

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 01/20/26

Resolution



Ordinance

Contact/Prepared By: Brad ThompsonDate Prepared: 12/01/25Title (Caption): Strengthening US Public Health Infrastructure, Workforce and Data Systems 24-25 Amend 1

This CDC grant amendment updates terms on RS2025-968

Submitted to Planning Commission? ☒

N/A



Yes-Date: _____

Proposal No: _____

Proposing Department: HealthRequested By: HealthAffected Department(s): HealthAffected Council District(s): all**Legislative Category (check one):**

- | | | |
|---|--|--|
| <input type="checkbox"/> Bonds | <input 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 checked="" 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: \$ \$ 0.00

Judgments and Losses
 Local Government Investment Project
 Revenue Bonds
 Self-Insured Liability
 Solid Waste Reserve
 Unappropriated Fund Balance
 4% Fund
 Other: _____

Approved by OMB: Aaron Pratt BN

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: Juanita Paulsen

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

GRANT SUMMARY SHEET

Grant Name: Strengthening U.S. Public Health Infrastructure Workforce & Data Systems 24-25 Amendment 1

Department: HEALTH DEPARTMENT

Grantor: CENTER FOR DISEASE CONTROL & PREVENTION

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

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 - Is to incorporate updated terms & conditions.

Plan for continuation of services upon grant expiration:

No plan

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:			Strenthening U.S. Public Health Infrastructure Workforce & Data Systems 24-25 Amendment 1																
Grantor:			CENTER FOR DISEASE CONTROL & PREVENTION					Other:											
Grant Period From:			12/01/24		(applications only) Anticipated Application Date:														
Grant Period To:			11/30/25		(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:			COMPETITIVE		Total Award:					\$0.00									
Status:			CONTINUATION		Metro Cash Match:					\$0.00									
Metro Category:			Est. Prior.		Metro In-Kind Match:					\$0.00									
CFDA #			93.967		Is Council approval required?					<input type="checkbox"/>									
Project Description:			Applic. Submitted Electronically? <input type="checkbox"/>																
<p>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 - Is to incorporate updated terms & conditions.</p>																			
Plan for continuation of service after expiration of grant/Budgetary Impact:																			
No plan																			
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:			22.00		Actual number of positions added:			8.00											
Departmental Indirect Cost Rate			24.43%		Indirect Cost of Grant to Metro:			\$206,053.45											
*Indirect Costs allowed?			<input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		18%		Ind. Cost Requested from Grantor:			\$154,201.00		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	FY25	\$421,698.00						\$421,698.00	\$103,026.73	\$77,101.00
Yr 2	FY26	\$421,698.00						\$421,698.00	\$103,026.73	\$77,100.00
Yr 3										
Yr 4										
Yr 5										
Total		\$843,396.00	\$0.00	\$0.00	\$0.00		\$0.00	\$843,396.00	\$206,053.45	\$154,201.00
Date Awarded:				12/15/25		\$0.00	Contract#:	6NE11OE000029-03-01		
(or) Date Denied:										
(or) Date Withdrawn:										

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

JP

RESOLUTION NO. _____

A resolution approving amendment one to a Strengthening Public Health Infrastructure, Workforce, and Data Systems grant from the Centers for Disease Control and Prevention to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement workforce strategies to build organizational resilience, promote employee well-being, and enhance workforce performance while focusing on building healthier communities.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Centers for Disease Control and Prevention to implement workforce strategies to build organizational resilience, promote employee well-being, and enhance workforce performance while focusing on building healthier communities approved by RS2025-968; and,

WHEREAS, the parties wish to amend that grant agreement to incorporate updated terms and conditions regarding Applicable Regulatory Provisions and Termination provisions, 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 Strengthening Public Health Infrastructure, Workforce, and Data Systems grant by and between the Centers for Disease Control and Prevention and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement workforce strategies to build organizational resilience, promote employee well-being, and enhance workforce performance while focusing on building healthier communities, 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:

Jenneen Reed/mjw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

Member(s) of Council

APPROVED AS TO FORM AND
LEGALITY:

Abby Greer
Assistant Metropolitan Attorney



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

Notice of Award

Award# 6 NE11OE000029-03-01

FAIN# NE11OE000029

Federal Award Date: 11/13/2025

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)

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

Nicholas Tompkins
Grant Director
nicholas.tompkins@nashville.gov
615-340-0394

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

Rhonda DeBouse
wzn5@cdc.gov
770-488-3198

10. Program Official Contact Information

Stephanie Williams
Program Officer
rwv0@cdc.gov
4044984895

Federal Award Information

11. Award Number

6 NE11OE000029-03-01

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

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2024	- End Date	11/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$0.00		
20a. Direct Cost Amount	\$0.00		
20b. Indirect Cost Amount	\$0.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$843,396.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$843,396.00		
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	\$10,265,075.00		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks



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

Notice of Award

Award# 6 NE11OE000029-03-01

FAIN# NE11OE000029

Federal Award Date: 11/13/2025

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

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	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$87,580.00
f. Travel	\$227,565.00
g. Construction	\$0.00
h. Other	\$316,050.00
i. Contractual	\$58,000.00
j. TOTAL DIRECT COSTS	\$689,195.00
k. INDIRECT COSTS	\$154,201.00
l. TOTAL APPROVED BUDGET	\$843,396.00
m. Federal Share	\$843,396.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	\$0.00	75-2224-0943
3-9390LIZ	23NE11OE000029A1C6	OE	410U	93.967	\$0.00	75-X-0140
4-9390LFF	23NE11OE000029A2	OE	410U	93.967	\$0.00	75-2324-0943
5-9390MR5	23NE11OE000029A2	OE	410U	93.967	\$0.00	75-2425-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000029-03-01

FAIN# NE11OE000029

Federal Award Date: 11/13/2025

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 NE11OE000029-03-
01

1. terms

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Sanmi Areda
0872295CD81A4B1...
Director, Metro Public Health Department

12/12/2025
Date

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

12/15/2025
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Director, Department of Finance

1/5/2026 | 1:24 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

1/5/2026 | 2:03 PM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Metropolitan Attorney

1/5/2026 | 1:26 PM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date