

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 12/16/25

Resolution



Ordinance

Contact/Prepared By: Brad ThompsonDate Prepared: 11/21/25Title (Caption): Lipscomb University Affiliate Agreement 23-27 A1 to RS2022-1592 to term 2.10 that now reflects a change in the TB testrequirements to allow students the option to take an interferon-gamma release assay test or a two step TB skin test.7/22 - 6/27Submitted to Planning Commission? ☐ N/A ☐ Yes-Date: _____ Proposal No: _____Proposing Department: Health Requested By: HealthAffected Department(s): Health Affected Council District(s): all**Legislative Category (check one):**

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

FINANCE Amount +/-: \$ \$ 0.00
Funding Source: Capital Improvement Budget
Capital Outlay Notes
Departmental/Agency Budget
Funds to Metro
General Obligation Bonds
Grant
Increased Revenue Sources
Match: \$ _____
Judgments and Losses
Local Government Investment Project
Revenue Bonds
Self-Insured Liability
Solid Waste Reserve
Unappropriated Fund Balance
4% Fund
Other: _____

Approved by OMB: _____

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: _____

Date to Finance Director's Office: _____

APPROVED BY**FINANCE DIRECTOR'S OFFICE:** _____**ADMINISTRATION**

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ Date: _____

DEPARTMENT OF LAW

Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____Date to Council: _____ For Council Meeting: _____ ☐ E-mailed Clerk
☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

**AMENDMENT TO CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE
METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY**

THIS AMENDMENT TO CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY (the “Amendment”) is made and entered into as of the last date set forth below, by and between the Metropolitan Government of Nashville and Davidson County acting by and through the Metropolitan Board of Health, a municipal corporation of the State of Tennessee (“**MPHD**”), and Lipscomb University, a Tennessee nonprofit corporation (“**SCHOOL**”).

WHEREAS, MPHD and School previously entered into that certain CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY, dated as of June 2, 2022 (the “Contract”);

WHEREAS, MPHD and School desire to amend the Contract as set forth herein; and

NOW THEREFORE, in consideration of the mutual covenants, promises and conditions in this Amendment and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, MPHD and School hereby agree as follows:

1. **Definitions.** Capitalized terms used in this Amendment shall have the same meanings as set forth in the Contract unless otherwise defined herein.

2. **Amendment.** Section 2.10 of the Contract shall be deleted in its entirety and replaced with the following:

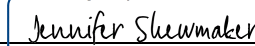
2.10 Prior to a student’s arrival at **MPHD**, **SCHOOL** shall provide **MPHD** with written certification that, for each assigned student, **SCHOOL** has obtained documentation that such student has: (i) completed a recent physical examination demonstrating the student’s ability to perform the essential functions of the job (with or without reasonable accommodations); (ii) completed a preplacement drug screen and either two-step TB testing or a TB blood test; (iii) obtained proof of exposure to or vaccination against Rubella, Rubeola, and Varicella; and (iv) offered the student the option of receiving Hepatitis B vaccine. Upon **MPHD**’s request, **SCHOOL** shall provide **MPHD** with a copy of any applicable documentation regarding a given student.

3. **Effect of Amendment; Counterparts.** Except as amended hereby, all terms and provisions of the Contract shall remain in full force and effect. In the event of a conflict between the provisions of the Contract and this Amendment, the provisions of this Amendment shall control. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original copy of this Amendment and all of which, when taken together, shall be deemed to constitute one and the same agreement.

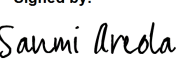
[Signature Page Follows]

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first above written.

LIPSCOMB UNIVERSITY

DocuSigned by:
By: 
Jennifer Shewmaker, Provost
Date: 11/12/2025

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**

Signed by:
By: 
Sanmi Areola
Name: _____
Title: Director
Date: 11/21/2025

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:

0872295CD81A4B1...

Director, Metro Public Health Department

11/21/2025

Date

Signed by:


BEBF0BBF14D14B0...

Chair, Board of Health


11/21/2025


Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Signed by:

62377A2A8742469...

Director, Department of Finance


Initial


DS


11/24/2025

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

68804BF12FD741C...

Director of Risk Management Services

11/24/2025

Date

APPROVED AS TO FORM AND LEGALITY:

Signed by:

66F66922930044F...

Metropolitan Attorney

11/24/2025

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2025

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 Arthur J. Gallagher Risk Management Services, LLC Creekside Crossing 8 Cadillac Drive Suite 200 Brentwood TN 37027	CONTACT NAME: PHONE (A/C. No. Ext): 615-661-7500 FAX (A/C. No): 615-377-5101 E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : United Educators Ins, a Reciprocal Risk Retention</td> <td>10020</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Educators Ins, a Reciprocal Risk Retention	10020	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Lipscomb University One University Park Drive Nashville TN 37204-3951	LIPSUNI-01														

COVERAGES**CERTIFICATE NUMBER:** 151201615**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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			H72-01Q	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<table style="width: 100%;"> <tr> <td><input type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> </tr> </table> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER								
A	Medical Professional			H72-01Q	6/1/2025	6/1/2026	Each Claim Aggregate \$1,000,000 \$3,000,000		

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage

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

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