

**B. Legal Sufficiency:**


 Helene C. Huzar 1-22-24  
 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  
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 H89HA00034-30-04

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 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$420,692.00
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	\$7,981,771.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,981,771.00
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	\$15,742,126.00

28. Authorized Treatment of Program Income  
Addition

29. Grants Management Officer – Signature  
Karen Mayo on 10/18/2023

**30. Remarks**

Prior Approval Request Tracking Number PA-00121526. Prior Approval Request Type: Carryover



Notice of Award  
Award Number: 6 H89HA00034-30-04  
Federal Award Date: 10/18/2023

**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	
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:	\$7,981,771.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$7,981,771.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$7,981,771.00
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	\$7,981,771.00
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	\$7,561,079.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$420,692.00

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
<b>YEAR</b>	<b>TOTAL COSTS</b>
31	\$7,600,967.00
<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	\$0.00
<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.

<b>39. ACCOUNTING CLASSIFICATION CODES</b>						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3771356	93.914	23H89HA00034	\$320,825.00	\$0.00	FRML	23H89HA00034
22 - 3771355	93.914	23H89HA00034	\$99,867.00	\$0.00	MAI	23H89HA00034

### 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 \$420,692 from budget period 3/1/2022 - 2/28/2023 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/>).

24 - 0296

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

BGRV- 142 - 110823\*124  
BGEX - 142 - 110823\*390

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/EXPENDED AS OF 12/27/2023	REMAINING BALANCE
<b>REVENUE</b>								
142 1475	3169 Federal Grant Other -Human Services	4,890,599	4,890,599	320,825		5,211,424		5,211,424
142 1477	3169 Federal Grant Other -Human Services	645,928	645,928	99,867		745,795		745,795
<b>Total Revenue</b>		<b>13,399,017</b>	<b>13,399,017</b>	<b>420,692</b>		<b>13,819,709</b>		
<b>EXPENDITURE</b>								
142 1475	8201 Contributions Non-Govtl Agencies	3,510,471	3,510,471	320,825		3,831,296	1,413,973	2,417,323
142 1477	8201 Contributions Non-Govtl Agencies	453,247	453,247	99,867		553,114	302,545	250,569
<b>Total Expenditures</b>		<b>13,399,017</b>	<b>13,399,017</b>	<b>420,692</b>		<b>13,819,709</b>		

COMMUNITY SERVICES  
INITIATING DEPARTMENT/DIVISION Julie Dowe  
Administration/Budget Department Approval  
OFMB Department - Posted

Signature \_\_\_\_\_ Date \_\_\_\_\_  
DocuSigned by:  
*Julie Dowe* 12/28/2023  
ASAC9C7CC59C1A4  
*Julie Dowe* 1/19/2024

By Board of County Commissioners  
 At Meeting of 1/23/2024  
 \_\_\_\_\_  
 Deputy Clerk to the  
 Board of County Commissioners

**Request for New Advantage  
Unit/Appropriation Setup Check List**

Date: January 19, 2024  
 From: Barb Hiller, Fiscal Manager II  
 To: Jasmine Aiken

Reason for new unit: New appropriation unit for dept 540 in FY2023 for revenues

Unit name Transportation Disadvantaged Grant GY23-24  
 Unit number requested 5042  
 Unit short name (limit 15 characters) TD GY23-24  
 Department 540 Fund where unit will appear 1340  
 Activity code for new unit 5444 Division Code 5401  
 Project required N Project number \_\_\_\_\_  
 Surtax Project N District \_\_\_\_\_ Category \_\_\_\_\_ Park \_\_\_\_\_  
 New appropriation unit (s) required (Yes/No) No  
 Object Category P \_\_\_\_\_ O \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ G \_\_\_\_\_ N \_\_\_\_\_ X \_\_\_\_\_

Budget Analyst Approval  1/19/24  
 Signature Date

**OFMB maintenance only**

**Chart of accounts maintenance use only:**

Unit table updated 5042 Unit added \_\_\_\_\_  
 Unit/Activity inference table updated \_\_\_\_\_  
 Appropriation table updated 5405042 Division Code Added \_\_\_\_\_

**For projects only:**

Program table updated \_\_\_\_\_  
 Program inference table updated \_\_\_\_\_  
 Valid Unit/Program combination table updated \_\_\_\_\_

**For Surtax Only (Fund 3950):**

District (Flex Rept 1) \_\_\_\_\_  
 Category (Flex Rept 2) \_\_\_\_\_  
 Park (Flex Rept 3) \_\_\_\_\_

**PB Update:**

Org Consolidation (Division) \_\_\_\_\_ Appr Unit Consolidation \_\_\_\_\_  
 Activity Consolidation \_\_\_\_\_

Approval  1/19/24  
 Signature Date

Advantage maintenance \_\_\_\_\_  
 Signature Date

PB maintenance \_\_\_\_\_  
 Signature Date