

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: March 12, 2024 [X] 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 ratify: the signature of the Mayor on the Ryan White HIV/AIDS Program (RWHAP) Part A Estimated Unobligated Balance (UOB) Report and Estimated Carryover Request Penalty Waiver issued by Department of Health and Human Services Health Resources and Services Administration (HRSA).

Summary: RWHAP Part A recipients who do not expend at least 95% of the Part A formula award may request a UOB Penalty Waiver with an estimated UOB and carryover request. The UOB Penalty Waiver request will prevent any reduction in the RWHAP Part A formula award for future years and ensure eligibility to receive RWHAP Part A supplemental funds if the 95% expenditure threshold is not met. The Community Services Department has implemented a process to monitor the spending of each organization funded by RWHAP and will collaborate with them to ensure successful performance. The Palm Beach County Board of County Commissioners has received this federal grant since 1994 and has assisted thousands of persons with HIV/AIDS with medical and support services. The funding for Grant Year (GY) 2024 will allow service to approximately 3,000 Palm Beach County residents with HIV/AIDS and advance the goal to end HIV by 2030. The emergency signature process was utilized because there was not sufficient time to submit the required form through the regular agenda process. These are federal grant funds and no County match is required. (Ryan White Program) Countywide (HH)

Background and Justification: Palm Beach County Board of County Commissioners has been receiving this Grant since 1994, and has assisted thousands of person with HIV/AIDS with medical support services. Subrecipients are monitored annually, with performance measures reported quarterly and annually.

Attachments: RWHAP Part A Estimated Unobligated Balance (UOB) Report and Estimated Carryover Request Penalty Waiver with walkthrough memo

Recommended By: James E. Green 2/12/2024
Department Director Date
Approved By: [Signature] 2/21/24
Assistant County Administrator Date

**II FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	0	0	0		

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes \_\_\_ No \_\_\_  
 Does this item include the use of federal funds? Yes \_\_\_ No \_\_\_  
 Does this item include the use of state funds? Yes \_\_\_ No \_\_\_  
 Budget Account No.:  
 Fund \_\_\_ Dept. \_\_\_ Unit \_\_\_ Object \_\_\_ Program Code \_\_\_ Program Period \_\_\_

**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.

DocuSigned by:  
  
 254C8C7CC58C444

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

**III REVIEW COMMENTS**

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

ASDUAL 2/15/24  
 OFMB QA 2/15  
 ESW 2-15-2024

Brenda's Padgett 2/20/24  
 Contract Development and Control  
 Feb 2/20/24

**B. Legal Sufficiency:**

Shelene Costello 2-21-24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**Health Resources & Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Program  
Ryan White HIV/AIDS Program Part A Estimated Unobligated Balance Report and Estimated Carryover Request**

Instructions: This form provides a suggested format for reporting projected unobligated balances. Section I contains sources of award amounts that are projected to be unobligated at the end of the budget period, Section II includes Reasons for Projected Unobligated Amounts, Section III includes required signatures confirming Projected Unobligated Amounts, Section IV includes the required signature if a Formula UOB penalty waiver is being requested for FY 2023. See the "Instructions" tab for additional detail.

Recipient Name: Palm Beach County/West Palm Beach EMA Date: 12/27/2023

Section I: Projected Unobligated Balances (UOB) Reported by Recipient					
Fiscal Year and Source of Funds	Award Amount	Projected Expenditures	Projected UOB Amount	Projected UOB %	Projected Carryover Amount
FY 2023 Part A Formula Funds	\$4,392,430.00	\$4,170,275.00	\$222,155.00	5.06%	\$222,155.00
FY 2022 Part A Formula Carryover Funds to FY 2023	\$320,825.00	\$320,825.00	\$0.00	0.00%	
FY 2023 Part A Supplemental Funds	\$2,556,251.00	\$2,556,251.00	\$0.00	0.00%	
<b>Part A Subtotal</b>	<b>\$7,269,506.00</b>	<b>\$7,047,351.00</b>	<b>\$222,155.00</b>		<b>\$222,155.00</b>
FY 2023 MAI Formula Funds	\$612,398.00	\$598,500.00	\$13,898.00	2.27%	\$13,898.00
FY 2022 MAI Carryover Funds to FY 2023	\$99,867.00	\$99,867.00	\$0.00	0.00%	
<b>MAI Subtotal</b>	<b>\$712,265.00</b>	<b>\$698,367.00</b>	<b>\$13,898.00</b>		<b>\$13,898.00</b>
<b>TOTAL PART A GRANT</b>	<b>\$7,981,771.00</b>	<b>\$7,745,718.00</b>	<b>\$236,053.00</b>		<b>\$236,053.00</b>

**FORMULA UOB PENALTY WAIVER**  
 If your projected FY 2023 Part A Formula UOB Amount is greater than 5%, are you requesting a Formula UOB penalty waiver due to the impact of the COVID-19 pandemic for FY 2023 (select option from drop-down list in B22)?  Yes

**Section II: Reasons for Projected UOB Amounts**

Part A Source of Funds	Projected UOB Amount	Reason(s) for Projected UOB Amounts <i>(Note: if you are requesting a Formula UOB penalty waiver, based on your projected FY 2023 Part A Formula UOB being greater than 5%, include a brief explanation of how the COVID-19 pandemic impacted ability to expend funds.)</i>
Part A Formula: Administration	\$0.00	
Part A Formula: Quality Management	\$12,000.00	Remaining affects of COVID-19 continued to cause increased turnover in subrecipient staffing, challenges recruiting for vacancies, and delays in filling FTE positions
<i>List Core Medical Services Below by UOB Amount (insert rows as appropriate):</i>		
Outpatient Ambulatory Health Services	\$95,000	Increases in clients enrolled in health insurance reduces need for Outpatient/Ambulatory Health Services, specifically for Specialty Medical Care
Medical Case Management	\$115,155	Remaining affects of COVID-19 continued to cause increased turnover in subrecipient staffing, challenges recruiting for vacancies, and delays in filling FTE positions
<i>List Support Services Below by UOB Amount (insert rows as appropriate):</i>		
<b>Overall Total Part A Formula Projected UOB Amount (Services, Admin, CQM)</b>	<b>\$222,155.00</b>	

Supplemental Source of Funds (not available for carryover)	Projected UOB Amount	Reason(s) for Projected UOB Amounts
Supplemental: Administration		
Supplemental: Quality Management		
<i>List Core Medical Services Below by UOB Amount (insert rows as appropriate):</i>		
<i>List Support Services Below by UOB Amount (insert rows as appropriate):</i>		
<b>Overall Total Supplemental Projected UOB Amount (Services, Admin, CQM)</b>	<b>\$0.00</b>	

MAI Source of Funds	Projected UOB Amount	Reason(s) for Projected UOB Amounts
MAI: Administration		
MAI: Quality Management		
<i>List Core Medical Services Below by UOB Amount (insert rows as appropriate):</i>		
<i>List Support Services Below by UOB Amount (insert rows as appropriate):</i>		
Non-Medical Case Management	\$13,898	Remaining affects of COVID-19 continued to cause increased turnover in subrecipient staffing, challenges recruiting for vacancies, and delays in filling FTE positions
<b>Overall Total MAI Projected UOB Amount (Services, Admin, CQM)</b>	<b>\$13,898.00</b>	

Unexpended Prior Year Carryover Projected UOB (Please describe in detail the reason(s) prior year Carryover funds identified in Section I are projected to be unobligated):

Use of Projected Carryover Amount (please include a description of the purpose you intend to expend projected carryover funds): Each year we continue to see increased needs in Health Insurance Premium and Cost-Sharing Assistance to expand access to comprehensive health care for RWHAP clients. With the Medicaid unwinding process underway in Florida, carryover of Formula funds will be used for this purpose. MAI carryover will be used to support increasing Medical Case Management staffing levels to those prior to COVID-19 to meet the shifting needs of clients post-pandemic.

**Section III: Confirmation of Projected UOB Amounts**

The signature below confirms the projected UOB amounts reported above are the best estimates for anticipated unobligated funds at the end of the budget period.

Recipient Project/Program Director Name: Dr. Casey Messer

Recipient Project/Program Director Signature: *Dr. Casey Messer* Date: 12/27/2023

Planning Council/Body Chair/Co-chair Name(s): *Kenny Talbot*

Planning Council/Body Chair/Co-chair Signature(s): *[Signature]* Date: 12/28/2023

**Section IV: FY 2023 Formula UOB Waiver Requested (Due to COVID-19, project FY 2023 Part A Formula UOB will be greater than 5%)**

Authorizing Official Name (required only if a FY 2023 Formula UOB penalty waiver is requested): *Marie Sachs, Mayor 1/5/23*

Authorizing Official Signature (required only if a FY 2023 Formula UOB penalty waiver is requested): *[Signature]* Date: 1/5/23



### Interoffice Memorandum

To: Maria Sachs, Mayor, Palm Beach County

Thru: Verdenia C. Baker, County Administrator, Palm Beach County *PWR for*

Thru: Tammy Fields, Assistant County Administrator, Palm Beach County *TJF*

From: James Green, Director, PBC Community Services Department *J. Green*

Date: December 27, 2023

Re: Request for Waiver Ryan White HIV/AIDS Program Part A Estimated Unobligated Balance

**Community Services Department**  
 810 Datura Street  
 West Palm Beach, FL 33401  
 (561) 355-4700  
 Fax: (561) 242-7336  
 www.pbcgov.com/communityservices



**Palm Beach County  
 Board of County  
 Commissioners**

Maria Sachs, Mayor

Maria G. Marino, Vice Mayor

Gregg K. Weiss

Michael A. Barnett

Marci Woodward

Sara Baxter

Mack Bernard

**County Administrator**

Verdenia C. Baker

"An Equal Opportunity  
 Affirmative Action Employer"

Official Electronic Letterhead

In accordance with the Board of County Commissioners granting signature authority to the County Administrator, or their designee, on June 13, 2023, we kindly request your signature on the Ryan White HIV/AIDS Program (RWHAP) Part A Unobligated Balance (UOB) Penalty waiver request.

According to the Department of Health and Human Services Health Resources and Services Administration (HRSA), RWHAP Part A recipients who do not expend at least 95% of the Part A formula award may request a UOB Penalty waiver, providing the estimated UOB and carryover request. The UOB Penalty waiver request will prevent any reduction in the RWHAP Part A formula award for future years and ensure eligibility to receive RWHAP Part A supplemental funds, if the 95% expenditure threshold is not met. This waiver must be signed by an Authorizing Official or their designee.

While it is expected that the RWHAP will meet the 95% threshold, this requirement necessitates that agencies receiving Ryan White funds spend at least 95% of their grant award. The Community Services department has implemented a process to monitor the spending of each organization funded by RWHAP and will collaborate with them to ensure successful performance. The Palm Beach County Board of County Commissioners has received this federal grant since 1994 and assisted thousands of persons with HIV/AIDS with medical and support services. The funding for GY 2024 will allow us to serve approximately 3,000 Palm Beach County residents with HIV/AIDS and advance our goal to end HIV by 2030.

This waiver is being requested to avoid the penalties that would occur if agencies do not perform as expected. The emergency signature process is being utilized because there is not sufficient time to submit the application through the regular agenda process. Staff will submit this item at the Board's next Commission meeting.

For additional information, please contact Dr. Casey Messer at (561) 355-4730 or via email at [cmesser@pbcgov.org](mailto:cmesser@pbcgov.org).

Approved by:  
*James M.*  
 Deputy Director

DocuSigned by:  
*Helene C. Hvizd*  
 Senior Assistant County Attorney

**Attachments:**

1. Agenda Item 3E-2 Dated June 13, 2023
2. 2023 Estimated Expenditure and UOB and Carryover Request Form

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: June 13, 2023

Consent   
 Ordinance

Regular  
Public Hearing

*MCS MS 7-6  
6.2023-17701 Thru  
0.7072.2715*

Department

Submitted By: Community Services

Submitted For: Ryan White Program

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) receive and file a partial Notice of Award (NOA) No. 5 H89HA00034-30-00 from the U.S Department of Health and Human Services (HHS), for the budget period March 1, 2023 through February 28, 2024, in the amount of \$1,272,274, for a total grant award amount of \$9,453,321 for the project period March 1, 2022 through February 28, 2025, for new and existing programs to continue improving health outcomes for clients with HIV/AIDS;

B) receive and file a final NOA No. 6 H89HA00034-30-02 from HHS, for the budget period March 1, 2023 through February 28, 2024 in the amount of \$6,288,805, for a total grant award amount of \$7,561,079 for the budget period and \$15,742,126 for the project period March 1, 2022 through February 28, 2025;

C) receive and file a partial NOA No.5 UT8HA33954-04-00 from HHS, for the budget period March 1, 2023 through February 28, 2024 in the amount of \$255,846, for a total grant award amount of \$3,994,307 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;

D) receive and file a NOA No. 6 UT8HA33954-02-04 from HHS, for the budget period March 1, 2021 through February 28, 2022, for a reduction in carryover funding of unobligated funds in the amount of \$19,567 for Grant Year (GY) 2022, for a total grant award amount of \$3,994,307 for project period March 1, 2020 through February 28, 2025;

E) receive and file a final NOA No. 6 UT8HA33954-04-01 from HHS, for the budget period March 1, 2023 through February 28, 2024 in the amount of \$1,744,154, for a total grant award amount of \$2,000,000 for the budget period and \$5,738,461 for the project period March 1, 2020 through February 28, 2025, for EHE: A Plan for America federal grant program focused on reducing new HIV infection in the United States by 90% by 2030;

F) delegate to the County Administrator, or designee, signatory authority on additional forms, certifications, contracts/agreements and amendments thereto, and any other necessary documents related to the Ryan White Part A HIV Emergency Relief and EHE grant programs; that do not substantially change the scope of work, terms or conditions of the agreement; and

G) approve a downward budget amendment in the amount of \$166,733 in the Ryan White Care fund to align the budget with the actual grant awards.

**Summary:** On December 6, 2022, the Board of County Commissioners (BCC) ratified the Mayor's signature on the Ryan White Part A HIV Emergency Relief Grant Program application (Ryan White Part A) (R2022-1431). On January 17, 2023, HHS, issued a partial NOA for Ryan White Part A in the amount of \$1,272,274. The grant allows the Community Services Department (CSD) to continue providing needed medical and support services to approximately 3,100 Palm Beach County residents with HIV/AIDS. On December 17, 2019, the BCC ratified the Mayor's signature on the EHE: A Plan for America federal grant application (R2019-1875). On January 18, 2023, HHS issued a partial grant award for EHE: A Plan for America federal grant program in the amount of \$255,846 and on March 1, 2023, HHS issued a final grant award in the amount of \$1,744,154 for a total grant award amount of \$2,000,000. This 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 March 2, 2023, HHS issued a reduction in carryover funding from the prior grant year to the current grant year in the amount of \$19,567 for the EHE: A Plan for America federal grant. The prior issued carryover amount was reduced and this change is included in the full GY 2023 award amount. Carryover amounts vary from year to year based on funds that were left over from prior grant year. In FY 2022, 3,485 persons with HIV were served under the Ryan White Part A and EHE grants. **These are federal grant funds, no County match is required.** (Ryan White Program) Countywide (HH)

**Background and Justification:** The BCC has been receiving the Ryan White Program HIV Emergency Relief Project grant since 1994, and has assisted thousands of clients with HIV/AIDS with medical support services. The EHE: A Plan for America federal grant program has been awarded to Palm Beach County since 2020, increasing the capacity to serve an additional 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 Ending the HIV Epidemic Plan and Palm Beach County Integrated HIV Prevention & Care Plan. Subrecipients are monitored, with performance measures reported quarterly and annually.

**Attachments:**

1. NOA No. 5 H89HA00034-30-00
2. NOA No. 6 H89HA00034-30-02
3. NOA No. 5 UT8HA33954-04-00
4. NOA No. 6 UT8HA33954-02-04
5. NOA No. 6 UT8HA33954-04-01
6. Budget Amendment

Recommended By: James E. Green 6/1/2023  
 Department Director Date

Approved By: [Signature] 6/13/2023  
 Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2023	2024	2025	2026	2027
Capital Expenditures					
Operating Costs	5,577,296	3,983,783			
External Revenue	(5,577,296)	(3,983,783)			
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  No   
 Does this item include the use of federal funds? Yes  No

Budget Account No.:  
 Fund 1010 Dept. 142 Unit VAR 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.

**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:**

Julie M. Matz 6/6/23  
 OFMB MG 6/5 Mt 6/5

Shirley J. Harlow 6/5/23  
 Contract Development and Control

**B. Legal Sufficiency:**

Debra C. Chung 6-7-23  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

R2023 0761 JUN 13 2023



Department of Health and Human Services  
Health Resources and Services Administration

Notice of Award  
FAIN# H8900034  
Federal Award Date: 01/17/2023

Recipient Information	Federal Award Information
<b>1. Recipient Name</b> PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 West Palm Bch, FL 33402-4036	<b>11. Award Number</b> 5 H89HA00034-30-00
<b>2. Congressional District of Recipient</b> 21	<b>12. Unique Federal Award Identification Number (FAIN)</b> H8900034
<b>3. Payment System Identifier (ID)</b> 1S96000785A1	<b>13. Statutory Authority</b> 42 U.S.C. § 300ff-11-20 and § 300ff-121
<b>4. Employer Identification Number (EIN)</b> 596000785	<b>14. Federal Award Project Title</b> HIV EMERGENCY RELIEF PROJECT GRANTS
<b>5. Data Universal Numbering System (DUNS)</b> 078470481	<b>15. Assistance Listing Number</b> 93.914
<b>6. Recipient's Unique Entity Identifier</b> XL2DNFMPCR44	<b>16. Assistance Listing Program Title</b> HIV Emergency Relief Project Grants
<b>7. Project Director or Principal Investigator</b> Casey Messer Program Manager cmesser@pbcbgov.org (561)355-4730	<b>17. Award Action Type</b> Noncompeting Continuation
<b>8. Authorized Official</b> Casey Messer cmesser@pbcbgov.org (516)355-4730	<b>18. Is the Award R&amp;D?</b> No
<b>Federal Agency Information</b>	<b>Summary Federal Award Financial Information</b>
<b>9. Awarding Agency Contact Information</b> Marie E Mehaffey Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) MMehaffey@hrsa.gov (301) 945-3934	<b>19. Budget Period Start Date 03/01/2023 - End Date 02/28/2024</b>
<b>10. Program Official Contact Information</b> Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251	<b>20. Total Amount of Federal Funds Obligated by this Action</b> <span style="float: right;">\$1,272,274.00</span>
	20a. Direct Cost Amount
	20b. Indirect Cost Amount
	<b>21. Authorized Carryover</b> <span style="float: right;">\$0.00</span>
	<b>22. Offset</b> <span style="float: right;">\$0.00</span>
	<b>23. Total Amount of Federal Funds Obligated this budget period</b> <span style="float: right;">\$1,272,274.00</span>
	<b>24. Total Approved Cost Sharing or Matching, where applicable</b> <span style="float: right;">\$0.00</span>
	<b>25. Total Federal and Non-Federal Approved this Budget Period</b> <span style="float: right;">\$1,272,274.00</span>
	<b>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</b>
	<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> <span style="float: right;">\$9,453,321.00</span>
	<b>28. Authorized Treatment of Program Income</b> Addition
	<b>29. Grants Management Officer - Signature</b> Karen Mayo on 01/17/2023
<b>30. Remarks</b> This award consists of the following amounts: FY23 FRML - \$1,164,711 FY23 MAJ - \$107,563 Total Funding - \$1,272,274	



Notice of Award  
Award Number: 5 H89HA00034-30-00  
Federal Award Date: 01/17/2023

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		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)				
		YEAR	TOTAL COSTS			
		31	\$7,600,967.00			
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: \$1,272,274.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$1,272,274.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$1,272,274.00		<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>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period \$1,272,274.00 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 \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$1,272,274.00		<b>35. FORMER GRANT NUMBER</b> BRH890034 <b>36. OBJECT CLASS</b> 41.15 <b>37. BHCMI#</b>				
<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:</b> 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
23 - 377RA07	93.914	23H89HA00034	\$1,164,711.00	\$0.00	FRML	23H89HA00034
23 - 377RA06	93.914	23H89HA00034	\$107,563.00	\$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/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 is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
2. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.

### Program Specific Term(s)

1. RW-HAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.  
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources
2. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA.  
You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness.  
Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.
3. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
4. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>
5. Submit, every two (2) years, to the lead State agency for the Ryan White HIV/AIDS Part B program, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title and include necessary patient level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

6. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
7. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-poir.pdf>
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2022 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2023 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
10. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>).
11. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:  
The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.  
The recipient shall not exceed the lesser of 5 percent of the total grant funds or \$3 million for the required clinical quality management (CQM) program.  
The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
12. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
13. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
14. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/clarification-services-veterans.pdf> for additional information regarding services provided to veterans).
15. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
16. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <https://ryanwhite.hrsa.gov/grants/policy-notices> and <https://ryanwhite.hrsa.gov/grants/program-letters>.
17. In accordance with Policy Clarification Notice 16-02, grant funds may not be used for outreach programs which have HIV prevention education as their exclusive purpose. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02->

final.pdf.

18. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
19. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
20. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.
21. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>)
22. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
23. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application. Any of the aforementioned post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer via prior approval along with a letter of concurrence from the Planning Council Chair(s).
24. Due to the provision of partial funding, this award is being made without itemized reporting requirements. Award recipients are reminded of the continuation of FY2022 specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Subsequent FY2023 reporting requirements to include defined due dates will be contained on the final FY2023 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.
25. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
26. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/prep-letter-06-22-2016.pdf>.)
27. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>.
28. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, fill out a New User Access Request form at: <https://pmsapp.psc.gov/pms/app/userrequest/request/newuser?> If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
29. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits.
30. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See

<https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.

31. 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.
32. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).

### Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

### Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**  
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.
2. **Due Date: 12/31/2023**  
The recipient must submit an estimate of their FY 2023 Unobligated Balances (UOB) and an estimated carryover request no later than December 31, 2023, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
3. **Due Date: Within 90 Days of Budget End Date**  
The recipient must submit a Final FY 2023 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
4. **Due Date: Within 90 Days of Budget End Date**  
The recipient must submit the Ryan White HIV/AIDS Program Expenditure Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
5. **Due Date: 03/25/2024**  
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Casey Messer	Authorizing Official, Program Director. Point of Contact	cmesser@pbcgov.org
Thomas Eaton	Business Official	teaton@pbcgov.org
Casey Messer	Business Official	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/>).



2023 07 02 JUN 13 2023

Attachment 2

**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 H89HA00034-30-02

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	\$6,288,805.00
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	\$7,561,079.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,561,079.00
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 03/28/2023

**30. Remarks**

This award consists of the following amounts:  
FY23 FRML - \$4,392,430  
FY23 MAI - \$612,398  
FY23 SUPPL - \$2,556,251  
Total Funding - \$7,561,079

**HIV/AIDS Bureau (HAB)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><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;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</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;">\$7,561,079.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$7,561,079.00</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;">\$7,561,079.00</td></tr> </table>	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:	\$7,561,079.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$7,561,079.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$7,561,079.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (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;">31</td> <td style="text-align: right;">\$7,600,967.00</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></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><b>35. FORMER GRANT NUMBER</b> BRH890034</p> <p><b>36. OBJECT CLASS</b> 41.15</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS	31	\$7,600,967.00	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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<p><b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$7,561,079.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$1,272,274.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$6,288,805.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$7,561,079.00	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	\$1,272,274.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$6,288,805.00																																				
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<p><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:</b></p> <p>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.</p>																																																			
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

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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.

### Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. The Ryan White HIV/AIDS Program (RWHP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

### Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**  
The recipient must submit a FY 2023 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
2. **Due Date: Within 60 Days of Award Release Date**  
The recipient must submit a FY 2023 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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/>).

R2023-0763 JUN 1 2 2022



Department of Health and Human Services  
Health Resources and Services Administration

Notice of Award  
FAIN# UT833904  
Federal Award Date: 03/01/2022

Recipient Information	Federal Award Information
<p><b>1. Recipient Name</b> COUNTY OF PALM BEACH 201 N Olive Ave Frint West Palm Beach, FL 33401-4703</p> <p><b>2. Congressional District of Recipient</b> 21</p> <p><b>3. Payment System Identifier (ID)</b> 159600785A1</p> <p><b>4. Employer Identification Number (EIN)</b> 59600785</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 078470481</p> <p><b>6. Recipient's Unique Entity Identifier</b> XL2DNFMPCR44</p> <p><b>7. Project Director or Principal Investigator</b> Casey Messer Program Director cmesser@pbcb.gov (516)355-4730</p> <p><b>8. Authorized Official</b></p>	<p><b>11. Award Number</b> 5 UT8HA32954-04-00</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> UT833954</p> <p><b>13. Statutory Authority</b> 42 U.S.C. § 243(c); 300ff-11 et seq.</p> <p><b>14. Federal Award Project Title</b> Ending the HIV Epidemic: A Plan for America -- Ryan White HIV/AIDS Program Parts A and B</p> <p><b>15. Assistance Listing Number</b> 93.686</p> <p><b>16. Assistance Listing Program Title</b> Ending the HIV Epidemic: A Plan for America -- Ryan White HIV/AIDS Program Parts A and B</p> <p><b>17. Award Action Type</b> Noncompeting Continuation</p> <p><b>18. Is the Award R&amp;D?</b> No</p>
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b> India Smith Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) ismith@hrsa.gov (201) 443-2096</p> <p><b>10. Program Official Contact Information</b> Jesus Hernandez-Burgos HIV/AIDS Bureau (HAB) JHernandez-Burgos@hrsa.gov (201) 945-9837</p>	<p><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date 03/01/2023 - End Date 02/28/2024</b></p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$255,846.00</p> <p><b>20a. Direct Cost Amount</b></p> <p><b>20b. Indirect Cost Amount</b></p> <p><b>21. Authorized Carryover</b> \$0.00</p> <p><b>22. Offset</b> \$0.00</p> <p><b>23. Total Amount of Federal Funds Obligated this budget period</b> \$255,846.00</p> <p><b>24. Total Approved Cost Sharing or Matching, where applicable</b> \$0.00</p> <p><b>25. Total Federal and Non-Federal Approved this Budget Period</b> \$255,846.00</p> <p><b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2025</b></p> <p><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> \$8,894,297.00</p> <p><b>28. Authorized Treatment of Program Income</b> Addition</p> <p><b>29. Grants Management Officer -- Signature</b> Karen Mavo on 02/18/2023</p>
<p><b>30. Remarks</b></p>	





Notice of Award  
Award Number: 5 UT8HA33954-04-00  
Federal Award Date: 01/18/2023

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		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)				
		YEAR	TOTAL COSTS			
		05	\$850,000.00			
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: \$255,846.00 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: \$255,846.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 q. TOTAL APPROVED BUDGET: \$255,846.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$255,846.00		<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>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period \$255,846.00 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 \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$255,846.00		<b>35. FORMER GRANT NUMBER</b> <b>36. OBJECT CLASS</b> 41.15 <b>37. BHCNIS#</b>				
<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:</b> 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
23 - 377EIGR	93.686	20UT8HA33954	\$255,846.00	\$0.00	N/A	20RWHAP-A-B

## HRSA Electronic Handbooks (EHBs) Registration Requirements

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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. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://pms.psc.gov/find-pms-liaison-accountant.html>
3. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. This award provides partial funding based on the continuation of FY 2022 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2023 appropriation. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
5. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
6. As a condition of accepting this award the recipient must comply with data requirements of the RSR and will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All EHE core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the RSR Webpage for additional information.

### Program Specific Term(s)

1. In accordance with 45 CFR § 75.322(b), the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. HRSA HAB reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

2. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
3. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$30,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
5. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
6. Any recipients that collect rebates on ADAP medication purchases funded through EHE must adhere to outlined provisions in HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates. See [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf)
7. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
8. If the recipient expends any of the Initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the ADR Webpage for more information.
9. Submit, every two (2) years, to the lead State or MTA agency for the EHE initiative, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title.
10. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
11. 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.
12. As a condition of accepting this award the recipient must adhere to all program policies and guidance governing the EHE program
13. During each budget period, recipients must include in their program budget travel support for staff members (one staff member must be the program director or a designated representative) to attend meetings/conferences identified by HRSA HAB as essential to EHE administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 45 CFR Part 75.474 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
14. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

In addition, funds may not be used for the following purposes:

- - Cash payment to intended recipients of services.
    - Clinical research.
    - International travel.
    - Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
    - Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
    - Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication.
15. Recipients must submit an annual Non-Competing Continuation (NCC) Progress Report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC Progress Report triggers the budget period renewal and release of subsequent year funds. The report demonstrates recipient progress on program-specific goals and collects core performance measurement data to measure the progress and impact of the project.
16. The EHE initiative specifies criteria for the expenditure of program funds as follows:
- Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards.
  - If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.
17. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
18. Funds may not be used by grantees or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).
19. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
20. This award is subject to 45 CFR part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
21. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
22. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.
- As a cooperative agreement, HRSA programmatic involvement will include:
- Providing the expertise of HRSA HAB personnel and other relevant resources to support the efforts of the initiative activities;
  - Facilitating partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts;
  - Facilitating collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities;
  - Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
  - Approving uses of funds outside of existing allowable RWHAP costs and service categories;
  - Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;

- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- Completing proposed initiative work plan activities within the five-year project period;
  - Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
  - Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
  - Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
  - Coordinating the initiative activities with their existing RWHAP programs;
  - Collaborating with CDC funded organizations, health centers, and other local and state government agencies on implementing initiative activities;
  - Collaborating with the TAP and SCP on the development, implementation, coordination, and integration of initiative activities;
  - Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
  - Modifying activities as necessary to ensure relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds
23. For all action steps that require input from the HAB Project Officer and other HAB staff, you must allow for at least a three (3) week response time for information, approval, planning, or technical assistance. Work plan tables must be adjusted to include the minimum response time for all relevant activities.
24. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
25. Recipients are required to track and report all program income on the annual Federal Financial Report. All program income earned must be used to further the objectives of the Ryan White HIV/AIDS Program. For additional information, see PCN #15-03 available online at <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
26. As outlined in Notice of Funding Opportunity HRSA-20-078, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.
27. Resumes/CV for key personnel supported by this cooperative agreement and not named in the FY 2022 application must be submitted to the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the issue date on the Notice of Award.
28. Recipients may request carryover of any unobligated balance (UOB) from the Ending the HIV Epidemic in the U.S. initiative funding throughout the life of the period of performance ending on February 28, 2025. A Prior Approval request for carryover of UOB must be submitted via HRSA's Electronic Handbooks (EHBs). Funds may not be used without written approval from the Division of Grants Management Operations (DGMO). When submitting your Prior Approval request, you must include the year you are requesting the funds to be carried from and the amount. It is your responsibility to track the UOB based on the project budget period during the five year period of performance.

#### Standard Term(s)

1. Your organization is required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, per HRSA Standard Terms (unless otherwise specified on your Notice of Award), and Legislative Mandates. The effectiveness of these policies, procedures, and controls is subject to audit.

**Reporting Requirement(s)**

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**  
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. All FFRs must be submitted through the Payment Management System (PMS). Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (PMS Self-Service Web Portal), or calling 877-614-5533.
  2. **Due Date: 09/30/2023**  
Biannual Progress Report: Recipients must submit two progress reports during the budget period via the HRSA Electronic Handbooks (EHB) system. The information will include recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the EHBs. The format for these reports will be provided by the program staff within the EHB.
  3. **Due Date: 03/31/2024**  
Biannual Progress Report: Recipients must submit two progress reports during the budget period via the HRSA Electronic Handbooks (EHB) system. The information will include recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the EHBs. The format for these reports will be provided by the program staff within the EHB.
  4. **Due Date: 06/15/2023**  
As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.
  5. **Due Date: 02/15/2024**  
As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.
  6. **Due Date: 03/25/2024**  
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and client level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hiv.hrsa.gov/managedyourgrant/reportingrequirements.html> for additional information
  7. **Due Date: Within 90 Days of Project End Date**  
The recipient must submit an annual Initiative Expenditure Report.
  8. **Due Date: 10/15/2023**  
As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.
- Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

**Contacts****NoA Email Address(es):**

Name	Role	Email
Casey Messer	Program Director	cmesser@pbccgov.org
James Green	Point of Contact	jgreen1@pbccgov.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@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 UT8HA33954-02-04
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 03/01/2021 - End Date 02/28/2022
20. Total Amount of Federal Funds Obligated by this Action \$0.00
  - 20a. Direct Cost Amount
  - 20b. Indirect Cost Amount
21. Authorized Carryover (\$19,567.00)
22. Offset \$0.00
23. Total Amount of Federal Funds Obligated this budget period \$1,396,646.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00
25. Total Federal and Non-Federal Approved this Budget Period \$2,158,558.00
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 \$3,994,307.00
28. Authorized Treatment of Program Income Addition
29. Grants Management Officer – Signature  
Karen Mayo on 03/02/2023

**30. Remarks**



Notice of Award  
Award Number: 6 UT8HA33954-02-04  
Federal Award Date: 03/02/2023

HIV/AIDS Bureau (HAB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
<input checked="" type="checkbox"/> Grant Funds Only		<b>YEAR</b>	<b>TOTAL COSTS</b>
<input type="checkbox"/> Total project costs including grant funds and all other financial participation			
a. Salaries and Wages:	\$427,898.00	03	\$850,000.00
b. Fringe Benefits:	\$171,845.00	04	\$850,000.00
c. Total Personnel Costs:	\$599,743.00	05	\$850,000.00
d. Consultant Costs:	\$0.00		
e. Equipment:	\$0.00		
f. Supplies:	\$25,900.00		
g. Travel:	\$1,303.00		
h. Construction/Alteration and Renovation:	\$0.00		
i. Other:	\$861,612.00		
j. Consortium/Contractual Costs:	\$670,000.00		
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:	\$2,158,558.00		
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00		
q. TOTAL APPROVED BUDGET:	\$2,158,558.00		
i. Less Non-Federal Share:	\$0.00		
ii. Federal Share:	\$2,158,558.00		
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>		<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a. Authorized Financial Assistance This Period	\$2,158,558.00	a. Amount of Direct Assistance	\$0.00
b. Less Unobligated Balance from Prior Budget Periods		b. Less Unawarded Balance of Current Year's Funds	\$0.00
i. Additional Authority	\$761,912.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
ii. Offset	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00		
d. Less Cumulative Prior Award(s) This Budget Period	\$1,396,646.00		
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00		
<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:</b>		<b>35. FORMER GRANT NUMBER</b>	
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>		<b>36. OBJECT CLASS</b>	
		41.15	
		<b>37. BHCMS#</b>	
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NUMBER</b>	<b>AMT. FIN. ASST.</b>
21 - 377EHGR	93.686	20UT8HA33954	\$0.00
			<b>AMT. DIR. ASST.</b>
			\$0.00
			<b>SUB PROGRAM CODE</b>
			N/A
			<b>SUB ACCOUNT CODE</b>
			20RWHAP-A-B



## 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 is being issued to correct NoA issued on 09/14/2021 for the purpose of carryover.

#### 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@pbcbgov.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/>).



82023 2785 JUN 13 2023

Attachment 5

Recipient Information	Federal Award Information
<p><b>1. Recipient Name</b> COUNTY OF PALM BEACH 301 N Olive Ave Frnt West Palm Beach, FL 33401-4703</p> <p><b>2. Congressional District of Recipient</b> 21</p> <p><b>3. Payment System Identifier (ID)</b> 159600785A1</p> <p><b>4. Employer Identification Number (EIN)</b> 59600785</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 078470481</p> <p><b>6. Recipient's Unique Entity Identifier</b> XL2DNFMPCR41</p> <p><b>7. Project Director or Principal Investigator</b> Casey Messer Program Director cmesser@pbcbgov.org (516)355-4730</p> <p><b>8. Authorized Official</b></p>	<p><b>11. Award Number</b> 6 UT8HA38954-04-01</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> UT833854</p> <p><b>13. Statutory Authority</b> 42 U.S.C. § 242(c); 300ff-11 et seq.</p> <p><b>14. Federal Award Project Title</b> Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B</p> <p><b>15. Assistance Listing Number</b> 89.886</p> <p><b>16. Assistance Listing Program Title</b> Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B</p> <p><b>17. Award Action Type</b> Administrative</p> <p><b>18. Is the Award R&amp;D?</b> No</p>
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b> India Smith Grants Management Specialist Office of Federal Assistance Management (DFAM) Division of Grants Management Office (DGMO) ismith@hrsa.gov (301) 443-2096</p> <p><b>10. Program Official Contact Information</b> Jesus Hernandez-Burgos HIV/AIDS Bureau (HAB) jhernandez-burgos@hrsa.gov (301) 945-9837</p>	<p><b>Summary Federal Award Financial Information</b></p> <p><b>19. Budget Period Start Date 03/01/2023 - End Date 02/28/2024</b></p> <p><b>20. Total Amount of Federal Funds Obligated by this Action</b> \$1,794,154.86</p> <p><b>20a. Direct Cost Amount</b></p> <p><b>20b. Indirect Cost Amount</b></p> <p><b>21. Authorized Carryover</b> \$0.00</p> <p><b>22. Offset</b> \$0.00</p> <p><b>23. Total Amount of Federal Funds Obligated this budget period</b> \$1,900,050.00</p> <p><b>24. Total Approved Cost Sharing or Matching, where applicable</b> \$0.00</p> <p><b>25. Total Federal and Non-Federal Approved this Budget Period</b> \$2,000,050.00</p> <p><b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2025</b></p> <p><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> \$5,738,461.00</p> <p><b>28. Authorized Treatment of Program Income</b> Add-on</p> <p><b>29. Grants Management Officer – Signature</b> Karen Mayo on 05/01/2023</p>
<p><b>30. Remarks</b></p>	



Notice of Award  
Award Number: 6UT8HA33954-04-01  
Federal Award Date: 03/01/2023

HIV/AIDS Bureau (HAB)

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only  
 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:	\$2,000,000.00
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:	\$2,000,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,000,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,000,000.00

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

YEAR	TOTAL COSTS
05	\$850,000.00

**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**

**36. OBJECT CLASS**  
41.15

**37. BHCMS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	\$2,000,000.00
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	\$255,846.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,744,154.00

**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 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
23 - 377EIGR	93.686	20UT8HA33954	\$1,744,154.00	\$0.00	N/A	20RWHP-A-B

## 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 Condition(s)

1. **Due Date: Within 45 Days of Award Release Date**

Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

### Grant Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

### Program Specific Term(s)

- The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.
- 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.

### Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**

The recipient must submit an annual Initiative Allocation Report.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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/>).



October 17, 2023

Dear Ryan White HIV/AIDS Program Part A Grant Recipients:

**Re: Submission of Fiscal Year (FY) 2023 Estimated Unobligated Balance (UOB) Report and Estimated Carryover Request, and the UOB Penalty Waiver - Due December 31, 2023**

Part A funds awarded under the Ryan White HIV/AIDS Program (RWHAP) continue to be subject to Unobligated Balance (UOB) provisions in section 2603 of the Public Health Service Act.

RWHAP Part A recipients that have a UOB greater than five percent of the RWHAP Part A formula award are subject to two penalties:

- 1) A reduction in the RWHAP Part A formula award of a future year award equal to the amount of UOB minus any amount approved for carryover, and
- 2) Ineligibility to receive RWHAP Part A supplemental funds in a future year.<sup>1</sup>

[Policy Notice 12-02](#) explains the UOB requirements and potential penalties imposed on recipients that do not comply with the requirements contained in the Public Health Service Act. RWHAP legislation also requires that before the end of each grant year, grant recipients submit a carryover request of any estimated RWHAP Part A formula UOB to the Health Resources and Services Administration (HRSA).

**Failure to submit an estimated UOB and an estimated carryover request to HRSA will result in a recipient being ineligible to receive FY 2023 RWHAP Part A formula carryover funds to be expended in FY 2024.**

If a recipient decides not to submit an estimated carryover request because the recipient does not expect to have a UOB, and then later identifies and reports Part A formula UOB on the final FY 2023 Federal Financial Report (FFR), the recipient will not be eligible to submit a final FY 2023 RWHAP Part A carryover request.

The Coronavirus Disease 2019 (COVID-19) public health emergency continues to pose significant challenges for Ryan White HIV/AIDS Program (RWHAP) recipients, providers, and clients to provide and access care. In FY 2023, RWHAP Part A recipients that would otherwise be penalized for failure to expend at least 95% of their Part A formula award, due to the pandemic, may request a UOB Penalty waiver with the Estimated UOB and Carryover request due on December 31, 2023, or by the FY 2023 FFR deadline, May 29, 2024. **The UOB Penalty waiver request must be signed by an Authorizing Official (i.e., CEO or designee).**

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<sup>1</sup> RWHAP Part A legislation, section 2603(c)(3)(D) and (c)(4) of title XXVI of the Public Health Service Act, 42 U.S.C. 300ff-13 (c)(3)(D) and (c)(4).

**For all RWHAP Part A grant recipients, the deadline for submitting an estimated FY 2023 UOB and carryover request is December 31, 2023.**

In preparing the carryover request and UOB estimates, please follow the instructions below.

1. Use the format provided in the enclosed "Part A Estimated Unobligated Balance Report and Estimated Carryover Request" Excel spreadsheet to develop the estimated FY 2023 formula UOB and Minority AIDS Initiative (MAI) UOB you expect to be available for carryover, and the estimated FY 2023 Supplemental UOB you expect to have remaining at the end of the budget period. The spreadsheet should also document the estimated balances from prior year Part A formula and/or MAI carryover funds.
2. Ensure to request a waiver for the UOB Penalty if unable to expend at least 95% of the RWHAP Part A formula award due to the COVID-19 public health emergency. The waiver must be signed by an Authorizing Official.
3. Do not include program income or valid obligations that are not liquidated or expended.
4. Submit on or before December 31, 2023, through HRSA's Electronic Handbooks (EHBs) Estimated Part A Unobligated Balance (UOB) Report and Estimated Carryover Request submission.

**Note: You may not use carryover funds for administrative or clinical quality management costs.**

**Grant recipients must submit FY 2023 RWHAP Part A final Federal Financial Report (FFR) through the Payment Management System (PMS) by May 29, 2024. You must submit your final FY 2023 formula and/or MAI carryover request(s) through HRSA's EHBs as a prior approval either at the same time you submit your FFR or within 30 days of the FFR submission date. HRSA will not accept carryover requests after June 28, 2024. UOB amounts reported on your final FFR must reconcile with funds remaining in your PMS account.**

**Note: Minority AIDS Initiative (MAI) funds are awarded on a formula basis but are not subject to RWHAP Part A UOB restrictions and penalties. Nevertheless, you must track and report MAI expenditures and UOB amounts separately on the final RWHAP "Part A Estimated Unobligated Balance Report and Estimated Carryover Request" Excel spreadsheet.**

If you have any questions regarding the submission of your Estimated FY 2023 Part A UOB Report and Estimated Carryover Request, please contact your project officer.

Sincerely,

/s/ Chrissy Abrahms Woodland

Chrissy Abrahms Woodland, MBA  
Director  
Division of Metropolitan HIV/AIDS Programs

23 - 0709

Attachment 6

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET AMENDMENT

Page 1 of 1

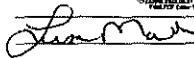
BGRV - 142 - 031523\*465  
BGEX - 142 - 031523\*1085

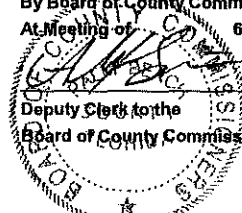
FUND (1010) - Ryan White Care Program

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	EXPENDED/	REMAINING BALANCE
							As of 05/22/2023	
<b>REVENUE</b>								
142 1481 3169	Federal Grant Other -Human Services	4,281,317	5,665,850		781,944	4,883,906		4,883,906
142 1475 3169	Federal Grant Other -Human Services	4,355,086	6,517,316	356,822		6,874,138		6,874,138
142 1477 3169	Federal Grant Other -Human Services	664,335	1,088,135	61,521		1,149,656		1,149,656
142 1479 3169	Federal Grant Other -Human Services	2,362,080	5,182,619	196,868		5,379,487		5,379,487
<b>Total Revenue</b>		<b>13,079,158</b>	<b>18,453,404</b>	<b>615,211</b>	<b>781,944</b>	<b>18,286,671</b>		<b>18,286,671</b>
<b>EXPENDITURE</b>								
142 1481 3401	Other Contractual Services	3,682,238	4,383,668		781,944	3,601,724	675,872	2,925,852
142 1475 8201	Contributions-Non-Govts Agnces	3,229,839	5,392,609	356,822		5,749,431	4,997,267	752,164
142 1477 8201	Contributions-Non-Govts Agnces	576,027	999,709	61,521		1,061,230	796,915	264,315
142 1479 8201	Contributions-Non-Govts Agnces	2,072,423	4,892,540	196,868		5,089,408	3,513,400.00	1,576,008
<b>Total Expenditures</b>		<b>13,079,158</b>	<b>18,453,404</b>	<b>615,211</b>	<b>781,944</b>	<b>18,286,671</b>	<b>9,983,454</b>	<b>8,303,217</b>

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

Signature  Date 05/31/23  
06/12/23

By Board of County Commissioners  
At Meeting of 6/13/2023  
  
Deputy Clerk to the  
Board of County Commissioners