



Legislation Text

File #: 24-2191, **Version:** 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Contract - Award

Project ID (if applicable): 230457

Vendor/Entity Legal Name (if applicable): Legacy Community Health Services, Inc.

MWDBE Contracted Goal (if applicable): N/A

MWDBE Current Participation (if applicable): N/A

Justification for 0% MWDBE Participation Goal: 0% - Non-Divisible

Request Summary (Agenda Caption):

Request for approval of an award on the basis of best proposal meeting requirements and that the County Judge execute an agreement with Legacy Community Health Services, Inc. for Ryan White Program Part A and Minority AIDS Initiative Services for Public Health Services/Ryan White Grant Administration through February 28, 2025 (230457), Justification for 0% MWDBE Participation Goal: 0% - Non-Divisible.

Background and Discussion:

Ryan White Part A is a federal program administered through the Health Resources and Services Administration (HRSA). The grant serves individuals living with HIV who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. In addition to outpatient medical care, Ryan White also funds services that support access or retention to medical care.

Expected Impact:

To provide optimal HIV care and treatment for people with HIV who are low-income, uninsured, and underserved, to improve their medical outcomes.

Alternative Options:

Approval ensures uninterrupted HIV services for residents living with HIV and staffing to support grant activities.

Alignment with Goal(s):

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing

- ☒ Public Health
☐ Transportation
☐ Flooding
☐ Environment
☐ Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken
1/09/24	169	Advertisement Approved

Location:

Address (if applicable): N/A

Precinct(s): Choose an item.

Fiscal and Personnel Summary

Service Name					
			Current Fiscal Year Cost		Annual Fiscal Cost
			Labor	Non-Labor	Total
					Recurring Expenses
Funding Sources					
Existing Budget					
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Current Budget	\$	\$	\$	\$	
Additional Budget Request (<i>Requires Fiscal Review Request Form</i>)					
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Additional Budget Request	\$	\$	\$	\$	
Total Funding Request	\$	\$	\$	\$	
Personnel (Fill out section only if requesting new PCNs)					
Current Position Count for Service	-	-	-	-	
Additional Positions Request	-	-	-	-	
Total Personnel	-	-	-	-	

Anticipated Court Date: 4/23/2024

Anticipated Implementation Date (if different from Court date): N/A

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Dr. Ericka Brown, Director of Community Health and Wellness, Public Health Services, Gisselle Zapata, Sr. Buyer, Purchasing

Attachments (if applicable): Letter, Agreement