Agenda Item # 3E-3

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date:	March 11, 2025	[X]	Consent	[1	Regular
•	·	ĨĪ	Ordinance	Ī	j	Public Hearing
Department						
Submitted By:	Community Services					
Submitted For:	Ryan White Program					
				===	===	

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: First Amendments (Amendments) to Subrecipient agreements for the Ryan White Program HIV/AIDS Part A (RWHAP) and Ending the HIV Epidemic (EHE) Initiative Program in Palm Beach County (County) with the below-listed agencies, for the period March 1, 2024 through February 28, 2027, to increase funding by \$682,819 for a new amount not-to-exceed \$4,378,570, for the provision of services to improve health outcomes for People with HIV (PWH):

- A) Amendment No. 1 with The Poverello Center, Inc. (TPC) (R2024-0532) to increase the agreement amount by \$347,705 (including \$47,705 in RWHAP funding and \$300,000 in EHE funding), for a new Grant Year (GY) 2024 amount not-to-exceed \$491,375, and a new three (3) year total not-to-exceed \$778,715, for food bank/food delivered meals; and
- **B)** Amendment No. 1 with Treasure Coast Health Council, Inc. (TCHC) (R2024-0531) to increase the agreement amount by \$335,114, for a new GY 2024 amount not to exceed \$1,423,361, and a new three (3) year total not-to-exceed \$3,599,855, for core and medical support services.

Summary: These Amendments are necessary to increase funding and continue providing core medical and support services to County residents with HIV/AIDS. Amendment No. 1 with TPC is the sole Food Bank provider currently offering food boxes to PWH. TPC will receive \$47,705 in RWHAP funding and \$300,000 in new EHE funding. EHE funding is used to expand RWHP services when needed to address gaps within the HIV/AIDS system of care. Only 25% of RWHAP grant funding can be spent on support services, including food bank, and the caps for the current GY have been reached. EHE funds are being utilized to provide food bank services to PWH who are currently eligible but unable to receive food through RWHAP due to funding limitations. Under RWHAP, TPC served 438 PWH in GY 2023, has served 367 PWH to date in GY 2024, and is expected to serve 2,157 PWH in GY 2024 across all funding sources. The viral suppression rate is 90.2%. TPC has not previously received EHE funding and is now receiving it for the first time. Amendment No. 1 with TCHC is needed to provide core and medical support services. In GY 2023, TCHC served 469 PWH, has served 416 PWH to date in GY 2024, and is expected to serve 1,102 PWH in GY 2024. The viral suppression rate is 88.4%. The following individual is a member of the Palm Beach County Ryan White HIV Care Council (Care Council): Ashnika Ali, an employee of Treasure Coast Health Council. (Continued on Page 3)

Background and Justification: Palm Beach County Board of County Commissioners (BCC) has been receiving the RWHAP grant since 1994 and has provided core medical and support services to thousands of PWH. The EHE funding has been awarded to PBC since 2020.

Attachments: 1) First Amendment	t to Subrecipient Agreements (2)		
] ====================================	
Recommended By:	Taruna Maholtra	2/12/2025	
•	Department Director	Date	
Approved By:	Tamplate	2/19/25	
	Assistant County Administrator	Date	

II. FISCAL IMPACT ANALYSIS

A. Five-Year Summary of Fiscal Impact:

	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs	682,819				
External Revenue	(682,819)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
# ADDITIONAL FTE POSITIONS (Cumulative)					
s Item Included In Current Does this item include the Does this item include the Budget Account No.: Fund 1010 Dept. 142 Unit	use of federal to use of state ful	funds? Yo nds? Y	es <u>x</u> No es No	yram Period (GY 2024
Recommended Sou The funding source funding is required.					s. No County
C. Departmental Fisca			igned by: Lic Dowc 117404EBABC424 or, Financial 8	Support Serv	vices
	III. REV	IEW COMM	<u>ENTS</u>		
A. OFMB Fiscal and/or	· Contract Deve	lopment an	_	mments:	
OFMB Fiscal and/or OFMB MD 2/13	Contract Deve		_	mull	00trol 2/18/0
Juan aut	. 1 - 1		d Comprol Co	MacAC proment and C	\\ \frac{2/18/a}{\text{ontrol}}
OFMB MD 2/13	Alistacos A 213 und 2-18-2		d Comprol Co	MacAC proment and C	Sontrol 2/18/2
OFMB MD 2/13 B. Legal Sufficiency:	Alistaces A 21/2 und z-18-2		d Comprol Co	MacAC proment and C	2/18/2 control 14.25

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

Summary (Continued from Page 1):

This Care Council provides no regulation, oversight, management, or policy-setting recommendations regarding the agency contracts listed above. Disclosure of this contractual relationship is duly noticed at public meetings provided in accordance with the provisions of Section 2-443, of the Palm Beach County Code of Ethics. On May 14, 2024, the BCC authorized the County Administrator, or designee, to execute documents for this purpose. Delegated authority process was utilized because there was insufficient time to execute the Amendments through the regular BCC agenda process to allow Subrecipients to fully expend grant funds by February 2025. In accordance with County PPM CW-O-051, all delegated contract agreements and grants must be submitted by the initiating department as a receive and file agenda item. **No County match is required.** Countywide (HH)

FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT

THIS FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT (R2024-0532) is made as of the ____ day of ____, 20__, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and The Poverello Center Inc., hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 65-0056218.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WITNESSETH:

WHEREAS, on August 22, 2023, the above named parties entered into a three-year Agreement (R2024-0532) (the Agreement) to provide services in areas of Core Medical and Support services in a total amount of \$431,010.00; and

WHEREAS, the need exists to amend the Agreement by: amending ARTICLE 5 PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY in order to increase the total Agreement amount for Grant Year 2024; update EXHIBIT A RYAN WHITE PART A IMPLEMENTATION PLAN; update EXHIBIT B UNITS OF SERVICE RATE AND DEFINITION; update EXHIBIT F SUBAWARD; add new ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN; and add new ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT.

NOW, THEREFORE, the above named parties hereby mutually agree that the Agreement entered into on August 22, 2023, is hereby amended as follows:

- I. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement.
- II. The first paragraph of ARTICLE 5 PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY shall be replaced in its entirety with the following:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of SEVEN HUNDRED SEVENTY-EIGHT THOUSAND, SEVEN HUNDRED FIFTEEN DOLLARS AND ZERO CENTS (\$778,715.00); OF WHICH FOUR HUNDRED NINETY-ONE THOUSAND, THREE HUNDRED SEVENTY-FIVE DOLLARS AND ZERO CENTS (\$491,375.00) IS BUDGETED IN GRANT YEAR 2024, WITH AN ANTICIPATED ANNUAL ALLOCATION OF ONE HUNDRED FORTY-THREE THOUSAND, SIX HUNDRED SEVENTY DOLLARS AND ZERO CENTS (143,670.00) IN EACH SUBSEQUENT GRANT YEAR FOR THE TERM OF THIS AGREEMENT.

- III. **EXHIBIT A1 IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A IMPLEMENATION PLAN** to the Agreement in its entirety.
- IV. EXHIBIT B1 UNITS OF SERVICE RATE AND DEFINITIONS attached hereto and incorporated herein by reference shall replace EXHIBIT B UNITS OF SERVICE RATE AND DEFINITIONS to the Agreement in its entirety.
- V. **EXHIBIT F1 SUBAWARD** attached hereto and incorporated herein by reference shall replace **EXHIBIT F SUBAWARD** to the Agreement in its entirety.
- VI. New ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN is added to the Agreement to read as follows:

ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN

Pursuant to F.S. 286.101, as may be amended, by entering into this Agreement or performing any work in furtherance thereof, the AGENCY certifies that it has disclosed any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern where such interest, contract, or grant or gift has a value of \$50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

VII. New **ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT** is added to the Agreement to read as follows:

ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT

AGENCY warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. AGENCY has executed **Exhibit Q**, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.

VIII. All other provisions of the Agreement not modified in this First Amendment remain in full force and effect.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:	
Joseph Abruzzo, Clerk of the Circuit Court & Comptroller Palm Beach County	PALM BEACH COUNTY, FLORIDA, A Political Subdivision of the State of Florida BOARD OF COUNTY COMMISSIONERS
BY:	BY: MOUL Verdenia C. Baker, County Administrator
	AGENCY: The Poverello Center, Inc.
	BY: Docusigned by: Authorized Signature
	Thomas S Pietrogallo
	AGENCY'S Signatory Name Typed
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	APPROVED AS TO TERMS AND CONDITIONS
Assistant County Attorney	Tavuna Malliotra Tavuna Malliotra Tavuna Malliotra Community Services Department
	¥

Ryan White	e Program Implementation I	Plan: Service	Category Tab	le	
Agency Name:	The Poverello Center, Inc.				
Grant Year: 2024	Service Category:	F	FOOD BANK/H DELIVERED MI		
	Total Request:**	Ś	\$186,982		
	Agency to request amount	from total av	ailable above		
Service Category Goal: purchase food.	The provision of actual food	items, hot m	eals, or a vou	cher program	to
Objective: List quantific the service listed above	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided		
From 3/01/2024-2/28/2024 serve at least 273 people below the 200% FPL receive at most 12 disbursement of \$75 vouchers. From 3/01/2024-2/28/2025 serve at least 137 people above 200% FPL receive at most 12 disbursements of \$50 vouchers.			T UIIIC= 1	157	1,877
HAB/HHS Performance	e	Retention in			
Measure:		Medical Card	e		
		e (%)	88		
Target (%)			95		
	AND SHEET AND SHEET SHEE				

^{***}Total Requested Amount is subject to change

Ending The HIV E	pidemic Program	Implement	ation Plan:	Service Categ	ory Table	
Agency Name:	ry Name: The Poverello Center, Inc.					
Grant Year: 2024	Service Catego	ory:		FOOD BANK		
	Total Request:	**		\$300,000		
	Agency to reque	est amount i	rom total a	vailable abov	e.	
Service Category Goal				Service	Number o	, Number
Objective: List quantij the service listed abou			elated to	Unit Definition	Persons to	of Units to be
By 2/28/2025, improve retention in HIV medical care by 7% by providing food bank to low income people with HIV.			1 unit= 1 FOOD BOX	2,000	4,000	
HAB/HHS Performand Measure:	e		Retention Medical Ca			
			Baselin	1000	1	
			e (%) Target	88		
			(%)	95		

^{***}Total Requested Amount is subject to change

EXHIBIT B1

UNITS OF SERVICE RATE AND DEFINITION

GRANT YEAR 2024

THE POVERELLO CENTER, INC.						
Support Services	GY24	GY25	GY26	Total		
Food Bank/Home Delivered Meals	186,982	139,277	139,277	465,536		
Food Bank/ Food Boxes	300,000	0	0	300,00		
Subtotal Support Services	486,982	139,277	139,277	765,536		
Continuous Quality Management (CQM) Program	4,393	4,393	4,393	13,179		
Total	491,375	143,670	143,670	778,715		

Annual allocations do not rollover to future years if unspent.

Expenses will be reimbursed monthly by services category based on each service standard of care outlined in the Palm Beach County Ryan White HIV/AIDS Program Manual. The backup documentation — copies of paid receipts, copies of checks, invoices, CPT/CDT codes, service records, or any other applicable documents acceptable to the Palm Beach County Department of Community Services may be requested at a desk and/or on-site monitoring on a periodic basis.

EXHIBIT F1 SUBAWARD DATA

(i)	Sub-recipient Name	The Poverello Center, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	65-0056218
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	01/12/02024
(v)	Sub-award Period of Performance Start Date:	03/01/2024
	Sub-award Period of Performance End Date:	02/28/2027
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$191,375
(vii)	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$191,375
(viii)	Total Amount of the Federal Award Committed to the Sub- recipient by the Pass-Through Entity:	\$191,375
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Marie E Mehaffey MMehaffey@hrsa.gov (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Maria G. Marino, Mayor mmarino@pbc.gov (561) 955-2201
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer cmesser@pbcgov.org (561) 355- 4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii	Indirect Cost Rate for [CAA] Federal Award:	0

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward. This sub-award notice applies to GY24 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.

EXHIBIT F1 SUBAWARD DATA

(*)	0.1	
(i)	Sub-recipient Name	The Poverello Center, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	65-0056218
(iii)	Federal Award Identification Number (FAIN):	UT833954
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	03/01/2020
(v)	Sub-award Period of Performance Start Date:	03/01/2020
	Sub-award Period of Performance End Date:	02/29/2025
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$300,000
(vii)	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$300,000
(viii)	Total Amount of the Federal Award Committed to the Sub- recipient by the Pass-Through Entity:	\$300,000
(ix)	Federal Award Project Description:	Ending the HIV Epidemic
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Jesus Hernandez-Burgos Jhernandez-Burgos@hrsa.gov (301) 945-9837
	Contact Information for Palm Beach County Authorizing Official:	Maria G. Marino, Mayor mmariono@pbc.gov (561) 355-2201
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer cmesser@pbc.gov (561) 355-4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward. This sub-award notice applies to GY24 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.

EXHIBIT Q

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT (§ 787.06(13), Fla. Stat.) THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of ______ The Poverello Center, inc. (CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true and correct.

Thomas S Pietrogallo (printed name of officer or representative)

State of Florida, County of Palm Beach Brown

Sworn to and subscribed before me by means of \square physical presence or \square online notarization this, 20th day of June 2024 _, by .

Personally known 🖸 OR produced identification 🖼

Type of identification produced _

NOTARY PUBLIC

My Commission Expires: 12/3/27

State of Florida at large

sion # HH 469738

(Notary Seal)



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation THE POVERELLO CENTER, INC.

Filing Information

Document Number

N20756

FEI/EIN Number

65-0056218

Date Filed

05/20/1987

State

FL

Status

ACTIVE

Last Event

AMENDMENT

Event Date Filed

12/14/2017

Event Effective Date

12/17/2011

_.....

NONE

Principal Address

2056 NORTH DIXIE HIGHWAY WILTON MANORS, FL 33305

Changed: 07/12/2011

Mailing Address

2056 NORTH DIXIE HIGHWAY WILTON MANORS, FL 33305

Changed: 07/12/2011

Registered Agent Name & Address

HACKLEMAN OLIVE JUDD, PA 2426 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301

Name Changed: 06/27/2016

Address Changed: 06/27/2016

Officer/Director Detail
Name & Address

Title Chairman

Reichman, Jodi 1241 Cordova Road Ft Lauderdale, FL 33316

Title V

BLOOM, MITCH 4730 NE 2ND TERRACE OAKLAND PARK, FL 33334

Title CEO

PIETROGALLO, THOMAS S. 2056 N. DIXIE HWY WILTON MANORS, FL 33305

Title T

CARSON, JULIE 2741 NE 8th Avenue, Apt. 1 Wilton Manors, FL 33334

Title Director

Skinner-Osei, Precious, Dr. 777 Glades Road SO308 Boca Raton, FL 33431

Title Director

Camino, Jose 11111 Biscayne Blvd #1405 Miami, FL 33181

Title Director

Eshel, Ariela 9250 W Flagler Ste 600 Miami, FL 33174

Title Director

Apiazu, Justin 3551 SW 97th Ave Miami, FL 33165

Title Director

Candy, Sicle 3470 NW 82nd Ave Suite 1100 Doral, FL 33122

Title Director

Montejo, Michael 450 E LAS OLAS BLVD, STE 1200 Fort Lauderdale, FL 33301

Title Director

Sine, Andrew 2821 N. Ocean Blvd Unit 607 Fort Lauderdale, FL 33308

Annual Reports

Report Year	Filed Date
2023	04/07/2023
2023	08/03/2023
2024	02/25/2024

Document Images

02/25/2024 ANNUAL REPORT	View image in PDF format
08/03/2023 – AMENDED ANNUAL REPORT	View image in PDF format
04/07/2023 ANNUAL REPORT	View image in PDF format
01/31/2022 ANNUAL REPORT	View image in PDF format .
12/04/2021 - AMENDED ANNUAL REPORT	View image in PDF format
03/31/2021 - ANNUAL REPORT	View image in PDF format
02/11/2020 ANNUAL REPORT	View image in PDF format
02/18/2019 ANNUAL REPORT	View image in PDF format
04/25/2018 ANNUAL REPORT	View image in PDF format
12/14/2017 Amendment	View image in PDF format
02/17/2017 ANNUAL REPORT	View image in PDF format
07/29/2016 - AMENDED ANNUAL REPORT	View image in PDF format
06/27/2016 - Reg. Agent Change	View image in PDF format
03/31/2016 - AMENDED ANNUAL REPORT	View image in PDF format
02/05/2016 ANNUAL REPORT	View image in PDF format
04/24/2015 - AMENDED ANNUAL REPORT	View image in PDF format
01/07/2015 ANNUAL REPORT	View image in PDF format
01/14/2014 - ANNUAL REPORT	View image in PDF format
01/22/2013 - ANNUAL REPORT	View image in PDF format
01/06/2012 - ANNUAL REPORT	View image in PDF format
01/10/2011 ANNUAL REPORT	View image in PDF format
02/03/2010 - ANNUAL REPORT	View image in PDF format
01/08/2009 - ANNUAL REPORT	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/3/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): 954-368-2191 PRODUCER Cothrom Risk & Insurance Services FAX (A/C, No): 110 E Broward Blvd Suite 940 Fort Lauderdale FL 33301 ADDRESS: certificates@cothrom.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Philadelphia Indemnity Insurance Company 18058 INSURED POVECEN-0 INSURER B: Aspen Specialty Insurance Company 10717 The Poverello Center, Inc. 2056 N Dixie Hwy Wilton Manors FL 33305 INSURER C: INSURER D: INSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER:** 1148447914 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY PHPK2650685004 Х Α 1/28/2025 1/28/2026 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$3,000,000 \$1,000,000 OTHER: Abuse/Molestation AG COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY Α PHPK2650685004 1/28/2025 1/28/2026 \$ 1,000,000 Х ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) Х UMBRELLA LIAB X OCCUR PHUR898921004 1/28/2025 1/28/2026 EACH OCCURRENCE \$1,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$1,000,000 RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT Social Services Prof. Liability Directors & Officers Crime 3,000,000 1,000,000 250,000 PL Aggregate D&O Aggregate Employee Theft Limit PHPK2650685004 1/28/2025 1/28/2026 1/28/2025 1/28/2025 TBD PHPK2650685004

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Allied Health Professional & General Liability Policy # TBD
Carrier: Admiral Insurance Company
Term: 01/28/25 - 01/28/26

Professional Liability Limits: \$1,000,000 Each Claim / \$3,000,000 Aggregate General Liability Limits: \$1,000,000 Each Occurrence / \$3,000,000 Aggregate

Volunteer Accident Liability, via Federal Insurance Company (CHUBB), Policy #99121374 - Max Limit \$100,000, effective dates: 1/28/25 - 1/28/26 See Attached...

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Palm Beach County Board of County Commissioners c/o Community Services Department Attn: Contracts Manager

810 West Datura Street West Palm Beach FL 33401

AUTHORIZED REPRESENTATIVE Critiq Simpkins

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ACORD 25 (2016/03)

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AGENCY	CUSTOMER	ID-	POVECEN-01

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Cothrom Risk & Insurance Services	NAMED INSURED The Poverello Center, Inc. 2056 N Dixie Hwy
POLICY NUMBER	2056 N Dixie Hwy Wilton Manors FL 33305
CARRIER	AIC CODE
ADDITIONAL DEMARKS	EFFECTIVE DATE:
ADDITIONAL REMARKS	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORE FORM NUMBER:25 FORM TITLE: CERTIFICATE OF L	IABILITY INSURANCE
Network Security & Privacy Liability (Cyber) Policy # C-4M1F-239536 Carrier: Coalition Insurance Solutions Inc Ferm: 01/28/25 - 01/28/26 Limits: \$250,000 Each Claim / \$250,000 Aggregate	
D&O includes Fiduciary coverage.	
- · · · · · · · · · · · · · · · · · · ·	division of the State of Florida, its Officers, Employees and Agents are an additional insured ent subject to the terms and conditions of the policy.
100DD 404 (0000 ISA)	

ACORD 101 (2008/01)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Colleen DeWitt SUNZ Insurance Solutions, LLC ID : (Vensure HR) PHONE (A/C, No, Ext); E-MAIL ADDRESS: (800) 409-8958 FAX (A/C, No): c/o Vensure HR Inc 1475 S. Price Road, certs@vensure.com Chandler, AZ 85286 INSURER(S) AFFORDING COVERAGE INSURERA: SUNZ Insurance Company 34762 INSURER B : National Employer Services, LLC L/C/F The Poverello Center Inc 1475 S. Price Road INSURER C INSURER D: Chandler AZ 85286 INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: 10206832 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-PRODUCTS - COMP/OP AGG \$ OTHER: \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) RETENTION \$ \$ ✓ PER STATUTE WC071-00001-025 01/01/2025 01/01/2026 E.L. EACH ACCIDENT \$ 1,000,000 N/A N 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ yes, describe under ESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is re-Coverage provided for all leased employees but not subcontractors of: The Poverello Center Inc. Client Effective: 01/01/2023. CERTIFICATE HOLDER

CENTIFICATE HOLDER	CANCELLATION
FL - Florida	
Informational Purposes Oπly	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Rick Leonard
	C 4000 004T 400DD 00DD 00DD 1004 104 14

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10206832 | NationalEmployerServicesLLC MASTER (FL) WC07100001025 | Luis Rodriguez | 12/31/2024 3:38:53 PM -05 | Page 1 of 1

FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT

THIS FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT (R2024-0531) is made as of the __day of _____, 20_, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Treasure Coast Health Council, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 59-2242689.

In consideration of the mutual promises contained herein, the COUNTY and the AGENCY agree as follows:

WITNESSETH:

WHEREAS, on May 14, 2024, the above named parties entered into a three-year Agreement (R2024-0531) (the Agreement) to provide services in the areas of Core Medical and Support Services in a total amount of \$3,264,741.00; and

WHEREAS, the need exists to amend the Agreement by: amending ARTICLE 5 PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY in order to increase the total Agreement amount for Grant Year 2024; update EXHIBIT AIMPLEMENTATION PLAN; update EXHIBIT B UNITS OF SERVICE RATE AND DEFINITION; update EXHIBIT F SUBAWARD DATA; add new ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN; and add new ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT.

NOW, THEREFORE, the above named parties hereby mutually agree that the Agreement entered into on May 14, 2024, is hereby amended as follows:

- The whereas clauses above are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement
- II. The first paragraph of ARTICLE 5 PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY shall be replaced in its entirety with the following:

The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of THREE MILLION, FIVE HUNDRED NINETY-NINE THOUSAND, EIGHT HUNDRED FIFTY-FIVE DOLLARS AND ZERO CENTS (\$3,599,855.00) OF WHICH ONE MILLION FOUR HUNDRED TWENTY THREE THOUSAND THREE HUNDRED SIXTY-ONE DOLLARS AND ZERO CENTS (\$1,423,361.00) IS BUDGETED IN GRANT YEAR 2024, WITH AN ANTICIPATED ANNUAL ALLOCATION OF ONE MILLION, EIGHTY-EIGHT THOUSAND, TWO HUNDRED FORTY-SEVEN DOLLARS AND ZERO CENTS (\$1,088,247.00) IN EACH SUBSEQUENT GRANT YEAR FOR THE TERM OF THIS AGREEMENT.

- III. **EXHIBIT A1 IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A-IMPLEMENTATION PLAN** to the Agreement in its entirety.
- IV. EXHIBIT B1 UNITS OF SERVICE RATE AND DEFINITIONS attached hereto and incorporated herein by reference shall replace EXHIBIT B UNITS OF SERVICE RATE AND DEFINITIONS to the Agreement in its entirety.
- V. **EXHIBIT F1 SUBAWARD** attached hereto and incorporated herein by reference shall replace **EXHIBIT F SUBAWARD** to the Agreement in its entirety.
- VI. New ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN is added to the Agreement to read as follows:

ARTICLE 34 DISCLOSURE OF FOREIGN GIFTS AND CONTRACTS WITH FOREIGN COUNTRIES OF CONCERN

Pursuant to F.S. 286.101, as may be amended, by entering into this Agreement or performing any work in furtherance thereof, the AGENCY certifies that it has disclosed any current or prior interest of, any contract with, or any grant or gift received from a foreign country of concern where such interest, contract, or grant or gift has a value of \$50,000 or more and such interest existed at any time or such contract or grant or gift was received or in force at any time during the previous five (5) years.

VII. New ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT is added to the Agreement to read as follows:

ARTICLE 35 HUMAN TRAFFICKING AFFIDAVIT

AGENCY warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. AGENCY has executed Exhibit Q, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.

VIII. All other provisions of the Agreement not modified in this First Amendment remain in full force and effect.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

AΤ	TEST

Joseph Abruzzo, Clerk of the Circuit Court & Comptroller Palm Beach County

PALM BEACH COUNTY, FLORIDA, a Political Subdivision of the State of Florida BOARD OF COUNTY COMMISSIONERS

BY: ______ Deputy Clerk

Verdenia C. Baker, County Administrator

AGENCY: Treasure Coast Health Council, Inc.

BY: Andia Slephia Authorized Signature Andrea Stephenson

AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS AND CONDITIONS

-Signed by:

BY: Tanua Malliotra

Taruna Wallotta: Deputy Director Community Services Department Target (%)

EXHIBIT A1

Agency Name:	Ryan White Part A Health Council of	·····	mentation Plan: Service Category Table Past Florida		
Grant Year: 2024	Service Category:		Intervention Services		
	Total Requested:**	\$110,	309		
referral services to treatment services Abuse Care, and or	improve HIV care a such as HIV Outpat	and treat tient/A d healti	eted HIV testing (only when other funding f atment services at key points of entry, acce mbulatory Health Services, Medical Case M h education/risk reduction related to HIV di	ss and linkage to I anagement, and S agnosis.	HIV care and Substance
	o the service listed		Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By February 28th, served through Ea Services will be en- care		i to	1 unit= 15 minutes of service	104	11,150
				<u> </u>	
				war in the second secon	
Performance Mea	. 1	ire- Lini	kage to Medical Care		

90%

	Ryan White Pari	A Implementation Plan: Service Category Table				
Agency Name:	Health Council	uncil of Southeast Florida				
Grant Year:	Service	Non-Medical Case Management				
2024	Category:	, and the second				
	Total	\$16,176				
	Requested:**					

Service Category Goal: The provision of coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By February 28th, 2027, 96% of clients served through Non-medical Case Management will be retained in care and 94% will achieve viral load suppression.	1 unit= 15 minutes of service	53	1,845

Performance Measure Outcome:	Retention in HIV	Medical Care	
(Baseline= 1st yr; Target= 3rd	Baseline	Wedical Care	J
year)	(%)	88%	
	Target		
	(%)	96%	
Consequences of Manager and New Art	HIV Viral Load Su	ippression	
	Baseline		
	(%)	90%	
	Target (%)	94%	

^{**}Total Requested Amount is subject to change

			ntation Plan: Service Category Table				
Agency Name:	Health Council	Health Council of Southeast Florida					
	Service	Medical Ca	se Management				
Grant Year: 2024	Category:						
	Total	\$98,577					
	Requested:**						
Service Category G	inal: The provision	on of a range	of client-centered activities focused or	improving books			
support of the HIV	care continuum	Medical Cas	e Management includes all types of ca	i improving nearm on	ounters la a		
face-to-face, phone	e contact, and ar	v other form	s of communication).	ae management enc	ounters (e.g.,		
Objective: List qua objective related t (SMART Goal)	ntifiable time-lii	mited	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided		
By February 28th, 2027, 95% of clients served through MAI Medical Case Management will be retained in care and 94% will achieve viral load suppression.		re and	1 unit= 15 minutes of service	216	10,780		
Performance Mea	sure Outcome:	HIV Viral Lo	ad Suppression				
(Baseline= 1st yr; T	arget= 3rd	Baseline (%)	89%				
year)							
		Target (%)	94%				
		(%)					
		(%)	94% n HIV Medical Care				

^{**}Total Requested Amount is subject to change

	Ryan White Part A Implen	nentation Plan: Service Categ	ory Table				
Agency Name:	Health Council of Southeast Florida						
Grant Year: 2024	Service Category:	Medical Transportation					
	Total Requested:**	\$	\$20,114				
Service Caccess or	ategory Goal: The provision of non be retained in core medical and su	emergency transportation ser pport services.	vices that enable	,	client to		
	:: List quantifiable time-limited obj ove (SMART Goal)	iective related to the service	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided		
	ary 28th, 2027, 95% of PWH served tation will be retained in care.	through Medical	1 unit= 1 Trip/Voucher	29	575		
in 19 (8) (1 (2) (1) (2			4				
Performa	nce Measure Outcome:	Retention in HIV Medical C	are				
	= 1st yr; Target= 3rd year)	Baseline (%)	90%				
easenne			The state of the s	tradition of the Alberta			

^{**}Total Requested Amount is subject to change

	Ryan White Part A Impl	lementation Plan: Service (ategory Table		
Agency Name:	Health Council of Southeast F				
Grant Year: 2024	Service Category:		nium and Co	ost-Sharing	
	Total Requested:**		691,252		
Service Co	ategory Goal: The provision of f e medical and pharmacy benefit	financial assistance for clien is under a health care cover	ts to maintain continage program.	uity of healt	h insurance o
	: List quantifiable time-limited ted above (SMART Goal)	objective related to the	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
	ary 28th, 2027, 99% of PWH sen and Cost Sharing Assistance wil		1 unit= 1 Deductible, 1 Co-Payment, or 1 Monthly Premium 1 copay, OR 1 deductible payment	165	1,757
Performa	nce Measure Outcome:	Retention in HIV Med	ical Care		
CONTRACTOR SALES	= 1st yr; Target= 3rd year)	Baseline (%)	95%	J	
	TOTAL CONTRACTOR OF STREET	Target (%)	99%		

^{**}Total Requested Amount is subject to change

	Ryan White Part A Implem	entation Plan: Service Categor	v Table				
Agency Name:	Health Council of Southeast Florida						
Grant Year: 2024	Service Category:	Specialty Medical Care					
	Total Requested:**	Š	236,467				
Objective.	t procedures for clients based upon re : List quantifiable time-limited objecti ve (SMART Goal)		Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided		
				JEIVED			
	ry 28th, 2027, 95% of clients served the nieve viral load suppression.	rough Specialty Medical Care	1 unit= 1 CPT Code	213	852		
will be act	nieve viral load suppression.			213	852		
will be ach		HIV Viral Load Suppression Baseline (%)			852		

^{**}Total Requested Amount is subject to change

	Ryan White M	Al Implementa	tion Plan: Service Category Table		
Agency Name:	Health Council	of Southeast Fl	orida		
Grant Year: 2024	Service Category:	Medical Case	Management- MAI		
~	Total Requested:**	\$64,207			
support of the HIV	care continuum.	Medical Case I	client-centered activities focused Management includes all types of of of communication).		
Objective: List qua objective related t (SMART Goal)	ntifiable time-lin	nited	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By February 28th, 2 through MAI Medi- be retained in care load suppression.	cal Case Manage	ment will	1 unit= 15 minutes of service	99	7,029
Performance Mea	sure Outcome:	HIV Viral Load	d Suppression		
(Baseline= 1st yr; T year)	arget= 3rd	Baseline (%)	92%		
		Target (%)	97%		
	OWNERS OF THE	1	HIV Medical Care		
		Baseline (%)	93%		
		Target (%)	98%		

^{**}Total Requested Amount is subject to change

	Ryan White MAI Imple	ementation Plan: Service Cate	gory Table	· · · · · · · · · · · · · · · · · · ·		
Agency Name:	Health Council of Southeast Flo					
Grant Year: 2024	Service Category: Psychosocial Support Service					
	Total Requested:**		\$37,887			
	ategory Goal: The provision of ground and physical health concerns.	ap or mainidual support and co	ourseilig services to a	Number	to address	
-	: List quantifiable time-limited obj ve (SMART Goal)	iective related to the service	Service Unit Definition	of Persons to be Served	Number of Units to be Provided	
	ry 28th, 2027, 99% of PWH served ervices will be retained in care.	1 unit= 15 Minutes of Service	57	4,087		
Performa	nce Measure Outcome:	Retention in HIV Medica	al Care			
(Baseline= 1st yr; Target= 3rd year) Baseline (%)			96%			
(basenne=		5)-(30)-(3-1				

^{**}Total Requested Amount is subject to change

	Ryan White M	Al Implementation Plan: Service Category Table
Agency Name:	Health Council	of Southeast Florida
	Service	Early Intervention Services
Grant Year: 2024	Category:	
	Total	\$116,488
	Requested:**	

Service Category Goal: The provision of targeted HIV testing (only when other funding for testing is unavailable), referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.

Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By February 28th, 2027, 90% of PWH served through MAI Early Intervention Services will be engaged and/or linked to care	1 unit= 15 minutes of service	120	11,500

Performance Measure Outcome:	In Care- Linkage to Medical Care	
(Baseline= 1st yr; Target= 3rd year)	Baseline (%) 85%	7
	Target (%) 90%	

^{**}Total Requested Amount is subject to change

	Ryan White Ma	Al Implementation Plan: Service Category Table
Agency Name:	Health Council	of Southeast Florida
	Service	Non-Medical Case Management- MAI
Grant Year: 2024	Category:	, and the second
	Total	\$21,884
	Requested:**	

Service Category Goal: The provision of coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By February 28th, 2027, 95% of clients served through MAI Non-medical Case Management will be retained in care and 94% will achieve viral load suppression.	1 unit= 15 minutes of service	46	2,244

Performance Measure Outcome:	Retention in HIV N	Лedical Care	
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	90%	100
	Target (%)	95%	
	HIV Viral Load Sup	pression	
	Baseline (%)	89%	
	Target (%)	94%	

^{**}Total Requested Amount is subject to change

EXHIBIT B1

UNITS OF SERVICE RATE AND DEFINITION GRANT YEAR 2024 – 2026 RYAN WHITE PART A - CONTRACT

TRE	ASURE COAST HEA	LTH COUNCIL, IN	IC.	
Core Medical Services	GY24	GY25	GY26	Total
Early Intervention Services	110,309	91,448	91,448	293,205
Early Intervention Services - MAI	116,488	116,488	116,488	349,464
Health Insurance Premium and Cost Sharing Assistance	691,252	544,740	544,740	1,780,732
Medical Case Mgt Including Treatment Adherence	98,577	51,333	51,333	201,243
Medical Case Mgt Including Treatment Adherence - MAI	64,207	50,018	50,018	164,243
Specialty Outpatient Medical Care	236,467	129,624	129,624	495,715
Subtotal Core Medical Services	1,317,300	983,651	983,651	3,284,602
Support Services	GY24	GY25	GY26	Total
Medical Transportation	20,114	20,114	20,114	60342
Non - Medical Case Mgt.	16,176	14,711	14,711	45,598
Non - Medical Case Mgt MAI	21,884	21,884	21,884	65,652
Psychosocial Support Services - MA!	37,887	37,887	37,887	113,661
Subtotal Support Services	96,061	94,596	94,596	285,253
Combined Core Medical and Support Services	GY24	GY25	GY26	Total Combined
Total	1,413,361	1,078,247	1,078,247	3,569,855
Continuous Quality Management (CQM) Program	10,000	10,000	10,000	30,000
Total	1,423,361	1,088,247	1,088,247	3,599,855

Annual allocations do not rollover to future years if unspent.

Expenses will be reimbursed monthly by services category based on each service standard of care outlined in the Palm Beach County Ryan White HIV/AIDS Program Manual. The backup documentation — copies of paid receipts, copies of checks, invoices, CPT/CDT codes, service records, or any other applicable documents acceptable to the Palm Beach County Department of Community Services may be requested at a desk and/or on-site monitoring on a periodic basis.

EXHIBIT F1

Subaward Data For Grant Year 2024

(i)	Sub-recipient Name	Treasure Coast Health Council, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	59-2242689
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	01/12/2024
(v)	Sub-award Period of Performance Start Date:	03/01/2024
	Sub-award Period of Performance End Date:	02/28/2027
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$1,423,361
(vii	Total Amount of Federal Funds Obligated to the Sub- recipient by the Pass-Through Entity Including the Current Obligation:	\$1,423,361
(vii	Total Amount of the Federal Award Committed to the Sub- recipient by the Pass-Through Entity:	\$1,423,361
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Marie E Mehaffey MMehaffey@hrsa.gov (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Maria G. Marino, Mayor
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer cmesser@pbc.gov (561) 355- 4730
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii	Identification of Whether Sub-award is R&D:	This award is not R&D
(xii	Indirect Cost Rate for [CAA] Federal Award:	0

This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.**This sub-award notice applies to GY23 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year.

EXHIBIT Q

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT (§ 787.06(13), Fla. Stat.) THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Health Council of Southwast Florida (CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as defined in section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true and correct.

Andrea Stephenon (printed name of officer or representative) (signature of officer or representative)

State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of physical presence or online notarization this, 17th day of 1000 and by Analysis 34000000 , by Analisa Stephanson Royster Personally known [2] OR produced identification [3].

Type of identification produced

NOTARY PUBLIC

My Commission Expires: 03 | 31 | 2.034

State of Florida at large



(Notary Seal)



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

RODUCER CONTACT Lisa Narkin

Brown & Brown Insurance Services, Inc.				PHONE (A/C, No, Ext): (321) 329-6755 (A/C, No):						
10	00 Rialto Place, Suite 900				E-MAIL ADDRESS: lisa.narkin@bbrown.com					
							SURER(S) AFFOR	RDING COVERAGE		NAIC#
Me	elbourne			FL 32901	INSURE	11-15-1		ance Company		29424
INS	SURED	-			INSURE	RB: Hartford	Underwriters I	nsurance Company		30104
	Treasure Coast Health Council, In	10			INSURE	Rc: Landmar	k American Ins	surance Company	***************************************	33138
	DBA Health Council of Southeast	Flori	da		INSURE	RD: Federall	nsurance Com	pany	~~~~~	20281
	600 Sandtree Dr Ste 101				INSURE	RE: Travelers	Casualty and	Surety Company of America	3	19046
<u> </u>	Palm Beach Gardens			FL 33403	INSURE	RF:				
				NUMBER: 24-25				REVISION NUMBER:		
((THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAIL EXCLUSIONS AND CONDITIONS OF SUCH POL	EMEI N, TH ICIES	NT, TE IE INS S. LIM	ERM OR CONDITION OF ANY P SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT IN THE PROPERTY OF TH	WITH RESPECT TO WHICH T	HIS	
INS LTF	R TYPE OF INSURANCE	NSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	00,000
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,000			
١.							MED EXP (Any one person)	s 10,000		
^		Υ	21 SBM BV0075 SA		05/30/2024	05/30/2025	PERSONAL & ADV INJURY	§ Excluded		
	GEN'L AGGREGATE LIMIT APPLIES PER:	***************************************					GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
<u> </u>	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000
١.	ANY AUTO	-						BODILY INJURY (Per person)	\$	
A	L AUTOS ONLY L AUTOS	-		21 SBM BV0075 SA		05/30/2024	05/30/2025	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	-						PROPERTY DAMAGE (Per accident)	\$	
							*********		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
<u> </u>	DED RETENTION \$							L SER L LOTTE	s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-		***************************************
В	. LANY PROPRIETOR/PARTNER/EXECUTIVE CONT.	N/A	İ	21WECDZ3934		01/01/2025	01/01/2026	E.L. EACH ACCIDENT	4	10,000
	(Mandatory in NH) If yes, describe under			1			· · · · · · · · · · · · · · · · ·	E.L. DISEASE - EA EMPLOYEE	3	00,000
<u> </u>	DESCRIPTION OF OPERATIONS below						····	E.L. DISEASE - POLICY LIMIT	3	00,000
_	Professional liability	İ						Each Claim	[000,000
С	;	LHM860675			08/27/2024	08/27/2025	Aggregate	\$3,000,000		
<u> </u>								Deductible (Each Claim)	\$5,0	100
DE	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(AC	ORD 1	 Additional Remarks Schedule, 	may be at	ttached if more sp	ace is required)			

INSR LTR. D. Directors & Officers, Policy #8164-4447, Eff date: 02/03/2024 to Expiry date: 02/03/2025, Aggregate: \$1,000,000, Retention: \$5,000. INSR LTR. E. Crime, Policy #105737716, Eff date: 02/18/2024 to Expiry date: 02/18/2027, Employee Theft: \$50,000, Retention: \$1,000.

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents are included as additional insured with respects to General Liability as per written contract.

CERTIFICATE HOLDER		CANCELLATION		
Palm Beach County Board of County Commissioners Contract Monitor 810 Datura St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
West Palm Beach	FL 33401	AUTHORIZED REPRESENTATIVE		
		0 400 0045 400DD 00DD0D477011 411 411		

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Detail by Entity Name

Florida Not For Profit Corporation
TREASURE COAST HEALTH COUNCIL, INC.

Filing Information

Document Number

765650

FEI/EIN Number

59-2242689

Date Filed

11/03/1982

State

FL

Status

ACTIVE

Last Event

NAME CHANGE AMENDMENT

Event Date Filed

03/16/1990

Event Effective Date

NONE

Principal Address

600 Sandtree Drive

101

Palm Beach Gardens, FL 33403

Changed: 10/08/2020

Mailing Address

600 Sandtree Drive

101

Palm Beach Gardens, FL 33403

Changed: 10/08/2020

Registered Agent Name & Address

Stephenson Royster, Andrea

600 Sandtree Drive 101

Palm Beach Gardens, FL 33403

Name Changed: 10/08/2020

Address Changed: 10/08/2020

Officer/Director Detail
Name & Address

Title Director

RITCHIE-PONCY, MARNIE ESQ. 941 North Hwy A1A Jupiter, FL 33477

Title VC

BISHOP, CHRISTINE, O.D. 710 S. Parrott Avenue Okeechobee, FL 34974

Title CEO

Stephenson Royster, Andrea 600 Sandtree Drive SUITE 101 Palm Beach Gardens, FL 33403

Title Chairman

DOAK, JENNIFER, Dr. 2429 NE Ginger Terrace Jensen Beach, FL 34957

Title Secretary

Bramble, Theresa, E. 1227 SW Starlight Cove Port St Lucie, FL 34986

Title Director

Fignar, Jackie 11320 47th Road N West Palm Beach, FL 33411

Title Treasurer

Burdette, Kathleen 10551 SW Westlawn Blvd Port St Lucie, FL 34987

Title Director

Franklin, Elisabeth 3524 LAKEVIEW DRIVE DELRAY BEACH, FL 33445

Title Director

White, Teena, Dr. 2311 SW Essex Court Palm City, FL 34990

Annual Reports

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