

GRANT SUMMARY SHEET

Grant Name: HIV Emergency Relief 21-22 Amend. 2

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Total Award this Action: \$426,692.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” This action obligates funding for the current grant cycle. Amendment 2 adds carryover funds from the previous grant cycle in the amount of \$426,692.00 to the previous total of \$4,415,214.00 for a new grand total of \$4,841,906.00.

Plan for continuation of services upon grant expiration:

Services will be discontinued

10/29/21

 DS
RW

5356

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment <input checked="" type="radio"/>					
Department	Dept. No.	Contact		Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson		340-0407	
Grant Name: HIV Emergency Relief 21-22 Amend. 2					
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Grant Period From: 03/01/21		(applications only) Anticipated Application Date:			
Grant Period To: 02/28/22		(applications only) Application Deadline:			
Funding Type: FED DIRECT		Multi-Department Grant <input type="checkbox"/>		If yes, list below.	
Pass-Thru:		Outside Consultant Project: <input type="checkbox"/>			
Award Type: FORMULA		Total Award:	\$426,692.00		
Status: AMENDMENT		Metro Cash Match:	\$0.00		
Metro Category: Est. Prior.		Metro In-Kind Match:	\$0.00		
CFDA #: 93.914		Is Council approval required? <input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>			
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates funding for the current grant cycle. Amendment 2 adds carryover funds from the previous grant cycle in the amount of \$426,692.00 to the previous total of \$4,415,214.00 for a new grand total of \$4,841,906.00.					
Plan for continuation of service after expiration of grant/Budgetary Impact:					
Services will be discontinued					
How is Match Determined?					
Fixed Amount of \$		or	% of Grant	Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:					
For this Metro FY, how much of the required local Metro cash match:					
Is already in department budget?			Fund	Business Unit	
Is not budgeted?			Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					
Other:					
Number of FTEs the grant will fund:		6.00	Actual number of positions added:		0.00
Departmental Indirect Cost Rate		23.73%	Indirect Cost of Grant to Metro:		\$1,148,984.29
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 3.68%	Ind. Cost Requested from Grantor:		\$37,157.00 in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)					
Draw down allowable? <input type="checkbox"/>					
Metro or Community-based Partners:					
There are 7 organizations that will provide services in the continuum of care. All are considered subgrantees.					

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21	\$1,471,738.00			\$0.00		\$0.00	\$1,471,738.00	\$349,243.43	\$12,385.67
Yr 2	FY22	\$3,370,168.00			\$0.00		\$0.00	\$3,370,168.00	\$799,740.87	\$24,771.33
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$4,841,906.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,841,906.00	\$1,148,984.30	\$37,157.00
Date Awarded:				10/21/21		\$426,692.00	Contract#:	2H89HA11433-13-02		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

Rev. 5/13/13
5356

GCP RECEIVED 10/21/21

GCP APPROVED 10/27/21

TW



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 09/17/2021

Recipient Information

- 1. Recipient Name**
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129
- 2. Congressional District of Recipient**
05
- 3. Payment System Identifier (ID)**
1620694743A7
- 4. Employer Identification Number (EIN)**
620694743
- 5. Data Universal Numbering System (DUNS)**
078217668
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**
Rajeev MAVATH
Director, Ryan White Part A
Rajeev.Mavath@nashville.gov
(615)340-5671
- 8. Authorized Official**
Tina Lester
Bureau Director
tina.lester@nashville.gov
(615)340-5687

Federal Agency Information

- 9. Awarding Agency Contact Information**
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934
- 10. Program Official Contact Information**
Melody Barry
HIV/AIDS Bureau (HAB)
mbarry@hrsa.gov
(301) 945-9827

Federal Award Information

- 11. Award Number**
6 H89HA11433-13-02
- 12. Unique Federal Award Identification Number (FAIN)**
H8911433
- 13. Statutory Authority**
42 U.S.C. § 300ff-11-20; 300ff-121
- 14. Federal Award Project Title**
Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number**
93.914
- 16. Assistance Listing Program Title**
HIV Emergency Relief Project Grants
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$426,692.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,841,906.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,841,906.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,841,906.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 09/17/2021

30. Remarks

Prior Approval Request Tracking Number PA-00099286. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA11433-13-02
Federal Award Date: 09/17/2021

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	Not applicable																																											
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		36. OBJECT CLASS 41.15																																															
		37. BHCNIS#																																															
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																	
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38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
39. ACCOUNTING CLASSIFICATION CODES																																																	
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$426,692 from budget period 3/1/2020 - 2/28/2021 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request.

Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Emily Metscher	Business Official	emily.bradberry@nashville.gov
Rajeev Mavath	Program Director	rajeev.mavath@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

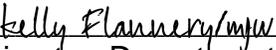
IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

<small>DocuSigned by:</small>  <small>0460AG21E1CC400...</small>	10/19/2021
Director, Metro Public Health Department	Date

<small>DocuSigned by:</small>  <small>BEBF0BBF14D14B0...</small>	10/21/2021
Chair, Board of Health	Date

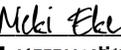
APPROVED AS TO AVAILABILITY OF FUNDS:

<small>DocuSigned by:</small>  <small>1E3742E...</small>	10/31/2021
Director, Department of Finance	Date

APPROVED AS TO RISK AND INSURANCE:

<small>DocuSigned by:</small>  <small>1E3742E...</small>	11/3/2021
Director of Risk Management Services	Date

APPROVED AS TO FORM AND LEGALITY:

<small>DocuSigned by:</small>  <small>30F70575B15400...</small>	11/2/2021
Metropolitan Attorney	Date

Metropolitan Mayor	Date
--------------------	------

ATTEST:

Metropolitan Clerk	Date
--------------------	------

Resolution No. RS2021-1179

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

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the U.S. Department of Health and Human Services to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and administer a Minority AIDS Initiative program approved by RS2021-914; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$3,404,587.00 from \$1,010,627.00 to \$4,415,214.00, a copy of which amendment one is attached hereto; and,

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

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

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

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

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Saul Solomon/mfw
Saul Solomon, Director
Department of Finance

INTRODUCED BY:

Burke Miller
Eric Evans
Russ Bradford

Member(s) of Council

Kyonte Johnson
Greg Wild

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke
Metropolitan Attorney

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

9/16/2021
Date

DocuSigned by:
Alex Jahanjir
7F973F49A06A4DF...
Chair, Board of Health

9/16/2021
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Saul Solomon/mjw
Director, Department of Finance

9/21/2021
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
Director of Risk Management Services

9/22/2021
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke
Metropolitan Attorney

9/22/2021
Date

Tom Cooper
Metropolitan Mayor

OCT 06 2021
Date

ATTEST:

ES H W
Metropolitan Clerk

OCT 06 2021
Date

ORIGINAL

METROPOLITAN COUNTY COUNCIL

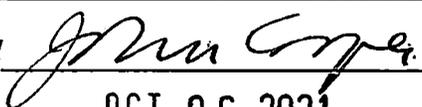
Resolution No. RS2021-1179

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

Introduced OCT 05 2021

Amended _____

Adopted OCT 05 2021

Approved 

By OCT 06 2021
Metropolitan Mayor

Resolution No. RS2021-914

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

WHEREAS, the U.S. Department of Health and Human Services has awarded a grant in an amount not to exceed \$1,010,627.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

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

Section 1. That the grant by and between the U.S. Department of Health and Human Services, in an amount not to exceed \$1,010,627.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis and treatment of HIV/AIDS and administer a Minority AIDS Initiative program, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Board of Health based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin Crumbo

Kevin Crumbo, Director
Department of Finance

INTRODUCED BY:

Kymoni Jones

Brett G. Withers

Member(s) of Council

Russ Bradford

Jonny Wild

Emily Bunker

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Macy Amos

Assistant Metropolitan Attorney

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Tina Lester
5FF94599A8D6403
Interim Administrative Director
Metro Public Health Department

4/9/2021
Date

DocuSigned by:
Alex Jahangir
7F973F49A68A4DF
Chair, Board of Health

4/9/2021
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumbolt
1902208F1E
Director, Department of Finance

4/22/2021
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balagun Cobb
Director of Risk Management Services

4/23/2021
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Macy Amos
Metropolitan Attorney

4/23/2021
Date

FILED:

ES H W Jada
Metropolitan Clerk RS2021-914

MAY 05 2021
Date

ORIGINAL

METROPOLITAN COUNTY COUNCIL

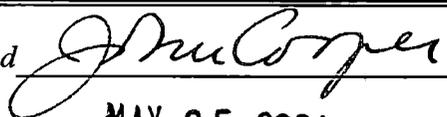
Resolution No. RS2021-914

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

Introduced MAY 04 2021

Amended _____

Adopted MAY 04 2021

Approved 

By MAY 05 2021
Metropolitan Mayor
