

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		
Typed Name and Title	Phone	Approval
Signature	Date	

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

#### Continued

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".)

**Contract & Compliance Information** 

(Provide Contractor and Subcontractor details.)

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

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Solicitation	NON-MFBE	MBE	FBE	TOTAL	
Information					
No. Bid Notices Sent:					
No. Bids Received:					
Total Contract Value					
Total M/FBE Values					
Total Prime Value					
Fiscal Impact / Fundin	U.30III C		cost, approved bud d any future fundin	get amount and account number,	
\$359,536 per year for ear from HRSA Ending the	•	•	federal award.	461-270-EE01. Funds are	
Exhibits Attached	(Provide copies of originals, number exhibits consecutively, and label a exhibits in the upper right corner.)				
List of subrecipients and recommended funding.					
Source of Additional Information (Type Name, Title, Agency and Phone)					

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

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# Continued

Procurement						
Contract Attached: Previous Contracts:						
	tion Number: 610C-MH	3 3 3		ntact: ek, Director	<b>Contact Phone</b> : 404/612-0789	
Descrip	otion:.		1			
		FINANCI	IAL SUMM	MARY		
Total Co	ontract Value:		MBE/FBI	E Participation	า:	
Origina	al Approved Amo	ount: .	Amount:		%: .	
Previou	us Adjustments:		Amount:		%: .	
This Re	equest:	359,536	Amount:		%: .	
TOTAL	· 		Amount:		%: .	
Grant Ir	nformation Sum	nmary:				
Amoun	it Requested:	\$1,987,476		Cash		
Match	Required:	None		In-Kind		
Start D	ate:	3/1/2020	$\boxtimes$	Approval to A	ward	
End Da	ate:	2/28/2025		Apply & Acce	pt	
Match A	Account \$:					
	g Line 1:	Funding Line 2:	Funding	Line 3:	Funding Line 4:	
461-270	)-EE01					
KEY CONTRACT TERMS						
Start Da		End Date:				
10/1/202		2/28/2025				
Cost Ac	Cost Adjustment: Renewal/Extension Terms:					
ROUTING & APPROVALS (Do not edit below this line)						
Х	Originating Dep	partment:	Cheel	k, Jeff	Date: 9/1/	/2020
X County Attorney:					/2020	
Purchasing/Contract Compliance:			Date: .			
Χ		t Analyst/Grants Admin:	Ash. A	Angela	Date: 9/1/	/2020
Χ	Grants Manage	•		Angela	Date: 09/	
X Grants Management: X County Manager:		· · · · · · · · · · · · · · · · · · ·	rson, Dick	Date: 9/2		

Subrecipient	Priority Categories	egories Service Categories	
AIDS Healthcare Foundation	Outpatient/Ambulatory Health Services	Telehealth. Transgender 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. Telehealth. Transgender Hormone Therapy.	\$106,559