GRANT SUMMARY SHEET

Grant Community Service Block Grant (CSBG) 19-20 Amend. 2

Department: METRO ACTION

Grantor: U.S. DEPARTMENT OF HEALTH AND

HUMAN SERVICES

Pass-Through

Grantor (If TENN. DEPT. OF HUMAN SVCES.

Total Award this \$367,675.46

Cash Match \$0.00

Department Marvin Cox, Community Service Program

862-8860

Status AMENDMENT

Program Description:

Community Services Block Grant Program assists with the payment of mortgages, rent, water bills, taxes, medication for low-income persons, provides classes and assistance in obtaining a General Education Diploma, provides adult basic education to help clients achieve self-sufficiency. Amendment 2 adds an additional \$367,675.46 to the previous amount of \$1,668,199.38 for a new total of \$2,035,874.84.

Plan for continuation of services upon

MAC plans to continue this program in future years upon approval from grantor.

Grants Tracking Form

Part One										
Pre-Ap	plication	0	Application ()	Award Accept		ntract Amendm	ent		
	Depart	ment	Dept. No.			Contact			Phone	Fax
METRO ACT	ΓΙΟΝ	•	075	Marvin Cox, Co	mmunity Service	Program Director			862-8860	862-8870
Grant N	lame:		Community Serv	ice B l ock Grant	(CSBG) 19-20 A	Amend. 2				
Granto	r:		U.S. DEPARTMENT OF	HEALTH AND HUMAN	N SERVICES	▼	Other:			
Grant P	eriod Fr	om:	10/01/19		(applications only) A	nticipated Application	n Date:			
Grant P	Period To):	09/30/21		(applications only) A	pplication Deadline:				
Funding	a Type:		FED PASS THRU	_	[Multi-Departmen	t Grant		► If yes, list	holow
Pass-Th	• • • •		TENN. DEPT. OF HUM.	ANI SVICES -		Randall Funding			ii yes, iist	Delow.
Award			FORMULA	AIN SVCLS.		Total Award:	i i iojeci.	\$367,675.46		
Status:	• •					Metro Cash Mate	. h.	\$0.00		
			AMENDMENT	Ĭ		Metro In-Kind Ma		\$0.00		
	Category	•	Est. Prior.	\				<u> </u>		
CFDA#		-	93.569			Is Council appro		<u> </u>		
	Descrip					Applic. Submitted El	<u>-</u>			
								for low-income pe		
							ents achieve self	-sufficiency. Amen	dment 2 adds a	an additional
\$367,67	5.46 to ti	ne previous am	ount of \$1,668,19	9.38 for a new t	otal of \$2,035,87	⁷ 4.84.				
Plan fo	r ĉontini	nation of service	ce after expiration	n of grant/Bud	netary Impact		<u> </u>			
			ram in future year							
IVII (O più	1110 10 001	itinde tino prog	iam in latare year	o apon approva	inom grantor.					
Howie	Matab C	otorminod?								
		etermined?		0.7	0.007	0/ of Cront		Oth am		
	mount o	•		or	0.0%	% of Grant		Other:		
Explana	ation for	"Other" mean	s of determining	match:						
For this	Motro F	V how much	of the required le	ocal Motro cast	match:					
				ocal Metro casi	\$0.00	Fund		Pusiness Unit		
		partment budg	jetr		\$0.00	Fund		Business Unit		
	udgeted		and for Demoisir	an Cuant Value	·		sed Source of I			
<u> </u>	e Match	Amount & Sou	rce for Remainii	ig Grant Years	in Budget Belo	w) Reque	ested from Cont	. Match Fund:		
Other:			_		10.00					
		s the grant will			10.00	Actual number of	•	ed:	0.00	
Departr	nental li	direct Cost Ra				Indirect Cost of C			\$ 319,835.94	
*Indired	*Indirect Costs allowed? © Yes O No % Allow, 15.71% Ind. Cost Requested from Grantor: \$ 276,411.66 in budget							in budget		
*(lf "No",	please a	ttach document	ation from the gra	ntor that indirect	costs are not all	owable. See Instru	ctions)			
Draw d	own allo	wable? □								
Metro o	r Comm	unity-based Pa	artners:							
					Part Tv	vo				
Grant Budget										
Budget	Metro	Federal	State County	Othor Crants	Local Match	Match Source	Local Match	Total Grant Each	Indirect Cost	Ind. Cost
Year	Fiscal Year	Grantor	State Grantor	Other Grantor	Cash	(Fund, BU)	In-Kind	Year	to Metro	Neg. from Grantor
Yr 1	FY21		\$2,035,874.84		\$0.00		\$0.00	\$2,035,874.84	\$319,835.94	\$276,411,66
Yr 2			ψ <u>2,000,01</u> 4,04		ΨΟΟΟ		Ψ0.00	Ψ2,300,017.04	\$5.5,000 1 04	Ψ210, 411.00
Yr 3										
Yr 4										
Yr 5										
Tot	tal		\$2,035,874.84	\$0.00	\$0.00		\$0.00	\$2,035,874.84	\$319,835.94	\$276,411.66
										, , , , , , , , , , , , , , , , , , , ,
	Da	e Awarded:		11/15/20	Tot. Awarded:	\$367,675,46	Contract#	720-4911	10-02	
		e Awarded: Date Denied:		11/15/20	Tot. Awarded: Reason:	\$367,675.46	Contract#:	Z20-491 1	10-02	

Contact: trinity.weathersby@nashville.gov vaughn.wilson@nashville.gov

(or) Date Withdrawn:

Rev. 8/5/03 5138

GCP Rec'd 12/16/20

Reason:

GCP Approved 12/16/20

VW

AMENDMENT TWO OF GRANT CONTRACT Z20-49110

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the "State" and Metropolitan Action Commission, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

- 1. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Million, Thirty-Five Thousand, Eight Hundred Seventy-Four Dollars and Eighty-Four cents. (\$2,035,874.84) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment A, shall constitute the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- Grant Contract Attachment A is deleted in its entirety and replaced with the new attachment A attached hereto.

<u>Required Approvals</u>. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

<u>Amendment Effective Date</u>. The revisions set forth herein shall be effective January 15, 2021. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

METROPOLITAN ACTION COMMISSION:

Docusigned by:

Lynlina (room, Ed.).

ATCHARDAGARD CHAIR

DATE

DOCUSIGNED by:

DATE

DOCUSIGNED by:

Lynlina CROOM, EXECUTIVE DIRECTOR

Docusigned by:

DATE

DATE

DOCUSIGNED by:

Lynlina (rumbofto)

12/16/2020

DATE

DEPARTMENT OF FINANCE DIRECTOR

DATE

APPROVED AS TO RISK INSURANCE:

DocuSigned by:	
Balogun Cobb	12/17/2020
DERÁRTMENT OF RISK MANAGEMENT SERVICES	DATE
APPROVED AS TO FORM AND LEGALITY:	
—DocuSigned by:	
Mili Fly	12/17/2020
METROPOLITAN ATTORNEY	DATE
METROPOLITAN MAYOR	
ATTEST:	
METROPOLITAN CLERK	DATE
METROPOLITAN CLERK	DATE
DEPARTMENT OF HUMAN SERVICES:	
TONY MATHEWS, COMMISSIONER	DATE
•	

ATTACHMENT A

GRANT BUDGET

Metropolitan Action Commission Community Services Block Grant (CSBG)

The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following

Applicable

Period:

BEGIN: 10/1/2019

END: 0/30/2021

Period:	BEGIN: 10/1/2019	END: 9		
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY 1	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	\$1,235,381.65	0.00	\$1,235,381.65
4, 15	Professional Fee, Grant & Award ²	\$6,000.00	\$0.00	\$6,000.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	\$21,400.00	0.00	\$21,400.00
11. 12	Travel, Conferences & Meetings	\$10,000.00	\$0.00	\$10,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$6,000.00	\$0.00	\$6,000.00
16	Specific Assistance To Individuals	\$482,428.07	\$0.00	\$482,428.07
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$274,665.12	\$0.00	\$274,665.12
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$2,035,874.84	\$0.00	\$2,035,874.84

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A.* (posted on the Internet at: https://www.tn.gov/finance/looking-for/policies.html).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT A

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD		AMOUNT
Training for Family Development Specialists along with Head Start, Early Head Start Advocates		\$6,000.00
	TOTAL	\$6,000.00

INTEREST		AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)		Amount
	TOTAL	Amount

DEPRECIATION		AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)		Amount
	TOTAL	Amount

OTHER NON-PERSONNEL		AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)		Amount
	TOTAL	Amount

CAPITAL PURCHASE		AMOUNT
Specific, Descriptive, Detail (Repeat Row As Necessary)		Amount
	TOTAL	Amount