

Board of Commissioners Grant Fact Sheet

Committee Name: Community Services

Date of Committee: 8/24/2016

1. Grant Name:	Ryan White HIV Emergency Relief Grant
2. Grantor:	U.S. Department of Health and Human Services (Health Resources Services Administration)
3. Submitted by:	Jennifer Pepper, Administrator
4. Amount:	\$6,833,849
5. Funding Period:	March 1, 2016- February 28, 2017
6. Deadline: (if applicable)	N/A
7. Target Population:	Individuals meeting the following eligibility requirements: 1) HIV positive 2) live within Shelby, Tipton, Fayette (TN); Desoto, Marshall, Tate, Tunica (MS); and Crittenden (AR) counties 3) uninsured, underinsured or have no other resource to meet the need covered by the Ryan White service 4) Minority AIDS initiative funding is limited to ethnic minority populations
8. Grant Funding:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Single Year <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>	<ul style="list-style-type: none"> • To ensure the fiscal and programmatic compliance of the Grantee and sub-award recipients • Increase the number of clients engaged and retained in primary medical care who are HIV positive and unaware of their status • Increase the number of clients engaged and retained in primary medical who are aware of their status and out of care • Develop high quality system of care with evidence of community wide positive health outcomes
<p>10. How will the project be evaluated to determine that the goals are being met?</p>	<p>Ryan White staff monitor fiscal and financial reports from each subcontractor monitoring occurs at least once each program year with providers. The program selects indicators for each service category delivered and monitors the progress for clients individually as well as on the aggregate level. This evaluation is done on a monthly and quarterly basis.</p>

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<p>11. What bench marks will be utilized to determine that the goals are being met?</p>	<p>Each client's services are captured in a database, CAREWare. From analysis of reports run through this system, staff can determine if clients are achieving higher positive health outcomes (higher CD4 cell counts, lower viral loads) on an individual and aggregate level. If there are potential deficiencies based on the data, staff work with providers to implement quality improvement projects.</p>
<p>12. Who will conduct the evaluation?</p>	<p>Ryan White Quality Management staff in conjunction with other program and fiscal staff members</p>
<p>13. What will happen to the program after it ends?</p>	<p>The program does not currently have an end date, but is subject to the appropriations made by Congress each year. If the program does end there would be over 3,500 people who would have to access other forms of medical care in order to receive life sustaining treatment. Those forms of care would be limited to free clinics and/ or assistance from other Federal, State, local or private programs.</p>
<p>14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.</p>	<p>Adult Special Care Clinic (Regional One), Christ Community Health Services, Cocaine Alcohol Awareness Program, Church on the Square, East Arkansas Family Health Center, Friends For Life, Le Bonheur Community Health and Well-Being, Memphis Gay and Lesbian Community Center, Memphis Health Center, Mobile Ministry of Dentistry, Resurrection Health, Sacred Heart Southern Missions, St. Jude Children's Research Hospital, Serenity Recovery Centers, Shelby County Community Services Agency, Shelby County Health Department, and the Tennessee Department of Health</p>
<p>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.</p>	<p>Over 3,750 individuals living with HIV have received services through the Ryan White Program.</p>

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16. What are the criteria for selecting partners? (if applicable)	Partners (Subgrantees) were selected through the guidelines set forth in the Shelby County Purchasing Request for Proposal (RFP) process														
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 checked="" type="checkbox"/> Equipment</td> <td><input type="checkbox"/> Books</td> </tr> <tr> <td><input checked="" type="checkbox"/> Supplies</td> <td><input 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 checked="" 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 checked="" type="checkbox"/> Equipment	<input type="checkbox"/> Books	<input checked="" type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Costs	<input type="checkbox"/> Resources	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Sub-grants	<input checked="" type="checkbox"/> Travel	<input type="checkbox"/> Professional Development		<input type="checkbox"/> Others (list)	
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20. What new personnel will be hired? (if applicable)	Not Applicable														
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.	Not Applicable														
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.														
24. Who will provide accounting for the grant?	Ryan White Finance Manager and Fiscal Specialists with support from Shelby County Finance Department														
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.