
GRANT SUMMARY SHEET

Grant Name: HIV STI Prevention Services 23-23

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

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

Total Award this Action: \$58,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. Attn: 1 month Direct Appropriation grant

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 checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:	HIV STI Prevention Services 23-23						
Grantor:	TENNESSEE DEPARTMENT OF HEALTH	Other:					
Grant Period From:	06/01/23	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/23	(applications only) Application Deadline:					
Funding Type:	STATE	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
Award Type:	OTHER	Total Award:		\$58,000.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						
This Tennessee Department of Health grant provides funds to implement and coordinate activities and services related to HIV/AIDS/STD prevention, testing, diagnosis and treatment, and surveillance, including, but not limited to, the provision of medical and support services in accordance with HIV biomedical prevention standards consistent with the CDC HIV PrEP Clinical Practice Guidelines. Attn: 1 month Direct Appropriation grant							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will end							
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:	12.00	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	24.43%	Indirect Cost of Grant to Metro:		\$14,169.40			
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0.00%	Ind. Cost Requested from Grantor:		\$0.00 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:							

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	\$0.00	\$58,000.00	\$0.00	\$0.00		\$0.00	\$58,000.00	\$14,169.40	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$58,000.00	\$0.00	\$0.00		\$0.00	\$58,000.00	\$14,169.40	\$0.00
Date Awarded:		6/12/2023			Tot. Awarded:	\$58,000.00	Contract#:			
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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



**LETTER OF AGREEMENT:
DIRECT APPROPRIATION GRANT
FOR NON-GOVERNMENTAL ENTITIES**

Date: May 19, 2023

To: **Gill Wright, MD Medical Director
Metro Nashville Public Health Department**

From: **Ralph Alvarado, MD, FACP
Commissioner, Tennessee Department of Health**

The State's budget for the fiscal year beginning July 1, 2023, includes a direct appropriation grant payable to your organization.

This appropriation is in addition to any other funding or appropriation provided to you by the State of Tennessee. Section 57, Item 3 (c) of the 2023 Appropriations Act reads as follows:

(b). Local Health Department Grants – Davidson County – Grant - \$58,000

If you choose to accept this award:

1. Sign this agreement (include your taxpayer identification number and a daytime phone number) in the space provided as your acceptance of the following terms and conditions:

- a) A direct appropriation shall not be disbursed until the recipient has filed with the head of the State agency through which such disbursement is being made a plan specifying the proposed use of such funds and the benefits anticipated to be derived therefrom, and has agreed to file a report during the effective dates (June 1, 2023 – June 30, 2023) of the grant describing the use of such funds. The report shall include funding disbursement, efforts towards linkage to care, re-engagement, and other high-impact activities, and numbers reflecting HIV prevention activities including: (1) the continuation of existing participation in HIV re-engagement efforts; (2) the continuation of existing processes for timely investigation and documentation in state reporting systems of positive, detectable, reactive HIV test results; and (3) assisting the Tennessee Department of Health with HIV cluster response.
- b) HIV Prevention activity shall be focused on first responders, victims of human trafficking, and pregnant women and infants, as well as traditional nationally recognized high-risk populations.
- c) You agree that you shall not subcontract with any entities.



- d) As a prerequisite to the receipt of such direct appropriation, the recipient shall agree to provide to the State agency head, within ninety (90) days of the close of the fiscal year within which such direct appropriation was received, an accounting of the actual expenditure of such funds including a notarized statement that the report is true and correct in all material respects; provided, however, that the head of the State agency through which such disbursement is being made may require, in lieu of the accounting as provided above, an audited financial statement of the non-governmental agency or entity. A copy of such accounting or audit, as the case may be, also shall be filed with the office of the Comptroller of the Treasury.
 - e) If you fail to fulfill your obligations under this agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, from you for payments made to you under this agreement.
 - f) Your records and documents, insofar as they relate to the performance of your obligations or to payments received under this agreement, shall be maintained in a manner consistent with the accounting procedures of the Comptroller of the Treasury, pursuant to T.C.A. 4-3-304 and applicable rules and regulations thereunder.
 - g) The funds received shall be placed in an interest-bearing account until such time as they are needed for the purposes set out in the Appropriations Act. In the event that any portion of the funds is not expended, the unexpended portion plus any accrued interest shall be returned to the State.
 - h) You must complete the attached Substitute W-9 Form and return it with this signed Letter of Agreement. You are responsible for and assume the liability for failure to provide the correct taxpayer identification number for IRS purposes.
2. Return to the State agency head the following materials together:
- a) This signed Letter of Agreement;
 - b) Substitute W-9 Form; and
 - c) A plan specifying the proposed use of such funds and the benefits anticipated to be derived therefrom.
- We encourage you to return these materials as soon as possible. The State is prepared to process this agreement and issue payment in a timely fashion, upon receipt of these materials.
3. You agree to provide a notarized statement and accounting report regarding actual expenditure of these funds to this State agency within 90 days of the close of the fiscal year ending June 30. An additional copy must be provided at that time to: Office of the Comptroller of the Treasury, First Floor, State Capitol, Nashville, Tennessee 37243-0260. (See paragraph 1b above for these requirements.)

If you should have any questions or comments or need any assistance responding to this request, please contact **Robertson Nash at (615) 532-9254**.



Please retain a copy of this letter for your records. Payment status inquiries and accounting reports may be directed to the following staff of this department:

Eric Bucholz, Budget Director
710 James Robertson Parkway, 6th Floor
Nashville, Tennessee 37243

On behalf of **NAME OF ORGANIZATION**, I hereby agree to the aforementioned terms and conditions.

Gill C. Wright III, MD

Official's Signature

6/12/2023

Date

Gill Wright III, MD

Official's Name (please print)

Director of Health

Official's Title or Position

615-340-0410

Daytime Contact Phone Number

62-0694743

Federal Taxpayer Identification Number

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

6/12/2023

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D1480...

Chair, Board of Health

6/12/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery

Director, Department of Finance

6/14/2023 | 3:16 PM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

6/14/2023 | 5:32 PM CDT

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

6/14/2023 | 3:28 PM CDT

Date

FILED:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP
Commissioner

Date

Health Direct Appropriation Plan

The money received from the direct appropriation grant from the Tennessee Department of Health will be used to fund a portion of the salaries and benefits of Metro Nashville Public Health Department employees for the month of June 2023. Specifically, the funds will be applied towards the salary and benefits of the following employees/positions:

Prevention HIV Testing:

Name	Monthly Salaries	Annual Amount
Sherronda Broughton, Program Specialist	3,804.80 x 65% x 12	\$29,670.00
James Dickerson, Program Specialist	2,926.79 x 100% x 12	\$35,120.00
Vacant, Program Specialist	2,926.79 x 100% x 8	\$23,410.00

HIV Prevention:

Vacant, Communicable Disease Investigator	3,480.59 x 12% x 10	\$4,176.00
Vacant, Communicable Disease Investigator	3,480.59 x 85% x 10	\$29,584.00
Woodruff, Hannah , Communicable Disease Investigator	3,412.50 x 85% x 12	\$34,807.00
Danielle Duke, Program Coordinator	3,795.62 x 85% x 12	\$38,714.00
Melody Quarles, Communicable Disease Investigator	4,524.74 x 100% x 12	\$54,296.00
Henderson, Terrence, Communicable Disease Investigator	3,480.59 x 40% x 12	\$16,706.00
Vacant, Communicable Disease Investigator	3,480.59 x 85% x 10	\$29,584.00
Sarah Rash, Office Support Representative	3,617.25 x 100% x 12	\$43,406.00
Norm Foster, Manager	6,963.53 x 85% x 12	\$71,027.00

Federal EHE PrEP:

Catya Campbell, Program Specialist	3,712.62 x 100% x 12	\$44,500.00
Madeline Johnson, Nurse Practitioner	7,090.45 x 100% x 12	\$85,100.00

Surveillance:

Vacant, Communicable Disease Investigator	3,480.59 x 88% x 10	\$30,630.00
Henderson, Terrence, Communicable Disease Investigator	3,480.59 x 60% x 12	\$25,070.00

Federal STD Prevention:

Cameshia Beard, Communicable Disease Investigator	3,596.61 x 100% x 12	\$43,158.00
Reggan Mason Communicable Disease Investigator	3,412.33 x 100% x 12	\$40,947.00
Shelia Kirkendoll, Communicable Disease Investigator	4,524.74 x 100% x 12	\$54,295.00

Federal STD COVID Prevention:

Vacant, Program Coordinator	4,192.55 x 100% x 12	\$50,320.00
Vacant, Communicable Disease Investigator	3,480.59 x 100% x 12	\$41,770.00
Vacant, Communicable Disease Investigator	3,480.59 x 100% x 12	\$41,770.00
Vacant, Communicable Disease Investigator	3,480.59 x 100% x 12	\$41,770.00
Vacant, Communicable Disease Investigator	3,480.59 x 100% x 12	\$41,770.00

Health Direct Appropriation Benefits

Reimbursement of local Metro dollars from the grantor and maintain employment of the individuals affected.

Certificate Of Completion

Envelope Id: 20F05C90C4F74360B752E4D6E69CE9EE

Status: Completed

Subject: Complete with DocuSign: Health HIV AIDS Prevention Services 23-23 Ready.pdf

Source Envelope:

Document Pages: 12

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelope 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

6/14/2023 2:33:56 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**Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

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

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ID: f316401e-406a-4c0f-851f-2c85f831f3ca

Aaron Pratt

Aaron.Pratt@nashville.gov

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

Sent: 6/14/2023 2:49:58 PM

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Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kelly Flannery

Kelly.Flannery@nashville.gov

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

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Electronic Record and Signature Disclosure:

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ID: eefd127c-8d54-45fb-9eff-029aeb416b5f

Courtney Mohan

Courtney.Mohan@nashville.gov

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

Sent: 6/14/2023 3:16:47 PM

Viewed: 6/14/2023 3:18:20 PM

Signed: 6/14/2023 3:28:39 PM

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Electronic Record and Signature Disclosure:

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Accepted: 6/14/2023 3:18:20 PM
ID: 3a01bd31-47af-4221-84ec-ee042c30b1de

Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

Sent: 6/14/2023 3:28:40 PM
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Signed: 6/14/2023 5:32:20 PM

Signature Adoption: Pre-selected Style
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Accepted: 6/14/2023 5:32:13 PM
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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)

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Sally Palmer
sally.palmer@nashville.gov
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Sent	Hashed/Encrypted	6/14/2023 2:41:49 PM
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Electronic Record and Signature Disclosure