

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	4,198,361	2,998,830			
External Revenue	(4,198,361)	(2,998,830)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	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 GY24

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.

**Julie
Dowe**



Digitally signed by Julie Dowe
 DN: cn=Julie Dowe, o=Palm Beach County, ou=Users, cn=Julie Dowe, email=JDowe@pbcgov.org
 Reason: I am approving this document
 Date: 2024.07.23 15:59:26-04'00'
 Exit PDF Editor Version: 12.1.0

C. Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

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

Lucy M... 8/1/2024
 OFMB
 7-25-24

Trunda... 8/5/24
 Contract Development and Control
 8/5/24

B. Legal Sufficiency:

Deleene C... 8-6-24
 Assistant County Attorney

C. Other Department Review:

 Department Director



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@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 H89HAD0034-31-01
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 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$5,554,458.00
20a. Direct Cost Amount	
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	\$7,690,271.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$7,690,271.00
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	\$23,432,397.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Karen Mayo on 05/16/2024

30. Remarks

This award includes the following sources of funding:

FY24 MAI - \$620,497
FY24 FRML - \$4,465,300
FY24 SUPPL - \$2,604,474

Total Funding - \$7,690,271



Notice of Award
Award Number: 6 H89HA00034-31-01
Federal Award Date: 05/16/2024

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</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;">\$7,690,271.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$7,690,271.00</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;">\$7,690,271.00</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:	\$7,690,271.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$7,690,271.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$7,690,271.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">YEAR</th> <th style="text-align: center;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER BRH890034</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	Not applicable		a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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HRSA Electronic Handbooks (EHBs) Registration Requirements

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

- During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP 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.

Program Specific Term(s)

- This Notice of Award provides the balance of fiscal year 2024 (FY 24) funding based on HRSA's FY 24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

- Due Date: Within 60 Days of Award Release Date**

The recipient must submit a FY 2024 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.

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
Thomas Eaton	Business Official	teaton@pbcgov.org
Casey Messer	Program Director	cmesser@pbcgov.org

Note: NoA emailed to these address(es)

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



Recipient Information

1. Recipient Name
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@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 H89HA00034-31-02
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 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
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21. Authorized Carryover	\$0.00
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25. Total Federal and Non-Federal Approved this Budget Period	\$7,690,271.00
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27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$23,432,397.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Karen Mayo on 06/04/2024

30. Remarks

GA Admin Batch Tracking Number 000347.



Notice of Award
Award Number: 6 H89HA00034-31-02
Federal Award Date: 06/04/2024

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
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o. TOTAL DIRECT COSTS:	\$7,690,271.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$7,690,271.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$7,690,271.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$7,690,271.00
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	\$7,690,271.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
	Not applicable

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
BRH890034

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 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
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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.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Issue Date

The recipient must submit a FY 2024 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/>).



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
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 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 UT8HA33954-05-01
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 03/01/2024 - End Date 02/28/2025	
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	\$357,533.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$714,800.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,072,333.00
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	\$6,453,261.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Karen Mayo on 04/30/2024

30. Remarks

Prior Approval Request Tracking Number PA-00128763. Prior Approval Request Type: Other



Notice of Award
Award Number: 6 UT8HA33954-05-01
Federal Award Date: 04/30/2024

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:	\$42,673.00
b. Fringe Benefits:	\$16,715.00
c. Total Personnel Costs:	\$59,388.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$13,145.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$714,800.00
j. Consortium/Contractual Costs:	\$285,000.00
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:	\$1,072,333.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,072,333.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,072,333.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,072,333.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$357,533.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$714,800.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

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

YEAR	TOTAL COSTS
Not applicable	

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. BHCMI#

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
24 - 377AAGR	93.914	20UT8HA33954	\$0.00	\$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 Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$357,533.00 from budget period 03/1/2022-02/28/2023 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

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

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

Contacts

NoA Email Address(es):

Name	Role	Email
Casey Messer	Program Director	cmesser@pbcgov.org
James Green	Point of Contact	jgreen1@pbcgov.org

Note: NoA emailed to these address(es)

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



Recipient Information

1. Recipient Name
COUNTY OF, PALM BEACH
301 N Olive Ave Frnt
West Palm Beach, FL 33401-4703
2. Congressional District of Recipient
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 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 UT8HA33954-05-02
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 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$1,285,200.00
20a. Direct Cost Amount	
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	\$2,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,357,533.00
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	\$7,738,461.00

28. Authorized Treatment of Program Income
Addition
29. Grants Management Officer – Signature
Karen Mayo on 05/07/2024

30. Remarks



Notice of Award
Award Number: 6 UT8HA33954-05-02
Federal Award Date: 05/07/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
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:	\$2,357,533.00
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:	\$2,357,533.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,357,533.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,357,533.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$2,357,533.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$357,533.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$714,800.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,285,200.00

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

YEAR	TOTAL COSTS
	Not applicable

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. 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 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
24 - 377AAGR	93.914	20UT8HA33954	\$1,285,200.00	\$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.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2024 (FY24) funding based on HRSA's FY24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. 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/>).

24-0901

**BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA
BUDGET AMENDMENT**

BGEX 142 061824*489

BGRV 142 061824*1529

FUND 1010 - Ryan White Care Program

ACCOUNT NUMBER	ACCOUNT NAME	UNIT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED as of 06/18/24	REMAINING BALANCE
REVENUES									
14214813169	Federal Grant Other -Human Services	ENIDNG THE HIV EPIDEMIC	4,171,472	3,913,109	1,166,668		5,079,777	0	5,079,777
14214753169	Federal Grant Other -Human Services	RYAN WHITE FORMULA	4,890,699	3,990,732	1,757,442		5,748,174	0	5,748,174
14214773169	Federal Grant Other -Human Services	RYAN WHITE MINORITY AIDS INIATIVE	645,928	745,795	245,000		990,795	0	990,795
14214791369	Federal Grant Other -Human Services	RYAN WHITE SUPPLEMENTAL	3,691,018	1,664,803	2,495,759		4,160,562	0	4,160,562
Total Fund Revenues			13,399,017	10,314,439	5,664,869	0	15,979,308	0	15,979,308
EXPENDITURES									
14214811201	Salaries & Wages Regular	ENIDNG THE HIV EPIDEMIC	674,220	674,220	550,000		1,224,220	480,358	743,862
14214813401	Other Contractual Services	ENIDNG THE HIV EPIDEMIC	1,012,303	577,671	116,668		694,339	95,622	598,717
14214818201	Contributions-Non-Govts Agnces	ENIDNG THE HIV EPIDEMIC	765,696	765,696	500,000		1,265,696	724,006	541,690
14214751201	Salaries & Wages Regular	RYAN WHITE FORMULA	400,193	400,193	400,000		800,193	235,836	564,357
14214758201	Contributions-Non-Govts Agnces	RYAN WHITE FORMULA	3,510,471	2,610,604	1,357,442		3,968,046	2,948,478	1,019,568
14214771201	Salaries & Wages Regular	RYAN WHITE MINORITY AIDS INIATIVE	127,248	127,248	50,000		177,248	9,588	167,660
14214773401	Other Contractual Services	RYAN WHITE MINORITY AIDS INIATIVE	10,000	10,000	15,000		25,000	0	25,000
14214778201	Contributions-Non-Govts Agnces	RYAN WHITE MINORITY AIDS INIATIVE	453,247	553,114	180,000		733,114	425,890	307,224
14214791201	Salaries & Wages Regular	RYAN WHITE SUPPLEMENTAL	137,578	137,578	25,759		163,337	78,864	84,473
14214798201	Contributions-Non-Govts Agnces	RYAN WHITE SUPPLEMENTAL	3,406,303	1,380,088	2,470,000		3,850,088	1,357,761	2,492,327
Total Fund Expenditures			13,399,017	10,314,439	5,664,869	0	15,979,308	6,356,402	6,544,879

SIGNATURES: Taruna Malhotra **DATES** 7/30/2024
INITIALS: TM **DEPARTMENT/DIVISION** Taruna Malhotra

Steve Math 8/1/2024
Administration/Budget Department Approval

OFMB Department - Posted

BY BOARD OF COUNTY COMMISSIONERS

At Meeting of: 8/20/2024

**Deputy Clerk to the
Board of County Commissioners**