

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: June 11, 2024 Consent Regular
 Ordinance Public Hearing

Department:
Submitted by: **Community Services**
Advisory Board: **Palm Beach County HIV CARE Council**

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Travel advance at an estimated cost of \$2,000 for a member of the Palm Beach County HIV CARE Council (HIV CARE Council), to attend the National Ryan White Conference on HIV/AIDS on August 20th 2024 through August 23rd, 2024 in Washington D.C.

Summary: Resolution No. R2013-0193 establishes policies and procedures for the Palm Beach County Advisory Boards, Committees and Commissions, allowing board members to travel in order to fulfill board member responsibilities. In accordance with PPM CW-F-009, non-County employee travel advances require Board approval. A travel advance is requested for a HIV CARE Council member to travel to Washington D.C., to attend the National Ryan White Conference. The grantor, the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), requires that local Planning Council members train and attend workshops in order to take an active role in the program. The Ryan White Conference theme this year is "Innovating to End the HIV Epidemic: Empowering Communities, Expanding Partnerships, and Implementing Interventions." The estimated cost of \$2000 provides for conference lodging, ground transportation, flight itinerary and meals for the participant. **These are Ryan White Part A grant funds, no County match is required.** (Ryan White Program) Countywide (HH)

Background and Justification: In accordance with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand. The Federal Government, through the Department of Health and Human Services, has made funds available to Palm Beach County to meet such demand. In order to access these funds, it is legally mandated by Title I (Part A) of the Ryan White Care Act that Palm Beach County designate a Title I (Part A) HIV Services Planning Council. To that end, the Board established the Palm Beach County HIV CARE Council, per Resolution No. R2011- 1560. This travel advance will allow a member of the local Ryan White Planning Council to attend the National Conference and receive training that will be helpful in serving on the HIV CARE Council.

Attachments: Travel Reimbursement Form

DocuSigned by:
James E. Green 5/15/2024
Recommended By: Department Director Date

James E. Green 5/30/24
Approved By: 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	2000				
External Revenue	(2000)				
Program Income					
In-Kind Match					
NET FISCAL IMPACT	0	0			
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget: Yes X No _____

Does this item include the use of Federal funds: Yes X No _____

Does this item include the use of State funds: Yes _____ No X

Budget Account No.:

Fund 1010 Dept. 142 Unit 1475 Obj. _____ Program Code _____ Program Period _____

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

Ryan White Part A (HRSA)

C. Departmental Fiscal Review: _____
DocuSigned by: Julie Dowe 65A0807005B0474...
 Julie Dowe, Director, Division Director II

III. REVIEW COMMENTS

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

ASD/CAL 5/15/24
 OFMB QA 5/15 MD 5/15

Brunde M. Macchio 5/21/24
 Contract Development and Control
MD 5/20/24

B. Legal Sufficiency:

Debra C. King 5-28-24
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

TRAVEL REQUEST/REIMBURSEMENT FORM
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

NAME _____ TITLE PBCHIV CARE COUNCIL Member
TECH PROF MNGR OTHR
 DEPARTMENT PBC Community Services DIVISION PBC Ryan White Program
 PHONE # 561-268-7046 ACCOUNT # _____ DATE _____
 TRAVEL CONTACT Sanpreet Kaur PHONE # 561-355-4918
 DESTINATION (City & State) Washington DC - 20001
 VACATION COMBINED WITH TRIP? YES NO WAS TRIP BUDGETED? YES NO
 TITLE OF CONFERENCE/SEMINAR National Ryan White Conference on HIV CARE & Treatment
 PURPOSE OF TRIP Business Training Conference/Convention Lobbying
 OUT OF STATE IN STATE IN PALM BEACH COUNTY

	ESTIMATED EXPENSES	ACTUAL EXPENSES
<i>Departure:</i> Date: <u>Aug 19th 2024</u>	Date: _____	Date: _____
<i>Return:</i> Date: <u>Aug 23rd 2024</u>	Date: _____	Date: _____
Registration Fee: \$ <u>0.00</u>	\$ _____	\$ _____
Transportation:		
Airline: <u>\$500.00</u>	_____	_____
Private Vehicle (Attach Detail)		
Destination Miles @ .585¢/mile. <u>67¢/mile</u>	_____	_____
Vicinity Miles @ .585¢/mile. <u>67¢/mile</u>	_____	_____
County Vehicle		
Vehicle # _____	_____	_____
Taxi. <u>Uber \$40.00</u>	<u>\$60.00</u>	_____
Car Rental (Attach Justification)	_____	_____
Lodging: <u>4</u> Days @ \$ <u>200</u> / Day + <u>14.65</u>	<u>\$1000.00</u>	_____
Meals:		
# <u>5</u> Breakfasts (\$7.00) <u>6.00</u>	<u>\$30.00</u>	_____
# <u>5</u> Lunches (\$11.00) <u>12.00</u>	<u>\$60.00</u>	_____
# <u>4</u> Dinners (\$22.00)	<u>\$88.00</u>	_____
Per Diem:		
# _____ Qtrs @ \$23.75 /Qtr.	_____	_____
Miscellaneous:		
Parking: _____	_____	_____
Tolls: _____	_____	_____
Other: <u>Baggage @ 60¢ each Side</u>	<u>\$120.00</u>	_____
TOTAL ALL EXPENSES: \$ <u>1878.00</u>	\$ _____	\$ _____
TRAVEL ADVANCE REQUESTED: \$ _____	\$ _____	\$ _____
Less:		
Travel Advance: _____	_____	_____
Payments By County: _____	_____	_____
Payments By Other Entities: _____	_____	_____
Amount of Reimbursement <REFUND>: _____	_____	\$ _____

TRAVEL APPROVALS:
 Traveler's: [Signature] Date 4/9/24
DocuSigned by:
 Approving Authority's: James E Green Date 4/11/2024

REIMBURSEMENT APPROVALS: *
 Traveler's: _____ Date _____
 Approving Authority's: _____ Date _____

***CERTIFICATION AND AUTHORIZATION**

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the traveler as necessary travel expenses in the performance of my official duties; and that same conforms in every respect with the requirements of the Palm Beach County travel regulations and Chapter 112.061, Florida Statutes.