Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: Ryan White Care Act - Part A - Subsidies & Contributions to Private Org

Requested Action and Justification:

Recommend approval to amend the awards with the contractors listed in the attached memo for the reallocation of distributed funds totaling $184,423.00. New total expenditures NTE $18,254,717.00.

On July 16, 2026, Social Services Division received a Notice of Award providing $184,423.00 of FY 25/26 carryover funds from Department of Health and Human Services Grant period of March 1, 2026, through February 28, 2027.

To be executed by formal contract amendment through the Office of General Counsel.

Supplier:	Various	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/20/2024

POA #:	Various	**PO #:**	Various	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON ESC-0252 24	**Contract #:**	Various	**Contract ADM #:**	Various
Term:	1 year	**Options:**	2, 1-year	**Options Used:**	2

Federally Funded:	Yes	**JSEB Rec:**	Encouragement
Licenses Verified:	N/A	**JSEB %:**	0
Bonds Required:	Yes	**Bonds Waived Pursuant To:**	N/A

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011254	**Activity:**	00000000	$ 184,423.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 18,254,717.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	RPBH:SOCIAL SERVICES		
Concurrence:	DocuSigned by: Johnnetta Moore Signed by: 8ECACEEGFE4D4A8...	**Title:**	CHIEF OF SOCIAL SERVICES 8/28/2026
Concurrence:	Urbanski, Zane 85D2C4521CE84D3...	**Title:**	RYAN WHITE - ASSISTANT DIRECTOR 8/28/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by: Barnett, Renata E5139E2BE81E477...	**Chief of Procurement:**	Signed by: 9/15/2026
Name:	Barnett, Renata	**Name:**	Dustin L. Freeman B10F1D517352456...

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:		**Action:**	
Members who disapprove:		**Signature:**	
Date:		**Date:**	

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

PAF Instructions
Part 1 (using agency)

Form Type: This form will be used for both Administrative Awards and JPAC Requests. Select type from dropdown options.

Goods and/or Services: Enter a brief description of the types of goods and services included in the request.

Requested Action and Justification: Enter a brief description of the requested action or authority being sought. i.e.; *Request permission to award the lowest, responsive responsible bidder for an ITB or award the highest ranked supplier for an RFP.* This block should also be used for additional information such as additional 4th account strings, or other information essential for contract execution.

Supplier: Enter awarded supplier name**.** If multiple, include in "Requested Action and Justification" box.

Basis of Award: Select from Lowest Price Technical Acceptable (LPTA), Highest Price Technical Acceptable (HPTA) or N/A.

Bid Opening Date: The date bids were unsealed by Procurement.

POA #: This is your 1Cloud generated Agreement number. Select Type, Enter Number.

PO #: Enter the PO number or agreement release number.

Change Order #: Provide the applicable change order number represented by this request.

Solicitation #: Select Prefix type, Enter Number, and Year.

Contract #: This number should be the same as your POA number (unless procured prior to 2020)

Contract Amendment #: Provide the applicable amendment number represented by this request.

Term: Select the Period of Performance or Term for the initial period.

Options: Period of time for each renewal or option.

Options Used: Prior to this request, enter how many options were already used.

Federally Funded: Select yes or no from dropdown if Federal Funds will be used.

JSEB Rec: Select Encouragement or JSEB Set Aside Option.

JESB %: If JSEB Participation, enter the percentage.

Bonds Waived Pursuant to: Select option from Drop down.

Funding Sources: Fund/Center/Account/Project/Activity, all fields are required even if zeros.

New NTE/GMP: Enter the new total not to exceed amount. Note, this should match the contract maximum indebtedness, if applicable**.**

Contingent Amount: If your agency requests an allowance for unforeseen additional expenses, then specify the amount of your requested increase and new NTE that represents the contingency allowance. This is over and above any quote.

DMP/ODPO Account: Enter the Direct Materials Purchase/Owner Direct Purchase Order Account. Used mainly for CIP (Capital Improvement/Construction) Projects

Using Agency/BU: Select one from the dropdown list.

Concurrence: Using Agency internal routing requirements for Electronic Signatures (follow Proc Manual for threshold requirements)

Title: Title of person electronically signing form.

Attachments: Included any supplemental information to the Procurement Award Form. i.e.; *Scope of work, previous awards*.

**Any field where there is no data available, or no entry is required, either leave it blank or enter N/A. Any fields where there is known data, include for informational purposes. Any changes to an original award should contain the data that is being changed and any other relevant data required for JPAC review and approval.*

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

A NEW DAY.

City of Jacksonville, Florida
Donna Deegan, Mayor

Parks, Recreation & Community Services Department
214 N. Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 630-CITY
www.coj.net

MEMORANDUM

TO: **Dustin Freeman, Chief**
Procurement Division

FROM: **Johnnetta Moore, Chief**
Social Services Division

SUBJECT: **Request to Amend Contracts Bid # ESC-0252-24**

DATE: **August 12, 2026**

On July 16, 2026, the Social Services Division received a Notice of Award providing $184,423.00 in carryover funds from Fiscal Year 2025/2026. The Ryan White HIV/AIDS Metropolitan Jacksonville Area Health Services Planning Council approved the distribution of the $184,423.00 in carryover funds from Fiscal Year 2025/2026 for grant period ending February 28, 2027.

The Social Services Division is requesting that you approve amendments to contracts under Bid #ESC-0252-24 to increase funds in the amount of $184,423.00 as follows:

Agency	From	Increase	Total	Contract #
CAN Community Health	$831,730.23	$110,000.00	$941,730.23	71105-24
AIDS Healthcare Foundation	$435,497.63	$74,423.00	$509,920.63	71104-24

The total amount of 2024 Carryover funding for Bid # ESC-0252-24 is $184,423.00

The funding account for both bids is 11406.164011.582001.011254.00000000.00000.000000.

If you have any questions regarding this request, please do not hesitate to contact me at 255-3345 or Zane Urbanski, Assistant Program Director.

Attachments: NOA
Ordinance 2025-0504-E, B1a Schedule
TD26-258

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900039
Federal Award Date: 07/16/2026

Recipient Information

1. Recipient Name
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596000344B4

4. Employer Identification Number (EIN)
596000344

5. Data Universal Numbering System (DUNS)
004076998

6. Recipient's Unique Entity Identifier
HMGLC26EUPC4

7. Project Director or Principal Investigator
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

8. Authorized Official
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Kristin Athey
HIV/AIDS Bureau (HAB)
kathey@hrsa.gov
(301) 443-7703

Federal Award Information

11. Award Number
6 H89HA00039-32-02

12. Unique Federal Award Identification Number (FAIN)
H8900039

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$184,423.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$6,283,449.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$6,283,449.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$12,394,638.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 07/16/2026

30. Remarks

Prior Approval Request Tracking Number PA-00150931. Prior Approval Request Type: Carryover

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA00039-32-02
Federal Award Date: 07/16/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$6,283,449.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$6,283,449.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$6,283,449.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$6,283,449.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$6,099,026.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$184,423.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
33	$4,383,215.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
BRH890039

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 377RA25	93.914	26H89HA00039	$184,423.00	$0.00	FRML	26H89HA00039

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of $184,423 from budget period 3/1/2025 - 2/28/2026 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Angel Simpson	Business Official	amsimpson@coj.net
Sandy Arts	Authorizing Official, Program Director	sarts@coj.net

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

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City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: Ryan White Care Act - Part A

Requested Action and Justification:

Recommend approval to amend the awards with the contractors listed in the attached memo for the reallocation of distributed funds totaling $3,664,675.00. New total expenditures NTE $18,070,294.00.

On June 25, 2026, the Ryan White HIV/AIDS Part A/B Metropolitan Jacksonville Area HIV Health Services Planning Council approved the allocation and reallocation of Fiscal Years 2026/2027 funds for grant period ending February 28, 2027. The total amount of FY25-26 funding awarded is $6,099,026.00, which includes administrative costs of $718,540.00.

To be executed by formal contract amendment through the Office of General Counsel

Supplier:	Various	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/20/2024

POA #:	Various	**PO #:**	Various	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON ESC-0252 24	**Contract #:**	Various	**Contract ADM #:**	Various
Term:	1 year	**Options:**	Two (2) year	**Options Used:**	2

Federally Funded:	Yes	**JSEB Rec:**	N/A
Licenses Verified:	N/A	**JSEB %:**	N/A
Bonds Required:	Yes	**Bonds Waived Pursuant To:**	N/A

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011254	**Activity:**	00000000	$ 3,664,675.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 18,070,294.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	RPBH:SOCIAL SERVICES		
Concurrence:	Johnnetta Moore (DocuSigned by: 8ECACEEGFE4D4... Signed by:)	**Title:**	CHIEF OF SOCIAL SERVICES 7/1/2026
Concurrence:	Urbanski, Zane (85D2C4521CE84D3...)	**Title:**	RYAN WHITE - ASSISTANT DIRECTOR 7/2/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by: Barnett, Renata (E5139E2BE81E477...)	**Chief of Procurement:**	Signed by: Robert Waremburg, for Dustin Freeman 7/7/2026
Name:	Barnett, Renata	**Name:**	Dustin L. Freeman (4812CA1D431247A...)

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:	3	**Action:**	Approved
Members who disapprove:	0	**Signature:**	Signed by: kelli O'Leary (92A2898FE95E4AC...)
Date:	7/9/2026	**Date:**	7/9/2026

Signed by:

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: Ryan White Care Act - Part A

Requested Action and Justification:

Recommend approval to amend the awards with the contractors listed in the attached memo for the reallocation of distributed funds totaling $3,664,675.00. New total expenditures NTE $18,070,294.00.

On June 25, 2026, the Ryan White HIV/AIDS Part A/B Metropolitan Jacksonville Area HIV Health Services Planning Council approved the allocation and reallocation of Fiscal Years 2026/2027 funds for grant period ending February 28, 2027. The total amount of FY25-26 funding awarded is $6,099,026.00, which includes administrative costs of $718,540.00.

To be executed by formal contract amendment through the Office of General Counsel

Supplier:	Various	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/20/2024

POA #:	Various	**PO #:**	Various	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON ESC-0252 24	**Contract #:**	Various	**Contract ADM #:**	Various
Term:	1 year	**Options:**	Two (2) year	**Options Used:**	2

Federally Funded:	Yes	**JSEB Rec:**	N/A
Licenses Verified:	N/A	**JSEB %:**	N/A
Bonds Required:	Yes	**Bonds Waived Pursuant To:**	N/A

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011254	**Activity:**	00000000	$ 3,664,675.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 18,070,294.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	RPBH:SOCIAL SERVICES		
Concurrence:	Johnnetta Moore (DocuSigned by: 8ECACEEGFE4D4... Signed by:)	**Title:**	CHIEF OF SOCIAL SERVICES 7/1/2026
Concurrence:	Urbanski, Zane (85D2C4521CE84D3...)	**Title:**	RYAN WHITE - ASSISTANT DIRECTOR 7/2/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by: Barnett, Renata (E5139E2BE81E477...)	**Chief of Procurement:**	Signed by: Robert Waremburg, for Dustin Freeman 7/7/2026
Name:	Barnett, Renata	**Name:**	Dustin L. Freeman (4812CA1D431247A...)

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:	3	**Action:**	Approved
Members who disapprove:	0	**Signature:**	Signed by: kelli O'Leary (92A2898FE95E4AC...)
Date:	7/9/2026	**Date:**	7/9/2026

Signed by:

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

PAF Instructions
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Supplier: Enter awarded supplier name**.** If multiple, include in "Requested Action and Justification" box.

Basis of Award: Select from Lowest Price Technical Acceptable (LPTA), Highest Price Technical Acceptable (HPTA) or N/A.

Bid Opening Date: The date bids were unsealed by Procurement.

POA #: This is your 1Cloud generated Agreement number. Select Type, Enter Number.

PO #: Enter the PO number or agreement release number.

Change Order #: Provide the applicable change order number represented by this request.

Solicitation #: Select Prefix type, Enter Number, and Year.

Contract #: This number should be the same as your POA number (unless procured prior to 2020)

Contract Amendment #: Provide the applicable amendment number represented by this request.

Term: Select the Period of Performance or Term for the initial period.

Options: Period of time for each renewal or option.

Options Used: Prior to this request, enter how many options were already used.

Federally Funded: Select yes or no from dropdown if Federal Funds will be used.

JSEB Rec: Select Encouragement or JSEB Set Aside Option.

JESB %: If JSEB Participation, enter the percentage.

Bonds Waived Pursuant to: Select option from Drop down.

Funding Sources: Fund/Center/Account/Project/Activity, all fields are required even if zeros.

New NTE/GMP: Enter the new total not to exceed amount. Note, this should match the contract maximum indebtedness, if applicable**.**

Contingent Amount: If your agency requests an allowance for unforeseen additional expenses, then specify the amount of your requested increase and new NTE that represents the contingency allowance. This is over and above any quote.

DMP/ODPO Account: Enter the Direct Materials Purchase/Owner Direct Purchase Order Account. Used mainly for CIP (Capital Improvement/Construction) Projects

Using Agency/BU: Select one from the dropdown list.

Concurrence: Using Agency internal routing requirements for Electronic Signatures (follow Proc Manual for threshold requirements)

Title: Title of person electronically signing form.

Attachments: Included any supplemental information to the Procurement Award Form. i.e.; *Scope of work, previous awards*.

**Any field where there is no data available, or no entry is required, either leave it blank or enter N/A. Any fields where there is known data, include for informational purposes. Any changes to an original award should contain the data that is being changed and any other relevant data required for JPAC review and approval.*

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

A NEW DAY.

City of Jacksonville, Florida

Donna Deegan, Mayor

Parks, Recreation & Community Services Department
214 N. Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 630-CITY
www.coj.net

June 18, 2026

MEMORANDUM

TO: Dustin Freeman, Chief
Procurement Division

FROM: Johnnetta Moore, Chief
Social Services Division

THRU: Zane Urbanski, Assistant Program Director
Ryan White Part A Program

RE: Request to Amend Contracts Bid # ESC-0252-24

On May 12, 2026, the Social Services Division received a Notice of Award providing $4,383,215.00 in additional Ryan White Part A grant funding to the City of Jacksonville for 12-month grant period March 1, 2026, to February 28, 2027. Based on allocation percentages approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council, the Social Services Division is requesting approval of the following amendments to contracts for **Bid # ESC-0252-24** to increase funds in the amount of **$3,664,675.00** as follows:

Agency	Initial Award Amount	Increase	Revised Award	Contract
AIDS Healthcare Foundation	$154,490.41	$281,007.22	$435,497.63	POA-71104-24
CAN Community Health, Inc.	$263,875.45	$567,854.78	$831,730.23	POA-71105-24
Duval County Health Department	$78,907.95	$163,000.03	$241,907.98	POA-71109-24
Gateway Community Services	$54,389.51	$115,725.19	$170,114.70	POA-71007-24
Jacksonville Area Legal Services	$92,721.16	$197,283.90	$290,005.06	POA-71103-24
Lutheran Social Services	$291,455.67	$786,087.92	$1,077,543.59	POA-71106-24
Northeast Florida AIDS Network	$557,366.44	$1,250,251.54	$1,807,617.98	POA-71108-24
UF Board of Trustees	$202,604.41	$303,464.42	$506,068.83	POA-71118-24
		$3,664,675.00		

The total amount of FY26-27 funding awarded is $6,099,026.00 which includes administrative costs of $718,540.00. The new NTE for ESC-0252-24 is $18,070,294.00. Funding Source: RCB00926, Project 011254.

If you have any questions regarding this request, please do not hesitate to contact me at 255-3322 or Zane Urbanski, Assistant Program Director, at 255-3345.

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

A NEW DAY.

City of Jacksonville, Florida
Donna Deegan, Mayor

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(904) 630-CITY
www.coj.net

Attachments: NOA
Ord 2025-0504-E, B1a Schedule
TD26-095, TD26-258

Cc: Renata Barnett, Purchasing Analyst
Sandy Arts, Program Director

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900039
Federal Award Date: 05/12/2026

Recipient Information

1. Recipient Name
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596000344B4

4. Employer Identification Number (EIN)
596000344

5. Data Universal Numbering System (DUNS)
004076998

6. Recipient's Unique Entity Identifier
HMGLC26EUPC4

7. Project Director or Principal Investigator
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

8. Authorized Official
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Kristin Athey
HIV/AIDS Bureau (HAB)
kathey@hrsa.gov
(301) 443-7703

Federal Award Information

11. Award Number
6 H89HA00039-32-01

12. Unique Federal Award Identification Number (FAIN)
H8900039

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$4,383,215.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$6,099,026.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$6,099,026.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$12,394,638.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 05/12/2026

30. Remarks

This award includes the following sources of funding:
FY24 SUPPL - $425,139
FY26 MAI - $500,066
FY26 FRML - $3,679,696
FY26 SUPPL - $1,494,125
Total Funding - $6,099,026

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA00039-32-01
Federal Award Date: 05/12/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$6,099,026.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$6,099,026.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$6,099,026.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$6,099,026.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$1,715,811.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$4,383,215.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
33	$4,383,215.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
BRH890039

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
26 - 377RA34	93.914	26H89HA00039	$2,105,710.00	$0.00	FRML	26H89HA00039
26 - 377RA35	93.914	26H89HA00039	$1,494,125.00	$0.00	SUPPL	26H89HA00039
24 - 377RA17	93.914	26H89HA00039	$425,139.00	$0.00	SUPPL	26H89HA00039
26 - 377RA33	93.914	26H89HA00039	$358,241.00	$0.00	MAI	26H89HA00039

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. In accordance with 2 CFR § 200.305, payments to the recipient and any subrecipients must be made in advance, provided the recipient maintains financial management systems that comply with applicable federal standards.
   The recipient must adhere to the following requirements:
   1) Written Procedures: The recipient must maintain written procedures designed to minimize the time elapsing between the transfer of funds from the Federal Government and the disbursement of such funds for program purposes.
   2) Immediate Cash Requirements: Advance payments must be limited to the minimum amounts necessary to meet the recipient's actual and immediate cash requirements for carrying out the approved program or project.
2. This Notice of Award provides the offset of an unobligated balance in the amount of $425,139 from the 3/1/2024 - 2/28/2025 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2026 (FY26) funding based on HRSA's FY26 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Issue Date**
   The recipient must submit a FY26 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Sandy Arts	Program Director, Authorizing Official	sarts@coj.net
Angel Simpson	Business Official	amsimpson@coj.net

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

15
6-22-26

City of Jacksonville, Florida
Request for Budget Transfer Form

Parks, Recreation, and Community Service/Social Services
Department or Area Responsible for Contract / Compliance / Oversight

Countywide
Council District(s)

Reversion of Funds: N/A
(if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future

2026-2027
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): N/A

CIP (yes or no): no

Justification for Waiver

N/A

Justification for / Description of Transfer:

Appropriate additional grant funds from the US Department of Health and Human Services for Ryan Whtte HIV/AIDS Program Part A in the amount of $1,905,638.00 for a total award of $6,099,026.00.This award is for Grant Year 2026-2027. The Grant provides HIV related health and support services to persons living with HIV/AIDS and residing in the Jacksonville Transitional Grant Area comprised of Duval, Nassau, Clay and St. Johns Counties. Funds will also increase services to persons identified as being HIV+ by providing Outpatient Ambulatory Medical Care, Pharmaceutical Assistance, Mental Health and Oral Health, etc. These funds are authorized for the grant period March 1, 2026 through February 28, 2027.Grant is listed in Ord 2025-0504-E B1a Schedule. Related TD26-095 and RC26-063,

Net Amount Appropriated and/or Transferred: $1,905,638.00

* This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member: _____ CM's District _____

Requesting Council Member: _____ CM's District _____

Prepared By: _____ Ordinance _____

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☒ TRANSFER DIRECTIVE

TD / BT Number: TD26-258

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head		6/4/26		
Mayor's Office			Donna Deegan	
Accounting Division	6-8-26	6/8/26		
Budget Division	6-8-26	6/24/26	on behalf of Angela Moyer	

Date of Action By Mayor: JUN 22 2026

Approved: Donna Deegan

Division Chief: Johnnetta Moore

Prepared By: Valynda Turner

Date Initiated: _____

Phone Number: (904)255-3349

Initiated / Requested By (if other than Department): _____

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE JUN 22 2026

BUDGET DIVISION

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Budget Transfer Line Item Detail

* This element of the account string is titled project but it houses both projects and grants

Budget Office approval does not confirm; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: $1,905,638.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
REV	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Department of Health and Human Services	$1,905,638.00	11406	164011	331690	011254	00000000	00000	0000000

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $1,905,638.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Subsidies & Contributions To Private Org	$1,905,638.00	11406	164011	582001	011254	00000000	00000	0000000

City Department/ Division	Grantor	Grant Name	Grant Description	2025-504-E Schedule of Continuation Grants				
				Estimated Grant Award	Total Match Requested	In Kind Contribution	FTE Positions	Part Time Hours
Parks, Rec and Community Services	State Department of Elder Affairs / Elder Source	Emergency Home Energy Assistance Program For Elders - EHEAP	Funding to provide crisis assistance to eligible low-income households with at least one individual aged 60 or older experiencing a heating or cooling emergency. The program allows for payments to utility companies, the purchase of blankets, portable heaters and fans, repairs of existing heating or cooling equipment, and the payment of reconnection fees.	$205,300	$0	$0	1	0
Parks, Rec and Community Svcs: Social Services	Department of HHS	Ending the HIV Epidemic: A Plan for America	Funding to reduce the number of new HIV infections with the use of HIV Medical Mobile Units. Grant ends Feb-2025	$2,200,000	$0	$0	1	0
Parks, Rec and Community Svcs: Social Services	Department of HHS	Ryan White Part A	Health Resources and Services Administration - HIV/AIDS Programs	$6,500,000	$0	$0	8	0
Parks, Rec and Community Svcs: Social Services	Department of Justice	Jacksonville Safety First	Funding to provide supervised visitation services to protect children affected by domestic violence.	$550,000	$0	$0	0	0
Parks, Rec and Community Svcs: Social Services	Department of Justice	Transitional Housing Program	Funding to provide transitional housing and supportive services to victims of domestic violence, sexual assault, stalking and human trafficking who are homeless due to their victimization.	$500,000	$0	$0	0	0

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Ryan White Project 011254 Award Funding					
Year to Date					
Fiscal Year	Award Date	Award Amount	Appropriations To Date Date	To	Balance To Appropriate
FY 26-27	1 1/30/2026	$ 1,715,811.00	$ 4,193,388.00	TD26-095	$ (2,477,577.00)
FY 26-27	2 5/12/2026	$ 4,383,215.00			$ **1,905,638.00**

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900039
Federal Award Date: 05/12/2026

Recipient Information

1. Recipient Name
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596000344B4

4. Employer Identification Number (EIN)
596000344

5. Data Universal Numbering System (DUNS)
004076998

6. Recipient's Unique Entity Identifier
HMGLC26EUPC4

7. Project Director or Principal Investigator
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

8. Authorized Official
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Kristin Athey
HIV/AIDS Bureau (HAB)
kathey@hrsa gov
(301) 443-7703

Federal Award Information

11. Award Number
6 H89HA00039-32-01

12. Unique Federal Award Identification Number (FAIN)
H8900039

13. Statutory Authority
42 U.S.C. § 300ff 11 20 and § 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$4,383,215.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$6,099,026.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$6,099,026.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$12,394,638.00

2

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 05/12/2026

30. Remarks

This award includes the following sources of funding:
FY24 SUPPL - $425,139
FY26 MAI - $500,066
FY26 FRML - $3,679,696
FY26 SUPPL - $1,494,125
Total Funding - $6,099,026

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

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HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA00039-32-01
Federal Award Date 05/12/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$6,099,026.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC)	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$6,099,026.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$6,099,026.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$6,099,026.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$1,715,811.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$4,383,215.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
33	$4,383,215.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
BRH890039

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

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Grant Specific Term(s)

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   The recipient must adhere to the following requirements:
   1) Written Procedures: The recipient must maintain written procedures designed to minimize the time elapsing between the transfer of funds from the Federal Government and the disbursement of such funds for program purposes.
   2) Immediate Cash Requirements: Advance payments must be limited to the minimum amounts necessary to meet the recipient's actual and immediate cash requirements for carrying out the approved program or project.
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1. **Due Date: Within 60 Days of Award Issue Date**
   The recipient must submit a FY26 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Sandy Arts	Program Director, Authorizing Official	sarts@coj.net
Angel Simpson	Business Official	amsimpson@coj.net

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8900039
Federal Award Date: 01/30/2026

Recipient Information

1. Recipient Name
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596000344B4

4. Employer Identification Number (EIN)
596000344

5. Data Universal Numbering System (DUNS)
004076998

6. Recipient's Unique Entity Identifier
HMGLC26EUPC4

7. Project Director or Principal Investigator
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

8. Authorized Official
Sandy Arts
Program Director
sarts@coj.net
(904)255-3342

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Kristin Athey
HIV/AIDS Bureau (HAB)
kathey@hrsa.gov
(301) 443-7703

Federal Award Information

11. Award Number
5 H89HA00039-32-00

12. Unique Federal Award Identification Number (FAIN)
H8900039

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Noncompeting Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$1,715,811.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,715,811.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,715,811.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$8,011,423.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Sarah Hammond on 01/30/2026

30. Remarks

This award includes the following sources of funding:
FY26 MAI - $141,825
FY26 FRML - $1,573,986
Total Funding - $1,715,811

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information please contact HRSA contact center at 877-464-4772 8 am to 8 pm ET weekdays.

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 5 H89HA00039-32-00
Federal Award Date 01/30/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$1,715,811.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET	$1,715,811.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$1,715,811.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a	Authorized Financial Assistance This Period	**$1,715,811.00**
b	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c	Unawarded Balance of Current Year's Funds	$0.00
d	Less Cumulative Prior Award(s) This Budget Period	$0.00
e	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,715,811.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
33	$1,715,811.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER
BRH890039

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
26 - 377RA34	93.914	26H89HA00039	$1,573,986.00	$0.00	FRML	26H89HA00039
26 - 377RA33	93.914	26H89HA00039	$141,825.00	$0.00	MAI	26H89HA00039

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

13
2-9-26

City of Jacksonville, Florida
Request for Budget Transfer Form

Parks, Recreation & Community Services/Social Services
Department or Area Responsible for Contract / Compliance / Oversight

Countywide
Council District(s)

Reversion of Funds: (if applicable) N/A
Fund / Center / Account / Project * / Activity / Interfund / Future

2025-2026
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): n/a

CIP (yes or no): no

Justification for Waiver
N/A

Justification for / Description of Transfer:
Appropriate $4,193,388.00 for the FY 2026 estimate of Jacksonville, Florida's Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant formula and Minority AIDS Initiative (MAI) awards. The estimated total formula award is $3,681,670, and the estimated total MAI award is $511,718.This award applies to Grant Year 2026–2027. The Emergency Relief Grant provides direct financial assistance to eligible metropolitan areas or transitional grant areas that are severely affected by the HIV epidemic. These funds are intended to assist eligible jurisdictions in developing or enhancing access to high-quality HIV-related care and support services, primarily delivered by service provider organizations. Funds are authorized for the grant period March 1, 2026, through February 28, 2027. ~~The grant is authorized under Ordinance 2025-0504-E, B1A, Schedule. Related RC~~ Related RC26-063. Grant listed on 2025-504-E, Schedule B1a.

Net Amount Appropriated and/or Transferred: $4,193,388.00

* This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member:

CM's District:

Requesting Council Member

CM's District:

Prepared By

Ordinance:

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☒ TRANSFER DIRECTIVE

TD / BT Number TD26-095

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head				
Mayor's Office				
Accounting Division	1-5-26	1/5/26	Donna Deegan	
Budget Division	1/2/26	2/3/26		

Date of Action By Mayor:

Approved: Donna Deegan

Division Chief: Johnnetta Moore

Prepared By: Velynda Turner

Date Initiated: 12/18/25

Phone Number (904) 255-3349

Initiated / Requested By (if other than Department):

MAYOR'S BUDGET REVIEW COMMITTEE

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Budget Transfer Line Item Detail

* This element of the account string is titled project but it houses both projects and grants.

Budget Office approval does not confirm; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: $4,193,388.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
REV	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Department of Health and Human Services	$4,193,388.00	11406	164011	331690	011254	00000000	00000	0000000

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $4,193,388.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Permanent and Probationary Salaries	$455,328.00	11406	164011	512010	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Special Pay - Pensionable	$3,529.35	11406	164011	515110	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Medicare Tax	$6,485.85	11406	164011	521020	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Pension Contribution	$11,099.25	11406	164011	522010	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Disability Trust Fund-ER	$1,341.91	11406	164011	522070	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	GEPP Defined Contribution DC-ER	$48,069.30	11406	164011	522130	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Group Dental Plan	$1,406.57	11406	164011	523010	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Group Life Insurance	$784.53	11406	164011	523030	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Group Hospitalization Insurance	$51,468.74	11406	164011	523040	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	City Employees Worker's Compensation	$1,961.12	11406	164011	524001	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Travel Expense	$17,896.00	11406	164011	540020	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Local Mileage	$385.00	11406	164011	540210	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Rentals - Land & Buildings	$57,350.00	11406	164011	544010	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	General Liability Insurance	$1,992.38	11406	164011	545020	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Miscellaneous Services & Charges	$5,000.00	11406	164011	549040	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	ISA-Copy Center	$1,000.00	11406	164011	549512	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	ISA-OGC Legal	$3,000.00	11406	164011	549532	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Office Supplies - Other	$1,710.00	11406	164011	551010	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Food	$3,200.00	11406	164011	552060	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Subsidies & Contributions To Private Org	$3,474,848.00	11406	164011	582001	011254	00000000	00000	0000000
EXP	Community Services Grants	Ryan White Care Act of 1990 Title 1 - RCB00926	Indirect Cost - Grants	$45,532.00	11406	164011	599030	011254	00000000	00000	0000000

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HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

August 21, 2025

Ryan White HIV/AIDS Program Part A Recipient – Jacksonville TGA:

RE: Grant #H89HA00039 Same NC FY 25 & FY 24

The Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program provides direct financial assistance to eligible metropolitan areas (EMAs) or transitional grant areas (TGAs) that are severely affected by the HIV epidemic. These emergency funds are intended to assist eligible jurisdictions to develop or enhance access to high quality HIV-related care and support services, primarily provided by service provider organizations (i.e., subrecipients) with whom eligible jurisdictions enter into contractual agreements.

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) recognizes some RWHAP Part A recipients have delays in executing contracts with subrecipient organizations because procurement efforts across jurisdictions occur prior to, or simultaneous with, the receipt of funding. HRSA HAB also reminds all RWHAP Part A recipients that the Uniform Administrative Requirements for HHS Awards require prompt payment. See 45 CFR § 75.305(b)[1]. To ensure efficient contracting and prompt payment of contractors, HAB is providing this estimate of funding that can be expected for fiscal year (FY) 2026.

HRSA HAB conducted a funding scenario analysis for FY 2026, considering all available factors required under the authorizing legislation to estimate Jacksonville, Florida's Ryan White HIV/AIDS Program Part A FY 2026 formula and Minority AIDS Initiative (MAI) awards; the estimated total formula award is $3,681,670 and the estimated total MAI award is $510,718.

These estimated calculations are based on last year's budget and on this year's Centers for Disease Control and Prevention's surveillance data for the Jacksonville TGA.

HAB cannot guarantee these estimates will be the final formula and MAI amounts awarded to the Jacksonville TGA, but it is providing the best estimates, given the information that is available at this time. It is HAB's expectation that providing these estimates will assist Jacksonville's infrastructure in more efficient planning for FY 2026 contracting.

If you need additional information, please contact Kristin Athey, your Project Officer, who can be reached at KAthey@hrsa.gov, or at 301.443.7703.

[1] On Oct. 2, 2024, HHS published the Interim Final Rule explaining the Department's phased approach for adopting 2 CFR part 200. As part of the transition from 45 CFR 75 to 2 CFR 200 and 300, in October 2024, HHS implemented eight provisions of 2 CFR 200 that provide greater flexibilities to the HHS grants community. HHS will adopt the remaining provisions of 2 CFR 200 on October 1, 2025.

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(14)
2-9-26

CITY OF JACKSONVILLE, FLORIDA

RC #: RC26-063

	DATE	RECOMMENDED	NOT RECOMMENDED
DIVISION CHIEF			
DEPARTMENT HEAD	1-22-26		
HR CHIEF	1-22-26		
BUDGET OFFICE	2/3/26		

DEPARTMENT Park Recreation & Community Services TO BE EFFECTIVE March 1 2026

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Delete	1	RPBH1F6GA 011054-25	Administrative Aide	B0005	15 12	35,807 37 - 68 916 96
Delete	1	RPBH1F6GA 011054-25	Data and Quality Coordinator/SPE	05084	26 16	50 996 88 - 96,030 83
Delete	1	RPBH1F6GA 011054 25	Grant Contract Administrator	L0011	26 14	42,514 51 - 80 059 85
Delete	1	RPBH1F6GA 011054-25	Planning Council Support Specialist	R0052	15 13	38 724 91 - 74 530 49
Delete	1	RPBH1F6GA 011054-25	Program Manager	W0129	16 16	49 617 47 - 99,634 87
Delete	1	RPBH1F6GA 011054-25	Accountant Senior	A0036	26 15	46,443 45 87 455 99
Delete	1	RPBH1F6GA 011054-25	Planning Council Support Assistant	B0238	15 10	31,036 64 - 59 733 74
Delete	1	RPBH1F6GA 011054-25	Ryan White Assistant Director	D0103	16 15	45 187 73 90 738 17
Authorize	1	RPBH1F6GA 011254 26	Administrative Aide	B0005	15 12	35,807 37 - 68 916 96
Authorize	1	RPBH1F6GA 011254-26	Data and Quality Coordinator/SPE	05084	26 16	50 996 88 96 030 83
Authorize	1	RPBH1F6GA 011254-26	Grant Contract Administrator	L0011	26 14	42,514 51 80,059 85
Authorize	1	RPBH1F6GA 011254-26	Planning Council Support Specialist	R0052	15 13	38 724 91 74 530 49
Authorize	1	RPBH1F6GA 011254-26	Ryan White Program Director	Y0111	16 16	49 617 47 - 99,634 87
Authorize	1	RPBH1F6GA 011254 26	Accountant Senior	A0036	26 15	46,443 45 87 455 99
Authorize	1	RPBH1F6GA 011254-26	Planning Council Support Assistant	B0238	15 10	31 036 64 59 733 74
Authorize	1	RPBH1F6GA 011254-26	Ryan White Assistant Director	D0103	16 15	45,187 73 90 738 17

JUSTIFICATION

Reauthorize 8 full time positions for the FY26 Ryan White HIV AIDS Grant Program

RPBH1F6GA RC8009 26 11406-164011 011254

Grant Period March 1 2026 February 28 2027

Bla 2025-504-E

TD 26-095

Reference TD/BT Council approval required? Yes ☐ No ☒ Date action required

ACTION TAKEN BY MBRC

RECEIVED
MAYOR'S BUDGET
REVIEW COMMITTEE
FEB 2026

AMENDMENTS

SIGNATURES

Chief Administrative Officer

MAYOR Donna Deegan

Comments:

Docusign Envelope ID: 573E9380-1A9C-4896-B076-CA1B6786C227

Budgetary Balances
Run on 6/15/26

Concatenated Segments	Budget Year	Fund	Fund Description	Department	Division	Center	Center Description	Project	Activity	Interfund	Account	Account Description	Initial Budget	Budget Adjustments	Total Budget	Commitments	Obligations	Actuals	Available Amount	Available Percentage
11406-164011-011254-00000000-00000-0000000-331690	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	331690	Department of Health and Human Services	0.00	4,193,384.00	4,193,384.00	0	0.00	0.00	4,193,384.00	100%
11406-164011-011254-00000000-00000-0000000-512010	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	512010	Permanent and Probationary Salaries	0.00	455,328.00	455,328.00	0	0.00	108,338.64	346,989.36	76%
11406-164011-011254-00000000-00000-0000000-515110	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	515110	Special Pay - Pensionable	0.00	3,529.35	3,529.35	0	0.00	825.00	2,704.35	77%
11406-164011-011254-00000000-00000-0000000-521020	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	521020	Medicare Tax	0.00	6,485.85	6,485.85	0	0.00	1,565.03	4,920.82	76%
11406-164011-011254-00000000-00000-0000000-522010	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	522010	Pension Contribution	0.00	11,099.25	11,099.25	0	0.00	3,742.04	7,357.21	66%
11406-164011-011254-00000000-00000-0000000-522070	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	522070	Disability Trust Fund-ER	0.00	1,341.91	1,341.91	0	0.00	327.42	1,014.49	76%
11406-164011-011254-00000000-00000-0000000-522130	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	522130	GEPP Defined Contribution DC-ER	0.00	48,069.30	48,069.30	0	0.00	8,559.85	39,509.45	82%
11406-164011-011254-00000000-00000-0000000-523010	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	523010	Group Dental Plan	0.00	1,406.57	1,406.57	0	0.00	300.00	1,106.57	79%
11406-164011-011254-00000000-00000-0000000-523030	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	523030	Group Life Insurance	0.00	784.53	784.53	0	0.00	142.90	641.63	82%
11406-164011-011254-00000000-00000-0000000-523040	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	523040	Group Hospitalization Insurance	0.00	51,468.74	51,468.74	0	0.00	13,960.80	37,507.94	73%
11406-164011-011254-00000000-00000-0000000-524001	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	524001	City Employees Worker's Compensation	0.00	1,961.12	1,961.12	0	0.00	69.04	1,892.08	96%
11406-164011-011254-00000000-00000-0000000-540020	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	540020	Travel Expense	0.00	17,896.00	17,896.00	0	0.00	0.00	17,896.00	100%
11406-164011-011254-00000000-00000-0000000-540210	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	540210	Local Mileage	0.00	385.00	385.00	0	0.00	0.00	385.00	100%
11406-164011-011254-00000000-00000-0000000-544010	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	544010	Rentals - Land & Buildings	0.00	57,350.00	57,350.00	0	43,103.50	14,246.60	0.00	0%
11406-164011-011254-00000000-00000-0000000-545020	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	545020	General Liability Insurance	0.00	1,992.38	1,992.38	0	0.00	12.61	1,979.77	99%
11406-164011-011254-00000000-00000-0000000-549040	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	549040	Miscellaneous Services & Charges	0.00	5,000.00	5,000.00	0	3,516.47	980.56	502.97	10%
11406-164011-011254-00000000-00000-0000000-549512	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	549512	ISA-Copy Center	0.00	1,000.00	1,000.00	0	0.00	0.00	1,000.00	100%
11406-164011-011254-00000000-00000-0000000-549529	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	549529	ISA-Mailroom Charge	0.00	0.00	0.00	0	0.00	0.80	-0.80	0%
11406-164011-011254-00000000-00000-0000000-549532	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	549532	ISA-OGC Legal	0.00	3,000.00	3,000.00	0	0.00	725.80	2,274.20	76%
11406-164011-011254-00000000-00000-0000000-551010	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	551010	Office Supplies - Other	0.00	1,710.00	1,710.00	0	0.00	0.00	1,710.00	100%
11406-164011-011254-00000000-00000-0000000-552060	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	552060	Food	0.00	3,200.00	3,200.00	0	0.00	1,229.66	1,970.34	62%
11406-164011-011254-00000000-00000-0000000-582001	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	582001	Subsidies & Contributions To Private Org	0.00	3,474,848.00	3,474,848.00	0	635,047.57	981,855.48	1,857,944.95	53%
11406-164011-011254-00000000-00000-0000000-599030	2026	11406	Community Services Grants	PR	PRSO	164011	PRSO Ryan White Care Act Of 1990 Title 1	011254	00000000	00000	599030	Indirect Cost - Grants	0.00	45,532.00	45,532.00	0	0.00	22,766.00	22,766.00	50%

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COPY AND PASTE VALUES FROM GL BI REPORT

GL BI Modified Accrual report pulled from 1Cloud on 6/15/2026

FY 26 FM 09

Fiscal Year	Fiscal Month	Accounting Period	Concatenated Segments	Account	Account Name	Budget	Actual	Commitment	Obligation	Encumbrance	Balance
						0.00	1,159,648.23	0.00	681,667.44	681,667.44	(1,841,315.67)
2026	9	Jun-26	11406-164011-331690-011254-00000000-00000-0000000	331690	Department of Health and H	4,193,388.00	0.00	0.00	0.00	0.00	(4,193,388.00)
2026	9	Jun-26	11406-164011-512010-011254-00000000-00000-0000000	512010	Permanent and Probationary	455,328.00	108,338.64	0.00	0.00	0.00	346,989.36
2026	9	Jun-26	11406-164011-515110-011254-00000000-00000-0000000	515110	Special Pay - Pensionable	3,529.35	825.00	0.00	0.00	0.00	2,704.35
2026	9	Jun-26	11406-164011-521020-011254-00000000-00000-0000000	521020	Medicare Tax	6,485.85	1,565.03	0.00	0.00	0.00	4,920.82
2026	9	Jun-26	11406-164011-522010-011254-00000000-00000-0000000	522010	Pension Contribution	11,099.25	3,742.04	0.00	0.00	0.00	7,357.21
2026	9	Jun-26	11406-164011-522070-011254-00000000-00000-0000000	522070	Disability Trust Fund-ER	1,341.91	327.42	0.00	0.00	0.00	1,014.49
2026	9	Jun-26	11406-164011-522130-011254-00000000-00000-0000000	522130	GEPP Defined Contribution D	48,069.30	8,559.85	0.00	0.00	0.00	39,509.45
2026	9	Jun-26	11406-164011-523010-011254-00000000-00000-0000000	523010	Group Dental Plan	1,406.57	300.00	0.00	0.00	0.00	1,106.57
2026	9	Jun-26	11406-164011-523030-011254-00000000-00000-0000000	523030	Group Life Insurance	784.53	142.90	0.00	0.00	0.00	641.63
2026	9	Jun-26	11406-164011-523040-011254-00000000-00000-0000000	523040	Group Hospitalization Insura	51,468.74	13,960.80	0.00	0.00	0.00	37,507.94
2026	9	Jun-26	11406-164011-524001-011254-00000000-00000-0000000	524001	City Employees Worker's Co	1,961.12	69.04	0.00	0.00	0.00	1,892.08
2026	9	Jun-26	11406-164011-540020-011254-00000000-00000-0000000	540020	Travel Expense	17,896.00	0.00	0.00	0.00	0.00	17,896.00
2026	9	Jun-26	11406-164011-540210-011254-00000000-00000-0000000	540210	Local Mileage	385.00	0.00	0.00	0.00	0.00	385.00
2026	9	Jun-26	11406-164011-544010-011254-00000000-00000-0000000	544010	Rentals - Land & Buildings	57,350.00	14,246.60	0.00	43,103.40	43,103.40	0.00
2026	9	Jun-26	11406-164011-545020-011254-00000000-00000-0000000	545020	General Liability Insurance	1,992.38	12.61	0.00	0.00	0.00	1,979.77
2026	9	Jun-26	11406-164011-549040-011254-00000000-00000-0000000	549040	Miscellaneous Services & Ch	5,000.00	980.56	0.00	3,516.47	3,516.47	502.97
2026	9	Jun-26	11406-164011-549512-011254-00000000-00000-0000000	549512	ISA-Copy Center	1,000.00	0.00	0.00	0.00	0.00	1,000.00
2026	9	Jun-26	11406-164011-549529-011254-00000000-00000-0000000	549529	ISA-Mailroom Charge	0.00	0.80	0.00	0.00	0.00	(0.80)
2026	9	Jun-26	11406-164011-549532-011254-00000000-00000-0000000	549532	ISA-OGC Legal	3,000.00	725.80	0.00	0.00	0.00	2,274.20
2026	9	Jun-26	11406-164011-551010-011254-00000000-00000-0000000	551010	Office Supplies - Other	1,710.00	0.00	0.00	0.00	0.00	1,710.00
2026	9	Jun-26	11406-164011-552060-011254-00000000-00000-0000000	552060	Food	3,200.00	1,229.66	0.00	0.00	0.00	1,970.34
2026	9	Jun-26	11406-164011-582001-011254-00000000-00000-0000000	582001	Subsidies & Contributions To	3,473,848.00	981,855.48	0.00	635,047.57	635,047.57	1,857,944.95
2026	9	Jun-26	11406-164011-599030-011254-00000000-00000-0000000	599030	Indirect Cost - Grants	45,532.00	22,766.00	0.00	0.00	0.00	22,766.00

Project	Project Name	Start Date	End Date
001844	Ryan White Care Act Of 1990 Title I - RCB00916	10/01/2015	
001845	Ryan White Care Act Of 1990 Title I - RCB00917	10/01/2015	
001846	Ryan White Care Act Of 1990 Title I - RCB00918	10/01/2015	
007675	Ryan White Care Act Of 1990 Title I - CSM00900	10/01/2015	
007676	Ryan White Care Act Of 1990 Title I - CSM00901	10/01/2015	
007677	Ryan White Care Act Of 1990 Title I - CSM00902	10/01/2015	
007678	Ryan White Care Act Of 1990 Title I - CSM00903	10/01/2015	
007679	Ryan White Care Act Of 1990 Title I - CSM00904	10/01/2015	
007680	Ryan White Care Act Of 1990 Title I - CSM00905	10/01/2015	
007681	Ryan White Care Act Of 1990 Title I - CSM00906	10/01/2015	
007682	Ryan White Care Act Of 1990 Title I - CSM00907	10/01/2015	
007683	Ryan White Care Act Of 1990 Title I - CSM00998	10/01/2015	
007684	Ryan White Care Act Of 1990 Title I - CSM00999	10/01/2015	
007685	Ryan White Care Act Of 1990 Title I - RCB00908	10/01/2015	
007686	Ryan White Care Act Of 1990 Title I - RCB00909	10/01/2015	
007687	Ryan White Care Act Of 1990 Title I - RCB00910	10/01/2015	
007688	Ryan White Care Act Of 1990 Title I - RCB00911	10/01/2015	
007689	Ryan White Care Act Of 1990 Title I - RCB00912	10/01/2015	
007690	Ryan White Care Act Of 1990 Title I - RCB00913	10/01/2015	
007691	Ryan White Care Act Of 1990 Title I - RCB00914	10/01/2015	
007692	Ryan White Care Act Of 1990 Title I - RCB00915	10/01/2015	
008886	Ryan White Care Act of 1990 Title I - RCB00919	10/01/2015	
010003	Ryan White Care Act of 1990 Title I - RCB00920		
010219	Ryan White Care Act of 1990 Title I - RCB00921		
010471	Ryan White Care Act of 1990 Title I - RCB00922		
010677	Ryan White Care Act of 1990 Title I - RCB00923		
010872	Ryan White Care Act of 1990 Title I - RCB00924	10/01/2023	
011054	Ryan White Care Act of 1990 Title I - RCB00925	10/01/2015	
011254	Ryan White Care Act of 1990 Title 1 - RCB00926	02/12/2026	

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City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: Ryan White Part A - Professional Services

Requested Action and Justification:

Recommend approval to ratify the period of service from March 1, 2026 through date of executed contract. Recommend approval to utilize the second and final renewal option with the contractors listed in the attached memo. Period of service is from date of executed contract through February 28, 2027 for the reallocation of distributed funds totaling $1,715,811.00. New total expenditures not to exceed $14,405,619.00.

On January 30,2026, providing $1,715,811.00 in grant funding to the HIV Emergency Relief, Ryan White HIV/AIDS Part A Program. For the FY 26/27 Formula and Minority AIDS (MAI) awards, the initial partial formula award is 1, 573,986 and the initial partial MAI award is $141, 825.00. It is anticipated that the full award will amount to an estimated six million dollars. Upon receipt of the full award, all agencies will receive additional funding.

To be executed by formal contract amendment through the Office of General Counsel.

Supplier:	Various	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	12/6/2023

POA #:	Various	**PO #:**	N/A	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON 0252 24	**Contract #:**	Various	**Contract ADM #:**	Various
Term:	1 year	**Options:**	Two (2) and one (1)	**Options Used:**	1

Federally Funded:	Yes	**JSEB Rec:**	Encouragement
Licenses Verified:	N/A	**JSEB %:**	0
Bonds Required:	No	**Bonds Waived Pursuant To:**	N/A

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011254	**Activity:**	00000000	$ 1,715,811.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 14,405,619.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	RPBH:SOCIAL SERVICES		
Concurrence:	Signed by Sandy	**Title:**	PROGRAM MANAGER 2/20/2026
Concurrence:	Signed by Jacqueline Moore	**Title:**	CHIEF OF SOCIAL SERVICES 2/23/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by Barnett, Renata	**Chief of Procurement:**	Signed by: Robert Warenburg for Dustin Freeman 3/3/2026
Name:	Barnett, Renata	**Name:**	Dustin E. Freeman

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:	3	**Action:**	Approved
Members who disapprove:	0	**Signature:**	Signed by Kelli O'Leary
Date:	3/5/2026	**Date:**	3/5/2026

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City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC Award Request: Renewals, Extensions, and Unit Price Increases

Goods and/or Services: Ryan White Care Act - Part A

Requested Action and Justification:

Recommend approval to amend the awards with the contractors listed in the attached memo for the reallocation of distributed funds totaling $2,084,428.00. New total expenditures NTE $12,689,808.00.

On August 28, 2025, The Ryan White HIV/AIDS Part A/B Metropolitan Jacksonville Area HIV Health Services Planning Council approved the allocation and reallocation of Fiscal Year 2025/2026 funds for grant period ending February 28, 2026. The total amount of FY25-26 funding awarded is $6,295,612, which includes administrative costs of $588,493.00.

To be executed by formal contract amendment through the Office of General Counsel.

Supplier:	Various	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/20/2024

POA #:	Multiple	**PO #:**	Multiple	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON ESC-0252 24	**Contract #:**	Multiple	**Contract Amd #:**	Various
Term:	1 year	**Options:**	2, 1-year	**Options Used:**	1

Federally Funded:	Yes	**JSEB Rec:**	Encouragement	**Bonds Waived Pursuant To:**	N/A
Licenses Verified:	N/A	**JSEB %:**	0		

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011054	**Activity:**	00000000	$ 2,084,428.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 12,689,808.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	RPBH SOCIAL_SERVICES		
Concurrence:	Johnnetta Moore	**Title:**	CHIEF OF SOCIAL SERVICES 9/10/2025
Concurrence:		**Title:**	
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Barnett, Renata	**Chief of Procurement:**	9/16/2025
Name:	Barnett, Renata	**Name:**	Dustin L. Freeman

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:	3	**Action:**	Approved
Members who disapprove:	0	**Signature:**	Karen Bowling
Date:	9/18/2025	**Date:**	9/18/2025

Karen Bowling
Chief Administrative Officer
For: Mayor Donna Deegan
Under Authority Of:
Executive Order No: 2023-02

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City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC Award Request: Renewals, Extensions, and Unit Price Increases

Goods and/or Services: Ryan White Part A - Professional Services

Requested Action and Justification:

Recommend approval to utilize the first of two renewal options with providers outlined in the attached memo and spreadsheet. Period of service will be from March 1, 2025 through February 28, 2026. Total revised expenditure amount is $4,211,184.00: $3,622,691.00 to the providers and administrative costs of $588,493.00. The revised total award expenditure not to exceed $10,605,380.00.

Supplier:	Multiple	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/20/2024

POA #:	Multiple	**PO #:**	Multiple	**Change Order #:**	N/A
Solicitation #:	RFP-NONCON ESC-0252 24	**Contract #:**	Multiple	**Contract Amd #:**	Various
Term:	1 year	**Options:**	Two 1-Year	**Options Used:**	N/A

Federally Funded:	Yes	**JSEB Rec:**	N/A	**Bonds Waived Pursuant To:**	N/A
Licenses Verified:	Yes	**JSEB %:**	N/A		

Fund:	11406	**Center:**	164011	**Acct:**	582001	**Proj:**	011054	**Activity:**	00000000	$ 4,211,184.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	10,605,380.00	**Contingent Amt:**	0	**DMP/ODPO Amt:**	0

Using Agency/BU:	RPBH:SOCIAL_SERVICES		
Concurrence:	Johnnetta Moore	**Title:**	CHIEF OF SOCIAL SERVICES 1/21/2025
Concurrence:		**Title:**	
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Barnett, Renata	**Chief of Procurement:**	2/4/2025
Name:	Barnett, Renata	**Name:**	Dustin L. Freeman

Part 2 – JPAC Action: All award actions subject to lawfully appropriated funds.		**Part 3 – Final Awarding Authority Action:**	
Members who approve:	3	**Action:**	Approved
Members who disapprove:	0	**Signature:**	Karen Bowling
Date:	2/6/2025	**Date:**	2/6/2025

Karen Bowling
Chief Administrative Officer
For Mayor Donna Deegan
Under Authority Of
Executive Order No: 2023-02

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City of Jacksonville, Florida
Procurement Award Form (PAF)

Part 1: Form Type JPAC Award Request and Administrative Details

Goods and/or Services: Ryan White Care Act - Part A/MAI

Requested Action/Authority:

Recommend approval to amend the award with the contractors listed in the attached memo for the reallocation of distributed funds. There is no increase in the annual total expenditures and the NTE remains $6,394,196.

Justification/Explanation:

On November 21, the RWPA Planning Council approved the reallocation of FY24-25 funds in accordance with contract provision Article IV 4.0. Grant period is March 1, 2024 through February 28, 2025.

Legal Contract #:	Various	Contract Date:	03/20/2024	Change Order/AMD #:	Amendment #3	
PO/Release #:	Various	Bid Date:	03/20/2024	Awarded Supplier:	Various	
Licenses Verified:	Yes	Effective Date:	12/05/2024	Basis of Award:	Highest Evaluated	
Federally Funded:	Yes	No. Invited:	17	Responses Received:	8	Attachments:
Solicitation:	RFP-NONCON ESC-0252 - 24			Procurement Contract #:	N/A - N/A	
Executed By:	Office of General Counsel					

PoP:Base:	1 year	Options:	Two (2) One (1) year renewal options	Extension(s):	N/A
JSEB Rec.:	N/A	%:	N/A	Bonds Waived Pursuant To:	N/A

Fund:	11406	Center:	164011	Acct:	582001	Proj:	010872	Activity:	00000000	$ 0
Fund:		Center:		Acct:		Proj:		Activity:		$
Fund:		Center:		Acct:		Proj:		Activity:		$

New NTE/GMP:	$ 6,394,196.00	Contingent Amount:	$ 0	DMP/ODPO Amount:	$ 0

Using Agency/BU:	RPBH:SOCIAL_SERVICES			
Concurrence:	Johnnetta Moore	Title:	CHIEF OF SOCIAL SERVICES	11/26/2024
Concurrence:		Title:		
Concurrence:		Title:		
Concurrence:		Title:		

Procurement Analyst/Buyer:	Barnett, Renata	Chief of Procurement:	12/3/2024
Name:	Barnett, Renata	Name:	Dustin L. Freeman

Part 2: JPAC Actions on Above Requests/Recommendations
All Award Actions Subject to Lawfully Appropriated Funds

Members Who Approve:	3
Members Who Disapprove:	0
Other Action:	N/A

Date: 12/5/2024

Part 3: Final Awarding Authority Action

Action: Approved

Date: 12/5/2024

Signature: Karen Bowling

DS
Karen Bowling
Chief Administrative Officer
For: Mayor Donna Deegan
Under Authority Of:
Executive Order No. 2023-02

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City of Jacksonville, Florida
Procurement Award Form (PAF)

Part 1: Form Type JPAC Award Request and Administrative Details

Goods and/or Services: Ryan White Care Act Part/A Minority Aids Initiative- ESC-0252-24 - Amendment# 2

Requested Action/Authority:

Recommend approval to amend and increase the award for Bid# ESC-0252-24 (Various Contracts) by $187,226 for Ryan White Part A grant as outlined in the attached memo. Total requested expenditure not to exceed $187,226.00, for a revised total not to exceed $6,394,196.00.

Justification/Explanation:

On August 5, 2024, Social Services Division received a Notice of Award providing $187,226 of FY23/24 carryover funds from Department of Health and Human Services. 71109-24 - Florida Department of Health - $50,000.00; 71103-24 - Jacksonville Area Legal Aid $33,071.00; 71106-24 - Lutheran Social Services - $104,155.00.

Legal Contract #:	Various	Contract Date:	03/20/2024	Change Order/AMD #:	2	
PO/Release #:	Various	Bid Date:	12/05/2023	Awarded Supplier:	Various	
Licenses Verified:	N/A	Effective Date:	12/05/2024	Basis of Award:	Highest Evaluated	
Federally Funded:	Yes	No. Invited:	17	Responses Received:	8	Attachments:
Solicitation:	RFP-NONCON ESC-0252 - 24			Procurement Contract #:	POA - Various	
Executed By:	Office of General Counsel					

PoP:Base:	1 year	Options:	Two (2) One (1) year renewal options	Extension(s):	N/A
JSEB Rec.:	Encouragement	%:	0	Bonds Waived Pursuant To:	N/A

Fund:	11406	Center:	164011	Acct:	582001	Proj:	010872	Activity:	00000000	$	187,226.00
Fund:		Center:		Acct:		Proj:		Activity:		$	
Fund:		Center:		Acct:		Proj:		Activity:		$	

New NTE/GMP:	$ 6,394,196	Contingent Amount:	$ 0	DMP/ODPO Amount:	$ 0

Using Agency/BU:	RPBH:SOCIAL_SERVICES			
Concurrence:	DocuSigned by Johnnetta Moore	Title:	CHIEF OF SOCIAL SERVICES	10/17/2024
Concurrence:		Title:		
Concurrence:		Title:		
Concurrence:		Title:		

Procurement Analyst/Buyer:	Signed by Barnett, Renata	Chief of Procurement:	DocuSigned by 11/25/2024
Name:	Barnett, Renata	Name:	Dustin L. Freeman

Part 2: JPAC Actions on Above Requests/Recommendations
All Award Actions Subject to Lawfully Appropriated Funds

Members Who Approve:	3
Members Who Disapprove:	0
Other Action:	N/A

Date: 12/5/2024

Part 3: Final Awarding Authority Action

Action: Approved

Date: 12/5/2024

Signature: DocuSigned by Karen Bowling

DS
Karen Bowling
Chief Administrative Officer
For Mayor Donna Deegan
Under Authority Of:
Executive Order No. 2023-02

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City of Jacksonville, Florida
Procurement Award Form (PAF)

Part 1: Form Type ADMIN Award Request: Renewals, Extensions, and Unit Price Increases (within NTE)

Goods and/or Services: Professional Services

Requested Action/Authority:

Award Amendment Request for Bid# ESC-0252-24 in the amount of $4,389,741.00 to increase the contract amounts for all 8 providers that are listed on the memo to the revised award amount. The total funding is not to exceed $6,206,970.

Justification/Explanation:

On May 15, 2024, the Social Services Division received a Notice of Award providing $4,389,741.00 in additional Ryan White Part A grant funding to the City of Jacksonville for the 12-month grant period March 1, 2024, to February 28, 2025.

Legal Contract #:	71104-24	Contract Date:	03/20/2024	Change Order/AMD #:	1	
PO/Release #:	675585-24	Bid Date:	03/20/2024	Awarded Supplier:	AIDS Healthcare Foundation	
Licenses Verified:	N/A	Effective Date:	03/01/2024	Basis of Award:	N/A	
Federally Funded:	Yes	No. Invited:	N/A	Responses Received:	N/A	Attachments:
Solicitation:	N/A - N/A - N/A			Procurement Contract #:	POA - 71104-24	
Executed By:	Office of General Counsel					

PoP:Base:	1 year	Options:	Two (2) One (1) Year Renewal	Extension(s):	N/A
JSEB Rec.:	N/A	%:	N/A	Bonds Waived Pursuant To:	N/A

Fund:	11406	Center:	164011	Acct:	582001	Proj:	010872	Activity:	00000000	$	4389741.00
Fund:		Center:		Acct:		Proj:		Activity:		$	
Fund:		Center:		Acct:		Proj:		Activity:		$	

New NTE/GMP:	$ 6,206,970	Contingent Amount:	$ 0	DMP/ODPO Amount:	$ 0

Using Agency/BU:	RPBH:SOCIAL_SERVICES			
Concurrence:	Signed by Arts, Sandra	Title:	PROGRAM MANAGER	7/31/2024
Concurrence:	DocuSigned by Johnnetta Moore	Title:	CHIEF OF SOCIAL SERVICES	7/31/2024
Concurrence:		Title:		
Concurrence:		Title:		

Procurement Analyst/Buyer:	Signed by Dasha Herrin
Name:	Dasha Herrin
Procurement Manager:	Signed by Marilyn Laidler
Name:	Marilyn Laidler
Chief of Procurement:	DocuSigned by:
Name:	Dustin L. Freeman

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SUBJECT: RYAN WHITE CARE ACT PART A/MINORITY AIDS INITIATIVE

BID #: ESC-0252-24 **OPEN DATE:** 12/05/2023

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: EVALUATED BID – ONE (1) YEAR FROM DATE OF CONTRACT EXECUTION WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST SCORE BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 17 **NUMBER RECEIVED:** 8 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to waive as a minor irregularity addendum #1 not included in responses from Lutheran Services, State of Florida Dept. of Health and University of Florida Board of Trustees. It has been received from each supplier and is immaterial to the specifications.

Supplier	Average	Rank	Award
Jacksonville Area Legal Aid	93.50	1	$56,205.00
AIDS Healthcare Foundation	93.00	2	$170,547.00
CAN Community Health	92.50	3	$216,323.00
Lutheran Social Services	92.50	4	$158,877.00
Gateway Community Services	91.25	5	$72,288.00
Northeast Florida Aids Network	90.00	6	$307,762.00
Florida Department of Health-Duval	81.50	7	$100,574.00
University of Florida Board of Trustees	79.00	8	$143,945.00

Recommend approval of award to the highest scoring responsive, responsible bidders listed above. Period of service will be from March 1, 2024 through February 28, 2025. Total expenditure amount is $1,226,521.00.

This award will be executed by formal contract agreement through the Office of General Counsel.

ATTACHMENTS: Recommendation Memo, Price Sheet, Attachment B, Evaluation Scoring Matrix, Addendum 1, Sections 1, 2 and 4

ANALYST: RENATA BARNETT

RESPECTFULLY SUBMITTED: DUSTIN FREEMAN, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING 0 DATE: 2/29/2024

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 3/1/2024

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

~~Karen Bowling~~
Chief Administrative Officer
~~For: Mayor Donna Deegan~~
Under Authority Of:
~~Executive Order No. 2023-09~~