PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: A	ugust 20, 2024	[X]	Consent Ordinance]]]]]]	Regular Public Hearing	r
	Community Serv Ryan White Prog						
	4	<u>L</u>	EXECUTIVE	BRI	===: <u>EF</u>		#

Motion and Title: Staff recommends motion to:

A) receive and file the following Notice of Awards (NOA) from the U.S Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) as follows:

- 1. No. 6 H89HA00034-31-01 for the budget period March 1, 2024 through February 28, 2025, in the amount of \$5,554,458, for Grant Year (GY) 2024, for a total grant award amount of \$7,690,271, for new and existing programs to continue improving health outcomes for clients with HIV/AIDS for the Ryan White program; and
- 2. No. 6 H89HA00034-31-02 for the budget period March 1, 2024 through February 28, 2025, with no change to existing award amount, to update terms and conditions with additional reporting requirements; and
- 3. No.6 UT8HA33954-05-01 for the budget period of March 1, 2024 through February 28, 2025, carryover funding in the amount of \$357,533 for GY 2024, for a total amount of \$6,453,261 for project period March 1, 2020 through February 28, 2025 for Ending the HIV Epidemic: A Plan for America (EHE) program; and
- 4. No.6 UT8HA33954-05-02, for the budget period of March 1, 2024, through February 28, 2025, in the amount of \$1,285,200.00, for a total grant award amount of \$2,357,533, for the budget period and \$7,738,461, for the project period March 1, 2020 through February 28, 2025 for EHE.

(B) approve a budget amendment of \$5,664,869 in the Ryan White fund to align the budget with the grant awards.

Summary: On May 16, 2024, the Community Services Department (CSD) received the final notice of award for the GY 2024 Ryan White program. The grant allows CSD to continue providing needed medical and support services to Palm Beach County people with HIV/AIDS (PWH). In GY 2023, the approximate number of clients served was 2,868 across all programs and initiatives. The percentage retained in care was 87%. The viral suppression rate was 84%. For GY 2023 for Minority Aids Initiative (MAI), 88.3% of clients who received a service in the first 6 months of the GY 2022 were retained in care (770/872) and 85.5% were virally suppressed (928/1085). Under this grant, the program will serve approximately 3,600 people with HIV annually through our RW and MAI programs. On December 17, 2019, the Board of County Commissioners (BCC) ratified the Mayor's signature on the EHE Grant application (R2019-1875). This grant focuses on reducing HIV infections by 90% in the United States by the year 2030. On April 30, 2024, HHS HRSA issued a re-authorization of carryover funding from the previous GY 2023 to the current GY 2024 in the amount of \$357,533 for EHE. Carryover amounts vary from year to year based on funds that were left over from any prior grant year. On May 7, 2024, HHS HRSA issued a final NOA for EHE in the amount of \$1,285,200.00. In GY 2023, the total number of clients served was 380 across all programs and initiatives. In GY 2023, the approximate number of PWH served was 2,868 across all programs and initiatives. The percentage of PWH who were engaged in care to EHE was 76%. The percentage of PWH retained in care was 87%. The viral suppression rate was 84%. These are RW and EHE grant funds, no County match is required. Countywide (HH)

Background and Justification: BCC has been receiving the Ryan White Program HIV Emergency Relief Project Grant since 1994, and has assisted thousands of persons with HIV/AIDS with medical support services. Under this grant, the program will serve approximately 3,600 people with HIV annually through our RW and MAI programs. The EHE federal grant program has been awarded to Palm Beach County since 2020, increasing the capacity to serve 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 service 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. Sub-recipients are monitored annually, with performance measures reported quarterly and annually.

Attachments:

- 1. Notice of Award Grant No. 6 H89HA00034-31-01
- 2. Notice of Award Grant No. 6 H89HA00034-31-02
- 3. Notice of Award Grant No. 6 UT8HA33954-05-01
- 4. Notice of Award Grant No. 6 UT8HA33954-05-02
- 5. Budget Amendment

Recommended By: 1 Jaun Malhotie	
Department Director	Date
Approved By: Assistant County Administrator	8/12/2\) Date

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 FIE			ı
POSITIONS (Cumulative)		1	

Is Item Included In Current Budget?
Does this item include the use of federal funds?
Does this item Include the use of state funds?

Yes ___ No _x_ Yes _x No ___ 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

Locator:

Total PDF Editor Version: 12.1.0

C. Departmental Fiscal Review:

Department Director

Julie Dowe, Director, Financial & Support Services

	III. REVIE	<u>N COMMENTS</u>
Α.	OFMB Fiscal and/or Contract Developm	ent and Control Comments: MAC MAC B/5/24 Contract Development and Control
В.	Legal Sufficiency:	And 8/5/34
	Assistant County Attorney	
C.	Other Department Review:	



Department of Health and Human Services

Health Resources and Services Administration

Notice of Award FAIN# H8900034 Federal Award Date: 05/16/2024

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
- 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 H89HA00034-31-01
- 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?

Summary Federal Award Financial Info	mation
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

31. APPROVED BUDGET: (Excludes Direct Assistance)		33. RECOMMENDED FUTURE SUPPORT:		
[X] Grant Funds Only		(Subject to the availability of funds and satisfactory progress o	f project)	
[] Total project costs including grant funds and all other financi	al participation	YEAR TOTAL COSTS		
a. Salaries and Wages:	\$0.00	Not applicable	1.72 1.7 S1.7 1 T. 114.4 - 11	
b. Fringe Benefits:	\$0.00	34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)		
c. Total Personnel Costs:	\$0.00	a. Amount of Direct Assistance	\$0.00	
d. Consultant Costs:	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	
e. Equipment:	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	
f. Supplies:	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00	
g. Travel:	\$0.00	35. FORMER GRANT NUMBER		
h. Construction/Alteration and Renovation;	\$0.00	BRH890034		
i. Other:	\$0.00	36. OBJECT CLASS		
j. Consortium/Contractual Costs:	\$0.00	41.15		
k. Trainee Related Expenses:	\$0.00	37. BHCMIS#		
I. 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			
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	\$2,135,813.00			
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$5,554,458.00			

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 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.

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST. A	IMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 377RA16	93.914	24H89HA00034	\$2,506,715.00	\$0.00	FRML	24H89HA00034
24 - 377RA17	93.914	24H89HA00034	\$2,604,474.00	\$0.00	SU₽PL	24H89HA00034
24 - 377RA15	93.914	24H89HA00034	\$443,269.00	\$0.00	MAI	24H89HA00034

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

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. 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)

1. 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)

1. 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	l	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/).



Department of Health and Human Services

Health Resources and Services Administration

Notice of Award FAIN# H8900034 Federal Award Date: 06/04/2024

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

3. Payment System Identifier (ID) 1596000785A1

4. Employer Identification Number (EIN)

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) ifenner@hrsa.gov (301) 443-4251

Federal Award Information

11. Award Number

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

16. Assistance Listing Program Title HIV Emergency Relief Project Grants

17. Award Action Type Administrative

18. Is the Award R&D?

Summary Federal Award Financial Info	rmation				
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	\$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 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

31. APPROVED BUDGET: (Excludes Direct Assistance) [X] Grant Funds Only		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of	of project)		
[] Total project costs including grant funds and all other financial participation		YEAR TOTAL COSTS			
a. Salaries and Wages:	\$0.00	Not applicable			
b. Fringe Benefits:	\$0.00	34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash	1)		
c. Total Personnel Costs:	\$0.00	a. Amount of Direct Assistance	\$0.00		
d. Consultant Costs:	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.0		
e. Equipment:	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.0		
f. Supplies:	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.0		
g. Travel:	\$0.00	35. FORMER GRANT NUMBER	70.0		
h. Construction/Alteration and Renovation:	\$0.00	BRH890034			
i. Other:	\$0.00	36. OBJECT CLASS			
j. Consortium/Contractual Costs:	\$0.00	41.15			
k. Trainee Related Expenses:	\$0.00	37. BHCMIS#			
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				
2. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a. Authorized Financial Assistance This Period	\$7,690,271.00				
b. Less Unobligated Balance from Prior Budget Periods		T N A A A A A A A A A A A A A A A A A A			
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				

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.

FY-CAN	CFDA	DOCUMENT NUMBER	largum rational marginalism it	AMT. DIR. ASST.	SUB PROGRAM COD	E SUB ACCOUNT CODE
24 - 377RA16	93.914	24H89HA00034	\$0.00	\$0.00	FRML	24H89HA00034
24 - 377RA17	93.914	24H89HA00034	\$0.00	\$0.00	SUPPL	24H89HA00034
24 - 377RA15	93.914	24H89HA00034	\$0.00	\$0.00	MAI	24H89HA00034

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.

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

COUNTY OF, PALM BEACH

West Palm Beach, FL 33401-4703

2. Congressional District of Recipient

4. Employer Identification Number (EIN)

6. Recipient's Unique Entity Identifier

5. Data Universal Numbering System (DUNS)

7. Project Director or Principal Investigator

Federal Agency Information 9. Awarding Agency Contact Information

Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO)

Grants Management Specialist

10. Program Official Contact Information Jesus Hernandez-Burgos HIV/AIDS Bureau (HAB) JHernandez-Burgos@hrsa.gov

3. Payment System Identifier (ID)

301 N Olive Ave Frnt

1. Recipient Name

1596000785A1

596000785

078470481

XL2DNFMPCR44

Program Director

!5mith@hrsa.gov (301) 443-2096

(301) 945-9837

cmesser@pbcgov.org (516)355-4730 8. Authorized Official

Casey Messer

Notice of Award FAIN# UT833954 Federal Award Date: 04/30/2024

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

28. Authorized Treatment of Program Income

29. Grants Management Officer - Signature Karen Mayo on 04/30/2024

Addition

30. Remarks

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

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					



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

31. APPR	OVED BUDGET: (Excludes Direct Assistance)		33. RECOMMENDED FUTURE SUPPORT:	
[X] Grant Funds Only		(Subject to the availability of funds and satisfactory progress of project)		
[] To	otal project costs including grant funds and all other finan	cial participation	YEAR TOTAL COSTS	
a. Sala	eries and Wages:	\$42,673.00	Not applicable	No. of the Control of
b. Frin	nge Benefits:	\$16,715.00	34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
c. Tota	al Personnel Costs:	\$59,388.00	a. Amount of Direct Assistance	\$0.00
d. Con	nsultant Costs:	\$0.00		\$0.00
e. Equ	ilpment:	\$0.00		\$0.00
f. Sup	pplies:	\$13,145.00		\$0.00
g. Trav	vel:	\$0.00	35. FORMER GRANT NUMBER	
h. Con	nstruction/Alteration and Renovation:	\$0.00	36. OBJECT CLASS	
i. Oth	ner:	\$714,800.00	41.15	
j. Con	nsortium/Contractual Costs:	\$285,000.00	37. BHCMIS#	
k. Trai	inee Related Expenses:	\$0.00		
l. Trai	inee Stipends:	\$0.00		
m. Trai	inee Tuition and Fees:	\$0.00		
n. Trai	inee Travel:	\$0.00		
о. ТОТ	FAL DIRECT COSTS:	\$1,072,333.00		
p. IND	PIRECT COSTS (Rate: % of S&W/TADC):	\$0.00		
i.	Indirect Cost Federal Share:	\$0.00		
iì.	Indirect Cost Non-Federal Share:	\$0.00		
q. TÖT	TAL APPROVED BUDGET:	\$1,072,333.00		
i.	Less Non-Federal Share:	\$0.00		
îi.	Federal Share:	\$1,072,333.00		
32. AWAI	RD COMPUTATION FOR FINANCIAL ASSISTANCE:			
a. Auth	norized Financial Assistance This Period	\$1,072,333.00		
b. Less	Unobligated Balance from Prior Budget Periods			
1.	Additional Authority	\$357,533.00		
ii.	Offset	\$0.00		
c. Una	warded Balance of Current Year's Funds	\$0.00		
d. Less	Cumulative Prior Award(s) This Budget Period	\$714,800.00		
e. AMO	DUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00		

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 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.

24 - 377AAGR 93.914 20UT8HA33954 \$0.00 \$0.00 N/A 20RWHAP-A-B	FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT, DIR. ASST. S	UB PROGRAM CO	DE SUB ACCOUNT CODE
	24 - 377AAGR	93.914	20UT8HA33954	\$0.00	\$0.00	N/A	20RWHAP-A-B

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 \$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)

 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		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/).



Notice of Award FAIN# UT833954 Federal Award Date: 05/07/2024

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
- 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) (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
- 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

93.686

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

[] Total project costs including grant funds and all other financial participation	YEAR TOTAL COSTS
a. Salaries and Wages: \$0	Not applicable
b. Fringe Benefits: \$0	34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)
c. Total Personnel Costs: \$0	a. Amount of Direct Assistance \$0.00
d. Consultant Costs: \$0	******
e. Equipment: \$0	il
f. Supplies: \$0	
g. Travel: \$0	35. FORMER GRANT NUMBER
h. Construction/Alteration and Renovation: \$0	
i. Other: \$2,357,533	I I
j. Consortium/Contractual Costs: \$0	00 37. BHCMIS#
k. Trainee Related Expenses: \$0	00
l. Trainee Stipends: \$0	00
m. Trainee Tuition and Fees: \$0	00
n. Trainee Travel: \$0	00
a. 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	DO .
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$1,285,200	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 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.

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT, DIR, ASST, S	UB PROGRAM COL	DE SUB ACCOUNT CODE	THE PERSON NAMED IN COLUMN
24 - 377AAGR	93.914	20UT8HA33954	\$1,285,200.00	\$0.00	N/A	20RWHAP-A-B	A A S.

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 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):

Casey Messer Program Director cmesser@pbcqov.org	Name	Role	Email
	Cubcy Messer	Program Director	,

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 COMMISIONERS PALM BEACH COUNTY, FLORIDA BUDGET AMENDMENT

BGEX	142 061824*489
BGRV	142 061824*1529
	142 001024 1027

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	4,890,599	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

一SIGNATURES y:	DATES
Taruna Malliotra	7/30/2024
INITIATING PERABETMENT/DIVISION Taruna Malhotra	
tisa March	81.12024
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		