

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

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Meeting Date: October 6, 2026	☒ Consent	☐ Regular
	☐ Ordinance	☐ Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Program

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) receive and file a Notice of Award (NOA) No. 6 H89HA00034-33-02 from the Department of Health and Human Services (HHS), and Health Resources and Services Administration (HRSA), for the Ryan White HIV/AIDS Part A and Minority AIDS Initiative (MAI) Program, authorizing the carryover of an unobligated balance in the amount of \$217,393 from budget period March 1, 2025 through February 28, 2026, into the current budget period of March 1, 2026 through February 28, 2027, for Grant Year (GY) 2026, for a total grant award amount of \$7,730,909 to support new and existing programs and continue improving health outcomes for clients with HIV/AIDS;
- B) receive and file a NOA No. 6 UT8HA33954-07-02 from the HHS and HRSA, for the Ending the HIV Epidemic (EHE): A Plan for America, authorizing the carryover of an unobligated balance in the amount of \$433,343 from budget period March 1, 2025 through February 28, 2026, into the current budget period of March 1, 2026 through February 28, 2027, for GY 2026, for a total grant award amount of \$2,438,682 to support efforts focused on reducing new HIV/AIDS infections in the United States by 90% by 2030; and
- C) approve a Budget Amendment of \$650,736 in Ryan White Program/MAI/EHE Funds to align with actual grant awards.

Summary: On July 16, 2026, HHS HRSA issued a NOA authorizing the carryover of \$217,393 in unobligated funds from GY 2025 to GY 2026, for a total grant award amount of \$7,730,909. Carryover amounts vary from year to year based on unobligated funds remaining from the previous GY. This grant allows the Community Services Department (CSD) to continue providing essential medical and support services to Palm Beach County (County) residents with HIV/AIDS. Services provided under the Grant include medical case management, medical care, pharmaceutical assistance, oral health care, legal support services, outpatient ambulatory services, health insurance premium assistance, and food bank /home-delivered meal services. During GY 2025, the Ryan White HIV/AIDS Part A & MAI program served 2,992 clients, achieving a 96% rate of clients engaged in care, a 93% retention in care rate, and an 88% viral suppression rate.

On July 23, 2026, HHS HRSA issued a NOA authorizing the carryover of \$433,343 in unobligated funds from GY 2025 to GY 2026, for a total grant award amount of \$2,438,682, for the EHE: A Plan for America. Carryover amounts vary from year to year based on funds that were left over from the prior GY. (Summary Continues on Page 3)

- Attachments:**
- 1. NOA Grant No.6 H89HA00034-33-02
 - 2. NOA Grant No.6 UT8HA33954-07-02
 - 3. Budget Amendment

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Recommended By:	Signed by: <u>James Green</u>	9/10/2026
	Department Director	Date

Approved By:	<u>Luis Dela Riva</u>	9/15/26
	Deputy County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2027	2028	2029	2030	2031
Capital Expenditures					
Operating Costs	271,140				
External Revenue	(271,140)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes _____ No X
Does this item include the use of federal funds? Yes X No _____
Does this item include the use of state funds? Yes _____ No X

Budget Account No.:
Fund 1010 Dept. 142 Unit VAR Object VAR Program Code VAR Program Period GY26

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. \$379,596 of this award is allocated as FY26 fiscal impact.

DocuSigned by:
Thomas Eaton
B8475D9E749E4E9...

C. Departmental Fiscal Review: Thomas Eaton, Interim Director, Financial & Support Services

III. REVIEW COMMENTS

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

Lin Ma 9/14/2026
OFMB
9/14/26
9.14.26
9/14/26

Frankie Pugh 9/14/26
Contract Development and Control
9.14.26

B. Legal Sufficiency:

[Signature] 9/15/2026
Assistant County Attorney

C. Other Department Review:

Department Director

(Summary Continued from Page 1):

To support the goal of ending the epidemic, the County will use the award to provide Rapid Entry to Care (REC) services and Health Insurance Premium Assistance (HIPS). Recent changes to the Florida AIDS Drug Assistance Program (ADAP) have eliminated support for health insurance premiums, affecting 1,568 people with HIV/AIDS in the County. Additional EHE grant funds will be allocated to ensure continuity of care for disenrolled ADAP members. In GY 2025, the EHE program served 812 clients, with an 89% retention in care rate and a 70% viral suppression rate, advancing our collective goal to end HIV by 2030. **No County match funds required**; however, the Grant requires Maintenance of Effort (MOE), whereby the County agrees to maintain local expenditures for HIV/AIDS related core medical and support services. **Countywide (RS)**

Background and Justification: The Palm Beach County Board of County Commissioners (BCC) has been receiving the Ryan White Program HIV/AIDS Emergency Relief Project Grant since 1994. The EHE: A Plan for America federal grant program has been awarded to the County since 2020.



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900034
Federal Award Date: 07/16/2026

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
22
- 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@pbc.gov
(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 H89HA00034-33-02
- 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 03/01/2026 - End Date 02/28/2027
- 20. Total Amount of Federal Funds Obligated by this Action
20a. Direct Cost Amount \$217,393.00
20b. Indirect Cost Amount \$0.00
- 21. Authorized Carryover \$0.00
- 22. Offset \$0.00
- 23. Total Amount of Federal Funds Obligated this budget period \$7,730,909.00
- 24. Total Approved Cost Sharing or Matching, where applicable \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period \$7,730,909.00
- 26. Project Period Start Date 03/01/2025 - End Date 02/28/2029
- 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$15,225,346.00
- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Inge Cooper on 07/16/2026

30. Remarks

Prior Approval Request Tracking Number PA-00151328. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA00034-33-02
Federal Award Date: 07/16/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) ☒ Grant Funds Only ☐ Total project costs including grant funds and all other financial participation				33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																					
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36. OBJECT CLASS 41.15																																																									
37. BHCNIS#																																																									
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																									
<table><tr><td>a. Authorized Financial Assistance This Period</td><td>\$7,730,909.00</td></tr><tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr><tr><td> i. Additional Authority</td><td>\$0.00</td></tr><tr><td> ii. Offset</td><td>\$0.00</td></tr><tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$7,513,516.00</td></tr><tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$217,393.00</td></tr></table>								a. Authorized Financial Assistance This Period	\$7,730,909.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$7,513,516.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$217,393.00																																				
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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																																																									
<table><tr><th>FY-CAN</th><th>CFDA</th><th>DOCUMENT NUMBER</th><th>AMT. FIN. ASST.</th><th>AMT. DIR. ASST.</th><th>SUB PROGRAM CODE</th><th>SUB ACCOUNT CODE</th></tr><tr><td>25 - 377RA25</td><td>93.914</td><td>26H89HA00034</td><td>\$203,141.00</td><td>\$0.00</td><td>FRML</td><td>26H89HA00034</td></tr><tr><td>25 - 377RA24</td><td>93.914</td><td>26H89HA00034</td><td>\$14,252.00</td><td>\$0.00</td><td>MAI</td><td>26H89HA00034</td></tr></table>								FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	25 - 377RA25	93.914	26H89HA00034	\$203,141.00	\$0.00	FRML	26H89HA00034	25 - 377RA24	93.914	26H89HA00034	\$14,252.00	\$0.00	MAI	26H89HA00034																													
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HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$217,393 from budget period 3/1/2025 - 2/28/2026 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Thomas Eaton	Business Official	teaton@pbcgov.org
Casey Messer	Program Director	cmesser@pbc.gov

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/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# UT833954
Federal Award Date: 07/23/2026

Recipient Information	
1. Recipient Name	COUNTY OF, PALM BEACH 301 N Olive Ave Fmt West Palm Beach, FL 33401-4703
2. Congressional District of Recipient	22
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@pbc.gov (561)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	Matthew James Public Health Analyst HIV/AIDS Bureau (HAB) mjames@hrsa.gov (301) 443-8419

Federal Award Information	
11. Award Number	6 UT8HA33954-07-02
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 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$433,343.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,005,339.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,438,682.00
26. Project Period Start Date 03/01/2025 - End Date 02/28/2030	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$6,319,376.00
28. Authorized Treatment of Program Income	Addition
29. Grants Management Officer – Signature	Inge Cooper on 07/23/2026

30. Remarks
Prior Approval Request Tracking Number PA-00151229. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 UT8HA33954-07-02
Federal Award Date: 07/23/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) ☒ Grant Funds Only ☐ Total project costs including grant funds and all other financial participation				33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																					
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36. OBJECT CLASS 41.15																																																									
37. BHCNIS#																																																									

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.							
39. ACCOUNTING CLASSIFICATION CODES							
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	
26 - 377ACGR	93.914	25UT8HA33954	\$0.00	\$0.00	N/A	25UT8HA33954	

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$433,343.00 from budget period 03/1/2025-02/28/2026 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.
Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 120 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$10,000 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@pbc.gov
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/>).

26- 1014

BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT

BGRV 142 - 072826*1807

BGEX 142 - 072826*540

FUND 1010-Ryan White Care Program

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 09/10/26	REMAINING BALANCE
REVENUES									
142-1475-3169	Federal Grant Other -Human Services	Ryan White Formula	4,288,437	7,715,178	203,141		7,918,319		
142-1477-3169	Federal Grant Other -Human Services	Ryan White Minority AIDS Initiative	553,251	1,002,322	14,252		1,016,574		
142-1481-3169	Federal Grant Other -Human Services	Ending the HIV Epidemic	2,184,065	4,927,732	433,343	0	5,361,075		
Total Fund Revenues			10,844,395	17,918,561	650,736	0	18,569,297		
EXPENDITURES									
142-1475-8201	Contributions Non-Govt Agencies	Ryan White Formula	3,152,045	6,423,500	203,141		6,626,641	5,675,417	951,224
142-1477-8201	Contributions Non-Govt Agencies	Ryan White Minority AIDS Initiative	365,889	797,254	14,252		811,506	786,274	25,232
142-1481-8201	Contributions Non-Govt Agencies	Ending the HIV Epidemic	491,267	3,089,809	433,343	0	3,523,152	1,992,640	1,530,512
Total Fund Expenditures			10,844,395	17,918,561	650,736	0	18,569,297	12,040,847	6,528,450

SIGNATURES

DocuSigned by:
Thomas Eaton

Initialing Department/Division

Administration/Budget Department Approval

OFMB Department - Posted

DATES

9/11/2026

9/14/2026

BY BOARD OF COUNTY COMMISSIONERS

At Meeting of: 10/6/2026

Deputy Clerk to the
Board of County Commissioners