
GRANT SUMMARY SHEET

Grant Name: Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28 A1

Department: HEALTH DEPARTMENT

Grantor: CENTRES FOR DISEASE CONTROL & PREVENTIO

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. Amendment #1 reduces the amount of indirect cost (IDC) collection by \$2,947 by moving the \$2,947 from the IDC line item into the Direct Cost Line items. No changes in the funding amount.

Plan for continuation of services upon grant expiration:

No plan

Grants Tracking Form

Part One

Pre-Application ☐					Application ☐					Award Acceptance ☐					Contract Amendment ☒				
Department			Dept. No.		Contact					Phone		Fax							
HEALTH DEPARTMENT			038		Brad Thompson					340-0407									
Grant Name:			Strengthening US Public Health Infrastructure, Workforce and Data Systems 23-28 A1																
Grantor:			CENTRES FOR DISEASE CONTROL & PREVENTION							Other:									
Grant Period From:			12/01/22		(applications only) Anticipated Application Date:														
Grant Period To:			11/30/27		(applications only) Application Deadline:														
Funding Type:			FED DIRECT		Multi-Department Grant ☐ → If yes, list below. Outside Consultant Project: ☐ Total Award: \$0.00 Metro Cash Match: \$0.00 Metro In-Kind Match: \$0.00 Is Council approval required? ☐ Applic. Submitted Electronically? ☐														
Pass-Thru:																			
Award Type:			COMPETITIVE																
Status:			AMENDMENT																
Metro Category:			Est. Prior.																
CFDA #			93.967																
Project Description:			This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. Amendment #1 reduces the amount of indirect cost (IDC) collection by \$2,947 by moving the \$2,947 from the IDC line item into the Direct Cost Line items. No changes in the funding amount.																
Plan for continuation of service after expiration of grant/Budgetary Impact:			No plan																
How is Match Determined?																			
Fixed Amount of \$					or				% of Grant				Other: ☐						
Explanation for "Other" means of determining match:																			
For this Metro FY, how much of the required local Metro cash match:																			
Is already in department budget?							Fund				Business Unit								
Is not budgeted?							Proposed Source of Match:												
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)																			
Other:																			
Number of FTEs the grant will fund:			22.00		Actual number of positions added:			8.00											
Departmental Indirect Cost Rate			24.43%		Indirect Cost of Grant to Metro:			\$2,095,794.63											
*Indirect Costs allowed? ☒ Yes ☐ No			% Allow.		20%		Ind. Cost Requested from Grantor:			\$1,679,158.00		in budget							
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)																			
Draw down allowable? ☐																			
Metro or Community-based Partners:																			

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY23	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 2	FY24	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 3	FY25	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 4	FY26	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 5	FY27	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Total		\$8,578,283.00	\$0.00	\$0.00	\$0.00		\$0.00	\$8,578,283.00	\$2,095,794.63	\$1,679,158.00
	Date Awarded:			03/13/23		\$0.00	Contract#:	CDC-RFA-OE22-2203		
	(or) Date Denied:									
	(or) Date Withdrawn:									

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

John



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000029-01-01

FAIN# NE11OE000029

Federal Award Date: 03/01/2023

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Stephanie Kang
Bureau Director of Health Equity
stephanie.kang@nashville.gov
615-340-0572

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Lakita Reid
wtl9@cdc.gov
770-488-2742

10. Program Official Contact Information

Stephanie Williams
Program Officer
rwv0@cdc.gov
4044984895

Federal Award Information

11. Award Number

6 NE11OE000029-01-01

12. Unique Federal Award Identification Number (FAIN)

NE11OE000029

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 12/01/2022 - **End Date** 11/30/2023

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$2,947.00

20b. Indirect Cost Amount (\$2,947.00)

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$8,578,283.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$8,578,283.00

26. Period of Performance Start Date 12/01/2022 - **End Date** 11/30/2027

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$8,578,283.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Judith Davis
N/A

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000029-01-01

FAIN# NE11OE000029

Federal Award Date: 03/01/2023

Recipient Information

Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A2

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$4,072,708.00
b. Fringe Benefits	\$1,811,738.00
c. Total Personnel Costs	\$5,884,446.00
d. Equipment	\$25,780.00
e. Supplies	\$17,400.00
f. Travel	\$46,589.00
g. Construction	\$0.00
h. Other	\$775,660.00
i. Contractual	\$149,250.00
j. TOTAL DIRECT COSTS	\$6,899,125.00
k. INDIRECT COSTS	\$1,679,158.00
l. TOTAL APPROVED BUDGET	\$8,578,283.00
m. Federal Share	\$8,578,283.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	\$0.00	75-X-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000029-01-01

FAIN# NE11OE000029

Federal Award Date: 03/01/2023

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NE11OE000029-01-
01

1. Terms and Conditions

The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated February 21, 2023 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

The budget revision request dated 2/21/2023 is approved with this Notice of Award. Prior approval is required for any additional budgetary changes during this budget period.

Please note the following and provide the requested information upon receipt of the NOA:

- Strategy A2: Supply costs requested for printed materials, meeting/summit convening and mobile hotspots were moved to the Other category.
- **Strategy A1: Provide names of current staff for each position and timeline for hiring vacant positions.**
- **Strategy A1: Provide name(s) of consultant(s) upon selection.**
- **Strategy A2: Provide name(s) of consultant(s) upon selection.**
- **Strategy A2: Equipment – provide justification and relevance to project for each equipment item.**
- **Strategy A2: Other – provide basis for requested cost and relevance to project for printed materials.**
- **Strategy A2: Other – provide basis for requested cost (itemized budget) and relevance to project for meeting/summit convening.**
- **Strategy A2: Other – provide basis for requested cost and relevance to project for all items listed in Other category.**

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated May 12, 2022.

Administrative Correction to add Terms and Conditions for COVID funding:

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Please be advised that recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

Gill C Wright III, MD

0460AC21E1CC408...

Director, Metro Public Health Department

3/13/2023

Date

DocuSigned by:

Tené Hamilton Franklin

BEBF0BBF14D14B0...

Chair, Board of Health

3/17/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery/mjw

Director, Department of Finance

3/21/2023 | 3:56 PM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

3/22/2023 | 8:51 AM CDT

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

3/22/2023 | 8:41 AM CDT

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: 7CE5CC5265ED41749E25594602E33756

Status: Completed

Subject: Complete with DocuSign: Health Strengthening US Public Health 23-28 A1 Ready.pdf

Source Envelope:

Document Pages: 11

Signatures: 7

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Enveloped Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

Record Tracking

Status: Original

Holder: Juanita Paulson

Location: DocuSign

3/21/2023 8:53:48 AM

Juanita.Paulsen@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and
Davidson County

Location: DocuSign

Signer Events**Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication
(None)*BB*

Sent: 3/21/2023 9:08:13 AM

Viewed: 3/21/2023 2:12:17 PM

Signed: 3/21/2023 2:19:46 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.190

Electronic Record and Signature Disclosure:

Accepted: 3/21/2023 2:12:17 PM

ID: c9b2bfa8-6088-43b5-adff-48459fb1de64

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication
(None)*Aaron Pratt*

Sent: 3/21/2023 2:19:48 PM

Viewed: 3/21/2023 3:34:56 PM

Signed: 3/21/2023 3:35:26 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 3/21/2023 3:34:56 PM

ID: 768c4d89-2cb3-43fc-91c9-5f371dd27c90

Kelly Flannery/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication
(None)*Kelly Flannery/mjw*

Sent: 3/21/2023 3:35:28 PM

Viewed: 3/21/2023 3:55:02 PM

Signed: 3/21/2023 3:56:36 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

Electronic Record and Signature Disclosure:

Accepted: 3/21/2023 3:55:02 PM

ID: 4c84cd10-468e-430f-96c2-85acc1c8c746

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication
(None)*Courtney Mohan*

Sent: 3/21/2023 3:56:40 PM

Viewed: 3/21/2023 4:27:53 PM

Signed: 3/22/2023 8:41:13 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 3/21/2023 4:27:53 PM ID: 678d1776-3c33-4619-a4fb-b608d5d23b00		
Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 3/22/2023 8:41:16 AM Viewed: 3/22/2023 8:51:22 AM Signed: 3/22/2023 8:51:33 AM
Electronic Record and Signature Disclosure: Accepted: 3/22/2023 8:51:22 AM ID: 34cdf7b-1cd1-4aca-8d06-010f17329b2a		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 3/22/2023 8:51:36 AM Viewed: 3/22/2023 9:26:59 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 3/22/2023 8:51:37 AM Viewed: 3/22/2023 9:00:21 AM
Electronic Record and Signature Disclosure: Accepted: 3/21/2023 8:13:34 AM ID: d9dc9f55-61fd-4aeb-a580-6e9d68021562		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/21/2023 9:08:13 AM
Certified Delivered	Security Checked	3/22/2023 8:51:22 AM
Signing Complete	Security Checked	3/22/2023 8:51:33 AM
Completed	Security Checked	3/22/2023 8:51:37 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		