



**II. FISCAL IMPACT ANALYSIS**

**A. Five-Year Summary of Fiscal Impact:**

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs	682,819				
External Revenue	(682,819)				
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	<b>0</b>	<b>0</b>			

# ADDITIONAL FTE POSITIONS (Cumulative)					
-----------------------------------------	--	--	--	--	--

Is Item Included In Current Budget? Yes x No       
 Does this item include the use of federal funds? Yes x No       
 Does this item include the use of state funds? Yes      No x

Budget Account No.:  
 Fund 1010 Dept. 142 Unit Var Object 8201 Program Code Var Program Period GY 2024

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

The funding source is the U.S. Department of Health and Human Services. No County funding is required.

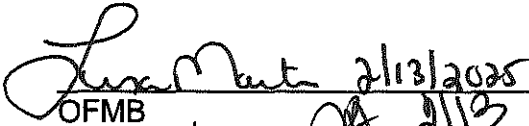
**C. Departmental Fiscal Review:**


Signed by:  
  
 94174C4E8A8C424...

Julie Dowe, Director, Financial & Support Services


**III. REVIEW COMMENTS**

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

  
 OFMB  
 MD 2/13      OA 2/13

  
 Contract Development and Control  
 262.14.25

**B. Legal Sufficiency:**

  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**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)

AMENDMENT 1

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 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.

ATTEST:

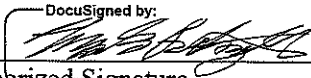
Joseph Abruzzo, Clerk of the Circuit Court & Comptroller  
Palm Beach County

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

BY: \_\_\_\_\_  
Deputy Clerk

BY:   
Verdenia C. Baker, County Administrator

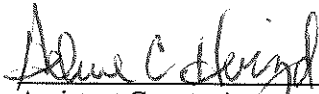
AGENCY: The Poverello Center, Inc.

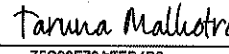
BY:   
Authorized Signature

Thomas S Pietrogallo  
AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

  
Assistant County Attorney Initial  
HCH

Signed by:  
  
Taruna Malhotra, Deputy Director  
Community Services Department

**EXHIBIT A1**

Ryan White Program Implementation Plan: Service Category Table			
<b>Agency Name:</b>	The Poverello Center, Inc.		
<b>Grant Year: 2024</b>	<b>Service Category:</b>		FOOD BANK/HOME DELIVERED MEALS
	<b>Total Request:**</b>		\$186,982
<b>Agency to request amount from total available above.</b>			
Service Category Goal: The provision of actual food items, hot meals, or a voucher program to purchase food.			
<b>Objective: List quantifiable time limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>
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.	1 unit= 1 FOOD VOUCHER	157	1,877
<b>HAB/HHS Performance Measure:</b>			
			Retention in HIV Medical Care
	<b>Baseline (%)</b>		88
	<b>Target (%)</b>		95

**\*\*\*Total Requested Amount is subject to change**

**EXHIBIT A1**

Ending The HIV Epidemic Program Implementation Plan: Service Category Table			
<b>Agency Name:</b>	The Poverello Center, Inc.		
<b>Grant Year: 2024</b>	<b>Service Category:</b>		FOOD BANK
	<b>Total Request:**</b>		\$300,000
<b>Agency to request amount from total available above.</b>			
Service Category Goal: The provision of actual food items.			
<b>Objective: List quantifiable time limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>
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
<b>HAB/HHS Performance Measure:</b>			
	Retention in HIV Medical Care		
	<b>Baseline (%)</b>		88
	<b>Target (%)</b>		95

**\*\*\*Total Requested Amount is subject to change**



**EXHIBIT B1**

**UNITS OF SERVICE RATE AND DEFINITION**

**GRANT YEAR 2024**

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

**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:	01/12/2024
(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:	\$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 <a href="mailto:MMehaffey@hrsa.gov">MMehaffey@hrsa.gov</a> (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Maria G. Marino, Mayor <a href="mailto:mmarino@pbc.gov">mmarino@pbc.gov</a> (561) 955-2201
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer <a href="mailto:cmesser@pbcgov.org">cmesser@pbcgov.org</a> (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**

(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 <a href="mailto:Jhernandez-Burgos@hrsa.gov">Jhernandez-Burgos@hrsa.gov</a> (301) 945-9837
	Contact Information for Palm Beach County Authorizing Official:	Maria G. Marino, Mayor <a href="mailto:mmariono@pbc.gov">mmariono@pbc.gov</a> (561) 355-2201
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer <a href="mailto:cmesser@pbc.gov">cmesser@pbc.gov</a> (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


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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.**

  
(signature of officer or representative)


Thomas S Pietrogallo  
(printed name of officer or representative)

State of Florida, County of ~~Palm Beach~~ Broward

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

Personally known  OR produced identification .

Type of identification produced FLDL

  
NOTARY PUBLIC  
My Commission Expires: 12/3/27  
State of Florida at large



CRISTINA ALARCON  
Commission # HH 469738  
Expires December 3, 2027

(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

<b>Document Number</b>	N20756
<b>FE/EIN Number</b>	65-0056218
<b>Date Filed</b>	05/20/1987
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	12/14/2017
<b>Event Effective Date</b>	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**

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



# 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).

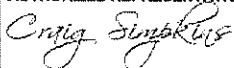
<b>PRODUCER</b> Cothrom Risk & Insurance Services 110 E Broward Blvd Suite 940 Fort Lauderdale FL 33301	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 954-368-2191      FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b> certificates@cothrom.com	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Philadelphia Indemnity Insurance Company		18058
<b>INSURER B:</b> Aspen Specialty Insurance Company		10717
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2650685004	1/28/2025	1/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Abuse/Molestation AG \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PHPK2650685004	1/28/2025	1/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			PHUB898921004	1/28/2025	1/28/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B A	Social Services Prof. Liability Directors & Officers Crime			PHPK2650685004 TBD PHPK2650685004	1/28/2025 1/28/2025 1/28/2025	1/28/2026 1/28/2026 1/28/2026	PL Aggregate 3,000,000 D&O Aggregate 1,000,000 Employee Theft Limit 250,000

**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...

<b>CERTIFICATE HOLDER</b>  Palm Beach County Board of County Commissioners c/o Community Services Department Attn: Contracts Manager 810 West Datura Street West Palm Beach FL 33401	<b>CANCELLATION</b>  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 
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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Cothrom Risk & Insurance Services		<b>NAMED INSURED</b> The Poverello Center, Inc. 2056 N Dixie Hwy Wilton Manors FL 33305	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Network Security & Privacy Liability (Cyber) Policy # C-4M1F-239536-CYBER-2025  
 Carrier: Coalition Insurance Solutions Inc  
 Term: 01/28/25 - 01/28/26  
 Limits: \$250,000 Each Claim / \$250,000 Aggregate

D&O includes Fiduciary coverage.

Inland Marine included in Commercial Package for total \$43,000.  
 Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are an additional insured for under the general liability policy when required by written agreement subject to the terms and conditions of the policy.



AMENDMENT 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 A IMPLEMENTATION 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:

- I. 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.

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: \_\_\_\_\_  
Deputy Clerk

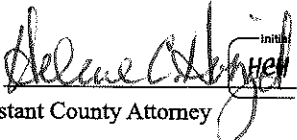
BY:   
Verdenia C. Baker, County Administrator

AGENCY: Treasure Coast Health Council, Inc.

DocuSigned by:  
BY:   
Authorized Signature  
Andrea Stephenson

AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

BY:   
Assistant County Attorney

APPROVED AS TO TERMS AND  
CONDITIONS


Signed by:  
BY:   
Taruna Malhotra, Deputy Director  
Community Services Department

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Health Council of Southeast Florida		
Grant Year: 2024	Service Category:	Early Intervention Services	
	Total Requested:**	\$110,309	
<p><b>Service Category Goal:</b> 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.</p>			
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By February 28th, 2027, 90% of PWH served through Early Intervention Services will be engaged and/or linked to care	1 unit= 15 minutes of service	104	11,150
<p><b>Performance Measure Outcome:</b> In Care- Linkage to Medical Care</p>			
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	85%	
	Target (%)	90%	

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table																								
Agency Name:	Health Council of Southeast Florida																							
Grant Year:	Service Category:	Non-Medical Case Management																						
2024	Total Requested:**	\$16,176																						
<p><b>Service Category Goal:</b> The provision of coordination, guidance, and assistance in <b>accessing</b> medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain <b>access</b> 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).</p>																								
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<table border="1"> <thead> <tr> <th>Number of Persons to be Served</th> <th>Number of Units to be Provided</th> </tr> </thead> <tbody> <tr> <td>53</td> <td>1,845</td> </tr> </tbody> </table>	Number of Persons to be Served	Number of Units to be Provided	53	1,845																	
Number of Persons to be Served	Number of Units to be Provided																							
53	1,845																							
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																						
<table border="1"> <thead> <tr> <th>Performance Measure Outcome:</th> <th colspan="3">Retention in HIV Medical Care</th> </tr> </thead> <tbody> <tr> <td rowspan="4">(Baseline= 1st yr; Target= 3rd year)</td> <td>Baseline (%)</td> <td>88%</td> <td></td> </tr> <tr> <td>Target (%)</td> <td>96%</td> <td></td> </tr> <tr> <td colspan="3">HIV Viral Load Suppression</td> </tr> <tr> <td>Baseline (%)</td> <td>90%</td> <td></td> </tr> <tr> <td></td> <td>Target (%)</td> <td>94%</td> <td></td> </tr> </tbody> </table>				Performance Measure Outcome:	Retention in HIV Medical Care			(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	88%		Target (%)	96%		HIV Viral Load Suppression			Baseline (%)	90%			Target (%)	94%	
Performance Measure Outcome:	Retention in HIV Medical Care																							
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	88%																						
	Target (%)	96%																						
	HIV Viral Load Suppression																							
	Baseline (%)	90%																						
	Target (%)	94%																						

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Health Council of Southeast Florida		
Grant Year: 2024	Service Category:	Medical Case Management	
	Total Requested:**	\$98,577	
<p><b>Service Category Goal:</b> The provision of a range of client-centered activities focused on <b>improving health outcomes</b> in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>			
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
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.	1 unit= 15 minutes of service	216	10,780
<p><b>Performance Measure Outcome:</b> HIV Viral Load Suppression</p>			
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	89%	
	Target (%)	94%	
	Retention in HIV Medical Care		
	Baseline (%)	90%	
	Target (%)	95%	

\*\*Total Requested Amount is subject to change



EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table							
<b>Agency Name:</b>	Health Council of Southeast Florida						
<b>Grant Year:</b> 2024	<b>Service Category:</b>		Medical Transportation				
	<b>Total Requested:**</b>		\$20,114				
<b>Service Category Goal:</b> The provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.							
<b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)		<b>Service Unit Definition</b>	<table border="1"> <thead> <tr> <th>Number of Persons to be Served</th> <th>Number of Units to be Provided</th> </tr> </thead> <tbody> <tr> <td>29</td> <td>575</td> </tr> </tbody> </table>	Number of Persons to be Served	Number of Units to be Provided	29	575
Number of Persons to be Served	Number of Units to be Provided						
29	575						
By February 28th, 2027, 95% of PWH served through Medical Transportation will be retained in care.		1 unit= 1 Trip/Voucher					
<b>Performance Measure Outcome:</b>							
(Baseline= 1st yr; Target= 3rd year)	Retention in HIV Medical Care						
	Baseline (%)	90%					
	Target (%)	95%					

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table				
<b>Agency Name:</b>	Health Council of Southeast Florida			
<b>Grant Year:</b> 2024	<b>Service Category:</b>		Health Insurance Premium and Cost-Sharing Assistance	
	<b>Total Requested:**</b>		\$691,252	
<b>Service Category Goal:</b> The provision of financial assistance for clients to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.				
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>
By February 28th, 2027, 99% of PWH served through Health Insurance Premium and Cost Sharing Assistance will be retained in care.		1 unit= 1 Deductible, 1 Co-Payment, or 1 Monthly Premium 1 copay, OR 1 deductible payment	165	1,757
<b>Performance Measure Outcome:</b>				
(Baseline= 1st yr; Target= 3rd year)		Retention in HIV Medical Care		
		<b>Baseline (%)</b>		95%
		<b>Target (%)</b>		99%

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Health Council of Southeast Florida		
Grant Year: 2024	Service Category:		Specialty Medical Care
	Total Requested:**	\$236,467	
Service Category Goal: The provision of short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for clients based upon referral from a primary care medical provider.			
Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)		Service Unit Definition	Number of Persons to be Served
By February 28th, 2027, 95% of clients served through Specialty Medical Care will be achieve viral load suppression.		1 unit= 1 CPT Code	213
Performance Measure Outcome:		HIV Viral Load Suppression	
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	87%	
	Target (%)	95%	

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table			
Agency Name:	Health Council of Southeast Florida		
Grant Year: 2024	Service Category:	Medical Case Management- MAI	
	Total Requested:**	\$64,207	
<p><b>Service Category Goal:</b> The provision of a range of client-centered activities focused on <b>improving health outcomes</b> in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>			
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>
By February 28th, 2027, 98% of clients served through MAI Medical Case Management will be retained in care and 97% will achieve viral load suppression.	1 unit= 15 minutes of service	99	7,029
<p><b>Performance Measure Outcome:</b> HIV Viral Load Suppression</p>			
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	92%	
	Target (%)	97%	
	Retention in HIV Medical Care		
	Baseline (%)	93%	
	Target (%)	98%	

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table			
<b>Agency Name:</b>	Health Council of Southeast Florida		
<b>Grant Year:</b> 2024	<b>Service Category:</b>		Psychosocial Support Services- MAI
	<b>Total Requested:**</b>		\$37,887
<b>Service Category Goal:</b> The provision of group or individual support and counseling services to assist clients to address behavioral and physical health concerns.			
<b>Objective:</b> List quantifiable time-limited objective related to the service listed above (SMART Goal)		<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>
By February 28th, 2027, 99% of PWH served through MAI Psychosocial Support Services will be retained in care.		1 unit= 15 Minutes of Service	57
<b>Performance Measure Outcome:</b>		Retention in HIV Medical Care	
(Baseline= 1st yr; Target= 3rd year)		<b>Baseline (%)</b>	96%
		<b>Target (%)</b>	99%

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table			
Agency Name:	Health Council of Southeast Florida		
Grant Year: 2024	Service Category:	Early Intervention Services	
	Total Requested:**	\$116,488	
<p><b>Service Category Goal:</b> 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.</p>			
<i>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
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
<p><b>Performance Measure Outcome:</b> In Care- Linkage to Medical Care</p>			
(Baseline= 1st yr; Target= 3rd year)	Baseline (%)	85%	
	Target (%)	90%	

\*\*Total Requested Amount is subject to change

EXHIBIT A1

Ryan White MAI Implementation Plan: Service Category Table																
<b>Agency Name:</b>	Health Council of Southeast Florida															
<b>Grant Year: 2024</b>	<b>Service Category:</b>	Non-Medical Case Management- MAI														
	<b>Total Requested:**</b>	\$21,884														
<p><b>Service Category Goal:</b> The provision of coordination, guidance, and assistance in <b>accessing</b> medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain <b>access</b> 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).</p>																
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>	<b>Service Unit Definition</b>	<b>Number of Persons to be Served</b>	<b>Number of Units to be Provided</b>													
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													
<p><b>Performance Measure Outcome:</b> Retention in HIV Medical Care</p> <table border="1"> <tr> <td rowspan="2">(Baseline= 1st yr; Target= 3rd year)</td> <td><b>Baseline (%)</b></td> <td>90%</td> </tr> <tr> <td><b>Target (%)</b></td> <td>95%</td> </tr> <tr> <td colspan="3">HIV Viral Load Suppression</td> </tr> <tr> <td rowspan="2"></td> <td><b>Baseline (%)</b></td> <td>89%</td> </tr> <tr> <td><b>Target (%)</b></td> <td>94%</td> </tr> </table>				(Baseline= 1st yr; Target= 3rd year)	<b>Baseline (%)</b>	90%	<b>Target (%)</b>	95%	HIV Viral Load Suppression				<b>Baseline (%)</b>	89%	<b>Target (%)</b>	94%
(Baseline= 1st yr; Target= 3rd year)	<b>Baseline (%)</b>	90%														
	<b>Target (%)</b>	95%														
HIV Viral Load Suppression																
	<b>Baseline (%)</b>	89%														
	<b>Target (%)</b>	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**

TREASURE COAST HEALTH COUNCIL, INC.				
<b>Core Medical Services</b>	<b>GY24</b>	<b>GY25</b>	<b>GY26</b>	<b>Total</b>
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
<b>Subtotal Core Medical Services</b>	<b>1,317,300</b>	<b>983,651</b>	<b>983,651</b>	<b>3,284,602</b>
<b>Support Services</b>	<b>GY24</b>	<b>GY25</b>	<b>GY26</b>	<b>Total</b>
Medical Transportation	20,114	20,114	20,114	60,342
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 - MAI	37,887	37,887	37,887	113,661
<b>Subtotal Support Services</b>	<b>96,061</b>	<b>94,596</b>	<b>94,596</b>	<b>285,253</b>
<b>Combined Core Medical and Support Services</b>	<b>GY24</b>	<b>GY25</b>	<b>GY26</b>	<b>Total Combined Amount</b>
<b>Total</b>	<b>1,413,361</b>	<b>1,078,247</b>	<b>1,078,247</b>	<b>3,569,855</b>
Continuous Quality Management (CQM) Program	10,000	10,000	10,000	30,000
<b>Total</b>	<b>1,423,361</b>	<b>1,088,247</b>	<b>1,088,247</b>	<b>3,599,855</b>

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
(viii)	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 <a href="mailto:MMehaffey@hrsa.gov">MMehaffey@hrsa.gov</a> (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 <a href="mailto:cmesser@pbc.gov">cmesser@pbc.gov</a> (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

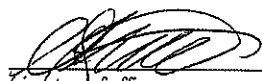
This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through 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 Southeast 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.

  
\_\_\_\_\_  
(signature of officer or representative)

Andrea Stephenson  
\_\_\_\_\_  
(printed name of officer or representative)

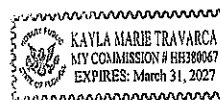
State of Florida, County of Palm Beach

Sworn to and subscribed before me by means of  physical presence or  online notarization  
this, 17<sup>th</sup> day of JUNE, 2024, by Andrea Stephenson ROYSTER

Personally known  OR produced identification .

Type of identification produced \_\_\_\_\_

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: 03/31/2027  
State of Florida at large



(Notary Seal)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/03/2024

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).

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		<b>CONTACT NAME:</b> Lisa Narkin <b>PHONE (A/C, No, Ext):</b> (321) 329-6755 <b>E-MAIL ADDRESS:</b> lisa.narkin@bbrown.com		<b>FAX (A/C, No):</b>
<b>INSURED</b> Treasure Coast Health Council, Inc DBA Health Council of Southeast Florida 600 Sandtree Dr Ste 101 Palm Beach Gardens FL 33403		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Hartford Casualty Insurance Company		29424
		<b>INSURER B:</b> Hartford Underwriters Insurance Company		30104
		<b>INSURER C:</b> Landmark American Insurance Company		33138
		<b>INSURER D:</b> Federal Insurance Company		20281
		<b>INSURER E:</b> Travelers Casualty and Surety Company of America		19046
		<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 24-25                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		21 SBM BV0075 SA	05/30/2024	05/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			21 SBM BV0075 SA	05/30/2024	05/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	21WECZ3934	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional liability			LHM860675	08/27/2024	08/27/2025	Each Claim \$1,000,000 Aggregate \$3,000,000 Deductible (Each Claim) \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space 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

Palm Beach County Board of County Commissioners Contract Monitor  
810 Datura St  
West Palm Beach FL 33401

### 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.

AUTHORIZED REPRESENTATIVE  
*[Signature]*



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

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

### Filing Information

<b>Document Number</b>	765650
<b>FEI/EIN Number</b>	59-2242689
<b>Date Filed</b>	11/03/1982
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	03/16/1990
<b>Event Effective Date</b>	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**

Report Year	Filed Date
2022	02/24/2022
2023	01/24/2023
2024	02/08/2024

**Document Images**

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<a href="#">01/24/2023 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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