

**Agenda Item Summary**BOC Meeting Date  
10/7/2020**Requesting Agency**

Department for HIV Elimination

**Commission Districts Affected**

All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

The Department for HIV Elimination requests approval of FY2020 Ending the HIV Epidemic grant-funded contracts totaling \$359,536: AIDS Healthcare Foundation \$120,692. DeKalb County Board of Health \$87,511, Grady Memorial Hospital (D/B/A Grady Health System) \$44,774, and Positive Impact Health Centers \$106,559. Request authorization for the Chairman to execute contracts with selected subrecipients. To protect the interests of the County, the County Attorney is authorized to approve the contracts as to form and substance and make any necessary modifications thereto prior to execution by the Chairman.

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

The Department for HIV Elimination requests approval of FY2020 Ending the HIV Epidemic grant-funded contracts totaling \$359,536: AIDS Healthcare Foundation \$120,692. DeKalb County Board of Health \$87,511, Grady Memorial Hospital (D/B/A Grady Health System) \$44,774, and Positive Impact Health Centers \$106,559. Request authorization for the Chairman to execute contracts with selected subrecipients. To protect the interests of the County, the County Attorney is authorized to approve the contracts as to form and substance and make any necessary modifications thereto prior to execution by the Chairman.

**Is this Item related to a Strategic Priority Area?** *(If yes, note strategic priority area below)*

Yes Health and Human Services

**Is this a purchasing item?**

No

**Summary & Background**

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

Scope of Work: The Department for HIV Elimination recommends approval of funding for selected subrecipients to provide HIV care and support services in Fulton, DeKalb, Cobb, and Gwinnett Counties using Ending the HIV Epidemic funds. Subrecipients were approved by a Review Committee pursuant to RFP: 20RW0610C-MH. Organizations will receive approved 2020 award for up to five years depending on funding availability. In subsequent years these organizations will submit abbreviated progress reports, goals and objectives, and work plans.

Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B (EtHE) is the administration's operational plan to achieve a 75% reduction in new HIV cases by 2025 and at least 90% reduction by 2030 through a rapid infusion of additional resources to 57 geographic focus areas which together account for over 50% of new HIV cases. Four of the 57 focus areas are

| Agency Director Approval |       | County Manager's Approval |
|--------------------------|-------|---------------------------|
| Typed Name and Title     | Phone |                           |
| Signature                | Date  |                           |

in Metropolitan Atlanta: Fulton, DeKalb, Cobb, and Gwinnett Counties. As the recipient for Ryan White Part A funds for Metropolitan Atlanta, Fulton County received notification from the Health Resources and Services Administration (HRSA) of an EtHE award (1 UT8HA339330100) with a project period from 3/1/2020 through 2/28/2025. The 3/1/2020-2/28/2021 award is \$1,987,476.

Community Impact: Ending the HIV Epidemic funding will support essential care and support services for Persons Living with HIV in Fulton, DeKalb, Cobb, and Gwinnett Counties.

Department Recommendation: The Department for HIV Elimination recommends approval.

Project Implications: No change in budget. These contracts are 100% grant-funded with no County match.

Community Issues/Concerns: The Department for HIV Elimination is not aware of any community issues/concerns regarding the agenda item.

Department Issues/Concerns: There are no Department issues/concerns regarding the agenda item.

History of BOC Agenda Item: 19-0818 September 2019 Grants Activity Report approved 10/16/2019.

(For purchasing items, provide the project history chart or if a new procurement, insert "New Procurement".)

|                                              |                                                        |
|----------------------------------------------|--------------------------------------------------------|
| <b>Contract &amp; Compliance Information</b> | <i>(Provide Contractor and Subcontractor details.)</i> |
|----------------------------------------------|--------------------------------------------------------|

| Agency Director Approval |       | County Manager's Approval |
|--------------------------|-------|---------------------------|
| Typed Name and Title     | Phone |                           |
| Signature                | Date  |                           |

Revised 03/12/09 (Previous versions are obsolete)

**# 20-0669**

|                                                                                                                                                                                                                                                                                                                   |                 |            |            |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|------------|--------------|
| <b>Solicitation Information</b>                                                                                                                                                                                                                                                                                   | <b>NON-MFBE</b> | <b>MBE</b> | <b>FBE</b> | <b>TOTAL</b> |
| No. Bid Notices Sent:                                                                                                                                                                                                                                                                                             |                 |            |            |              |
| No. Bids Received:                                                                                                                                                                                                                                                                                                |                 |            |            |              |
|                                                                                                                                                                                                                                                                                                                   |                 |            |            |              |
| <b>Total Contract Value</b>                                                                                                                                                                                                                                                                                       | .               |            |            |              |
| <b>Total M/FBE Values</b>                                                                                                                                                                                                                                                                                         | .               |            |            |              |
| <b>Total Prime Value</b>                                                                                                                                                                                                                                                                                          | .               |            |            |              |
|                                                                                                                                                                                                                                                                                                                   |                 |            |            |              |
| <b>Fiscal Impact / Funding Source</b> <i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i><br>\$359,536 per year for each of 5 years contingent upon federal award. 461-270-EE01. Funds are from HRSA Ending the HIV Epidemic grant. |                 |            |            |              |
| <b>Exhibits Attached</b> <i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i><br>List of subrecipients and recommended funding.                                                                                                                 |                 |            |            |              |
| <b>Source of Additional Information</b> <i>(Type Name, Title, Agency and Phone)</i>                                                                                                                                                                                                                               |                 |            |            |              |

|                                 |              |                                  |
|---------------------------------|--------------|----------------------------------|
| <b>Agency Director Approval</b> |              | <b>County Manager's Approval</b> |
| <b>Typed Name and Title</b>     | <b>Phone</b> |                                  |
| <b>Signature</b>                | <b>Date</b>  |                                  |

Revised 03/12/09 (Previous versions are obsolete)

Continued

**Procurement****Contract Attached:**  
No**Previous Contracts:**  
No**Solicitation Number:**  
20RW0610C-MH**Submitting Agency:**  
Department for HIV  
Elimination**Staff Contact:**  
Jeff Cheek, Director**Contact Phone:**  
404/612-0789**Description:.****FINANCIAL SUMMARY****Total Contract Value:**

Original Approved Amount: .  
 Previous Adjustments: .  
 This Request: 359,536  
 TOTAL: .

**MBE/FBE Participation:**

Amount: . %: .  
 Amount: . %: .  
 Amount: . %: .  
 Amount: . %: .

**Grant Information Summary:**

Amount Requested: \$1,987,476 ☐ Cash  
 Match Required: None ☐ In-Kind  
 Start Date: 3/1/2020 ☒ Approval to Award  
 End Date: 2/28/2025 ☐ Apply & Accept  
 Match Account \$: .

**Funding Line 1:**  
461-270-EE01**Funding Line 2:**  
.**Funding Line 3:**  
.**Funding Line 4:**  
.**KEY CONTRACT TERMS****Start Date:**  
10/1/2020**End Date:**  
2/28/2025**Cost Adjustment:**  
.**Renewal/Extension Terms:**  
.**ROUTING & APPROVALS**

(Do not edit below this line)

|   |                                      |                |                  |
|---|--------------------------------------|----------------|------------------|
| X | Originating Department:              | Cheek, Jeff    | Date: 9/1/2020   |
| X | County Attorney:                     | Lowman, David  | Date: 9/1/2020   |
| . | Purchasing/Contract Compliance:      | .              | Date: .          |
| X | Finance/Budget Analyst/Grants Admin: | Ash, Angela    | Date: 9/1/2020   |
| X | Grants Management:                   | Ash, Angela    | Date: 09/01/2020 |
| X | County Manager:                      | Anderson, Dick | Date: 9/2/2020   |

| Subrecipient                   | Priority Categories                                                                                                                                              | Service Categories                                                | Funding Amount |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------|
| AIDS Healthcare Foundation     | Outpatient/Ambulatory Health Services                                                                                                                            | Telehealth.<br>Transgender<br>Hormone Therapy.                    | \$120,692      |
| DeKalb County Board of Health  | Medical Nutrition Therapy, Mental Health, Medical Transportation                                                                                                 | Extended Hours.                                                   | \$87,511       |
| Grady Health Systems           | Oral Health                                                                                                                                                      | Telehealth.                                                       | \$44,774       |
| Positive Impact Health Centers | Medical Case Management, Mental Health, Outpatient/Ambulatory Health Services, Substance Abuse, Linguistics, Non-Medical Case Management, Medical Transportation | Extended Hours.<br>Telehealth.<br>Transgender<br>Hormone Therapy. | \$106,559      |