GRANT SUMMARY SHEET

Grant Name:	Ryan White Part A HIV Emergency Relief 24-25 Amend 4
Department:	HEALTH DEPARTMENT
Grantor:	HEALTH RESOURCES AND SERVICES ADMINISTRATION
Pass-Through Grantor (If applicable):	
Total Award this Action:	\$0.00
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. Amendment 1 provides an increase in funding of \$3,285,020,00 for a new total of \$4,658,066.00. Amendment 2 - updates the Reporting Requirements. Amendment 3 - Reobligates \$648,174.00 from the previous grant year to the current year grant period for a new total of \$5,306,240.00. Amendment 4 - removes the indirect cost rate grant condition.

Plan for continuation of services upon grant expiration:

Services will be discontinued

Grants Tracking Form

Part One									
Pre-Application	0	Application)	Award Acceptan		ontract Amendme	ent 🖲		
Departr	ment	Dept. No.			Contact			Phone	Fax
HEALTH DEPARTMENT	г 🗸 🗸	038	Brad Thompson					340-0407	
Grant Name:		Ryan White Part A	HIV Emergency R	elief 24-25 Amend 4					
Grantor:		HEALTH RESOURCES				Other:			
Grant Period From	1:	03/01/24) Anticipated Application				
Grant Period To:		02/28/25) Application Deadline:				
				7				If yoo list hal	
Funding Type:		FED DIRECT			Multi-Department Gra			 If yes, list below 	ow.
Pass-Thru:					Outside Consultant P	oject:			
Award Type:		FORMULA			Total Award:		\$0.00		
Status:		AMENDMENT			Metro Cash Match:		\$0.00		
Metro Category:		Est. Prior.		·	Metro In-Kind Match:		\$0.00		
CFDA #		93.914			Is Council approval r	-			
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current year grant pe		ai 01 \$5,500,240.00.	Amenument 4 - It		cost rate grant condition				
Plan for continuati	ion of service aft	er expiration of gra	nt/Budgetary Imr	act:					
Services will be disc		er expiration of gra	int/Dudgetary inp	act.					
How is Match Dete	armined?								
Fixed Amount of \$			or		% of Grant		Other:		
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Contact: juanita.paulsen@nashville.gov vaughn.wilson@nashville.gov

Rev. 5/13/13 5965

GCP Received 12/16/2024



GCP Approved 12/16/2024



Department of Health and Human Services Health Resources and Services Administration

Notice of Award FAIN# H8911433 Federal Award Date: 09/13/2024

Recipient Information	Federal Award Information	
1. Recipient Name Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129	11. Award Number 6 H89HA11433-16-04 12. Unique Federal Award Identification Number (FAIN)	
2. Congressional District of Recipient	H8911433	
05 3. Payment System Identifier (ID)	13. Statutory Authority 42 U.S.C. § 300ff-11-20 and § 300ff-121	
1620694743A7 4. Employer Identification Number (EIN)	14. Federal Award Project Title Ryan White Part A HIV Emergency Relief Grant Program	
620694743 5. Data Universal Numbering System (DUNS)	15. Assistance Listing Number 93.914	
078217668 6. Recipient's Unique Entity Identifier LGZLHP6ZHM55	16. Assistance Listing Program Title HIV Emergency Relief Project Grants	
7. Project Director or Principal Investigator Beverly Glaze-Johnson	17. Award Action Type Administrative	
beverly.glaze-johnson@nashville.gov (615)340-8605	18. Is the Award R&D? No	
8. Authorized Official	Summary Federal Award Financial Infor	mation
Federal Agency Information	19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
9. Awarding Agency Contact Information	20. Total Amount of Federal Funds Obligated by this Action	\$0.00
Marie E Mehaffey Grants Management Specialist	20a. Direct Cost Amount	
Office of Federal Assistance Management (OFAM)	20b. Indirect Cost Amount	\$0.00
Division of Grants Management Office (DGMO)	21. Authorized Carryover	\$0.00
MMehaffey@hrsa.gov (301) 945-3934	22. Offset	\$0.00
10. Program Official Contact Information	23. Total Amount of Federal Funds Obligated this budget period	\$5,306,240.00
Jonathon Fenner	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
HIV/AIDS Bureau (HAB) jfenner@hrsa.gov	25. Total Federal and Non-Federal Approved this Budget Period	\$5,306,240.00
(301) 443-4251	26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$15,028,999.56
	28. Authorized Treatment of Program Income Addition	
	29. Grants Management Officer – Signature Marie Mehaffey on 09/13/2024	

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



HIV/AIDS Bureau (HAB)

Notice of Award Award Number: 6 H89HA11433-16-04 Federal Award Date: 09/13/2024

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 j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 i. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$5,306,240.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 i. Indirect Cost Non-Federal Share: \$0.00 i. Indirect Cost Non-Federal Share: \$0.00 i. Eess Non-Federal Share: \$0.00 i. Eess Unobligated Balance from Prior Budget Periods \$5,306,240.00 i. Less Unobligated Balance from Prior Budget Periods \$0.00 <	21		
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h. Construction/Alteration and Renovation: 50.00 1. Indirect CostS (Rate: % of S&W/TADC): 50.00 1. Indirect Cost Federal Share: 50.00 1. Indirect Cost Non-Federal Share: 50.00 1. Less Unobligated Balance from Prior Budget Periods 5. Additional Authority 1. Offset 5. 306,240.00 5. Unawarded Balance of Current Year's Funds 5. 306,240.00 5. Less Cumulative Prior Award(s) This Budget Period	f.	Supplies:	\$0.00
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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 Tuition and Fees: \$0.00 o. TOTAL DIRECT COSTS: \$0.00 o. TOTAL DIRECT COSTS: \$5,306,240.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00 i. Indirect Cost Federal Share: \$0.00 i. Indirect Cost Non-Federal Share: \$0.00 q. TOTAL APPROVED BUDGET: \$5,306,240.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$5,306,240.00 ii. Federal Share: \$5,306,240.00 ii. Federal Share: \$5,306,240.00 ii. Federal Share: \$5,306,240.00 ii. Federal Share: \$5,306,240.00 c. Unawarded 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	h.	Construction/Alteration and Renovation:	\$0.00
k.Trainee Related Expenses:\$0.00l.Trainee Stipends:\$0.00m.Trainee Tuition and Fees:\$0.00n.Trainee Travel:\$0.00o.TOTAL DIRECT COSTS:\$5,306,240.00p.INDIRECT COSTS (Rate: % of S&W/TADC):\$0.00i.Indirect Cost Federal Share:\$0.00ii.Indirect Cost Federal Share:\$0.00q.TOTAL APPROVED BUDGET:\$5,306,240.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Federal Share:\$0.00ii.Financial Assistance This Period\$5,306,240.00b.Less Unobligated Balance from Prior Budget Periods\$0.00ii.Offset\$0.00c.Unawarded Balance of Current Year's Funds\$0.00d.Less Cumulative Prior Award(s) This Budget Period\$5,306,240.00	i.	Other:	\$0.00
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m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$5,306,240.00 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: \$5,306,240.00 ii. Federal Share: \$0.00 ii. Federal Share: \$5,306,240.00 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$5,306,240.00 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 \$5,306,240.00	k.	Trainee Related Expenses:	\$0.00
n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$5,306,240.00 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: \$5,306,240.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$0.00 ii. Federal Share: \$5,306,240.00 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$5,306,240.00 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 \$5,306,240.00	I.	Trainee Stipends:	\$0.00
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i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$5,306,240.00 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:		ii. Indirect Cost Non-Federal Share:	\$0.00
ii. Federal Share: \$5,306,240.00 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$5,306,240.00 b. Less Unobligated Balance from Prior Budget Periods \$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 \$5,306,240.00	q.	TOTAL APPROVED BUDGET:	\$5,306,240.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$5,306,240.00 b. Less Unobligated Balance from Prior Budget Periods \$0.00 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 \$5,306,240.00		i. Less Non-Federal Share:	\$0.00
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ii. Offset\$0.00c. Unawarded Balance of Current Year's Funds\$0.00d. Less Cumulative Prior Award(s) This Budget Period\$5,306,240.00	b.	Less Unobligated Balance from Prior Budget Periods	
c.Unawarded Balance of Current Year's Funds\$0.00d.Less Cumulative Prior Award(s) This Budget Period\$5,306,240.00		i. Additional Authority	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period \$5,306,240.00		ii. Offset	\$0.00
	c.	Unawarded Balance of Current Year's Funds	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00	d.	Less Cumulative Prior Award(s) This Budget Period	\$5,306,240.00
	e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

YEAR TOTAL COSTS					
Not applicable					
34. APPROVED DIRECT	ASSISTANCE BUDGET: (In lieu of cash)				
a. Amount of Direct Assistance \$0.0					
b. Less Unawarded Balance of Current Year's Funds					
c. Less Cumulative Prior Award(s) This Budget Period \$					
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.					
35. FORMER GRANT N	JMBER				
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
23 - 377RA07	93.914	24H89HA11433	\$0.00	\$0.00	FRML	24H89HA11433
23 - 377RA06	93.914	24H89HA11433	\$0.00	\$0.00	MAI	24H89HA11433

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)

 The grant condition stated below on NoA 6 H89HA11433-16-01 is hereby lifted. Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a current federal or state negotiated indirect cost rate or a central services cost allocation plan. In the absence of a current federal or state negotiated indirect cost rate or a central services cost allocation plan, indirect costs claimed on the application budget will be disallowed, and a revised budget must be submitted substituting unallowable indirect costs for allowable direct costs per PCN 16-02 and PCN 15-01 available online at https://hab.hrsa.gov/program-grants-management/policynotices-and-program-letters."

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**

CocuSigned by:	
Joanna Shaw-kaikai	12/13/2024
Interim Director, Metro Public Health Department	Date
—signed by: Tuné Hamilton Franklin	12/13/2024
Chair, Board of Health	 Date
	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
<u></u>	12/27/2024 9:55 AM CST
Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Baloşun Cobb	1/2/2025 8:41 AM CST
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
Courtney Molian	12/30/2024 9:51 AM CST
Metropolitan Attorney	Date
Metropolitan Mayor	Date
	Dale
ATTEST:	

Metropolitan Clerk

Date

docusign

Certificate Of Completion Envelope Id: 75648669-548C-43F5-B5AB-BBB640B9F025 Status: Completed Subject: Complete with Docusign: Health-Ryan White Part A HIV Emergency Relief 24-25 Amend 4 Ready.pdf Source Envelope: Document Pages: 8 Signatures: 6 Envelope Originator: Initials: 1 Juanita Paulson Certificate Pages: 15 730 2nd Ave. South 1st Floor AutoNav: Enabled Envelopeld Stamping: Enabled Nashville, TN 37219 Time Zone: (UTC-06:00) Central Time (US & Canada) Juanita.Paulsen@nashville.gov IP Address: 170.190.198.185 **Record Tracking** Status: Original Holder: Juanita Paulson Location: DocuSign 12/23/2024 8:12:16 AM Juanita.Paulsen@nashville.gov Security Appliance Status: Connected Pool: StateLocal Storage Appliance Status: Connected Pool: Metropolitan Government of Nashville and Location: DocuSign Davidson County Signer Events Signature Timestamp Rose Wood Sent: 12/23/2024 8:19:23 AM RW rose.wood@nashville.gov Viewed: 12/23/2024 2:47:05 PM **Finance Manager** Signed: 12/23/2024 2:47:13 PM Metro Finance Dept. OMB Signature Adoption: Pre-selected Style Security Level: Email, Account Authentication Using IP Address: 170.190.198.185 (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign Aaron Pratt Sent: 12/23/2024 2:47:14 PM Aaron Prott Aaron.Pratt@nashville.gov Viewed: 12/26/2024 7:54:32 AM Security Level: Email, Account Authentication Signed: 12/26/2024 7:54:43 AM (None) Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185 **Electronic Record and Signature Disclosure:** Accepted: 12/26/2024 7:54:32 AM ID: 21b81d87-8007-4c71-9cef-2d3d75778beb Kevin Crumbo/mjw Sent: 12/26/2024 7:54:45 AM kenin (numbo/mpw MaryJo.Wiggins@nashville.gov Viewed: 12/27/2024 9:53:16 AM Security Level: Email, Account Authentication Signed: 12/27/2024 9:55:00 AM (None) Signature Adoption: Pre-selected Style Using IP Address: 174.238.166.76 Signed using mobile **Electronic Record and Signature Disclosure:** Accepted: 12/27/2024 9:53:16 AM ID: 6520a900-4811-4a48-b407-40527dea5b85 Courtney Mohan Sent: 12/27/2024 9:55:05 AM Courtney Molian Courtney.Mohan@nashville.gov Viewed: 12/30/2024 9:43:03 AM Security Level: Email, Account Authentication Signed: 12/30/2024 9:51:25 AM (None)

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 12/30/2024 9:43:03 AM ID: ee9b6e9b-aea5-4167-9e7a-f600c886eff5		
Balogun Cobb		Sent: 12/30/2024 9:51:26 AM
balogun.cobb@nashville.gov	Balogun Cobb	Viewed: 1/2/2025 8:41:42 AM
Insurance Division Manager		Signed: 1/2/2025 8:41:50 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	
Electronic Record and Signature Disclosure: Accepted: 1/2/2025 8:41:42 AM ID: dfaf7df1-e4bd-470b-9662-ae2e9688389a		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin	COPIED	Sent: 1/2/2025 8:41:53 AM
Danielle.Godin@nashville.gov	COPILD	Viewed: 1/2/2025 10:52:46 AM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer		Sent: 1/2/2025 8:41:54 AM
sally.palmer@nashville.gov	COPIED	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 1/1/2025 1:27:40 PM ID: efb3f3ec-9506-40ae-8fb0-e629a532b994		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/23/2024 8:19:23 AM
Certified Delivered	Security Checked	1/2/2025 8:41:42 AM
Signing Complete	Security Checked	1/2/2025 8:41:50 AM
Completed	Security Checked	1/2/2025 8:41:54 AM
Payment Events	Status	Timestamps