

Grant contract between the Metropolitan Government of Nashville and Davidson County and We Are One Recovery Contract # _____

**GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
WE ARE ONE RECOVERY**

This Grant Contract issued and entered into pursuant to Resolution RS2025-_____ by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and We Are One Recovery, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through I incorporated herein by reference.

A. SCOPE OF PROGRAM:

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

- a. Early Intervention Services
 - i. Refer 64 people to outside organizations for HIV and sexually transmitted infection rapid testing.
- b. Housing Services
 - i. Reduce housing insecurity for 50% of eligible clients living at the Madison and Old Hickory recovery residences.
- c. Mental Health Services
 - i. Achieve a 70% participation rate in therapy for eligible enrolled clients.
- d. Psychosocial Services
 - i. Eighty-five percent (85%) of eligible clients will report improved psychosocial health using client satisfaction surveys and self-reported mental health assessments.
- e. Transportation Services
 - i. Provide 100% of clients with transportation support.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

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- A.5. The Recipient shall utilize Program Income as required by section 28 of the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications and further explained in provision 45 CFR § 75.307(e)(2).
- A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.
- A.7. The Recipient must spend funds consistent with the Grant Spending Plan, attached and incorporated herein as **Attachment A**. The Recipient must collect data to evaluate the effectiveness of their services and must provide those results to Metro according to a mutually acceptable process and schedule, and when needed, upon request.
- A.8. The Recipient must comply with all quarterly reporting requirements. The Recipient must submit quarterly reports that contain the following:
- Implementation Plans
 - Provider Data Import Report
 - Other data as requested.
- A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.
- A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the related provisions of 45 CFR § 75 Health & Human Services ("HHS") Uniform Guidance, 2 CFR § 200.1 Definitions, 2 CFR § 200.313(e) Equipment Disposition, 2 CFR § 200.314(a) Supply Disposition, 2 CFR § 200.320 Micro-Purchase Threshold, 2 CFR § 200.333 Fixed Amount Subawards Amount, 2 CFR § 200.344 Closeout Provisions, 2 CFR § 200.414(f) Indirect Cost Rate Provisions, and 2 CFR § 200.501 Audit Provisions, the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. GRANT CONTRACT TERM:

- B.1. **Grant Contract Term.** The Grant will commence on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk and end on February 28, 2026. Metro will have no obligation for services rendered by the Recipient that are not performed within this term.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed Two Hundred Seventy-Six Thousand Two Hundred Two dollars (\$276,202). The Grant Spending Plan will constitute the maximum amount provided to the Recipient by Metro for all of the Recipient's obligations hereunder. The Grant Spending Plan 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 Recipient.

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Subject to modification and amendments as provided in section D.2 of this agreement, this amount will constitute the Grant Amount and the entire compensation to be provided to the Recipient by Metro.

- C.2. **Payment Methodology.** The Recipient will only be compensated for actual costs based upon the Grant Spending Plan, not to exceed the maximum liability established in Section C.1

Upon progress toward the completion of the work, as described in Section A of this Grant Contract, the Recipient shall submit invoices and any supporting documentation as requested by Metro to demonstrate that the funds are used as required by this Grant, prior to any payment for allowable costs. Such invoices shall be submitted no more often than monthly and indicate at a minimum the amount charged by Spending Plan line-item for the period invoiced, the amount charged by line-item to date, the total amount charged for the period invoiced, and the total amount charged under this Grant Contract to date.

Recipient must send all invoices to Metro Public Health Department, healthap@nashville.gov.

Final invoices for the contract period should be received by March 31, 2026. Any invoice not received by the deadline date will not be processed and all remaining grant funds will expire.

- C.3. **Annual Expenditure Report.** The Recipient must submit a final grant Annual Expenditure Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said report must be in form and substance acceptable to Metro and must be prepared by a Certified Public Accountant or the Chief Financial Officer of the Recipient Organization.

- C.4. **Payment of Invoice.** The payment of any invoice by Metro will not prejudice Metro's right to object to the invoice or any other related matter. Any payment by Metro will neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs included therein.

- C.5. **Unallowable Costs.** The Recipient's invoice may be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by Metro, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs. Any unallowable cost discovered after payment of the final invoice shall be returned by the Recipient to Metro within fifteen (15) days of notice.

- C.6. **Deductions.** Metro reserves the right to adjust any amounts which are or become due and payable to the Recipient by Metro under this or any Contract by deducting any amounts which are or become due and payable to Metro by the Recipient under this or any Contract.

- C.7. **Travel Compensation.** Payment to the Recipient for travel, meals, or lodging is subject to amounts and limitations specified in Metro's Travel Regulations and subject to the Grant Spending Plan.

- C.8. **Electronic Payment.** Metro requires as a condition of this contract that the Recipient have on file with Metro a completed and signed "ACH Form for Electronic Payment." If Recipient has not previously submitted the form to Metro or if Recipient's information has changed, Recipient will have thirty (30) days to complete, sign, and return the form. Thereafter, all payments to the Recipient, under this or any other contract the Recipient has with Metro, must be made electronically.

- D. **STANDARD TERMS AND CONDITIONS:**

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- D.1. **Required Approvals.** Metro is not bound by this Grant Contract until it is approved by the appropriate Metro representatives as indicated on the signature page of this Grant and approved by the Metropolitan Council.
- D.2. **Modification and Amendment.** This Grant Contract may be modified only by a written amendment that has been approved in accordance with all Metro procedures and by appropriate legislation of the Metropolitan Council.
- D.3. **Termination - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. Should the Recipient fail to properly perform its obligations under this Grant Contract or if the Recipient violates any terms of this Grant Contract, Metro will have the right to immediately terminate the Grant Contract and the Recipient must return to Metro any and all grant monies for services or programs under the grant not performed as of the termination date. The Recipient must also return to Metro any and all funds expended for purposes contrary to the terms of the Grant Contract. Such termination will not relieve the Recipient of any liability to Metro for damages sustained by virtue of any breach by the Recipient.
- D.4. **Termination - Notice.** Metro may terminate the Grant Contract without cause for any reason. Said termination shall not be deemed a breach of Contract by Metro. Metro shall give the Recipient at least thirty (30) days written notice before effective termination date.
- a. The Recipient shall be entitled to receive compensation for satisfactory, authorized service completed as of the effective termination date, but in no event shall Metro be liable to the Recipient for compensation for any service that has not been rendered.
- b. Upon such termination, the Recipient shall have no right to any actual general, special, incidental, consequential or any other damages whatsoever of any description or amount.
- D.5. **Termination - Funding.** The Grant Contract is subject to the appropriation and availability of local, State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, Metro shall have the right to terminate the Grant Contract immediately upon written notice to the Recipient. Upon receipt of the written notice, the Recipient shall cease all work associated with the Grant Contract on or before the effective termination date specified in the written notice. Should such an event occur, the Recipient shall be entitled to compensation for all satisfactory and authorized services completed as of the effective termination date. The Recipient shall be responsible for repayment of any funds already received in excess of satisfactory and authorized services completed as of the effective termination date.
- D.6. **Subcontracting.** The Recipient shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of Metro. Notwithstanding any use of approved Sub-Grantee, the Recipient will be considered the prime Recipient and will be responsible for all work performed.
- D.7. **Conflicts of Interest.** The Recipient warrants that no part of the total Grant Amount will be paid directly or indirectly to an employee or official of Metro as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Recipient in connection with any work contemplated or performed relative to this Grant Contract.
- D.8. **Nondiscrimination.** The Recipient hereby agrees, warrants, and assures that no person will be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Recipient on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification which is in violation of applicable laws. The Recipient must, upon request, show proof of such

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nondiscrimination and must post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

- D.9. **Records.** The Recipient must maintain documentation for all charges to Metro under this Grant Contract. The books, records, and documents of the Recipient, insofar as they relate to work performed or money received under this Grant Contract, must be maintained for a period of three (3) full years from the date of the final payment or until the Recipient engages a licensed independent public accountant to perform an audit of its activities. The books, records, and documents of the Recipient insofar as they relate to work performed or money received under this Grant Contract are subject to audit at any reasonable time and upon reasonable notice by Metro or its duly appointed representatives. Records must be maintained in accordance with the standards outlined in the Metro Non-Profit Grants Manual. The financial statements must be prepared in accordance with generally accepted accounting principles.
- D.10. **Monitoring.** The Recipient's activities conducted and records maintained pursuant to this Grant Contract are subject to monitoring and evaluation by The Metropolitan Office of Financial Accountability or Metro's duly appointed representatives. The Recipient must make all audit, accounting, or financial records, notes, and other documents pertinent to this grant available for review by the Metropolitan Office of Financial Accountability, Internal Audit or Metro's representatives, upon request, during normal working hours.
- D.11. **Reporting.** The Recipient must submit a Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said reports shall detail the outcome of the activities funded under this Grant Contract.
- D.12. **Strict Performance.** Failure by Metro to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement is not a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract is considered to be waived, modified, or deleted except by a written amendment by the appropriate parties as indicated on the signature page of this Grant.
- D.13. **Insurance.** The Recipient agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all applicable taxes incident to this Grant Contract.
- D.14. **Metro Liability.** Metro will have no liability except as specifically provided in this Grant Contract.
- D.15. **Independent Contractor.** Nothing herein will in any way be construed or intended to create a partnership or joint venture between the Recipient and Metro or to create the relationship of principal and agent between or among the Recipient and Metro. The Recipient must not hold itself out in a manner contrary to the terms of this paragraph. Metro will not become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.
- D.16. **Indemnification and Hold Harmless.**
- a. Recipient agrees to indemnify, defend, and hold harmless Metro, its officers, agents and employees from any claims, damages, penalties, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Recipient, its officers, employees and/or agents, including its sub or independent Grantees, in connection with the performance of the contract, and any claims, damages, penalties, costs and attorney fees arising from any failure of Recipient, its officers, employees and/or agents, including its sub or independent Grantees, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

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- b. Metro will not indemnify, defend or hold harmless in any fashion the Recipient from any claims, regardless of any language in any attachment or other document that the Recipient may provide.
 - c. Recipient will pay Metro any expenses incurred as a result of Recipient's failure to fulfill any obligation in a professional and timely manner under this Contract.
 - d. Recipient's duties under this section will survive the termination or expiration of the grant.
- D.17. **Force Majeure.** "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party. Except as provided in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a breach under this Grant Contract. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.
- D.18. **Iran Divestment Act.** In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Recipient certifies that to the best of its knowledge and belief, neither Recipient nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.
- D.19. **State, Local and Federal Compliance.** The Recipient agrees to comply with all applicable federal, state and local laws and regulations in the performance of this Grant Contract. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under this Grant Contract.
- D.20. **Governing Law and Venue.** The validity, construction and effect of this Grant Contract and any and all extensions and/or modifications thereof will be governed by and construed in accordance with the laws of the State of Tennessee. The venue for legal action concerning this Grant Contract will be in the courts of Davidson County, Tennessee.
- D.21. **Completeness.** This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.
- D.22. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.
- D.23. **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.
- D.24. **Metro Interest in Equipment.** The Recipient will take legal title to all equipment and to all motor vehicles, hereinafter referred to as "equipment," purchased totally or in part with funds provided under this Grant Contract, subject to Metro's equitable interest therein, to the extent of its *pro rata*

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share, based upon Metro's contribution to the purchase price. "Equipment" is defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds Five Thousand dollars (\$5,000).

The Recipient agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at any time during the term of the Grant Contract, the Recipient must request written approval from Metro for any proposed disposition of equipment purchased with Grant funds. All equipment must be disposed of in such a manner as parties may agree as appropriate and in accordance with any applicable federal, state or local laws or regulations.

- D.25. **Assignment—Consent Required.** The provisions of this contract will inure to the benefit of and will be binding upon the respective successors and assignees of the parties hereto. Except for the rights of money due to Recipient under this contract, neither this contract nor any of the rights and obligations of Recipient hereunder may be assigned or transferred in whole or in part without the prior written consent of Metro. Any such assignment or transfer will not release Recipient from its obligations hereunder. Notice of assignment of any rights to money due to Recipient under this Contract must be sent to the attention of the Metro Department of Finance.
- D.26. **Gratuities and Kickbacks.** It will be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparations of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. It will be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from participation in Metropolitan Government contracts.
- D.27. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications from the Recipient required or contemplated by this Grant Contract must be in writing and must be made by email transmission, or by first class mail, addressed to the respective party at the appropriate email or physical address as set forth below or to such other party, email, or address as may be hereafter specified by written notice.

Metro

For contract-related matters:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900
Holly.Rice@nashville.gov

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634
Nancy.Uribe@nashville.gov

Recipient

We Are One Recovery
Executive Director
PO Box 1636

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Madison, TN 37116

D.28. Lobbying. The Recipient certifies, to the best of its knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- c. The Recipient will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subcontractors of federally appropriated funds shall certify and disclose accordingly.

D.29. Certification Regarding Debarment and Convictions.

- a. Recipient certifies that Recipient, and its current and future principals:
 - i. are not presently debarred, suspended, or proposed for debarment from participation in any federal or state grant program;
 - ii. have not within a three (3) year period preceding this Grant Contract been convicted of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing on a public (federal, state, or local) grant;
 - iii. have not within a three (3) year period preceding this Grant Contract been convicted of embezzlement, obstruction of justice, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and
 - iv. are not presently indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in Sections D.29(a)(ii) and D.29(a)(iii) of this certification.
- b. Recipient shall provide immediate written notice to Metro if at any time Recipient learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals fall under any of the prohibitions of Section D.29(a).

D.30. Effective Date. This contract will not be binding upon the parties until it has been signed first by the Recipient and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract will be effective as of the date first written above.

D.31. Health Insurance Portability and Accountability Act. Metro and Recipient shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its accompanying regulations.

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- a. Recipient warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.
- b. Recipient warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.
- c. Recipient agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep Metro and Recipient in compliance with HIPAA. This provision shall not apply if information received by the Recipient from Metro under this Agreement is not "protected health information" as defined by HIPAA, or if HIPAA permits Recipient and Metro to receive such information without entering into a Business Associate agreement or signing another such document.

D.32. Federal Funding Accountability and Transparency Act (FFATA). This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

- a. Reporting of Total Compensation of the Recipient's Executives.
 - i. The Recipient shall report the names and total compensation of each of its five most highly compensated executives for the Recipient's preceding completed fiscal year, if in the Recipient's preceding fiscal year, it received:
 - (1) Eighty percent (80%) or more of the Recipient's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - (2) Twenty-Five Million Dollars (\$25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and
 - (3) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Securities and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>). As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.
 - ii. Total compensation means the cash and noncash dollar value earned by the executive during the Recipient's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
 - (1) Salary and bonus.

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- (2) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - (3) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.
 - (4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - (5) Above-market earnings on deferred compensation which is not tax qualified.
 - (6) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds Ten Thousand dollars (\$10,000).
- b. The Recipient must report executive total compensation described above to Metro by the end of the month during which this Grant Contract is established.
 - c. If this Grant Contract is amended to extend its term, the Recipient must submit an executive total compensation report to Metro by the end of the month in which the amendment to this Grant Contract becomes effective.
 - d. The Recipient will obtain a Unique Entity Identifier and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.sam.gov>.
 - e. The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.
- D.33. **Assistance Listing Number.** When applicable, the Recipient shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers:
- a. 93.914 HIV Emergency Relief Project Grants.

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Recipient: [Signature]

By: We Are One Recovery

Title: CEO

Sworn to and subscribed to before me, a Notary Public this October 16, 2025
day of October, 2025, by James Curtis, the
CEO of Contractor and duly authorized to execute
this instrument on Contractor's behalf.

Notary Public: Shantara Franklin

My Commission Expires: April 22, 2028



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Table of Contents of Attachments:

- A. Grant Spending Plan
- B. Business Associate Agreement
- C. Application
- D. Certificate of Assurance
- E. Non-Profit Grants Manual Receipt Acknowledgement
- F. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
- G. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
- H. Independent Audit completed by Certified Public Accountant
- I. Certificate of Insurance

ATTACHMENT A

GRANT BUDGET
(BUDGET PAGE 1)

We Are One Recovery				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$173,000.00	\$0.00	\$173,000.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$37,600.00	\$0.00	\$37,600.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$7,587.00	\$0.00	\$7,587.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$30,369.00	\$0.00	\$30,369.00
9	Equipment Rental & Maintenance	\$9,000.00	\$0.00	\$9,000.00
10	Printing & Publications	\$1,646.00	\$0.00	\$1,646.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$8,000.00	\$0.00	\$8,000.00
16	Specific Assistance To Individuals ²	\$9,000.00	\$0.00	\$9,000.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$276,202.00	\$0.00	\$276,202.00

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/assets/entities/finance/attachments/policy3.pdf>).

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

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT A

GRANT BUDGET
(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$25,668.00	\$0.00	\$25,668.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$25,668.00	\$0.00	\$25,668.00

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/assets/entities/finance/attachments/policy3.pdf>).

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

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
C Jason Emerson	45000	x	100%	+		\$ 25,668.00
		x	100%	+		\$ -
		x	100%	+		\$ -
ROUNDED TOTAL						\$ 25,700.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$30,369.00	\$0.00	\$30,369.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$30,369.00	\$0.00	\$30,369.00

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/assets/entities/finance/attachments/policy3.pdf>).

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

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES					AMOUNT
Name - Title	Salary	x	Percentage of Time	+ Longevity Bonus	
		x	100%	+	\$ -
		x	100%	+	\$ -
ROUNDED TOTAL					\$ -

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$ -

ATTACHMENT A

GRANT BUDGET
(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$122,000.00	\$0.00	\$122,000.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$ 37,600.00	\$0.00	\$37,600.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$1,146.00	\$0.00	\$1,146.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$8,000.00	\$0.00	\$8,000.00
16	Specific Assistance To Individuals ² (utilities for housing)	\$9,000.00	\$0.00	\$9,000.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$177,746.00	\$0.00	\$177,746.00

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

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Chad Curtis, CEO - case manager	120000	x	100%	+	\$	120,000.00
Thea Coalescing - Case Manger	40000	x	100%	+	\$	2,000.00
		x	100%	+	\$	-
		x	100%	+	\$	-
ROUNDED TOTAL						\$ 122,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$ 45,600.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$9,540.00	\$0.00	\$9,540.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$7,587.00	\$0.00	\$7,587.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$9,000.00	\$0.00	\$9,000.00
10	Printing & Publications	\$500.00	\$0.00	\$500.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$26,627.00	\$0.00	\$26,627.00

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

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
C. Jason Emerson - Peer Support Case Manager	45000	x	100%	+	\$	3,540.00
Thea Coalescing - Case Manager	40000	x	100%	+	\$	6,000.00
		x	100%	+	\$	-
		x	100%	+	\$	-
ROUNDED TOTAL						\$ 9,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$ -

ATTACHMENT A

GRANT BUDGET
(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$15,792.00	\$0.00	\$15,792.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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 (0% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$15,792.00	\$0.00	\$15,792.00

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/assets/entities/finance/attachments/policy3.pdf>).

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

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Jason Emerson - Peer Support Case Manager	45000	x	100%	+	\$	15,792.00
		x	100%	+	\$	-
ROUNDED TOTAL						\$ 15,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	\$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	\$ -

BUSINESS ASSOCIATE AGREEMENT

This agreement is initiated by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY (METRO)**, a metropolitan form government organized and existing under the laws and constitution of the State of Tennessee ("**Metro**" or "**Covered entity**") and **We Are One Recovery** ("**Business Associate**").

SECTION 1 – DEFINITIONS

- a. **Business Associate.** "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **We Are One Recovery**.
- b. **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Metro**, which must fall under one of the following categories:
 - (1) A health plan.
 - (2) A health care clearinghouse.
 - (3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.
- c. **Disclosure.** "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.
- d. **Electronic Media.** "Electronic Media" shall have the same meaning as set forth in 45 CFR § 160.103.
- e. **Employer.** "Employer" is defined as it is in 26 U.S.C. § 3401(d).
- f. **Genetic Information.** "Genetic Information" shall have the same meaning as set forth in 45 CFR § 160.103.
- g. **HITECH Standards.** "HITECH Standards" means the privacy, security and security Breach notification provisions under the Health Information Technology for Economic and Clinical Health (HITECH) Act, Final Rule of 2013, and any regulations promulgated thereunder.

- h. **Individual.** "Individual" shall have the same meaning as set forth in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- i. **Person.** "Person" means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
- j. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- k. **Protected Health Information.** "Protected Health Information" or "PHI":
 - (1) Shall have the same meaning as set forth in 45 CFR § 160.103.
 - (2) Includes, as set forth in 45 CFR § 160.103, any information, *now also including genetic information*, whether oral or recorded in any form or medium, that:
 - (i) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
 - (ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
- l. **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
- m. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- n. **Security Rule.** "Security Rule" shall mean the Standards for Security of Individually Identifiable Health Information at 45 CFR part 160 and subparts A and C of part 164.
- o. **Subcontractor.** "Subcontractor" means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

- p. **Transaction.** "Transaction" shall have the same meaning as set forth in 45 CFR § 160.103.
- q. **Catch-all definition.** Terms used but not otherwise defined in this Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology Act of 2009, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH Act"), implementing regulations at 45 Code of Federal regulations Parts 160-164 and any other current and future regulations promulgated under HIPAA or the HITECH Act.

SECTION 2 - OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- a. **Permitted Uses of Protected Health Information.** Business Associate shall not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law. Business Associate may: 1) use and disclose PHI to perform its obligations under its contract with Metro; (2) use PHI for the proper management and administration of Business Associate; and (3) disclose PHI for the proper management and administration of Business Associate, if such disclosure is required by law or such disclosure is authorized by Metro.
- b. **Safeguards.** Business Associate shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall develop and implement policies and procedures that comply with the Privacy Rule, Security Rule, and the HITECH Act. The Business Associate must obtain satisfactory assurances that any subcontractor(s) will appropriately safeguard PHI.
- c. **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. **Notice of Use or Disclosure, Security Incident or Breach.** Business Associate shall notify Metro of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident (as defined in 45 C.F.R. section 164.304) involving Electronic PHI, and any Breach of Protected Health Information within five (5) business days.

- (i) Business Associate shall provide the following information to Metro within ten (10) business days of discovery of a Breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Metro the following information as soon as possible and without unreasonable delay, but in no event later than thirty (30) calendar days from the date of discovery of a Breach:
 - (1) The date of the Breach;
 - (2) The date of the discovery of the Breach;
 - (3) A description of the types of PHI that were involved;
 - (4) identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed; and
 - (5) Any other details necessary to complete an assessment of the risk of harm to the Individual.
- (ii) Business Associate shall cooperate with Metro in investigating the breach and in meeting Metro's notification obligations under the HITECH Act and any other security breach notification laws.
- (iii) Business Associate agrees to pay actual costs for notification after a determination that the Breach is significant enough to warrant such measures.
- (iv) Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Metro in the time and manner reasonably requested by Metro.
- (v) Business Associate shall report to Metro any successful: (1) unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information; and (2) interference with Business Associate's information systems operations, of which Business Associate becomes aware.

- e. **Compliance of Agents.** Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Metro, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. **Access.** Business Associate agrees to provide access, at the request of Metro, and in the time and manner designated by Metro, to Protected Health Information in a Designated Record Set, to Metro or, as directed by Metro, to an Individual, so that Metro may meet its access obligations under 45 CFR § 164.524, HIPAA and the HITECH Act.
- g. **Amendments.** Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Metro directs or agrees at the request of Metro or an Individual, and in the time and manner designated by Metro, so that Metro may meet its amendment obligations under 45 CFR § 164.526, HIPAA and the HITECH Act.
- h. **Disclosure of Practices, Books, and Records.** Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Metro available to Metro, or at the request of Metro to the Secretary, in a time and manner designated by Metro or the Secretary, for purposes of determining Metro's compliance with the HIPAA Privacy Regulations.
- i. **Accounting.** Business Associate shall provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR § 164.528 (including without limitation a disclosure permitted under 45 CFR § 164.512) and under the HITECH Act. Business Associate shall make the disclosure Information available to Metro within thirty (30) days of Metro's request for such disclosure Information to comply with an individual's request for disclosure accounting. If Business Associate is contacted directly by an individual based on information provided to the individual by Metro and as required by HIPAA, the HITECH Act or any accompanying regulations, Business Associate shall make such disclosure Information available directly to the individual.
- j. **Security of Electronic Protected Health Information.** Business Associate agrees to: (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Metro; (2) ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (3) report to Metro any security incident of which it becomes aware.

- k. **Minimum Necessary.** Business Associate agrees to limit its uses and disclosures of, and requests for, PHI: (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.
- l. **Compliance with HITECH Standards.** Business Associate shall comply with the HITECH Standards as specified by law.
- m. **Compliance with Electronic Transactions and Code Set Standards:** If Business Associate conducts any Standard Transaction for, or on behalf, of Metro, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulations. Business Associate shall not enter into, or permit its subcontractor or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of Metro that:
 - (i) Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;
 - (ii) Adds any Health Information elements or segments to the maximum defined Health Information Set;
 - (iii) Uses any code or Health Information elements that are either marked “not used” in the Standard’s Implementation Specification(s) or are not in the Standard’s Implementation Specifications(s); or
 - (iv) Changes the meaning or intent of the Standard’s Implementations Specification(s).
- n. **Indemnity.** Business Associate shall indemnify and hold harmless Metro, its officers, agents and employees from and against any claim, cause of action, liability, damage, cost or expense, including attorneys’ fees, arising out of or in connection with any non-permitted use or disclosure of Protected Health Information or other breach of this Agreement by Business Associate or any subcontractor or agent of the Business Associate.

SECTION 3 - OBLIGATIONS OF METRO

- a. Metro shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate’s use or disclosure of Protected Health Information.

- b. Metro shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Metro has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

SECTION 4 – TERM, TERMINATION AND RETURN OF PHI

- a. **Term.** The Term of this Agreement shall be effective when file in the office of the Metropolitan Clerk and shall terminate when all of the Protected Health Information provided by Metro to Business Associate, or created or received by Business Associate on behalf of Metro, is destroyed or returned to Metro, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section. The maximum length of the effective term of the contract is sixty (60) months from the effective date.
- b. **Termination for Cause.** Upon Metro's knowledge of a material breach by Business Associate, Metro shall provide an opportunity for Business Associate to cure the breach or end the violation. Metro may terminate this Agreement between Metro and Business Associate if Business Associate does not cure the breach or end the violation within fourteen (14) days. In addition, Metro may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not feasible.
- c. **Obligations on Termination.**
 - (i) Except as provided in subsection (ii), upon termination of this Agreement, for any reason, Business Associate shall return or destroy as determined by Metro, all Protected Health Information received from Metro, or created or received by Business Associate on behalf of Metro. This provision shall apply to Protected Health Information that is in the possession of subcontractor or agents of the Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business Associate shall complete such return or destruction as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement. Within such sixty (60) day period, Business Associate shall certify on oath in writing to Metro that such return or destruction has been completed.

- (ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Metro notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Metro does not agree that return or destruction of Protected Health Information is infeasible, subparagraph (i) shall apply. Business Associate shall complete these obligations as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement.

Section 5 – Miscellaneous

- a. **Regulatory References.** A reference in this Agreement to a section in HIPAA or the HITECH Act means the section as in effect or as amended, and for which compliance is required.
- b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Metro to comply with the requirements of HIPAA or the HITECH Act and any applicable regulations in regard to such laws.
- c. **Survival.** The respective rights and obligations of Business Associate shall survive the termination of this Agreement.
- d. **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Metro to comply with HIPAA or the HITECH Act or any applicable regulations in regard to such laws.
- e. **Governing Law.** The validity, construction, and effect of this Agreement and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that Business Associate may provide.
- f. **Venue.** Any action between the parties arising from this Agreement shall be maintained in the courts of Davidson County, Tennessee.

Project Overview for We Are One Recovery

A. Organization & Team Qualifications

1. Agency Background : We Are One Recovery, a 501(c)(3) nonprofit organization, founded in 2019 by our CEO, due to his lived experience as both a person living with HIV and living in long-term recovery from substance use disorder and his desire to provide hope and healing to others. Our mission is to provide LGBTQIA2S+ individuals and allies with safe, supportive, and substance-free spaces equipped with the resources they need to recover and thrive. Central to our work is the commitment to reducing new HIV diagnoses and improving the health and well-being of those living with HIV. This priority is deeply rooted in our leadership, as two of our board members also openly living with HIV. We are proud to be Nashville's first and only LGBTQ+ recovery residence. With a focus on trauma-informed and affirming care, we operate two co-ed recovery residences: an 8-bed home in Madison, TN, and a 17-bed home in Old Hickory, TN. These residences provide not only housing but also comprehensive support services for LGBTQ+ individuals navigating substance use disorders and co-occurring challenges. Our work is trailblazing a path of hope and inclusion for the LGBTQ+ community in Middle Tennessee.

We Are One Recovery serves a diverse population, as evidenced by its applicant demographics. The average age of residents is 34.5 years, with individuals ranging from 18 to 65, demonstrating the program's accessibility across life stages. The gender composition of applicants includes 44% cis-male, 16% cis-female, and 40% trans or non-binary, highlighting the organization's ability to meet the needs of underserved groups, particularly trans and non-binary individuals. With 41.7% of our residents living with HIV, We Are One Recovery has three years of experience in providing comprehensive support services to PLWHA to improve their health, well-being, and to meet their needs. Additionally, We Are One Recovery's commitment to racial inclusion is evident in its service to a racially diverse population: 59% White, 26% Black, 6% multi-racial, and 2% Native American. Substance use trends among our program participants indicate a critical need for targeted interventions, with 45.1% reporting methamphetamine use, 31.9% alcohol, 31% opioids, and 29.2% marijuana. The organization's trauma-informed approach is vital, as 88.5% of applicants have a history of trauma, and 34.5% have attempted suicide. Furthermore, co-occurring mental health conditions such as depression (41.5%), PTSD (38.1%), and anxiety (37.2%) reinforce the need for integrated care that addresses both behavioral health and recovery. Through its inclusive model and commitment to meeting these unique needs, We Are One Recovery provides an essential resource for the LGBTQ+ community in Nashville and surrounding areas.

2. HIV Counseling and Testing Capacity: We are One Recovery has a well-established HIV counseling and testing program designed to provide accessible, confidential, and client-centered services to individuals at risk for or living with HIV. We offer rapid HIV testing at two locations in North Nashville. Our capacity will allow us to conduct between 30-100 HIV tests annually, ensuring timely diagnosis and linkage to care. Our certified HIV counselors provide pre- and post-test counseling, delivering risk reduction education, harm reduction strategies, and immediate referrals for individuals who test positive. We utilize evidence-based approaches such as motivational interviewing and trauma-informed counseling to ass barriers to testing and care. Additionally, we offer screening for co-occurring conditions, including hepatitis C, and substance use disorders, integrating comprehensive prevention and treatment strategies. To expand access, we maintain partnerships with two key organizations within our service area. These partnerships enhance our ability to reach high-risk populations and ensure seamless linkage to care. Our key partners include Nashville CARES and Music City PrEP, which provide confirmatory testing, PrEP and PEP services, and HIV medical care.

We also collaborate with Thistle Farms, Mental Health Coop, Davidson County Recovery Court, Mental Health Court, Athena Court, Cumberland Heights and so many other organizations. Through these collaborations and service enhancements, our organization ensures that individuals receive timely and culturally competent HIV counseling, testing, and linkage to essential medical and support services.

3. Project Fit with Agency's Mission and Capabilities: The proposed project aligns seamlessly with our agency's mission and capabilities, reinforcing our commitment to providing high-quality, equitable healthcare and support services for individuals affected by HIV/AIDS. Our mission is to help LGBT+ folks have the resources they need to recover and thrive, with a strong focus on HIV prevention, treatment, and support. This project directly supports our goal of reducing HIV transmission, improving health outcomes, and addressing social determinants of health that impact people living with or at risk for HIV. With over 5 years of experience in substance use disorder treatment and HIV prevention and linkage to care, our agency has developed robust programs that integrate medical services, behavioral health support, and social services. Our providers, case managers, and outreach specialists are highly trained in delivering HIV testing, counseling, referrals to PrEP/PEP services, and linkage to HIV medical care. We have also built strong collaborations with community-based organizations like the Metro Public Health Department, to ensure a comprehensive and coordinated continuum of care. These partnerships allow us to provide seamless referrals for medical treatment, housing assistance, mental health services, and other critical support. The proposed project will expand our existing efforts by enhancing outreach, increasing testing capacity, and strengthening linkage-to-care strategies for individuals who test positive. It will also improve our ability to address barriers to care, such as stigma, transportation, and financial hardship, by providing integrated HIV care. Our demonstrated success in serving marginalized and vulnerable communities combined with our ability to implement innovative, data-driven approaches, makes us well-positioned to execute this project effectively. By leveraging our agency's experience, infrastructure, and community partnerships, this project will advance our mission while significantly enhancing access to HIV prevention and care services for those who need them most.

4. Ability of the Program to Conduct the Project: We Are One Recovery has a strong background, mission, and extensive experience in delivering HIV prevention, care, and support services, positioning us well to successfully conduct the proposed project and meet the program requirements. For over 5 years, we have been dedicated to serving individuals at risk for or living with HIV/AIDS, focusing on equitable, high-quality healthcare, case management, and community-based support. Our organization was founded with a mission to provide safe supportive spaces particularly for HIV+ LGBTQIA+ populations. This commitment drives our efforts to reduce health disparities, promote early HIV detection, and ensure that all individuals have access to HIV care and supportive services. Our past experience includes opening a second sober living home featuring seventeen beds funded by TNDMHSAS, an LGBT+ IOP funded by Music City Prep, hiring a case manager, funded by Metro Public Health Dept as well as a few general operating grants. We have successfully delivered HIV testing and counseling, referrals to PrEP/PEP services, medical case management, housing assistance, mental health and substance use support, and outreach programs the marginalized and under served HIV positive LGBT+ community. Our agency has developed strong partnerships with local healthcare providers, community-based organizations, public health agencies, and social service entities, ensuring a comprehensive and coordinated approach to HIV care. These partnerships enable us to streamline linkage-to-care, reduce service gaps, and improve long-term health outcomes for people living with HIV/AIDS (PLWHAs). In addition, our agency has a proven

track record of program implementation, evaluation, and data-driven decision-making. We utilize evidence-based models such as Trauma-Informed Care, Motivational Interviewing, and Peer Navigation to enhance engagement, retention, and adherence to treatment. Our staff undergoes continuous training in cultural and linguistic competency, ensuring that services are tailored to meet the diverse needs of the communities we serve.

II. Organization Capacity

1. Copies of the following are included in the Attachment:

- Copies of resumes and job descriptions
- Organizational chart including funded elements by Part A
- Copies of licenses and accreditations
- Articles of Incorporation
- Documentation of 501(c)3 status
- Charitable Solicitation Letter
- SAM exclusion report

2. Agency experience administering government funds: We are one has not yet received any federal funds. We do receive state funds from the Tennessee Department of Mental Health and Substance Abuse Services through the Creating Homes Initiative. We also receive funds from the Metro Nashville Davidson County Department of Health for a case manager. We do not have any restrictions, concerns, or corrective action plans from the funders regarding the use of these funds. There have been no audit findings. Copies of our 990s are included in the attachments.

3. Current System for Collecting Data: We currently use an electronic medical record, One Step, to collect and manage client data. All staff members are trained on the database and all client records are maintained within it. The EHR allows for monitoring both the housing portion of our services as well as the clinical. Routine reports allow for monitoring and continuous quality improvement at both the individual and agency levels.

4. Fiscal Oversight: All financial concerns are the direct responsibility of the CEO who works closely with the board for oversight and monitoring. We currently use XXXXX to manage our accounting systems and to monitor financial transactions. An annual audit is conducted by XXX and the results are reviewed by the board and reported to a variety of state and local entities.

5. Program Reporting: Ensuring the reporting of program reports to funders in a timely and accurate manner is the responsibility of the CEO. Data and information is collected by all staff typically through the OneStep system or through specific mechanisms tied to grant requirements. All reports are reviewed by the board to ensure that they are informed and that the reports are accurate, timely, and complete.

III. Cultural and Linguistic Competency

1. Cultural and Linguistic Competency Capabilities: Our agency is committed to cultural competency in serving people living with HIV/AIDS by fostering an inclusive, respectful, and informed approach to care and support. Our team receives ongoing training in HIV/AIDS awareness, stigma reduction, and culturally responsive care. We ensure that staff members are knowledgeable about

the diverse experiences of individuals affected by HIV/AIDS, including LGBTQIA+ communities, communities of color, and other vulnerable populations. We create a welcoming environment where individuals feel safe and respected. Our policies prioritize confidentiality, dignity, and person-centered care. To ensure accessibility, we provide language assistance services and culturally appropriate educational materials. Our outreach efforts use clear, inclusive language to engage diverse communities. Collaboration is key to our approach. We work closely with local organizations, advocacy groups, and healthcare providers to ensure holistic support. Additionally, we actively participate in HIV/AIDS awareness initiatives to combat stigma and misinformation. Recognizing the impact of trauma and structural inequalities, we integrate mental health support, social services, and harm reduction strategies into our programs. Our agency continually evolves to enhance cultural competency, ensuring that people living with HIV/AIDS receive equitable, compassionate, and high-quality support.

2. Demonstration of a Commitment to Cultural and Linguistic Competency: Our agency's strategic plan is centered on ensuring culturally and linguistically competent health care by integrating inclusive policies, workforce development, and community engagement. We are committed to fostering a healthcare environment that respects and responds to the diverse cultural backgrounds, languages, and lived experiences of the individuals we serve. Our strategic approach involves continuous assessment and improvement of our services to eliminate disparities and promote health equity. To achieve this, our policies emphasize inclusivity, non-discrimination, and the provision of culturally appropriate care. We implement clear guidelines that require staff to deliver services with cultural humility and linguistic accessibility. Our policies mandate the availability of language assistance services, including translation and interpretation support, to ensure effective communication with patients who have limited English proficiency. Additionally, we develop and distribute culturally relevant health materials to enhance health literacy among diverse populations. Our initiatives focus on building a culturally competent workforce through ongoing training and professional development. We provide regular education on cultural awareness, implicit bias, and effective communication strategies to equip our staff with the knowledge and skills necessary for cross-cultural interactions. We also prioritize recruitment and retention of a diverse workforce that reflects the communities we serve, ensuring representation and inclusivity in service delivery. Community engagement is a cornerstone of our commitment to cultural competence. We collaborate with local organizations and community leaders to better understand and address the unique needs of various populations. Through outreach programs, partnerships, and advisory boards that include members from diverse backgrounds, we ensure that our services remain relevant and responsive. By integrating cultural and linguistic competence into our strategic plan, policies, and initiatives, we create an environment where individuals receive equitable, respectful, and effective care. Our agency remains dedicated to evolving our practices to meet the needs of an increasingly diverse population and to fostering a healthcare system that is accessible and inclusive for all.

3. Understanding of the Depth and Breadth of Cultural and Linguistic Competency: Our agency's strategic plan is grounded in the understanding that cultural competence is essential to providing effective and equitable health care. We recognize that integrated patterns of human behavior—including language, beliefs, norms, values, and socioeconomic and political factors—play a significant role in shaping individuals' health outcomes and psychological well-being. To ensure that these factors are incorporated into our service delivery system, we have developed policies and initiatives that prioritize inclusivity, cultural responsiveness, and linguistic accessibility. Our policies emphasize the importance of culturally

and linguistically appropriate services by requiring staff to engage in ongoing education on cultural humility, implicit bias, and trauma-informed care. We have implemented a mandatory cultural competency training program that covers key topics such as health disparities, intersectionality, and best practices for working with diverse communities. Additionally, we require staff have foundational knowledge on the social determinants of health to better understand how systemic barriers impact access to care and overall well-being. To improve our linguistic capacity, we provide professional interpretation services, bilingual staff support, and translated health materials to ensure that language is never a barrier to care. We utilize technology-driven solutions such as telehealth with on-demand interpretation services and multilingual patient portals to enhance accessibility. Our agency also offers community education workshops in multiple languages to promote health literacy and empower individuals to make informed decisions about their health. We have undertaken several innovative initiatives to strengthen our cultural competence. One of our most successful endeavors was our CEO has been through two trainings from IITAP (International Institute for Addiction Professionals) and is now a Certified Rainbow Advocate & Certified Rainbow Clinician. We also have partnerships with Thistle Farms, Davidson County Recovery Court & Mental Health Court where our CEO has done trainings with their staff to be competent to treat the LGBT+ community. These trainings have built in information for staff to learn about HIV and the intricacies of working with the LGBT+ community.

IV. Collaboration

1. Plan for Collaboration: Our plan for improving collaboration with HIV agencies focuses on strengthening an integrated network that enhances access to HIV testing, medical care, and comprehensive support services for people living with HIV/AIDS (PLWHAs). This initiative will expand existing partnerships, establish new strategic collaborations, and improve coordination to ensure seamless service delivery. A key component of this plan is the implementation of a centralized referral system that connects PLWHAs to HIV testing sites, medical providers, case management services, and social support programs. This system will facilitate real-time communication between service providers, reducing delays in care and improving client retention in medical treatment. To enhance collaboration with HIV service providers, we will work closely with federally qualified health centers (FQHCs), community-based organizations (CBOs), and Metro Public Health Department. Key partners will include AIDS service organizations, and specialized clinics that offer HIV primary care. These partnerships will support a multidisciplinary approach to care, integrating medical, behavioral health, and social support services. By partnering with Metro Public Health Department and community clinics, we will ensure that all individuals who test positive are immediately linked to HIV medical care and case management services. A crucial element of our strategy is the establishment of an Integrated HIV Care model, where trained staff—many of whom have lived experience—will assist clients in overcoming barriers to care. These navigators will provide one-on-one support, accompany clients to medical appointments, help with insurance navigation, and connect them with housing, food assistance, and mental health services. Community engagement and education will be another priority in strengthening our network. We will conduct joint outreach campaigns, host community health fairs, and provide education on HIV prevention, treatment, and stigma reduction. Collaborating organizations will play a critical role in disseminating information and fostering trust within priority populations. Several key partners will support this initiative, including community clinics and CBOs offering housing, food assistance, legal aid, and support groups. Additionally, LGBTQIA+ and minority health organizations will help address the unique needs of disproportionately affected populations, while faith-based and grassroots organizations will engage hard-to-reach communities and promote health equity. By enhancing collaboration, streamlining referrals, and integrating support services, our network will ensure that PLWHAs receive timely and comprehensive care. This initiative will improve health outcomes, increase retention in treatment, and strengthen the overall HIV care continuum.

2.Demonstration of Commitment to Collaboration through letters of commitment. We Are One Recovery's commitment to work with and collaborate with organizations representing the HIV/AIDS community is represented through the attached Letters of Support.

B. Reference Projects

1. Demonstrated History of Providing Services to PLWH: Our agency has been providing comprehensive HIV/AIDS services for over 3 years, ensuring access to testing, medical care, and supportive services for individuals living with or at risk for HIV/AIDS. These services in conjunction with partnerships, however we are organizationally ready to do these services in house as our counselor has been a certified HIV/Hep C tester & counselor for over 5 years. Our dedicated team ensures that individuals receive culturally competent, client-centered care, addressing both medical and social determinants of health. For further information or verification of our services, contact names and phone numbers are attached. We remain committed to enhancing the quality of life for people living with HIV/AIDS and continuing our collaborative efforts to improve health outcomes. Our agency has extensive experience in providing HIV medical and support services, demonstrating our commitment to improving health outcomes for people living with and at risk for HIV/AIDS. For over 5 years, we have delivered a range of comprehensive services, including HIV testing and counseling, medical case management, linkage to care, mental health and substance use support, housing assistance, and prevention services such as PrEP and harm reduction programs. Our expertise in serving diverse populations, including LGBTQIA+ individuals, communities of color, and those experiencing homelessness, ensures that we provide culturally competent, client-centered care. We have successfully managed a collaborative project with Nashville Cares which have helped our participants who are PLWH access and stay engaged in care. Our collaborations have strengthened our ability to provide integrated and holistic services tailored to the needs of this population. Our experience is backed by strong partnerships and proven outcomes in improving retention in care, viral suppression rates, and overall quality of life for our clients. We remain dedicated to enhancing HIV care and support services through continued collaboration, innovation, and culturally responsive approaches. We hope to utilize this experience to begin to provide these needed services within our agency improving access and engagement by having them available at all times onsite and not just when our collaborative partner is available.

C. Project Approach and Process

I. Staffing: This staffing plan ensures that We Are One Recovery remains fully equipped to provide holistic, affirming, and trauma-informed care to LGBTQ+ individuals in need. By integrating clinical expertise, case management, transportation, housing, outreach, and peer support, the program will maximize its impact, reduce health disparities, and create a lasting positive change in the lives of those it serves.

Staffing Plan for We Are One Recovery

Name	Position	Qualifications & Role
Chad Curtis, LMSW, CTS, CPRS, SAP, RAC, RAE, CHSM	Part-Time Therapist & Clinical Supervisor	Brings 20 years of experience in human services , including 12 years in the addiction field . Licensed social worker, Certified Trauma Specialist, Certified Peer Recovery Specialist, and Substance Abuse Professional . Has been a Certified HIV/Hep C Counselor & Tester for six years . Oversees therapists, ensuring high-quality trauma-informed care for LGBTQ+ individuals.
Alan Whitley, LCSW	Therapist	Licensed clinical social worker and strong advocate for HIV and LGBTQ+ human rights . Will be trained as a Certified HIV/Hep C Tester & Counselor to enhance HIV-informed clinical services.
Thea Coalescing, CPRS	Case Manager	Two decades of experience serving the LGBTQ+ community. Certified Peer Recovery Specialist (CPRS) and passionate advocate for individuals living with HIV. Will be trained as a Certified HIV/Hep C Tester & Counselor to strengthen case management and early intervention efforts.
Jason Emerson	Driver	Former house manager for two years, now a board member assisting in training new house managers . Has been a manager in his current profession for over ten years . Will become a Certified Peer Recovery Specialist (CPRS) , obtain the appropriate license to drive a van , and has a clean driving record .
National Institute for Behavioral Health (NIBH)	Program Evaluators & Trainers	Contracted for program evaluation, research, performance monitoring, and culturally competent staff training on HIV care, trauma-informed treatment, and behavioral health best practices .

Current Clinical Staff Roles: The clinical staff at We Are One Recovery includes a Certified Trauma Counselor, Licensed Social Worker, Rainbow Advocate Educator & Clinician, and a Certified Peer Recovery Specialist and Substance Abuse Professional, all of whom bring specialized expertise in addressing the complex needs of LGBTQ+ individuals living with or at risk for HIV. This grant will provide partial salary support over a three-year period, ensuring continuity of care for clients receiving trauma-informed mental health and substance use treatment. The counselor is uniquely equipped to help clients navigate the emotional impact of an HIV diagnosis, offering guidance that fosters healing, resilience, and a renewed sense of hope for the future. Through a combination of evidence-based interventions such as Trauma-focused Cognitive Behavioral Therapy (TCBT), Motivational Interviewing (MI), Hope Theory (HT), and many more modalities as well as affirming and culturally competent care, the clinical team empowers clients to process trauma, reduce mental health distress, and engage in long-term recovery. By addressing co-occurring disorders such as PTSD, depression, and anxiety, the counselor helps clients rebuild their lives with dignity and self-acceptance, ultimately improving treatment adherence, health outcomes, and overall well-being.

Role of the new Case Manager: The case managers will play a critical role in providing medical and psychosocial case management, ensuring that clients have access to individualized care plans tailored to their specific needs. They will coordinate medical appointments, connect clients to HIV treatment, mental

health services, housing resources, and employment assistance, and provide ongoing treatment adherence support to help clients remain engaged in their recovery journey. Case managers will also monitor client progress, facilitate referrals, and advocate for services that promote stability, self-sufficiency, and improved health outcomes. Their efforts will directly contribute to increasing viral suppression rates, reducing health disparities, and improving overall well-being for LGBTQ+ individuals living with or at risk for HIV.

Role of the Driver: A full-time driver will be employed to ensure that clients have reliable, safe, and accessible transportation to attend medical appointments, therapy sessions, job interviews, and community support groups. Many of the program's participants experience transportation barriers, which can lead to missed medical visits, poor treatment adherence, and disengagement from care. The driver will operate the organization's program vehicle, providing door-to-door transportation services while ensuring safety, efficiency, and accessibility. This position is crucial in helping clients overcome logistical challenges, maintain consistency in their treatment plans, and stay connected to vital services.

The National Institute for Behavioral Health will be contracted to provide program evaluation, research, and performance monitoring to assess the effectiveness of services and client outcomes. They will design and implement data collection protocols, track key performance indicators, and analyze program impact to ensure compliance with best practices and funding requirements. Their work will help refine the program's approach, ensuring that services remain data-driven, evidence-based, and aligned with the evolving needs of the community. Additionally, the institute will identify and contract expert trainers to provide culturally competent education for staff, equipping them with the latest strategies in HIV care, trauma-informed treatment, and behavioral health interventions.

Supplies: To support early intervention services, funding will be allocated for the purchase of medical supplies and rapid HIV and Hepatitis C testing kits. These resources will allow the program to identify and diagnose individuals at risk, ensuring immediate linkage to HIV care and treatment services. Access to on-site testing will increase the likelihood of early detection, reduce transmission rates, and promote preventive healthcare measures within the LGBTQ+ community.

Electronic Health Record: A HIPAA-compliant case management software system will be implemented to enhance client progress tracking, referral management, and data security. This system will allow for efficient documentation, streamlined service coordination, and secure storage of sensitive health information, ensuring compliance with federal confidentiality regulations. By utilizing digital tools that support effective case management and client engagement, the program can maximize efficiency while maintaining high standards of care.

Supplies: To further enrich client services, funding will support therapeutic materials and life-skills workshop supplies. Therapy resources, including workbooks, trauma recovery guides, and digital tools, will be provided to assist in both individual and group therapy sessions. Life-skills workshop materials, such as budgeting guides, employment readiness resources, and independent living tools, will help clients develop practical skills for long-term stability and self-sufficiency. These resources will strengthen clients' ability to manage daily responsibilities, secure financial independence, and build confidence in their personal recovery journey. Program operations will be strengthened through outreach and educational materials designed to promote early intervention services, HIV prevention, and treatment engagement. These materials will be distributed at community events, healthcare facilities, and recovery centers to increase awareness and encourage high-risk individuals to seek services. Additionally, funding will support peer-led training stipends, enabling individuals with lived experience to facilitate support groups, skill-building workshops, and mentorship programs. By leveraging peer leadership and community-driven support, the program will foster an inclusive, empowering, and client-centered environment that encourages long-term recovery and resilience.

Housing Support: Housing support is an essential component of the program, ensuring that individuals have a stable and affirming living environment while undergoing treatment and support services. Funding

will cover utilities, maintenance, and emergency housing needs for the Madison and Old Hickory recovery residences, helping to sustain safe and welcoming spaces for LGBTQ+ individuals in recovery. The availability of housing assistance, coupled with structured support services, significantly reduces the risk of relapse, increases treatment adherence, and improves overall health outcomes.

Transportation: Transportation services will also include vehicle maintenance, fuel, insurance, and operational costs to sustain the transportation program. Additionally, ride-share reimbursements and public transit passes will be provided to clients who live outside the immediate service area, ensuring that all participants have the means to access healthcare, employment, and community resources. By eliminating transportation barriers, the program will increase client retention in care, improve medical appointment adherence, and support successful transitions into independent living.

Staffing Plan and Justification

Each staff member in this plan is integral to achieving the program's objectives, ensuring culturally competent, trauma-informed, and accessible services for LGBTQ+ individuals living with or at risk for HIV. With a team of highly qualified professionals, We Are One Recovery is committed to delivering comprehensive, affirming, and evidence-based care that supports mental health stability, substance use recovery, and treatment adherence. The staffing structure has been carefully designed to address critical service gaps, maximize efficiency, and improve health outcomes for those most in need.

The clinical team consists of Chad Curtis, LMSW, CTS, CPRS, SAP, RAC, RAE, CHSM, a licensed social worker and certified trauma specialist with 20 years of experience in human services and 12 years working in addiction recovery. He has been a Certified HIV/Hep C Counselor & Tester for six years and will serve as a part-time therapist and clinical supervisor under this grant. Chad's expertise in trauma-informed care and culturally affirming mental health services ensures that clients receive the necessary support to navigate the emotional challenges associated with an HIV diagnosis and co-occurring disorders. His role will also include clinical oversight, ensuring the implementation of evidence-based therapeutic interventions, such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Hope Theory (HT) to improve client outcomes.

Supporting the clinical services, Alan Whitley, LCSW, brings extensive experience in mental health care and a strong commitment to HIV and LGBTQ+ advocacy. He will provide individual and group therapy sessions, focusing on reducing barriers to care and increasing engagement in treatment. Alan will also undergo certification as an HIV/Hep C Tester & Counselor, expanding his ability to provide early intervention and prevention services within the program. His work ensures that clients struggling with mental health distress, substance use disorders, and trauma-related symptoms have access to specialized, affirming care. To further enhance client support, Thea Coalescing, CPRS, will serve as the full-time case manager under this grant. With two decades of experience working with the LGBTQ+ community, Thea is a Certified Peer Recovery Specialist (CPRS) and a dedicated advocate for individuals living with HIV. She will be responsible for coordinating medical and psychosocial case management services, ensuring clients are linked to HIV care, mental health treatment, housing support, and employment resources. Her role is essential in promoting treatment adherence, improving viral suppression rates, and fostering long-term stability for clients. She will also complete training as a Certified HIV/Hep C Tester & Counselor, further strengthening early intervention efforts within the program.

Addressing transportation barriers, Jason Emerson will serve as a part-time driver, providing clients with safe and reliable transportation to medical appointments, therapy sessions, job interviews, and support groups. Jason has over ten years of managerial experience in his current profession and has demonstrated exceptional leadership skills as a former house manager at We Are One Recovery, a position he held for two years. He currently sits on the organization's board of directors, assisting with training new house managers. Under this grant, Jason will obtain CPRS certification and the appropriate licensure to operate the program vehicle, ensuring accessibility for clients who might otherwise struggle to engage in care.

Program evaluation and staff training will be provided through a contract with the National Institute for Behavioral Health (NIBH), which specializes in HIV behavioral health research, program evaluation, and culturally competent training. NIBH will conduct data tracking, performance monitoring, and service assessments, ensuring that the program remains aligned with Ryan White grant objectives and best practices. Their work will be instrumental in analyzing client outcomes, refining intervention strategies, and supporting long-term program sustainability.

This staffing structure ensures that We Are One Recovery can effectively deliver trauma-informed, evidence-based, and LGBTQ+ affirming services to individuals facing complex health and social challenges. With a strong clinical team, dedicated case management, reliable transportation services, and expert evaluation support, the program is well-positioned to expand its reach, improve health outcomes, and create lasting change in the lives of LGBTQ+ individuals living with or at risk for HIV.

D. Budget

Professional Fees	National Institute for Behavioral Health (Research and Evaluation)	\$30,000.00
	Medical Supplies and Testing Kits (Early Intervention Services)	\$7,500.00
	HIPAA-Compliant Case Management Software	\$5,000.00
Category Total		\$42,500.00
Supplies	Therapy Materials (Mental Health and Substance Abuse Services)	\$5,000.00
	Life-Skills Workshop Supplies (Psychosocial Support)	\$3,000.00
Category Total		\$8,000.00
Direct Assistance to Individuals	Housing Operations (Utilities, Maintenance, Emergency Housing Support)	\$30,000.00
Category Total		\$30,000.00
Transportation Services	Vehicle Maintenance and Operations	\$20,000.00
	Ride-Share Reimbursements and Public Transit Passes	\$5,000.00
Category Total		\$25,000.00
Program Operations	Outreach and Educational Materials (Early Intervention Services)	\$5,000.00
	Peer-Led Training Stipends (Psychosocial Support)	\$5,000.00

Category Total	\$10,000.00
Grand Total	\$315,000.00

Budget Justification

Salaries, Benefits & Taxes – \$184,500

1. Clinical Staff (\$129,500):

- Licensed therapists will provide **trauma-informed, LGBTQ+ affirming** outpatient mental health and substance use treatment.
- Services will address **co-occurring disorders** such as PTSD, depression, and anxiety, reducing barriers to care for LGBTQ+ individuals living with HIV.
- Funding covers salaries for clinicians who will deliver evidence-based interventions, including **Cognitive Behavioral Therapy (CBT)** and **Motivational Interviewing (MI)** to improve client outcomes.
- **Impact:** reduces barriers to care and increases treatment retention, ensuring participants engage in evidence-based therapies.

2. Case Managers (\$15,000):

- Case managers will coordinate individualized care plans, connect clients to medical and psychosocial services, and ensure treatment adherence.
- Supports **continuity of care, treatment adherence**, and increased access to critical resources, leading to **improved viral suppression rates** for individuals living with HIV.

3. Driver (\$15,000):

- A full-time driver will support the transportation program, ensuring clients have reliable access to medical appointments, therapy sessions, and employment opportunities.
- Addresses **transportation barriers**, a key factor in **HIV care retention** and **substance use recovery success**.

Professional Fees – \$42,500

1. National Institute for Behavioral Health (\$30,000):

- The National Institute for Behavioral Health will conduct research and evaluation of the program’s effectiveness. Their responsibilities include designing and implementing data collection protocols, tracking metrics such as participant outcomes, and analyzing program impacts. Additionally, the institute will identify

and contract trainers for educational events, ensuring sessions are rooted in evidence-based practices.

- Ensures compliance with **Ryan White HIV/AIDS Program** reporting requirements, demonstrating **measurable improvements in client health and stability**.

2. Medical Supplies and Testing Kits (\$7,500):

- Funds will purchase rapid HIV and Hepatitis C test kits, along with other medical supplies, to support Early Intervention Services.
- Provides **early diagnosis and treatment linkage**, reducing **HIV transmission rates**.

3. HIPAA-Compliant Case Management Software (\$5,000):

- A **secure software system** will track **client progress, referrals, and treatment adherence**, ensuring **data security and streamlined coordination**.
- Enhances **care integration** between providers, leading to **higher retention in treatment and services**.

Supplies – \$8,000

1. Therapy Materials (\$5,000):

- Materials such as therapy workbooks, session guides, and digital tools will support individual and group therapy sessions.
- Enhances **engagement and effectiveness of mental health and substance use treatment**.

2. Life-Skills Workshop Supplies (\$3,000):

- Resources for workshops, including budgeting templates, resume guides, and educational handouts, will empower clients to build practical skills.
- Empowers clients with **financial and employment stability**, promoting **long-term self-sufficiency**.

Direct Assistance to Individuals – \$30,000

1. Housing Operations (\$30,000):

- This funding will support utilities, maintenance, and emergency housing needs for the Madison and Old Hickory recovery residences, providing clients with stable and affirming housing.
- Provides **stable housing**, which is **proven to improve medication adherence and decrease relapse rates** among LGBTQ+ individuals living with HIV.

Transportation Services – \$25,000

1. Vehicle Maintenance and Operations (\$20,000):

- Includes fuel, insurance, and regular maintenance for the program vehicle used to transport clients.
- Ensures **reliable transportation to essential services**, improving **client retention in medical and psychosocial care**.

2. Ride-Share Reimbursements and Public Transit Passes (\$5,000):

- Supplemental transportation support for clients outside the immediate service area.
- Reduces missed appointments and enhances **treatment adherence**.

Program Operations – \$10,000

1. Outreach and Educational Materials (\$5,000):

- These funds will support the development of materials to promote Early Intervention Services and educate clients about HIV care and prevention.
- Funds **community outreach efforts** to increase awareness of **HIV prevention, treatment, and harm reduction strategies**.
- **Impact:** Expands reach and **engages hard-to-reach populations**, increasing **service utilization**.

2. Peer-Led Training Stipends (\$5,000):

- Peer facilitators will be compensated for leading psychosocial support groups and life-skills workshops, creating a community-oriented and client-centered approach.
- Promotes **peer-driven recovery models**, fostering **community engagement and long-term client retention**.

II. Overview of Population

Davidson County, Tennessee, has a significant population of residents living with HIV/AIDS (PLWHAs). With Nashville/Davidson County accounting for 13% of Tennessee's 861 new HIV diagnoses in 2022—approximately 112 new cases—the need for targeted, affirming interventions has never been greater. Moreover, 21% of all Tennesseans living with diagnosed HIV reside in Nashville, underscoring the city's pivotal role in the state's HIV response. The urgency is further emphasized by a statewide increase in HIV diagnoses attributed to injection drug use, rising from 6% in 2018 to 14% in 2022. Several factors impede the identification, engagement, and retention of PLWHAs in routine HIV testing and services. Stigma remains a fundamental barrier, discouraging individuals from seeking testing and care due to fear of discrimination. In Middle Tennessee, including Davidson County, barriers such as a lack of understanding about the importance of early HIV detection and care, not knowing where to go for services, and the absence of conveniently located care facilities contribute to delayed linkage to HIV medical care.

1) Number of Persons Living with HIV to be Served with the Funding: With the proposed funding, We Are One Recovery plans to serve approximately 100 individuals within Davidson County. This includes

both individuals currently living with HIV/AIDS and those at high risk who will benefit from prevention services.

2) Number of Units of Service Planned by type of Intervention:

HIV Testing and Counseling: We aim to conduct 200 HIV testing sessions annually, with each session lasting approximately 30 minutes.

Educational Sessions: Our plan includes providing 24 educational workshops focusing on HIV prevention, treatment adherence, and stigma reduction. Each session will be approximately two hours.

Engagement with Gatekeepers: We intend to establish and maintain relationships with key community gatekeepers, planning for 6 contacts per gatekeeper annually, dedicating about six hours per gatekeeper per year to foster collaboration and referral networks.

3) Average Amount of Service per Client per Year:

Face-to-Face Interactions: Each client is expected receive an average of 24 face-to-face consultations per year, with each session lasting approximately one hour

Time Spent with Gatekeepers: We anticipate dedicating about two hours per gatekeeper annually to strengthen partnerships and improve client referrals.

By addressing these barriers and implementing the outlined interventions, we aim to enhance the identification, engagement, and retention of PLWHAs in Davidson County, ultimately improving health outcomes and reducing HIV transmission rates.

III. Implementation Plan

Our program is committed to implementing evidence-based and best practice models to improve progress along the HIV care continuum, ensuring that individuals receive high-quality, effective, and culturally competent services. We will incorporate proven outreach, engagement, and retention strategies that have been shown to enhance HIV testing, linkage to care, treatment adherence, and viral suppression among people living with HIV/AIDS (PLWHAs). One of the primary models we will utilize is Motivational Interviewing as a non-judgemental non-shaming approach to services. Additionally, for PLWH individuals experiencing mental health challenges, trauma, or substance use issues, we will incorporate Trauma-Informed Care (TIC) and Motivational Interviewing (MI) as foundational approaches. TIC ensures that services are delivered in a safe, supportive, and empowering environment, recognizing the impact of trauma on health behaviors. MI, an evidence-based counseling technique, will be used by our providers to help clients resolve ambivalence about treatment, enhance motivation, and build self-efficacy in managing their health. By leveraging these evidence-based interventions, best practice models, and innovative outreach strategies, we will effectively support HIV prevention, linkage to care, retention, and viral suppression for PLWHAs in our service area.

IV. Best Practices

We Are One Recovery seeks funding through the Ryan White HIV/AIDS Program to address critical gaps in care for LGBTQ+ individuals living with HIV in the Nashville Transitional Grant Area (TGA). These individuals face compounded barriers, including stigma, discrimination, housing instability, and a lack of access to culturally competent care. According to data, individuals living with HIV who are unhoused are at a significantly higher risk of transmitting the virus. This is often due to survival strategies such as engaging in transactional relationships for shelter or sharing needles. Our program addresses this critical issue by providing stable, supportive housing for individuals living with HIV. By ensuring access to safe housing, we aim to reduce the spread of the virus and support healthier outcomes for those affected. The proposed project will deliver a comprehensive continuum of care designed to improve health outcomes, increase engagement in HIV care, and foster long-term recovery and stability for LGBTQIA+ individuals in the Nashville TGA. Demographic and health data highlight the urgency of these interventions. High rates of methamphetamine use (45.1%) among We Are One Recovery applicants and co-occurring mental health

conditions such as PTSD (38.1%) and depression (41.5%) validate the program's trauma-informed, affirming approach. The organization also effectively reaches underserved populations, with 40% of applicants identifying as trans or non-binary, groups that frequently face barriers in accessing affirming care. Our strategy to identify and engage key stakeholders trusted by the HIV/AIDS community is rooted in collaborative partnerships, community engagement, and culturally competent outreach efforts. We will leverage relationships with healthcare providers, community-based organizations, faith-based groups, advocacy networks, and individuals with lived experience to ensure a comprehensive approach to HIV prevention, testing, linkage to care, and retention in services. We will work closely with Metro Public Health Department (MPHD). Through our collaborations, we will coordinate outreach efforts, and ensure seamless linkage to care for individuals newly diagnosed or re-engaging in services. We will also continue our partnerships with Nashville CARES and Music City PrEP and build relationships with other community-based organizations that serve marginalized and high-risk populations, ensuring that our outreach is culturally and linguistically competent. The project aims to directly address these barriers and health disparities through the following objectives:

1. **Delivering Integrated HIV Care:** Enhance access to Early Intervention Services (EIS), medical case management, and mental health and substance abuse treatment tailored to LGBTQ+ clients.
2. **Expanding Housing Assistance:** Provide stable, recovery-focused housing to reduce homelessness and improve treatment adherence among persons living with HIV (PLWH).
3. **Enhancing Accessibility:** Address transportation barriers by providing reliable, tailored transportation solutions to ensure clients can access medical care and other essential services.
4. **Providing Psychosocial Support and Life-Skills Coaching:** Empower clients through peer-led psychosocial support and workshops focused on financial literacy, job readiness, and essential life skills.

By leveraging evidence-based strategies and culturally competent care, this project represents a critical opportunity to improve health outcomes and quality of life for LGBTQ+ individuals living with HIV in the Nashville TGA while contributing to the broader state and national effort to combat the HIV epidemic.

Program Activities and Implementation

1) Integrated HIV Care

- **Rapid HIV and Hepatitis C Testing (EIS):** Onsite testing will be conducted using advanced rapid test kits to ensure immediate results. Trained staff will provide pre- and post-test counseling to educate clients on their results, the importance of care, and next steps. Individuals testing positive will receive warm handoffs to HIV specialists within the TGA network for timely medical care, supported by case managers who will ensure follow-up and scheduling adherence.
- **Trauma-Informed Therapy:** Therapy sessions will address co-occurring mental health issues, substance use, and the trauma often associated with HIV stigma. Services will be grounded in LGBTQ+ affirming practices, fostering a safe environment where clients feel understood and respected. A combination of individual and group therapy will be offered, with evidence-based modalities such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI).
- **Medical Case Management:** Each client will work with a dedicated case manager to develop an individualized care plan focusing on treatment adherence, medication management, and health education. Case managers will coordinate with primary care and specialty providers to ensure seamless integration of services.

2) Housing Assistance

- **Affirming Recovery Residences:** The Madison and Old Hickory homes will provide structured, affirming environments that include recovery-focused programming and wrap-around support

services. Weekly case management and peer coaching sessions will focus on maintaining sobriety, adherence to treatment, and personal goal achievement.

- **Transition to Permanent Housing:** Partnerships with local housing agencies and nonprofits will expand access to affordable permanent housing solutions for residents transitioning out of the recovery program. Case managers will guide residents through the housing application process, ensuring a smooth transition while maintaining continuity of care.

3) **Transportation Support**

- **Dedicated Transportation Services:** A full-time driver and program vehicle will ensure residents have access to medical appointments, therapy sessions, and job interviews. Flexible scheduling will accommodate individual needs, minimizing missed appointments and promoting treatment adherence.
- **Supplemental Transportation Support:** Ride-share reimbursements and public transit passes will be provided to clients residing outside the immediate service area or with specialized travel needs.

4) **Psychosocial and Life-Skills Support**

- **Peer-Led Groups:** Weekly clinical support groups facilitated by trained peers will focus on addressing relapse prevention, building community, and navigating challenges related to HIV, recovery, and housing. These sessions will offer a safe space for clients to share experiences, gain insights, and develop coping strategies.
- **Life-Skills Workshops:** Practical workshops will cover resume building, budgeting, and navigating public services, equipping clients with essential tools for independence. Workshops will be tailored to meet the needs of LGBTQ+ individuals, ensuring relevance and cultural competency.

5) **Mental Health Services**

- **Individual Therapy:** Clients will participate in one-on-one therapy sessions with licensed clinicians trained in trauma-informed, LGBTQ+ affirming practices. These sessions will address co-occurring disorders, stigma, and emotional well-being as part of a holistic recovery plan.
- **Clinical Group Therapy:** Group sessions with a licensed social worker will focus on shared challenges such as internalized trans/homophobia, body dysmorphia, societal discrimination, religious persecution, identity-related issues, sexual trauma/assault, family estrangement or disownment, early-life or lifetime bullying, childhood & adult trauma, sexual health education, relapse prevention, and building resilience to foster a sense of community.

6. **Substance Abuse Outpatient Care**

- **Evidence-Based Treatment:**
We Are One Recovery will partner with licensed outpatient treatment centers, including RCN Treatment Centers, Thistle Farms, and other reputable programs, to ensure participants receive high-quality, evidence-based clinical care. These partnerships will provide comprehensive outpatient services tailored to the unique needs of LGBTQ+ individuals living with HIV, including group therapy, individual counseling, and harm reduction programs. Treatment approaches will align with evidence-based practices recommended by SAMHSA, such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and relapse prevention strategies. This collaboration will ensure that participants receive the best possible support for achieving and maintaining long-term recovery.
- **Collaboration for HIV-Informed Programming:**
Since establishing our physical locations, We Are One Recovery has forged strong partnerships

with leading organizations to address the comprehensive needs of our community. Our collaborations include Nashville CARES and Street Works, both of which bring invaluable expertise and resources to support individuals living with or at risk for HIV. Additionally, we have formalized our partnership with Music City Prep through a Memorandum of Understanding (MOU), enabling us to provide even more targeted and integrated services. We've received referrals for housing from all these organizations. Together, these partnerships empower us to deliver holistic, HIV-informed programming that promotes health, stability, and well-being within the LGBTQ+ community.

- **Relapse Prevention Programs:**

Structured relapse prevention programs will address the underlying causes of addiction while considering the unique challenges of living with HIV. Participants will engage in peer-supported and clinician-guided sessions that emphasize building resilience, developing coping strategies, and maintaining adherence to both recovery and HIV treatment plans. Programs will integrate SAMHSA's evidence-based recommendations to ensure comprehensive, client-centered care.

Expected Outcomes

We Are One Recovery anticipates achieving the following measurable outcomes for LGBTQ+ individuals living with HIV in recovery from substance use disorders in the Nashville and Greater Nashville area:

- **Increased Engagement in HIV Care and Improved Viral Suppression Rates:**

The program aims to ensure that at least 90% of participants engage in consistent HIV care within the first 30 days of enrollment. Through Early Intervention Services (EIS), medical case management, and trauma-informed therapy, the program expects to improve medication adherence, with 80% of participants achieving viral suppression within six months of program engagement. These improvements will align with the goals of the Ryan White HIV/AIDS Program and Nashville's commitment to the Fast-Track Cities Initiative.

- **Reduction in Homelessness and Housing Insecurity:**

By providing stable, affirming housing at the Madison and Old Hickory recovery residences and supporting transitions to permanent housing, the program projects a 50% reduction in housing insecurity among residents within 12 months. Through daily case management and partnerships with housing agencies, 70% of participants will transition to permanent housing within one year of completing the program.

- **Enhanced Access to Care and Services:**

Reliable transportation will ensure 100% of participants attend scheduled medical appointments, therapy sessions, and job interviews. By addressing this critical barrier, the program expects to reduce missed appointments by at least 30% compared to baseline data. Case management services will ensure 90% of participants are successfully connected to all necessary medical, mental health, and social services.

- **Improved Psychosocial Health and Community Integration:**

Through weekly peer-led support groups and life-skills workshops, 85% of participants will report improved psychosocial health, as measured by standardized client satisfaction surveys and self-reported mental health assessments. Workshops on budgeting, resume building, and navigating public systems will result in 75% of participants securing employment or achieving financial stability within one year of program enrollment.

- **Capacity Building Among Partner Organizations:**

By working with outpatient treatment centers such as RCN Treatment Centers and Thistle Farms, the program will help at least three partner organizations develop HIV and AIDS-informed programming aligned with SAMHSA best practices. This effort will increase the availability of high-quality, culturally competent care for LGBTQ+ individuals living with HIV in the Nashville area.

- **Reduction in Substance Use Relapse Rates:**

Through evidence-based outpatient care and relapse prevention programming, the program aims to maintain a 70% sobriety rate among participants six months post-discharge. This includes continued adherence to HIV treatment regimens and participation in aftercare services, ensuring long-term recovery success.

By focusing on these measurable outcomes, We Are One Recovery will not only improve individual health and stability but also contribute to systemic changes that enhance the quality and accessibility of services for LGBTQ+ individuals in recovery from substance use disorders and living with HIV.

V. Service Specific Questions

Service Model

We Are One Recovery is dedicated to providing comprehensive, trauma-informed, and culturally competent services for LGBTQ+ individuals living with or at risk for HIV. Our proposed project will integrate early intervention services (EIS), mental health and substance use treatment, case management, housing assistance, and transportation services to improve engagement in HIV care and overall health outcomes. The following work plan details the key activities and implementation strategies required to achieve the goals of the program.

Service Model

Planning Phase (First 3 Months)

1. **Program Infrastructure and Staff Training:**

- Recruit and onboard necessary staff, including clinical therapists, case managers, and support staff.
- Conduct specialized training in trauma-informed care, motivational interviewing (MI), and culturally competent HIV prevention and treatment.
- Certify clinical staff as HIV/Hepatitis C testers and counselors.

2. **Community Engagement and Outreach Strategy:**

- Strengthen partnerships with Nashville CARES, Music City PrEP, StreetWorks and Metro Public Health Department for integrated service delivery.
- Develop educational and outreach materials tailored for LGBTQ+ individuals at risk for or living with HIV.
- Establish a referral pipeline with community-based organizations and local medical providers.

Work Plan

Implementation Phase (Months 4-12)

1. **Early Intervention and Testing Services**

- Provide on-site rapid HIV and Hepatitis C testing at both recovery residences and outreach locations.
- Offer pre- and post-test counseling, emphasizing risk reduction and harm reduction strategies.
- Connect newly diagnosed individuals with HIV care providers and medical case management services.
- Assist clients in accessing PrEP/PEP, HIV primary care, and housing assistance.

- 2. **Trauma-Informed Mental Health and Substance Use Treatment**
 - o Deliver individual and group therapy sessions focusing on HIV, sexual health, trauma-focused recovery, co-occurring disorders, and resilience-building.
 - o Implement peer-led psychosocial support groups to reduce isolation and increase adherence to treatment plans.
 - o Utilize evidence-based practices such as CBT, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- 3. **Psychosocial Support Services**
 - o Develop individualized care plans that address clients' medical, mental health, and social needs.
 - o Track progress through a HIPAA-compliant case management software system.
- 4. **Housing and Support Services**
 - o Provide safe, stable, and affirming housing for LGBTQ+ individuals in recovery.
 - o Cover housing operations, including utilities, maintenance, and emergency financial assistance for residents.
 - o Facilitate workshops on life skills, financial literacy, and employment readiness to support independent living.
- 5. **Transportation Services**
 - o Employ a dedicated driver to transport clients to medical appointments, therapy sessions, and employment opportunities.
 - o Offer ride-share reimbursements and public transit passes for clients outside the immediate service area.
 - o Ensure that lack of transportation does not become a barrier to HIV care and treatment adherence.
- 6. **Program Evaluation and Continuous Improvement**
 - o Contract with the National Institute for Behavioral Health (NIBH) for program monitoring, evaluation, and quality improvement.
 - o Collect and analyze key performance indicators such as retention in care, mental health improvements, and viral suppression rates.
 - o Utilize client feedback and data-driven decision-making to refine service delivery.

Work Plan (Year 1)				
Goal	Objectives	Action Steps	Responsible Staff	Timeline
Increase access to HIV testing and linkage to care for LGBTQ+ individuals	Provide approximately 100 rapid HIV tests in Year 1	Conduct on-site testing, offer pre/post-test counseling, and ensure warm handoffs to HIV care providers	Clinical therapists, case managers	Ongoing (starting Month 4)
Improve engagement in mental health and substance use treatment	Achieve 70% participation in therapy for enrolled clients	Offer weekly trauma-informed therapy and peer-led support groups	Clinical therapists, peer facilitators	Monthly

Goal	Objectives	Action Steps	Responsible Staff	Timeline
Enhance housing stability for LGBTQ+ individuals living with HIV	Reduce housing insecurity for 50% of residents	Maintain recovery residences, provide emergency assistance, and offer life-skills workshops	Case managers, housing coordinators	Quarterly
Ensure transportation barriers do not impact HIV care engagement	Provide 100% of clients with reliable transportation options	Hire a driver, schedule medical transport, and offer transit passes	Program director, transportation coordinator	Ongoing
Evaluate program effectiveness and client outcomes	Conduct quarterly program reviews and annual evaluations	Implement data tracking, review metrics, and adjust services as needed	National Institute for Behavioral Health, program director	Quarterly

Anticipated Challenges and Mitigation Strategies

Challenge	Potential Impact	Solution
Stigma and discrimination prevent clients from seeking services	Clients may avoid HIV testing and treatment	Provide culturally competent, LGBTQ+ affirming care and community education
Limited transportation options in rural areas	Clients may struggle to access HIV medical care	Utilize program vehicle, ride-share reimbursements, and transit passes
Client relapse and disengagement from care	Clients may drop out of treatment before achieving stability	Implement peer-led relapse prevention support groups and intensive case management
Limited availability of trained clinicians	Delayed service implementation	Invest in staff training, certification, and professional development

SMARTIE Goals:

Goal 1: Increase Client Retention in HIV Care

- Specific: Improve treatment adherence and retention in care for LGBTQ+ clients living with HIV by providing trauma-informed mental health and substance use services, transportation, and case management.
- Measurable: Achieve a 80% retention rate among clients attending scheduled medical appointments and support sessions.

- Achievable: Utilize clinical staff, case managers, and transportation services to ensure clients have consistent access to services.
- Relevant: Supports Ryan White HIV/AIDS Program goals by increasing medical treatment retention and positive health outcomes.
- Time-bound: Track and review retention data monthly, with quarterly evaluations of service gaps and program improvements.
- Inclusive: Provide culturally competent, LGBTQ+ affirming care to address stigma-related barriers.
- Equitable: Prioritize services for clients who face additional barriers such as homelessness, economic instability, or co-occurring disorders.

Goal 2: Improve Mental Health and Self-Sufficiency

- Specific: Provide trauma-informed therapy and life-skills workshops to improve clients' mental health and build independence.
- Measurable: Achieve an 70% improvement in clients' self-reported mental health and skill acquisition as measured by intake, mid-program, and program-end assessments.
- Achievable: Conduct individual and group therapy sessions while offering at least one life-skills workshop per month focused on financial literacy, employment readiness, and independent living.
- Relevant: Directly addresses co-occurring disorders, such as PTSD and anxiety, that often affect treatment adherence and recovery.
- Time-bound: Measure client progress quarterly, with year-end program evaluations.
- Inclusive: Ensure that therapy and workshops are accessible and tailored to LGBTQ+ participants' lived experiences.
- Equitable: Prioritize outreach and services for underserved individuals, including unhoused clients and those with limited access to traditional care settings.

Through a structured, client-centered approach, We Are One Recovery will provide essential services that improve HIV care engagement, reduce health disparities, and promote overall well-being among LGBTQ+ individuals. Our comprehensive service model—spanning HIV testing, trauma-informed therapy, case management, housing, and transportation—ensures that clients receive the support necessary to thrive. This work plan aligns with Ryan White Program goals and is designed to yield measurable improvements in health outcomes, self-sufficiency, and quality of life.

Conclusion

This project presents a transformative opportunity to close critical gaps in care and enhance health outcomes for LGBTQ+ individuals living with HIV in the Nashville TGA. By integrating stable housing, trauma-informed therapy, comprehensive HIV care, and essential wraparound services, We Are One Recovery will provide a holistic, client-centered model that fosters long-term stability, self-sufficiency, and recovery. This initiative not only supports individual well-being but also strengthens public health efforts to reduce health disparities and combat the HIV epidemic.

Through strategic partnerships, data-driven programming, and a commitment to equity, We Are One Recovery is dedicated to creating lasting change in the lives of those we serve. With the support of the Ryan White HIV/AIDS Program, we will build a stronger, healthier, and more inclusive community, ensuring that every individual has the opportunity to access care, thrive, and lead a life of dignity and stability.

References

- *Tennessee Department of Health. HIV Epidemiological Profile. Nashville/Davidson County: Contribution to Statewide New Diagnoses and HIV Prevalence, 2022.*
- *Tennessee Department of Health. HIV Data Dashboard. State and County-Level Statistics on HIV Diagnoses and Populations, 2022.*
- *Tennessee Department of Health. Data Highlighting Injection Drug Use and HIV Correlation Trends in Tennessee (2018-2022), 2022.*
- *Centers for Disease Control and Prevention (CDC). Strategies for Addressing Stigma and Barriers to Care in LGBTQ+ Populations Living with HIV. 2022.*
- *We Are One Recovery. Internal Program Data: Demographics, Health Risk Factors, and Program Evaluation. 2024.*
- *Substance Abuse and Mental Health Services Administration (SAMHSA). Advisory: Treating Substance Use Disorders Among People with HIV. SAMHSA, 2022.*
- *Substance Abuse and Mental Health Services Administration (SAMHSA). Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders. SAMHSA, 2022.*
- *Fast-Track Cities Initiative. Nashville's HIV Epidemic Response Plan. Nashville Public Health Department, 2022.*



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County Recipient of Metro Grant Funding Certifications of Assurance

September 24, 2025

As a condition of receipt of this funding, the Recipient assures that it will comply fully with the provisions of the following laws.

- The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116;
- Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements

By accepting this funding, the signee hereby certifies, to the best of his or her knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- c. The Recipient shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly.



Signature of Authorized Representative
Name: James Chad Curtis
Title: CEO
Agency Name: We Are One Recovery
Date: 1/21/25

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

**Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Non-Profit Grants Manual Receipt Acknowledgement**

September 24, 2025

As a condition of receipt of this funding, the recipient acknowledges the following:

- Receipt of the Non-Profit Grants Manual, updated February 2, 2023, issued by the Division of Grants and Accountability. Electronic version can be located at the following: [Non-Profit Grant Resources](#)
- The recipient has read, understands and hereby affirms that the agency will adhere to the requirements and expectations outlined within the Non-Profit Grants Manual.
- The recipient understands that if the organization has any questions regarding the Non-Profit Grants Manual or its content, they will consult with the Metro department that awarded their grant.

**Note to Organizations: Please read the Non-Profits Grants Manual carefully to ensure that you understand the requirements and expectations before signing this document.*

A handwritten signature in black ink, appearing to read "James Chad Curtis", is written over a horizontal line.

Signature of Authorized Representative

Name: James Chad Curtis

Title: CEO

Agency Name: We Are One Recovery

Date: 1/30/2025

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 09 2019**

WE ARE ONE
C/O JAMES CURTIS
1100 NORVEL AVE
NASHVILLE, TN 37216

Employer Identification Number:
83-3272780
DLN:
17053044303019
Contact Person:
LEE CROUCH ID# 17141
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 14, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



000999856

SS-4418

**CHARTER
NONPROFIT CORPORATION**

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

Control # 000999856

Amount Due: \$100.00
Please file before 01/14/2019



Tre Hargett
Secretary of State

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: We Are One
2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.
3. This company has the additional designation of: None
4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
JAMES CHAD CURTIS
1100 NORVEL AVE
NASHVILLE, TN 37216-2506
DAVIDSON COUNTY
5. Fiscal Year Close Month: December
Period of Duration: Perpetual
6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)
7. The corporation is not for profit.
8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
This corporation is a ☒ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☐ religious corporation / ☒ not a religious corporation.
This corporation will ☐ have members / ☒ not have members.
9. The complete address of its principal office is:
1100 NORVEL AVE
NASHVILLE, TN 37216-2506
DAVIDSON COUNTY

Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

RDA 1678



CHARTER
NONPROFIT CORPORATION

SS-4418



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

Control # 000999856

Amount Due: \$100.00
Please file before 01/15/2019

The name of the corporation is: We Are One

0. The complete mailing address of the entity (if different from the principal office) is:
1100 NORVEL AVE
NASHVILLE, TN 37216-2506

11. List the name and complete address of each incorporator:

Business Address		City, State, Zip
Title	Name	
Incorporator	James C Curtis	NASHVILLE, TN 37216-2506

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)
☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the \$100 filing fee required by T.C.A. §48-51-303(a)(1).
☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).
☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic Signature
James C Curtis
Printed Name

Incorporator
Title/Signer's Capacity
Dec 16, 2018 11:33PM
Date

Details



WE ARE ONE RECOVERY

120 RAYON DR OLD HICKORY TN 37138

Mr. CHAD CURTIS

(615) 962-2528

www.weareonerecovery.org

Status: Active

CO Number: CO39434

Registration Date: 12/06/2020

Renewal Date: 06/30/2026

Purpose

LGBTQ2iA+ recovery housing for people living with substance use disorder. Teaching them life-coping skills & how to be productive members of society.

Financials (5)

Fiscal Year End	Total Revenue
12/31/2024	\$829,409.00
12/31/2023	\$82,168.79
12/31/2022	\$31,526.05
12/31/2021	\$0.00
12/31/2020	\$0.00



Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee’s 37th secretary of state in 2009 and re-elected in 2013, 2017, 2021, and 2025. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.



Details



WE ARE ONE RECOVERY

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12/31/2021	\$0.00
12/31/2020	\$0.00

Tennessee Code Unannotated

State Comptroller

State Treasurer

Title VI Information

Public Records Policy and Records Request Form



SUBSCRIBE

WE ARE ONE RECOVERY

Entity Type: Nonprofit Corporation

Formed in: TENNESSEE

Term of Duration: Perpetual

Religious Type: Non-Religious

Benefit Type: Public Benefit Corporation

Status: Active

Control Number: 000999856

Initial Filing Date: 1/14/2019 9:09:00 AM

Fiscal Ending Month: December

AR Due Date: 04/01/2026

Registered Agent

JAMES CHAD CURTIS

1171 SIOUX TER

MADISON, TN 37115

Principal Office Address

1171 SIOUX TER

MADISON, TN 37115-5551

Mailing Address

1171 SIOUX TER

MADISON, TN 37115-5551

AR Standing: Good	RA Standing: Good	Other Standing: Good	Revenue Standing: N/A
-------------------	-------------------	----------------------	-----------------------

History (12) ^			
Type	Date	Tracking Number	Change History
2024 Annual Report for WE ARE ONE RECOVERY	6/16/2025 4:38:15 PM	B2025436587	- Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 - Annual Report Status changed from: Delinquent to: Good - Officers Changed
Notice of Determination for WE ARE ONE RECOVERY	6/10/2025 6:46:35 AM	B2025388499	Delinquent Annual Report
2023 Annual Report for We Are One Recovery	1/16/2024 4:17:56 PM	B1492-9663	
2022 Annual Report for We Are One Recovery	2/1/2023 12:21:09 PM	B1330-6230	Registered Agent First Name changed from: CHAD to: JAMES
Application for Reinstatement for We Are One Recovery	9/16/2022 11:42:00 AM	B1276-3264	- Business Name changed from: We Are One to: We Are One Recovery - Filing Status changed from: Inactive - Dissolved (Administrative) to: Active - Inactive Date changed from: 08/11/2021 to: No Value
2021 Annual Report for We Are One Recovery	9/13/2022 5:09:43 PM	B1277-2728	

2020 Annual Report for We Are One Recovery	8/27/2022 1:28:30 AM	B1269-9263	- Principal Address 1 changed from: 1100 NORVEL AVE to: 1171 SIOUX TER - Principal Address 3 changed from: No value to: CHAD CURTIS - Principal City changed from: NASHVILLE to: MADISON - Principal Postal Code changed from: 37216-2506 to: 37115-5551 - Registered Agent First Name changed from: JAMES to: CHAD - Registered Agent Physical Address 1 changed from: 1100 NORVEL AVE to: 1171 SIOUX TER - Registered Agent Physical Address 3 changed from: No Value to: CHAD CURTIS - Registered Agent Physical City changed from: NASHVILLE to: MADISON - Registered Agent Physical Postal Code changed from: 37216-2506 to: 37115-5551
Dissolution/Revocation - Administrative for We Are One Recovery	8/11/2021 1:41:15 AM	B1079-7498	- Filing Status changed from: Active to: Inactive - Dissolved (Administrative) - Inactive Date changed from: No Value to: 08/11/2021
Notice of Determination for We Are One Recovery	6/3/2021 1:40:42 AM	B1045-6664	
System Amendment for We Are One Recovery	4/15/2021 1:48:26 AM		
2019 Annual Report for We Are One Recovery	2/29/2020 11:17:56 AM	B0825-5912	
Initial Filing for We Are One Recovery	1/14/2019 9:09:00 AM	B0630-9102	Record Status changed from: Pending to: Active

WE ARE ONE, INC.
FINANCIAL STATEMENTS
DECEMBER 31 2024

(With Independent Auditor's Report Thereon)

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A. Jack Farmer, CPA
1044 Lewisburg Pike
Franklin, TN 37064

ajfarmer.cpa@farmercpapllc.com

Telephone 615.429.3771

A J Farmer CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of We Are One, Inc.

Opinion

I have audited the accompanying financial statements of We Are One, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expense and cash flows for the year then ended, and the related notes to the financial statements. In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of We Are One, Inc. as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. I am required to be independent of We Are One, Inc. and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. I believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about We Are One, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

We Are One, Inc

Page 2

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of We Are One, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about We Are One, Inc.'s ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

A J Farmer, CPA

Franklin, Tennessee

August 27, 2024

WE ARE ONE, INC
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2024

2024

ASSETS

CURRENT ASSETS

Cash and cash-equivalents	\$ 85,924
Accounts receivable	44,649
Total current assets	130,573

PROPERTY AND EQUIPMENT

Real property	555,858
Less accumulated depreciation	(3,523)
Total property and equipment	552,335

Total Assets	682,908

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts payable	
Accrued expense	
Total current liabilities	-

NET ASSETS

Without donor restrictions	682,908
Total liabilities and net assets	\$ 682,908

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS
YEAR ENDED DECEMBER 31, 2024

CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS	2024
Support and revenue	
State of Tennessee grant and contract revenue	594,959
Grants from non profits	133,000
Rent income	97,052
Other income	4,397
Interest	1
Total support and revenue	<u>829,409</u>
Program expense	114,165
Managemnet and general expense	19,266
Fundraising expense	<u>6,445</u>
Total expense	139,876
Increase (decrease) in net assets without donor restrictions	689,533
Net assets without donor restrictions beginning of year	<u>(6,625)</u>
Net assets without donor restrictions end of year	<u><u>\$ 682,908</u></u>

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF FUNCTIONAL EXPENSE
YEAR ENDED DECEMBER 31, 2024

	2024		
	Program	Management & General	Total
Salaries	28,229	6,416	34,645
Employee benefits			-
Vehicle expense	1,799	-	1,799
Fund raising	-		6,445
Software and applications	180	1,430	1,610
Postage and delivery	65	560	625
Printing	633	112	745
Repairs and maintenance	4,796	-	4,796
Dues and subscriptions	-	1,701	1,701
Interest		3,583	3,583
Bank fees and service charges	-	399	399
Miscellaneous supplies and other program	23,659	-	23,659
Rent	31,003	-	31,003
Utilities	13,192		13,192
Equipment rental	1,208	-	1,208
Insurance	-	4,395	4,395
Furniture and house supplies	5,670		5,670
Depreciation	3,523	-	3,523
Staff development	14	14	28
License and permits	-	657	657
Client assistance	195	-	195
	\$ 114,166	19,266	6,445
			139,877

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2024

Cash Flows From Operating Activities	2024
Increase (decrease) in net assets	\$ 689,533
Adjustments to reconcile increase (decrease) in net assets to cash provided (used) by operating activities	
Forgiveness of debt - non cash	
Depreciation	3,523
(Increase) decrease in contracts receivable	(44,649)
Increase (decrease) in accounts payable	-
Increase (decrease) in accrued liabilities	-
Total adjustments	(41,126)
Net cash provided (used) by operating activities	648,407
Cash Flows From Investing Activities	
Acquisition of plant property and equipment	(555,858)
Net cash used by investing activities	(555,858)
Cash Flows From Financing Activities	
Net cash provided by financing activities	-
Increase (decrease) in cash	92,549
Cash and cash equivalents beginning of year	(6,625)
Cash and cash equivalents end of year	\$ 85,924

See notes to financial statements

We Are One, Inc.

Notes to Financial Statements

1. ORGANIZATION AND NATURE OF BUSINESS

We Are One, Inc. a Tennessee not-for-profit corporation (the "Organization"), is dedicated to providing members of the LGBTQ2iA community a safe, non-violent and non-judgmental place to live free of alcohol and drugs in the state of Tennessee. This approach was developed as a way to rebuild lives. Focusing on healing the whole person our program helps residents identify behaviors that can lead to substance use disorders then implement a restorative approach to treatment and recovery.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation.

The Organization reports information regarding its financial position and activities in accordance with FASB ASC 958. Under ASC 958 as updated by ASU 2016-14, the organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with no donor restrictions, net assets with donor restrictions which can be temporary or permanent based upon the existence or absence of donor-imposed restrictions. (The Corporation has no material assets that meet the definition of net assets with donor restrictions.) In addition, the Corporation reports information regarding contributions in accordance with ASU 2016-14. In accordance with ASU 2016-14, contributions received are recorded as donor restricted, or with no donor restrictions. (The Corporation has received no material contributions with donor-imposed restrictions that would result in net assets with donor restrictions.) The Organization adopted ASU 2016-14 effective for the year ended June 30, 2019.

Basis of Accounting.

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The ASU has been applied retrospectively to all periods presented.

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of Corporations management and the board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Corporation or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

Measure of operations – The statements of activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Corporations ongoing services and interest and dividends earned on investments. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

We Are One, Inc.

Notes to Financial Statements

Recently Adopted Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board issued accounting standards update (“ASU”) 2016-02 “Leases (Topic 842)”. Under this guidance, an entity is required to recognize right-of-use assets and lease liabilities on its balance sheet and disclose key information about leasing arrangements.

The Organization adopted the new standard effective December 31, 2024 using the modified retrospective approach. This approach allows the Organization to initially apply the new accounting standard at the adoption date and recognize a cumulative adjustment to the opening balance of net assets in the period of adoption. The prior year comparative information if presented has not been restated and continues to be reported under accounting standards in effect for the period. The adoption of the new standard had no impact on net assets.

The new standard provides a number of optional practical expedients at transition. The Organization elected a short term lease exception policy, which allows entities to not apply the new standard to short term leases (i.e. leases with terms of 12 months or less) and elected to utilize a risk free rate for calculating the lease liability. See note 9.

In June 2016 the Financial Accounting Standards Board issued accounting standards update ASU 2016-13 Financial Instruments (Topic 326): Measurement of credit losses on Financial Instruments (ASC 326) which significantly changed how entities will measure credit losses for most financial assets and certain other instruments that are not at fair value through net income. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entities to credit risk and measurement of credit losses. Financial assets held by the Organization that are subject to the guidance in FASB ASC 326 were accounts receivable.

The Organization adopted the standard effective January 1, 2024. The impact of the adoption was not considered material to the financial statements and primarily resulted in new and enhanced disclosures only.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles and the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all short-term, highly liquid investments with an original maturity date of three months or less to be cash equivalents. All are available for use in current operations.

Property and Equipment

Property and equipment are reported at cost. Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Property and equipment are depreciated principally using straight-line methods over their estimated useful lives.

We Are One, Inc.

Notes to Financial Statements

Long-lived Assets

The Organization periodically reviews the values assigned to long-lived assets to determine if any impairments are other than temporary. Management believes that the long-lived assets in the accompanying statement of assets, liabilities, and net assets are appropriately valued.

Revenue Recognition - Contributions

The Organization recognizes contributions as revenue when they are received or unconditionally pledged and records these revenues as with donor restrictions or without donor restrictions according to donor stipulations that limit the use of these assets due to either a time or purpose restriction. Contributions received with donor restrictions that are met in the year of receipt are recorded as revenues without donor restrictions. When a restriction expires or is met in a subsequent year, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the consolidated statements of activities and changes in net assets. Conditional contributions or promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions to be received in future periods are discounted at an appropriate discount rate. Amortization of discounts on multi-year pledges is recorded as additional contribution revenue as either with or without donor restrictions based on any donor-imposed restrictions, if any, on the related contributions.

Revenue Recognition - Grants and Contract Liabilities

The majority of the Organization's revenue is derived from cost-reimbursable state contracts and grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. The Organization received cost-reimbursable grants of \$594,959 that have been recognized at December 31, 2024. The Organization has also recognized \$44,649 in grant receivables at December 31, 2024.

Revenue Recognition – Program Service Fees

The Organization recognizes revenue when goods or services are transferred to customers in an amount that reflects the consideration which it expects to receive in exchange for those goods or services. In determining when and how revenue is recognized from contracts with customers, the Organization performs the following five step analysis: (1) identification of contract with customer, (2) determination of performance obligations, (3) measurement of the transactions price, (4) allocation of the transaction price to the performance obligation, and (5) recognition of revenue when or as the Organization satisfies each performance obligation.

Revenue and Support

We Are One, Inc receives most of its income, approximately 98%, from grants paid by the State of Tennessee Department of Finance and Administration. The reimbursement is driven by when the Organization spends the money. During 2024 a grant from the state for \$555,858 was used to purchase real property at 120 Rayon Dr, Nashville, TN 37138 in furtherance of their mission of providing housing for their clients.

Revenue Recognition – Nonfinancial Assets

Volunteers have made contribution of their time in furtherance of our mission. These services were not reflected in the accompanying statement of activities because they do not meet the necessary criteria for recognition under US GAAP.

We Are One, Inc.

Notes to Financial Statements

Grants Contracts and Other Receivables

Grants and contract receivables consist of amounts due related to services provided under nonexchange grant and contract agreements and are presented net of an estimation of credit losses. Managements estimate of credit losses is based on historical collection experience and a review of the current status of the account. It is reasonably possible that managements estimate of credit losses for uncollectible accounts could change. There was no estimation for credit losses December 31, 2024.

Contributions

Contributions received are recorded as donor restricted either temporarily or in perpetuity, and contributions without donor restrictions, available for use in the current period, depending on the existence and nature of any donor stipulations that limit the use of the donated assets. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from donor restrictions. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as net assets without donor restrictions. There are no nonfinancial contributed assets.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Functional Allocation of Expenses.

The costs of providing the various programs and other activities have been summarized on a functional basis and natural basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on hours worked in each area.

Advertising

Advertising costs are expensed as incurred.

2. AVAILABILITY AND LIQUIDITY

The following represents The Corporations financial assets at December 31, 2024:

Cash and cash equivalents as of December 31, 2024 is	\$85,924.
Grant receivables as of December 31, 2024 is	<u>44,649</u>
Total	<u>\$130,573</u>

The Organization's goal is generally to maintain financial assets to meet 60 days of operating expenses (approximately \$12,152). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposit.

3. DUE FROM THE STATE OF TENNESSEE:

We Are One, Inc. is due monies from the State of Tennessee Department of Finance from time to time. There are \$44,649 in receivables for the year ended December 31, 2024. Due to the timing and nature of receivables it was deemed more effective to test them, if any, by verifying subsequent receipts than requesting balance confirmations.

We Are One, Inc.
Notes to Financial Statements

4. COMMITMENTS

The Organization received a line of credit renewable yearly with a facility of \$47,000 December 31, 2025 at a 5% rate of interest secured by property at 120 Rayon Dr, Nashville, Tennessee.

5. QUESTIONED COSTS / CONTINGENCIES

Questioned costs are those amounts charged to a funded program that may not be in compliance with requirements set forth in contracts, statutes, and regulations governing allowability or eligibility. A questioned cost may not be reimbursed by the State or the State agency may require that the funds already expended be refunded back to the State. These amounts can be “questioned” by the State for the specific grant to which they apply. The final determination as to whether such costs will be allowed or disallowed under the grants will be made by the individual grantor agencies at a later date.

6. SUBSEQUENT EVENT

Management has evaluated events and transactions subsequent to the statement of financial position date through the date of the auditor’s report, August 27, 2025 (the date the financial statements were available to be issued), for potential recognition or disclosure in the financial statements. Management has identified one item, disclosed in Note 4 requiring disclosure.

7. UNCERTAIN TAX POSITIONS

The Organization follows the accounting guidance for uncertainty in income taxes using the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by tax authorities. Such tax positions initially and subsequently need to be measured as the largest amount of tax benefit that has a greater than 50% likelihood of being realized upon ultimate settlement with the tax authority assuming full knowledge of the position and relevant facts. The adoption of FASB ASC 740 did not have a material impact on the Corporation’s financial statements. Management has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

8. TAX STATUS

The Organization, obtained its determination letter dated April 9, 2019 in which the Internal Revenue Service stated that the Corporation was in compliance with the applicable requirements of Internal Revenue Code Section 501 (c) 3. The Corporation has had no significant modifications of its programs since receiving the determination letter. Management believes that the Corporation is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and is exempt from federal income tax under IRC Section 501 (a).

9. LEASES

The Organization primarily has operating leases for client residence and copiers, which are third-party leases. The Organization's leases have remaining lease terms that are less than one year, and therefore are not considered financing leases as management does not intend to renew.

The Organization determines if an arrangement is a lease at inception by determining whether the agreement conveys the right to control the use of the identified asset for a period of time, whether the Organization has the right to obtain substantially all of the economic benefits from use of the identified asset, and the right to direct the use of the asset.

We Are One, Inc.
Notes to Financial Statements

Lease liabilities are recognized at the commencement date based upon the present value of the remaining future minimum payments over the lease term using the rate implicit in the lease or the Organization's incremental borrowing rate. The incremental borrowing rate is defined as the rate of interest the Organization would have to pay to borrow on a collateralized basis over a similar term in an amount equal to the lease payments in a similar economic environment. The Organizations lease terms include options to renew or terminate the lease when it is reasonably certain that it will exercise the option.

The right-of-use assets are initially measured at the carrying amount the lease liability and adjusted for any prepaid or accrued lease payments, remaining balance of lease incentives received, unamortized initial direct costs, or impairment charges relating to the right-of-use asset. Certain leases contain escalation clauses, which are factored into the right-of-use asset where appropriate. Lease expense for minimum lease payments are recognized on straight line basis over the lease term.

Variable lease expenses include payments for variable common area maintenance are expensed as incurred. The Organization's lease agreements do not contain any material residual value guarantees or restrictive covenants.

Operating expense was \$31,003 for the year ended December 31, 2024.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HCP National Insurance Services, Inc 806 E Avenida Pico Suite I #2030 San Clemente CA 92673	CONTACT NAME: PHONE (A/C, No, Ext): 949-862-7400 FAX (A/C, No): 949-258-5313 E-MAIL ADDRESS: service@hcpnational.com INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London NAIC # AA1122000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED We Are One Recovery PO BOX 1636 Madison TN 37116	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Abuse & Molestation (claims made)	Y		B0621PWEAR000725	09/24/2025	09/24/2026	Per claim \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Retroactive date: 9/24/2025, Deductible \$25,000

Metro Government of Nashville & Davidson County, its officials, officers, employees and volunteers are named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

Metro Public Health Department
 Attn: Beverly Glaze-Johnson
 2500 Charlotte Avenue
 Nashville, TN 37209

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE					ISSUE DATE		09/24/2025
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).							
PRODUCER The Mutter Agency 1994 Gallatin Rd N Ste 312 Madison, TN 37115			INSURER(S) AFFORDING COVERAGE				
			INSURER	A:	Scottsdale Insurance Company		
			INSURER	B:	N/A		
INSURED We are One Recovery 1171 Sioux Terrace Madison, TN 37115			INSURER	C:	N/A		
			INSURER	D:	Scottsdale Insurance Company		
			INSURER	E:	N/A		
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS		
A	GENERAL LIABILITY	CPS4050574	9/19/2025	9/19/2026	GENERAL AGGREGATE	2,000,000	
					PRODUCTS-COM/OP AGG.	1,000,000	
					PERSONAL & ADV. INJURY	1,000,000	
					EACH OCCURRENCE	1,000,000	
					DAMAGE PREM RENTED TO YOU	100,000	
					MED EXPENSE (Any one person)	5,000	
B	Directors & Omissions Liability	NDO2561993B	07/13/2025	07/13/2026	COMBINED SINGLE LIMIT	\$1,000,000	
					MEDICAL PAYMENTS TO OTHERS	\$1,000,000	
C	Cyber Liability	P105.255.882.1	08/01/2025	08/01/2026	EACH OCCURRENCE	\$1,000,000	
					AGGREGATE	\$1,000,000	
D	Errors and Omissions	CPS4050574	9/19/2025	9/19/2026	Each Claim	1,000,000	
					Aggregate	2,000,000	
E	PROPERTY	WCIWV			BUILDING	\$412,000	
					CONTENTS	\$30,000	
					BUSINESS INCOME		
DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS Shelters, Mission, Settlement or Halfway House Not Church or Office Building Metro Government of Nashville & Davidson County, its officials, officers, employees and volunteers are named as additional insureds per the General Liability insured endorsement.							
CERTIFICATE HOLDER Metro Public Health Department Attn: Beverly Glaze-Johnson Attn: Anidolee Melville-Chester 2500 Charlotte Avenue Nashville, TN 37209				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED SIGNATURE 			