

# Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

<b>1. Grant Name:</b>	Ryan White Part B Grant
<b>2. Grantor:</b>	State of Tennessee Department of Health
<b>3. Submitted by:</b>	Jennifer Pepper
<b>4. Amount:</b>	\$2,222,500.00
<b>5. Funding Period:</b>	July 1, 2016- March 31, 2017
<b>6. Deadline: (if applicable)</b>	N/A
<b>7. Target Population:</b>	Individuals living with HIV Infection
<b>8. Grant Funding:</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Single Year <input type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable

<p>9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)</p>	<p>The specific goals of this grant is to provide HIV-related oral health, early intervention, and other core medical and support (as identified) services for those persons seeking such services who do not have sufficient health care coverage or financial resources for coping with HIV disease.</p>
<p>10. How will the project be evaluated to determine that the goals are being met?</p>	<p>Ryan White staff will monitor program and financial performance for all partners (sub-recipients). This monitoring will be done on a quarterly basis.</p>
<p>11. What bench marks will be utilized to determine that the goals are being met?</p>	<p>Numbers of unduplicated clients and number of services provider per client will be utilized to determine if the grant goal is met.</p>
<p>12. Who will conduct the evaluation?</p>	<p>Evaluation activities will be a part of the responsibilities of staff assigned and paid through the grant.</p>
<p>13. What will happen to the program after it ends?</p>	<p>This program will end at the end of the grant period.</p>
<p>14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.</p>	<p>Christ Community Health Services, Friends For Life, Mobile Ministry of Dentistry, and Regional One Health</p>

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15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	N/A														
16. What are the criteria for selecting partners? (if applicable)	All partners (sub-recipients) have been selected because they are current providers of Ryan White services who possess the unique expertise to serve the target population.														
17. What type of reporting is required?	<input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other														
18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?														
19. What budget categories will be included? (Check all that apply)	<table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Personnel</td> <td><input checked="" type="checkbox"/> Fringe Benefits</td> </tr> <tr> <td><input type="checkbox"/> Equipment</td> <td><input type="checkbox"/> Books</td> </tr> <tr> <td><input type="checkbox"/> Supplies</td> <td><input checked="" type="checkbox"/> Indirect Costs</td> </tr> <tr> <td><input type="checkbox"/> Resources</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sub-grants</td> <td><input type="checkbox"/> Travel</td> </tr> <tr> <td><input type="checkbox"/> Professional Development</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Others (list)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Personnel	<input checked="" type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input type="checkbox"/> Books	<input type="checkbox"/> Supplies	<input checked="" type="checkbox"/> Indirect Costs	<input type="checkbox"/> Resources	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Sub-grants	<input type="checkbox"/> Travel	<input type="checkbox"/> Professional Development		<input type="checkbox"/> Others (list)	
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<input type="checkbox"/> Others (list)															
20. What new personnel will be hired? (if applicable)	N/A														
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	N/A														
22. How much money is allocated for evaluation?	No funding is directly budgeted for evaluation, although evaluation activities will be a part of the responsibilities of staff assigned and paid through the grant.														
23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.														

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24. Who will provide accounting for the grant?	The Division of Community Services and Ryan White department staff, with support from Shelby County Finance Department, will provide accounting for this grant.
25. Does the grant require the signature of the Mayor and/or County Commission Chairman?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## 26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.