



Fulton County

Legislation Details (With Text)

File #: 21-0801 **Version:** 1 **Name:**

Type: Consent - Health and Human Services **Status:** Agenda Ready

File created: 9/24/2021 **In control:** Board of Commissioners

On agenda: 10/20/2021 **Final action:**

Title: Request approval of additional Ryan White HIV/AIDS Program Minority AIDS Initiative (MAI) grant funding to Grady Hospital dba Grady Health System for services to be provided in Fiscal Year 2021 in an amount not to exceed \$300,000.00. This is 100% grant funded with no County match required. Request authorization for the Chairman to execute contracts with selected subrecipients. To protect the interest 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 Chair. Effective October 1, 2021. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
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Department

Department for HIV Elimination

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

Request approval of additional Ryan White HIV/AIDS Program Minority AIDS Initiative (MAI) grant funding to Grady Hospital dba Grady Health System for services to be provided in Fiscal Year 2021 in an amount not to exceed \$300,000.00. This is 100% grant funded with no County match required. Request authorization for the Chairman to execute contracts with selected subrecipients. To protect the interest 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 Chair. Effective October 1, 2021. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

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

O.C.G.A. § 36-10-1 requires all official contracts entered into by the County governing authority with other persons on behalf of the County be in writing and entered on its minutes.

Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

Health and Human Services

Commission Districts Affected

All Districts

District 1

- District 2
- District 3
- District 4
- District 5
- District 6

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 requests approval of additional Ryan White HIV/AIDS Program Minority AIDS Initiative (MAI) grant funding to Grady Hospital dba Grady Health System for services to be provided in Fiscal Year 2021 in an amount not to exceed \$300,000. This is 100% grant funded with no County match required. Request authorization for the Chairman to execute contracts with selected subrecipients. To protect the interest 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 Chair. Effective 10/1/2021.

Community Impact: Ryan White Minority AIDS Initiative funding will support essential care and treatment services for Persons Living with HIV in the 20-county Atlanta Eligible Metropolitan Area. The focus will be on the provision of services to African American and Latinx clients.

Department Recommendation: The Department for HIV Elimination recommends approval of additional “*Minority AIDS Initiative*” funds to Grady Health System in an amount not to exceed \$300,000.

Project Implications: No change in budget. This contract is 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.

Grant Information Summary

- | | | | |
|-------------------|-----------|-------------------------------------|-------------------|
| Amount Requested: | \$300,000 | <input type="checkbox"/> | Cash |
| Match Required: | \$0.00 | <input type="checkbox"/> | In-Kind |
| Start Date: | 10/1/2021 | <input checked="" type="checkbox"/> | Approval to Award |
| End Date: | 2/28/2022 | <input type="checkbox"/> | Apply & Accept |
| Match Account \$: | NA | | |

Fiscal Impact / Funding Source

Funding Line 1:

461-270-R216

Key Contract Terms	
Start Date: 10/1/2021	End Date: 2/28/2022