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## GRANT SUMMARY SHEET

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**Grant Name:** Community Health Workers for Public Health Response & Resilient 21-22 Amend 2

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL

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

**Total Award this Action:** \$1,000,000.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. Amend1 adds an additional \$1,000,000.00 to the previous amount for a new total of \$2,000,000.00 and also extends the end date from 8/30/2022 to 8/30/2023. Amend 2 adds an additional amount of \$1,000,000.00 to the previous amount for a new total of \$3,000,000.00, extends the end date to 8/30/2024, provide program specific terms & conditions for Year 3, to approve the Authorizing Official Representative changes, to approve revised budget changes as requested and to state Missing Contractual Elements to be submitted.

**Plan for continuation of services upon grant expiration:**

Services will end

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	
<b>Grant Name:</b> Community Health Workers for Public Health Response & Resilient 21-22 Amend 2					
<b>Grantor:</b> CENTERS FOR DISEASE CONTROL <span style="float: right;">Other: _____</span>					
<b>Grant Period From:</b> 08/31/23		<b>(applications only) Anticipated Application Date:</b> _____			
<b>Grant Period To:</b> 08/30/24		<b>(applications only) Application Deadline:</b> _____			
<b>Funding Type:</b>	FED DIRECT	<b>Multi-Department Grant</b> <input type="checkbox"/> <span style="float: right;">If yes, list below.</span>			
<b>Pass-Thru:</b>		<b>Outside Consultant Project:</b> <input type="checkbox"/>			
<b>Award Type:</b>	COMPETITIVE	<b>Total Award:</b>		\$1,000,000.00	
<b>Status:</b>	AMENDMENT	<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>	New Initiative	<b>Metro In-Kind Match:</b>		\$0.00	
<b>CFDA #</b>	93.495	<b>Is Council approval required?</b> <input type="checkbox"/>			
<b>Project Description:</b>		<b>Applic. Submitted Electronically?</b> <input checked="" type="checkbox"/>			
The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. Amend1 adds an additional \$1,000,000.00 to the previous amount for a new total of \$2,000,000.00 and also extends the end date from 8/30/2022 to 8/30/2023. Amend 2 adds an additional amount of \$1,000,000.00 to the previous amount for a new total of \$3,000,000.00, extends the end date to 8/30/2024, provide program specific terms & conditions for Year 3, to approve the Authorizing Official Representative changes, to approve revised budget changes as requested and to state Missing Contractual Elements to be submitted.					
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>					
Services will end					
<b>How is Match Determined?</b>					
<b>Fixed Amount of \$</b> _____		or		<b>% of Grant</b> _____	
<b>Other:</b> <input type="checkbox"/>					
<b>Explanation for "Other" means of determining match:</b>					
<b>For this Metro FY, how much of the required local Metro cash match:</b>					
<b>Is already in department budget?</b>				<b>Fund</b>	<b>Business Unit</b>
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>	
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>					
<b>Other:</b>					
<b>Number of FTEs the grant will fund:</b>		1.50		<b>Actual number of positions added:</b> 2.00	
<b>Departmental Indirect Cost Rate</b>		24.82%		<b>Indirect Cost of Grant to Metro:</b> \$248,249.00	
<b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		<b>% Allow.</b> 8.96%		<b>Ind. Cost Requested from Grantor:</b> \$89,570.00 <b>in budget</b>	
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>					
<b>Draw down allowable?</b> <input type="checkbox"/>					
<b>Metro or Community-based Partners:</b>					

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	FY24	\$ 833,333.33	\$0.00	\$0.00	\$0.00		\$0.00	\$833,333.33	\$206,874.17	\$74,647.64
Yr 2	FY25	\$ 166,666.67	\$0.00	\$0.00	\$0.00		\$0.00	\$166,666.67	\$41,374.83	\$14,922.36
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$89,570.00
<b>Date Awarded:</b>				06/01/23	<b>Tot. Awarded:</b>		\$1,000,000.00	<b>Contract#:</b> NU58DP006999-03-00,01,02,03		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)





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

## Notice of Award

Award# 5 NU58DP006999-03-00

FAIN# NU58DP006999

Federal Award Date: 06/01/2023

### Recipient Information

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**

1620694743A3

**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**

Dr. Fonda Harris  
fonda.harris@nashville.gov  
6153400407

**8. Authorized Official**

Celia Larson  
Director of Strategic Planning, Performance and  
Education  
celia.larson@nashville.gov  
615-340-8598

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ackeev Evans  
Grants Management Specialist  
qtq4@cdc.gov  
678-475-4564

**10. Program Official Contact Information**

Asha Alex  
Program Officer  
odp2@cdc.gov  
215-685-5344

### Federal Award Information

**11. Award Number**

5 NU58DP006999-03-00

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health  
Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	08/31/2023	- End Date	08/30/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$1,000,000.00
20a. Direct Cost Amount			\$707,270.00
20b. Indirect Cost Amount			\$292,730.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,000,000.00
<b>26. Period of Performance Start Date</b>	08/31/2021	- End Date	08/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**



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

Notice of Award

Award# 5 NU58DP006999-03-00  
FAIN# NU58DP006999  
Federal Award Date: 06/01/2023

<b>Recipient Information</b>
<p><b>Recipient Name</b> NASHVILLE &amp; DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860</p> <p><b>Congressional District of Recipient</b> 05</p> <p><b>Payment Account Number and Type</b> 1620694743A3</p> <p><b>Employer Identification Number (EIN) Data</b> 620694743</p> <p><b>Universal Numbering System (DUNS)</b> 078217668</p> <p><b>Recipient's Unique Entity Identifier (UEI)</b> LGZLHP6ZHM55</p>
<p><b>31. Assistance Type</b> Project Grant</p> <p><b>32. Type of Award</b> Other</p>

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
<p>I. Financial Assistance from the Federal Awarding Agency Only</p> <p>II. Total project costs including grant funds and all other financial participation</p>	
<b>a. Salaries and Wages</b>	\$217,503.00
<b>b. Fringe Benefits</b>	\$98,627.00
<b>c. Total Personnel Costs</b>	\$316,130.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$24,000.00
<b>f. Travel</b>	\$16,572.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$0.00
<b>i. Contractual</b>	\$350,568.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$707,270.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$292,730.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,000,000.00</b>
<b>m. Federal Share</b>	<b>\$1,000,000.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$1,000,000.00	75-2024-0943

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*  
0460AC24E1CC408...  
\_\_\_\_\_  
Director, Metro Public Health Department

11/14/2023  
\_\_\_\_\_  
Date

DocuSigned by:  
*Tené Hamilton Franklin*  
BEBF08BF14D1480...  
\_\_\_\_\_  
Chair, Board of Health

11/21/2023  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Kevin Crumbo/mjw*  
\_\_\_\_\_  
Director, Department of Finance

12/11/2023 | 4:55 PM CST  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

*Lora Fox*  
\_\_\_\_\_  
Director of Risk Management Services

12/12/2023 | 11:52 AM PST  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*  
\_\_\_\_\_  
Metropolitan Attorney

12/12/2023 | 8:25 AM CST  
\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



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

## Notice of Award

Award# 6 NU58DP006999-03-01

FAIN# NU58DP006999

Federal Award Date: 06/30/2023

### Recipient Information

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
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LGZLHP6ZHM55

**7. Project Director or Principal Investigator**  
  
Dr. Fonda Harris  
fonda.harris@nashville.gov  
6153400407

**8. Authorized Official**

Celia Larson  
Director of Strategic Planning, Performance and  
Education  
celia.larson@nashville.gov  
615-340-8598

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ackeeem Evans  
Grants Management Specialist  
qtq4@cdc.gov  
678-475-4564

**10. Program Official Contact Information**

Asha Alex  
Program Officer  
odp2@cdc.gov  
215-685-5344

### Federal Award Information

**11. Award Number**

6 NU58DP006999-03-01

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health  
Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

NGA Revision

**18. Is the Award R&D?**

No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	08/31/2023	- End Date	08/30/2024
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<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,000,000.00
<b>26. Period of Performance Start Date</b>	08/31/2021	- End Date	08/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**



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

Notice of Award

Award# 6 NU58DP006999-03-01  
FAIN# NU58DP006999  
Federal Award Date: 06/30/2023

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<p><b>31. Assistance Type</b> Project Grant</p> <p><b>32. Type of Award</b> Other</p>

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3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

## AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP006999-03-  
01

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1. Terms and Conditions
2. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**NGA Revision:** The purpose of this amended Notice of Award is to provide the program specific terms and conditions for the Year 3 Continuation Award issued on June 1, 2023.

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”, and application dated April 21, 2023, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$1,000,000 is approved for the Year 03 budget period, which is August 31, 2023 through August 30, 2024. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$ 1,000,000

**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.

**Financial Assistance Mechanism:** Grant

**Budget Revision Requirement:** By October 2, 2023 the recipient must submit a revised budget with a narrative justification with the following action:

- Revise budget to reflect the total amount approved for this project period as the requested budget is above the allocated total.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**Indirect Costs:** Indirect costs are based on the negotiated indirect cost rate agreement dated June 30, 2020. The rates in this agreement are to be used for the entire project period, including any approved extensions, in accordance with 45 CFR Part 75, Appendix III. Indirect cost/facilities and administration rates for subcontracts will be treated in the same manner as those for the recipient, if the subcontractor is covered by 45 CFR Part 75, Appendix III.

**Missing Contractual Elements –** The contracts noted in the budget justification are **not** approved and the recipient may not begin the contract until the "Period of Performance", are adjusted to reflect a timeframe within the budget period approved within this NOA and uploaded via GrantSolutions as a Notice of Contractor Amendment and GMO approval is provided via Notice of Award.

## REPORTING REQUIREMENTS

### **Required Disclosures for Federal Awardee Performance and Integrity Information System**

**(FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Ackeem Evans, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
2939 Flowers Road, MS TV2  
Atlanta, GA 30341-4146  
Email: [qtq4@cdc.gov](mailto:qtq4@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

## PAYMENT INFORMATION

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

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  
0480AC21E1CC408...  
Director, Metro Public Health Department

11/14/2023  
Date

DocuSigned by:  
Tiné Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health

11/21/2023  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumkolm  
Director, Department of Finance

12/11/2023 | 4:55 PM CST  
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox  
Director of Risk Management Services

12/12/2023 | 11:52 AM PST  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

12/12/2023 | 8:25 AM CST  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



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

## Notice of Award

Award# 6 NU58DP006999-03-02

FAIN# NU58DP006999

Federal Award Date: 10/05/2023

### Recipient Information

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**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. Chemyeeka Tumblin  
Program Director  
Chemyeeka.Tumblin@nashville.gov  
912-592-9309

**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**

Mrs. Nadirah Watson  
Grants Management Specialist  
nwatson@cdc.gov  
404-498-3029

**10. Program Official Contact Information**

Asha Alex  
Program Officer  
odp2@cdc.gov  
215-685-5344

### Federal Award Information

**11. Award Number**

6 NU58DP006999-03-02

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health  
Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Change in Key Personnel

**18. Is the Award R&D?**

No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	08/31/2023	- End Date	08/30/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,000,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,000,000.00
<b>26. Period of Performance Start Date</b>	08/31/2021	- End Date	08/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NU58DP006999-03-02

FAIN# NU58DP006999

Federal Award Date: 10/05/2023

**Recipient Information****Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**Congressional District of Recipient**

05

**Payment Account Number and Type**

1620694743A3

**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	\$217,503.00
b. Fringe Benefits	\$98,627.00
c. Total Personnel Costs	\$316,130.00
d. Equipment	\$0.00
e. Supplies	\$24,000.00
f. Travel	\$16,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$350,568.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$707,270.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$292,730.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$1,000,000.00</b>
<b>m. Federal Share</b>	<b>\$1,000,000.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

## AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP006999-03-  
02

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Key Personnel:** The purpose of this amendment is to approve the ***Authorizing Official Representative*** change to Melva Black and ***Principle Investigator/Program Director*** change to Chemyeeka Tumblin. This is in response to the request submitted by your organization dated September 14, 2023.

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

11/14/2023  
Date

DocuSigned by:  
Tiné Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health

11/21/2023  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw  
Director, Department of Finance

12/11/2023 | 4:55 PM CST  
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox  
Director of Risk Management Services

12/12/2023 | 11:52 AM PST  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

12/12/2023 | 8:25 AM CST  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



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

## Notice of Award

Award# 6 NU58DP006999-03-03

FAIN# NU58DP006999

Federal Award Date: 10/27/2023

### Recipient Information

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Avenue North  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**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. Chemyeeka Tumblin  
Program Director  
Chemyeeka.Tumblin@nashville.gov  
912-592-9309

**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**

Mrs. Nadirah Watson  
Grants Management Specialist  
nwatson@cdc.gov  
404-498-3029

**10. Program Official Contact Information**

Asha Alex  
Program Officer  
odp2@cdc.gov  
215-685-5344

### Federal Award Information

**11. Award Number**

6 NU58DP006999-03-03

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP006999

**13. Statutory Authority**

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health  
Service Act 42 U.S.C. 301(a)

**14. Federal Award Project Title**

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

**15. Assistance Listing Number**

93.495

**16. Assistance Listing Program Title**

Community Health Workers for Public Health Response and Resilient

**17. Award Action Type**

Budget Revision

**18. Is the Award R&D?**

No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	08/31/2023	<b>- End Date</b>	08/30/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$203,160.00
20b. Indirect Cost Amount			(\$203,160.00)
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$1,000,000.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$1,000,000.00
<b>26. Period of Performance Start Date</b>	08/31/2021	<b>- End Date</b>	08/30/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$3,000,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Darryl Mitchell

**30. Remarks**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NU58DP006999-03-03

FAIN# NU58DP006999

Federal Award Date: 10/27/2023

<b>Recipient Information</b>						
<b>Recipient Name</b> NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860						
<b>Congressional District of Recipient</b> 05						
<b>Payment Account Number and Type</b> 1620694743A3						
<b>Employer Identification Number (EIN) Data</b> 620694743						
<b>Universal Numbering System (DUNS)</b> 078217668						
<b>Recipient's Unique Entity Identifier (UEI)</b> LGZLHP6ZHM55						
<b>31. Assistance Type</b> Project Grant						
<b>32. Type of Award</b> Other						
<b>33. Approved Budget</b> (Excludes Direct Assistance)						
I. Financial Assistance from the Federal Awarding Agency Only						
II. Total project costs including grant funds and all other financial participation						
<b>a. Salaries and Wages</b>						\$215,561.00
<b>b. Fringe Benefits</b>						\$97,746.00
<b>c. Total Personnel Costs</b>						\$313,307.00
<b>d. Equipment</b>						\$0.00
<b>e. Supplies</b>						\$33,999.00
<b>f. Travel</b>						\$13,572.00
<b>g. Construction</b>						\$0.00
<b>h. Other</b>						\$0.00
<b>i. Contractual</b>						\$549,552.00
<b>j. TOTAL DIRECT COSTS</b>						\$910,430.00
<b>k. INDIRECT COSTS</b>						\$89,570.00
<b>l. TOTAL APPROVED BUDGET</b>						\$1,000,000.00
<b>m. Federal Share</b>						\$1,000,000.00
<b>n. Non-Federal Share</b>						\$0.00
<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

## AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP006999-03-  
03

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**Missing Contractual Elements** – The contract listed below is **not** approved and the recipient may not begin the contract until missing contractor name/organization, is submitted via GrantSolutions as a Notice of Contractor amendment and GMO approval is provided via Notice of Award.

**Contractor 1:** Evaluation Contractor

**Contract:** The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract/Consultant(s) below. This approval is in response to the request submitted by your organization dated October 3, 2023.

**Contractor 1:** Siloam Health

**Contractor 2:** Matthew Walker Comprehensive Care Center

**Contractor 3:** Randstad

**Revised Budget:** The purpose of this amended Notice of Award is to approve the **revised budget request** submitted by your organization dated October 3, 2023 . Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

11/14/2023  
Date

DocuSigned by:  
Tené Hamilton Franklin  
BEBF0BBF14D14B0...  
Chair, Board of Health

11/21/2023  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw  
Director, Department of Finance

12/11/2023 | 4:55 PM CST  
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox  
Director of Risk Management Services

12/12/2023 | 11:52 AM PST  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

12/12/2023 | 8:25 AM CST  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

**Certificate Of Completion**

Envelope Id: 9FAAE07B5FB34F4CB31820E247ADAC20	Status: Completed
Subject: Complete with DocuSign: Health Community Health Workers for Public Health 21-22 Amend 2 Ready.pdf	
Source Envelope:	
Document Pages: 26	Signatures: 15
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

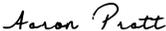
**Record Tracking**

Status: Original	Holder: Juanita Paulson	Location: DocuSign
12/11/2023 1:55:32 PM	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**

Signer Events	Signature	Timestamp
Brittany Bryant		Sent: 12/11/2023 2:09:11 PM
brittany.bryant@nashville.gov		Viewed: 12/11/2023 3:45:47 PM
Security Level: Email, Account Authentication (None)		Signed: 12/11/2023 3:48:49 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**  
 Accepted: 12/11/2023 3:45:47 PM  
 ID: 1e79b03f-de20-4083-94b3-325357d86eec

Aaron Pratt		Sent: 12/11/2023 3:48:51 PM
Aaron.Pratt@nashville.gov		Viewed: 12/11/2023 4:41:17 PM
Security Level: Email, Account Authentication (None)		Signed: 12/11/2023 4:41:22 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Kevin Crumbo/mjw		Sent: 12/11/2023 4:41:24 PM
MaryJo.Wiggins@nashville.gov		Viewed: 12/11/2023 4:54:56 PM
Security Level: Email, Account Authentication (None)		Signed: 12/11/2023 4:55:21 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

**Electronic Record and Signature Disclosure:**  
 Accepted: 12/11/2023 4:54:56 PM  
 ID: 16c102a1-56be-48c2-9564-30b72a34c8ef

Courtney Mohan		Sent: 12/11/2023 4:55:25 PM
Courtney.Mohan@nashville.gov		Viewed: 12/12/2023 8:17:34 AM
Security Level: Email, Account Authentication (None)		Signed: 12/12/2023 8:25:21 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.191	

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
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Accepted: 12/12/2023 8:17:34 AM  
ID: b7af7235-d10e-4a9c-834e-68d836e392e6

Lora Fox  
lora.fox@nashville.gov  
Security Level: Email, Account Authentication (None)



Sent: 12/12/2023 8:25:24 AM  
Viewed: 12/12/2023 1:51:00 PM  
Signed: 12/12/2023 1:52:09 PM

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

**Electronic Record and Signature Disclosure:**

Accepted: 12/12/2023 1:51:00 PM  
ID: a47a8033-854c-4882-a968-8e669a32311f

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin  
Danielle.Godin@nashville.gov  
Security Level: Email, Account Authentication (None)



Sent: 12/12/2023 1:52:11 PM  
Viewed: 12/12/2023 1:55:03 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Sally Palmer  
sally.palmer@nashville.gov  
Security Level: Email, Account Authentication (None)



Sent: 12/12/2023 1:52:12 PM

**Electronic Record and Signature Disclosure:**

Accepted: 12/12/2023 7:50:17 AM  
ID: 31d6639d-70ce-4e4c-8c5e-d68d1be4b4cf

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/11/2023 2:09:11 PM
Certified Delivered	Security Checked	12/12/2023 1:51:00 PM
Signing Complete	Security Checked	12/12/2023 1:52:09 PM
Completed	Security Checked	12/12/2023 1:52:12 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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