

**LEGISLATIVE TRACKING FORM**Filing for Council Meeting Date: 07/15/25

Resolution



Ordinance

Contact/Prepared By: Brad ThompsonDate Prepared: 06/03/25Title (Caption): Ryan White Part A 26 A1 - This amendment to RS2025-1084 from the HRSA for the provision of prevention, surveillance,diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to bethe "payer of last resort." Amend 1 adds additional funding of \$1,261,658.00 to the previous amount of \$857,721.00 for a new total of\$2,119,379.00.Submitted to Planning Commission? ☒ N/A

Yes-Date: \_\_\_\_\_

Proposal No: \_\_\_\_\_

Proposing Department: HealthRequested By: HealthAffected Department(s): HealthAffected Council District(s): all

Legislative Category (check one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bonds                | <input type="checkbox"/> Contract Approval           | <input type="checkbox"/> Intergovernmental Agreement   |
| <input type="checkbox"/> Budget - Pay Plan    | <input type="checkbox"/> Donation                    | <input type="checkbox"/> Lease                         |
| <input type="checkbox"/> Budget - 4%          | <input type="checkbox"/> Easement Abandonment        | <input type="checkbox"/> Maps                          |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E               |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant            | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment       | <input type="checkbox"/> Grant Application           | <input type="checkbox"/> Street/Highway Improvements   |
| <input type="checkbox"/> Condemnation         | <input type="checkbox"/> Improvement Acc.            | <input type="checkbox"/> Other: _____                  |

**FINANCE** Amount +/-: \$ \$ 1,261,658.00

Funding Source:

- ☐ Capital Improvement Budget
- ☐ Capital Outlay Notes
- ☐ Departmental/Agency Budget
- ☐ Funds to Metro
- ☐ General Obligation Bonds
- ☐ Grant
- ☐ Increased Revenue Sources

Match: \$ \$ 0.00

Judgments and Losses

- ☐ Local Government Investment Project
- ☐ Revenue Bonds
- ☐ Self-Insured Liability
- ☐ Solid Waste Reserve
- ☐ Unappropriated Fund Balance
- ☐ 4% Fund
- ☐ Other: \_\_\_\_\_

Approved by OMB: Aaron Pratt

DH

Date to Finance Director's Office: \_\_\_\_\_

Approved by Finance/Accounts: \_\_\_\_\_

**APPROVED BY**Approved by Div Grants Coordination: Juanita Paulsen**FINANCE DIRECTOR'S OFFICE:** \_\_\_\_\_**ADMINISTRATION**

Council District Member Sponsors: \_\_\_\_\_

Council Committee Chair Sponsors: \_\_\_\_\_

Approved by Administration: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF LAW**

Date to Dept. of Law: \_\_\_\_\_

Approved by Department of Law: \_\_\_\_\_

**Settlement Resolution/Memorandum Approved by:** \_\_\_\_\_

Date to Council: \_\_\_\_\_

For Council Meeting: \_\_\_\_\_



E-mailed Clerk

☐ All Dept. Signatures
 ☐ Copies
 ☐ Backing
 ☐ Legislative Summary
 ☐ Settlement Memo
 ☐ Clerk Letter
 ☐ Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

---

---

## GRANT SUMMARY SHEET

---

---

**Grant Name:** Ryan White Part A HIV Emergency Relief 25-28 Amend 1

**Department:** HEALTH DEPARTMENT

**Grantor:** Health Resources & Services Administration

**Pass-Through Grantor  
(If applicable):**

**Total Award this Action:** \$1,261,658.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” Amend 1 adds \$1,261,658.00 to the previous amount of \$857,721.00 for a new total of \$2,119,379.00.

**Plan for continuation of services upon grant expiration:**

Services will be discontinued

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment <input checked="" type="radio"/>									
Department		Dept. No.	Contact					Phone	Fax
HEALTH DEPARTMENT		038	Brad Thompson					340-0407	
Grant Name:		Ryan White Part A HIV Emergency Relief 25-28 Amend 1							
Grantor:		Health Resources & Services Administration					Other:		
Grant Period From:		03/01/25	(applications only)		Anticipated Application Date:				
Grant Period To:		02/29/28	(applications only)		Application Deadline:				
Funding Type:		FED DIRECT			Multi-Department Grant <input type="checkbox"/>		If yes, list below.		
Pass-Thru:					Outside Consultant Project: <input type="checkbox"/>				
Award Type:		FORMULA			Total Award:		\$1,261,658.00		
Status:		AMENDMENT			Metro Cash Match:		\$0.00		
Metro Category:		Est. Prior.			Metro In-Kind Match:		\$0.00		
CFDA #		93.914			Is Council approval required?		<input type="checkbox"/>		
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>							
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." <b>Amend 1 adds \$1,261,658.00 to the previous amount of \$857,721.00 for a new total of \$2,119,379.00.</b>									
Plan for continuation of service after expiration of grant/Budgetary Impact:									
Services will be discontinued									
How is Match Determined?									
Fixed Amount of \$			or		% of Grant		Other: <input type="checkbox"/>		
Explanation for "Other" means of determining match:									
For this Metro FY, how much of the required local Metro cash match:									
Is already in department budget?				Fund		Business Unit			
Is not budgeted?				Proposed Source of Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)									
Other:									
Number of FTEs the grant will fund:		5.80	Actual number of positions added:		0.00				
Departmental Indirect Cost Rate		19.54%	Indirect Cost of Grant to Metro:		\$414,173.28				
*Indirect Costs allowed?		<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0.00%	Ind. Cost Requested from Grantor:		\$0.00	in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)									
Draw down allowable? <input type="checkbox"/>									
Metro or Community-based Partners:									
There are 6 organizations that will provide services in the continuum of care. All are considered subgrantees.									

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	25	\$857,721.00						\$857,721.00	\$167,617.55	\$0.00
Yr 2	26	\$1,261,658.00						\$1,261,658.00	\$246,555.73	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$2,119,379.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,119,379.00	\$414,173.28	\$0.00
Date Awarded:				06/17/25		\$1,261,658.00	Contract#:	6H89HA11433-17-01		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

JP

Resolution No. \_\_\_\_\_

A resolution approving amendment one to a grant from the U.S. Department of Health and Human Services to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the U.S. Department of Health and Human Services to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program approved by RS2025-1084; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$1,261,658.00 from \$857,721.00 to \$2,119,379.00, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be approved.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the grant by and between the U.S. Department of Health and Human Services and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY  
OF FUNDS:

Jenneen Reed/mjw  
Jenneen Reed, Director  
Department of Finance

INTRODUCED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Member(s) of Council

APPROVED AS TO FORM AND  
LEGALITY:

Niki Eke  
Assistant Metropolitan Attorney



Department of Health and Human Services  
Health Resources and Services Administration

Notice of Award  
FAIN# H8911433  
Federal Award Date: 05/07/2025

<div>Recipient Information</div> <div><div>1. Recipient Name</div><div>Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129</div><div>2. Congressional District of Recipient</div><div>05</div><div>3. Payment System Identifier (ID)</div><div>1620694743A7</div><div>4. Employer Identification Number (EIN)</div><div>620694743</div><div>5. Data Universal Numbering System (DUNS)</div><div>078217668</div><div>6. Recipient's Unique Entity Identifier</div><div>LGZLHP6ZHM55</div><div>7. Project Director or Principal Investigator</div><div>Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605</div><div>8. Authorized Official</div></div>	<div>Federal Award Information</div> <div><div>11. Award Number</div><div>6 H89HA11433-17-01</div><div>12. Unique Federal Award Identification Number (FAIN)</div><div>H8911433</div><div>13. Statutory Authority</div><div>42 U.S.C. § 300ff-11-20 and § 300ff-121</div><div>14. Federal Award Project Title</div><div>Ryan White Part A HIV Emergency Relief Grant Program</div><div>15. Assistance Listing Number</div><div>93.914</div><div>16. Assistance Listing Program Title</div><div>HIV Emergency Relief Project Grants</div><div>17. Award Action Type</div><div>Administrative</div><div>18. Is the Award R&amp;D?</div><div>No</div></div>
<div>Federal Agency Information</div> <div><div>9. Awarding Agency Contact Information</div><div>Marie E Mehaffey Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) MMehaffey@hrsa.gov (301) 945-3934</div><div>10. Program Official Contact Information</div><div>Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251</div></div>	<div>Summary Federal Award Financial Information</div> <div><div>19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026</div><div><div>20. Total Amount of Federal Funds Obligated by this Action</div><div>\$1,261,658.00</div><div><div>20a. Direct Cost Amount</div><div></div><div>20b. Indirect Cost Amount</div><div>\$0.00</div></div><div>21. Authorized Carryover</div><div>\$0.00</div><div>22. Offset</div><div>\$0.00</div><div>23. Total Amount of Federal Funds Obligated this budget period</div><div>\$2,119,379.00</div><div>24. Total Approved Cost Sharing or Matching, where applicable</div><div>\$0.00</div><div>25. Total Federal and Non-Federal Approved this Budget Period</div><div>\$2,119,379.00</div><div>26. Project Period Start Date 03/01/2025 - End Date 02/29/2028</div><div><div>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</div><div>\$2,119,379.00</div></div></div><div><div>28. Authorized Treatment of Program Income</div><div>Addition</div><div>29. Grants Management Officer – Signature</div><div>Karen Mayo on 05/07/2025</div></div></div>
<div>30. Remarks</div> <div><div>This award consists of the following amounts:</div><div>FY25 FRML - \$1,978,343</div><div>FY25 MAI - \$141,036</div><div>Total Funding - \$2,119,379</div></div>	



Notice of Award  
Award Number: 6 H89HA11433-17-01  
Federal Award Date: 05/07/2025

HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div></div> <table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$0.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$2,119,379.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr><tr><td>    i. Indirect Cost Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Indirect Cost Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$2,119,379.00</td></tr><tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Federal Share:</td><td>\$2,119,379.00</td></tr></table>	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:	\$2,119,379.00	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:	\$2,119,379.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$2,119,379.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td>18</td><td>\$1,261,658.00</td></tr><tr><td>19</td><td>\$1,261,658.00</td></tr></table></div> <div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div> <table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table> <div>35. FORMER GRANT NUMBER</div> <div>36. OBJECT CLASS</div> <div>41.15</div> <div>37. BHCNIS#</div>	YEAR	TOTAL COSTS	18	\$1,261,658.00	19	\$1,261,658.00	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
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:	\$2,119,379.00																																																								
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:	\$2,119,379.00																																																								
i. Less Non-Federal Share:	\$0.00																																																								
ii. Federal Share:	\$2,119,379.00																																																								
YEAR	TOTAL COSTS																																																								
18	\$1,261,658.00																																																								
19	\$1,261,658.00																																																								
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																																																								

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 statute 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	25H89HA11433	\$1,177,667.00	\$0.00	FRML	25H89HA11433
25 - 377RA24	93.914	25H89HA11433	\$83,991.00	\$0.00	MAI	25H89HA11433

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. At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2025 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
2. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
- This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
- Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov

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/>).

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:  
Sanmi Areda  
0872295CD81A4B1...  
Director, Metro Public Health Department

6/16/2025  
Date

Signed by:  
Tiné Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health

6/17/2025  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennreen Reed/mjw  
Director, Department of Finance

7/1/2025 | 1:22 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox  
Director of Risk Management Services

7/2/2025 | 12:53 PM PDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Niki Eke  
Metropolitan Attorney

7/1/2025 | 1:25 PM CDT  
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



## METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



FREDDIE O'CONNELL  
MAYOR

WALLACE W. DIETZ  
DIRECTOR OF LAW

DEPARTMENT OF LAW  
METROPOLITAN COURTHOUSE, SUITE 108  
P.O. BOX 196300  
NASHVILLE, TENNESSEE 37219-6300  
(615) 862-6341 • (615) 862-6352 FAX

June 27, 2025

Marie E. Mehaffey, Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
[MMehaffey@hrsa.gov](mailto:MMehaffey@hrsa.gov)

Jonathon Fenner  
HIV/AIDS Bureau (HAB)  
[jfenner@hrsa.gov](mailto:jfenner@hrsa.gov)

Ms. Mehaffey and Mr. Fenner,

This letter serves as written notice to the Department of Health and Human Services (HHS) Health Resources and Services Administration regarding compliance with the Debarment, Suspension, and Exclusion provision in the HHS Grants Policy Statement. That provision requires applicants to disclose if they “have had any public transactions (federal, state, or local) terminated within the previous three years for cause or default.”

On March 25, 2025, the Health Department of the Metropolitan Government of Nashville and Davidson County (“Metro”) received a notification from the Centers for Disease Control and Prevention (“CDC”) that a Community Healthcare Workers grant was terminated “for cause” due to the end of the Covid-19 pandemic. The notification did not indicate any wrongdoing on the part of Metro that prompted the termination.

On April 24, 2025, Metro filed a lawsuit against the CDC challenging the illegal termination of the above-mentioned grant, including the “for cause” termination designation. On June 17, 2025, the Court granted a preliminary injunction preventing the CDC from enforcing the termination of the grant.

If you require any further information, please let us know.

Sincerely,

A handwritten signature in blue ink, reading "Wallace W. Dietz", is written over the printed name.

Wallace W. Dietz, Director of Law  
Metropolitan Government of Nashville and Davidson County