



**Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130
September 14, 2023 Minutes,**

Approved November 8, 2023

#	Committee Members	Present	Absent
1	Alcala, Etelvina		X
2	Grant, Gena		X
3	Henriquez, Maria	X	
4	Mills, Vanessa		X
5	Siclari, Rick	X	
6	Shmuels, Diego	X	
7	Trepka, Mary Jo	X	
8	Wall, Dan	X	
Quorum: 4			

Guests	
Courtney Gillens	Karen Poblete
David Goldberg	Javier Romero
Karen Hilton	Grechen Santiago
Meadgine Ilmet	Daniel Shmuels
Keri Kratofil	Stephen Williams
Angela Machado	
Brad Mester	
Staff	
Robert Ladner	Marlen Meizoso

All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order

Dr. Diego Shmuels

Dr. Diego Shmuels, the Chair, welcomed everyone, introduced himself, and called the meeting to order at 10:27 a.m. He reminded everyone that today’s meeting marked the last of the needs assessment activities, and the Committee will make decisions on priority setting and resource allocations. All meeting materials were posted online, and decisions should be data-based.

II. Introductions

Dr. Diego Shmuels

Members and guests introduced themselves around the room.

III. Meeting Housekeeping and Rules

Dr. Mary Jo Trepka

Dr. Mary Jo Trepka, Vice Chair, reviewed the Housekeeping presentation, which includes the environmental reminders, parking, and meeting decorum for all participants.

IV. Floor Open to the Public

Dr. Mary Jo Trepka

Dr. Trepka read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

BSR has a dedicated line for statements to be read into the record. No statements were received.

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Committee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented.

Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

VI. Review/Approve Minutes of August 17, 2023 *All*

The Committee reviewed the minutes of August 17, 2023, and accepted them as presented.

Motion to accept the minutes of August 17, 2023, as presented.

Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

VII. Reports

- *Part A/Minority AIDS Initiative (MAI)* *Dan Wall*

Dan Wall indicated the current Ryan White Program Part A/MAI client count is 7,523, which is 300 clients more than last year. Expenditures to date are still low, because contracts are still being executed. Contract executions should be concluded by the end of the month. A Health Resources and Services Administration (HRSA) site visit is planned for January 2024. Test and Treat Rapid Access year-to-date totals are 405 clients, of which 60% are virally suppressed.

The Ending the HIV Epidemic (EHE) Request for Proposals (RFP) cone of silene has been lifted. Under the HealthTec initiative, one provider is being recommended (Care Resource); under the Housing Stability Services initiative, three providers are being recommended (Care Resource, Empower U, and Health Council of South Florida); and for the Mobile GO Teams initiative, two providers are being recommended (Care Resource and AIDS Healthcare Foundation).

There is a joint HRSA/CDC call scheduled to discuss the Implementation Plan this month.

As indicated at the last meeting, the Florida Department of Health is evaluating a new model for integration and coordinating Part A and Part B. The State is leaning towards a statewide fiduciary model.

At the end of August, the County, providers, and other stakeholders participated in the Fast Track Cities workshop with Mayor Lavine-Cava signing the Sevilla and Paris Accords.

- *Part B* *David Goldberg*

David Goldberg indicated there was no report at this time since billing is pending from an agency.

- *AIDS Drug Assistance Program (ADAP)*

Dr. Javier Romero

The report was not projected but will be posted online and forwarded to the Committee after the meeting. Dr. Javier Romero reviewed the August 2023 ADAP report, as of September 5, 2023, including data on enrollments, pharmacy and insurance expenditures, program updates, medication additions, and current pharmacy listings. Program updates were reviewed. Additional Magellan pharmacy participants will be shared shortly. Open enrollment starts November 1, 2023, and participants must enroll directly with the Broward Regional Health Planning Council.

- *General Revenue*

Angela Machado

Angela Machado indicated that the July report reflects the start of a new Fiscal Year: FY 2023-2024. The total number of unduplicated clients served during the month of July was 1,805 with 1,073 clients receiving medical case management (MCM). There has been an increase in the nursing homes beds from five to seven for this new fiscal year since it is a needed service.

- *Medical Care Subcommittee*

Dr. Mary Jo Trepka

Dr. Trepka reviewed the report. The Medical Care Subcommittee (MCSC):

- Heard updates from the Ryan White Program and the ADAP Program.
- Are preparing to review the July 2023 medications added to the ADAP Formulary for possible inclusion in the Ryan White Prescription Drug Formulary.
- Discussed and reviewed a draft “Dear Colleague” letter on HIV and Aging (people with HIV over 50 years old).
- Reviewed an edited draft of the Ryan White Primary Medical Care Standards and will continue review of the first half of the document at the next meeting.
- Provided clarification on notations and conditions under the ophthalmology and podiatry specialties of the Allowable Medical Conditions List. Revisions have been incorporated in the draft pages 5-6 of the document. The Committee indicated that additional language should be added to the bottom of the important note on page 5. The phrase “such as the example,” should be placed before “listed above...”. The Committee voted to accept the changes with the additional language.

Motion to accept the changes to the Allowable Medical Conditions List as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Dan Wall

Motion: Passed

The next MCSC meeting is scheduled for September 22, 2023, at Behavioral Science Research Corp.

- *Vacancies*

Marlen Meizoso

Marlen Meizoso reviewed the September 2023 vacancy report which indicated there are twelve vacancies for members of the affected community. The Care and Treatment Committee has an

additional vacancy since Jennifer Ellison resigned, but Daniel Shmuels, PhD. has submitted an application. Dr. Shmuels introduced himself and stated his interest in the Committee. The Committee voted to accept him as a member. Staff urged everyone to share vacancy information with clients, invite them to upcoming trainings and meetings, or put them in contact with staff.

Motion to accept Dr. Daniel Shmuels as a member of the Care and Treatment Committee.

Moved: Rick Siclari

Seconded: Dan Wall

Motion: Passed

VIII. Standing Business

- *YR 2024 Projections*

Dr. Robert Ladner

Dr. Robert Ladner reviewed the YR 2024 Projections which estimated that in 2023, 8,934 clients will be served and in 2024, an estimated 9,291 clients will be served. The estimates are a little low since one of the variables to calculate the rate of change may be affected by delays in contract execution. There will be increases in the number of clients in the program. Some services, such as food bank, have increased 50% in client usage and almost 60% in expenditures. At this rate of utilization, current funding levels will be unsustainable. Aside from food bank, MCM and outpatient/ambulatory health services (OAHS) have anticipated increases in new clients and will also need to have increased funding. . Shifting clients to Affordable Care Act (ACA) insurance plans might provide some cost savings. The EHE Housing Stability Services initiative offers grocery vouchers.

IX. New Business

- *Special Directives*

All

Information on the importance and impact of special directives was reviewed. This year marks the third of the four-year period covered by the last Ryan White Program request for proposal (RFP). In order to have contracts in place for the March 1, 2025, grant year, a new RFP will need to go out next year. In order to address unmet needs, provide a more holistic care/status neutral approach and, to combat stigma, it was suggested to request five new services: 1) housing, 2) emergency financial assistance, 3) non-medical case management, 4) psychosocial support, and 5) health education/risk reduction. It was further suggested that three services be bundled: outpatient/ambulatory health services, medical case management, and mental health services, for the next RFP.

Motion to direct the Recipient to include Housing, Emergency Financial Assistance, Non-medical Case Management, Psychosocial Support, and Health Education/Risk Reduction in the next Request for Proposals (RFP) that would result in contracts beginning March 1, 2025.

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

Motion to direct the Recipient to bundle Outpatient/Ambulatory Health Services, Medical Case Management and Mental Health Services such that proposers/providers seeking funding for Outpatient/Ambulatory Health Services in the next RFP would be required to provide Medical Case Management and Mental Health Services as well.

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

- *Priority Setting*

All

Information on the importance of priorities was reviewed. A survey for both Part A and MAI services was sent out in advance of the meeting to members and guests who attended the prior meetings. Members results were tallied and presented in aggregate. Using the aggregate surveys as a base, the Committee moved services around and voted as indicated below.

Ryan White Program Part A Priorities YR 2024-25	
Rank	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	Oral Health Care [C]
5	Food Bank/Home-Delivered Meals [S]
6	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
7	Substance Abuse Services (Residential) [S]
8	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
9	Substance Abuse Outpatient Care [C]
10	AIDS Drug Assistance Program (ADAP) Treatment [C]
11	Housing Services [C]
12	Emergency Financial Assistance [S]
13	Medical Transportation (Vouchers) [S]
14	Outreach Services [S]
15	Other Professional Services (Legal Assistance and Permanency Planning) [S]
16	Psychosocial Support [S]
17	Non-Medical Case Management [S]
18	Health Education/Risk Reduction [S]
19	Early Intervention Services [C]
20	Medical Nutrition Therapy [C]
21	Home and Community Based Health Care [C]
22	Referral for Health Care and Support Services [S]
23	Linguistic Services [S]
24	Home Health Care [C]
25	Child Care Services [S]
26	Hospice Services [C]
27	Rehabilitation Services [S]
28	Respite Care [S]

C=core services S=support services

Motion to accept the Ryan White Part A YR 2024-2025 priorities, as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Dan Wall

Motion: Passed

Ryan White Program Minority AIDS Initiative (MAI) Priorities YR 2024-25	
Rank	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	AIDS Drug Assistance Program (ADAP) Treatment [C]
5	Emergency Financial Assistance [S]
6	Substance Abuse Outpatient Care [C]
7	Outreach Services [S]
8	Oral Health Care [C]
9	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
10	Food Bank/Home-Delivered Meals [S]
11	Substance Abuse Services (Residential) [S]
12	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
13	Medical Transportation (Vouchers) [S]
14	Housing Services [C]
15	Psychosocial Support [S]
16	Early Intervention Services [C]
17	Health Education/Risk Reduction [S]
18	Home and Community Based Health Care [C]
19	Medical Nutrition Therapy [C]
20	Non-Medical Case Management [S]
21	Referral for Health Care and Support Services [S]
22	Other Professional Services (Legal Assistance and Permanency Planning) [S]
23	Home Health Care [C]
24	Hospice Services [C]
25	Rehabilitation Services [S]
26	Child Care Services [S]
27	Linguistic Services [S]
28	Respite Care [S]

C=core services S=support services

Motion to accept the Ryan White Minority AIDS Initiative YR 2024-2025 priorities, as presented.

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

- *Resource Allocation*

All

Information on the importance of resource allocations, the need for decisions to be data driven, and the conflict of interest were reviewed. Dashboard Cards were distributed and reviewed. The Committee worked on two budgets (flat and ceiling). The Committee started on the Part A flat funding budget then applied that budget to the ceiling budget. Adjustments were made to services based on data and the Committee voted on both Part A budgets. A conflicted member under the food bank service category recused himself and returned once the votes were concluded. Form 8B will be emailed to the conflicted member and included with the minutes.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL) BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$ 5,869,052	25.56%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$ 8,847,707	38.33%
3	MENTAL HEALTH SERVICES [C]	\$ 132,385	0.58%
4	ORAL HEALTH CARE [C]	\$ 3,088,975	13.45%
5	FOOD BANK/HOME DELIVERED MEALS [S]	\$ 1,651,715	7.19%
6	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$ 491,909	2.14%
7	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$ 2,169,744	9.45%
8	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$ 48,255	0.21%
9	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$ 44,128	0.19%
10	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
11	HOUSING [S]	Not Part A Funded	N/A
12	EMERGENCY FINANCIAL ASSISTANCE [S]	\$ 48,255	0.21%
13	MEDICAL TRANSPORTATION [S]	\$ 154,449	0.67%
14	OUTREACH SERVICES [S]	\$ 264,896	1.15%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$ 154,449	0.67%
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
18	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
19	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
20	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
21	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
23	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
24	HOME HEALTH CARE [C]	Not Part A Funded	N/A
25	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
26	HOSPICE [C]	Not Part A Funded	N/A
27	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
28	RESPIRE CARE [S]	Not Part A Funded	N/A
	SUBTOTAL	\$22,965,717	100.0%

* Funded component of the service category.
[C]= Core Service; [S] = Support Service

ADMINISTRATION ²	\$2,618,413
CLINICAL QUALITY MANAGEMENT	\$600,000
TOTAL ³	\$26,184,130
Exp. Ratios:	
Core Services ⁴	80.65%
Support Services	19.14%

NOTES:

¹ Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.

² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).

³ Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available

⁴ Actual FY 2022 Core Service's expenditure ratio was 85.07%, net of expenditures funded by the carryover award. Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Services waiver.

Motion to approve the Ryan White Part A YR 2024-2025 HRSA Non-competing Continuation Ceiling budget as presented.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

The Committee then worked on the MAI flat funding budget and applied their budget allocations to the ceiling budget. Adjustments were made to services based on usage and the Committee voted on both MAI budgets. A conflicted member under the outreach, substance abuse, and mental health service categories recused himself and returned once the votes were concluded on both budgets. Form 8B will be emailed to the conflicted member and included with the minutes.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903,920.00	40.01%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,268,954.00	56.18%
3	MENTAL HEALTH SERVICES [C]	\$18,960.00	0.84%
4	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
5	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087.00	0.53%
6	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$5,038.00	0.36%
7	OUTREACH SERVICES [S]	\$39,816.00	1.76%
8	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
9	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
10	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS	Not MAI Funded	N/A
13	MEDICAL TRANSPORTATION [S]	\$7,628.00	0.34%
14	HOUSING [S]	Not MAI Funded	N/A
15	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
16	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
17	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
18	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
19	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
20	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
21	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
22	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
23	HOME HEALTH CARE [C]	Not MAI Funded	N/A
24	HOSPICE [C]	Not MAI Funded	N/A
25	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
26	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
	SUBTOTAL	\$2,259,423	100.00%

[C]= Core Service; [S] = Support Service

ADMINISTRATION	\$262,158
CLINICAL QUALITY MANAGEMENT	\$100,000
TOTAL	\$2,621,581

	Exp. Ratios:
Core Services ³	97.37%
Support Services	2.63%

NOTES:

¹ Total based on the RWP FY 2023 final award.

² Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g.,

³ FY 2022 Core Service's expenditure ratio was 96.81% of expenditures (no MAI carryover expenditures during FY 2022). Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility

Motion to approve the Ryan White Minority AIDS Initiative (MAI) YR 2024-2025 flat funding budget as presented.

Moved: Dan Wall

Seconded: Maria Henriquez

Motion: Passed

XII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Diego Shmuels thanked the members for participating in today's meeting and adjourned the meeting at 12:39 p.m.

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Diego Shmuels, MD, hereby disclose that on September 14, 20 23 :

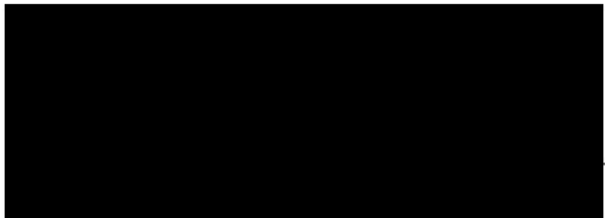
(a) A measure came or will come before my agency which (check one or more)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____ ;
- inured to the special gain or loss of my relative, _____ ;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of Borinquen Medical Center, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

Ryan White Program Minority AIDS Initiative (MAI) flat funding and ceiling budgets for FY 2024-25 with amounts requested in mental health, outpatient substance abuse, and outreach for which Borinquen is the sole service provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.



9/14/23

Date Filed

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

APPOINTED OFFICERS (continued)

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DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Richard Siclari, hereby disclose that on September 14, 20 23 :

(a) A measure came or will come before my agency which (check one or more)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____ ;
- inured to the special gain or loss of my relative, _____ ;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of Food for Life Network, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

Ryan White Program Part flat funding and ceiling budgets for YR 2024-2025 with allocations requested for food bank for which Food for Life Network is the sole provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

9/15/2023

Date Filed



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.