
GRANT SUMMARY SHEET

Grant Name: HIV Surveillance & Prevention Services 24

Department: HEALTH DEPARTMENT

Grantor: TENNESSEE DEPARTMENT OF HEALTH

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

Total Award this Action: \$696,500.00

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, surveillance, surveillance and support services assisting TDH with HIV cluster response. Most likely will be able to collect IDC.

Plan for continuation of services upon grant expiration:

Services will end

Grants Tracking Form

Part One

Pre-Application ☐		Application ☐		Award Acceptance ☒		Contract Amendment ☐	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:		HIV Surveillance & Prevention Services 24					
Grantor:		TENNESSEE DEPARTMENT OF HEALTH				Other:	
Grant Period From:		07/01/23	(applications only) Anticipated Application Date:				
Grant Period To:		06/30/24	(applications only) Application Deadline:				
Funding Type:	STATE	Multi-Department Grant		☐	If yes, list below.		
Pass-Thru:		Outside Consultant Project:		☐			
Award Type:	OTHER	Total Award:		\$696,500.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	N/A	Is Council approval required?		☒			
Project Description:		Applic. Submitted Electronically? ☐					
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, surveillance, surveillance and support services assisting TDH with HIV cluster response. Most likely will be able to collect IDC. Do not know what the amount will be until the contract is executed.							
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: ☐		
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		21.47%	Indirect Cost of Grant to Metro:		\$149,538.55		
*Indirect Costs allowed? ☒ Yes ☐ No		% Allow.	1.81%	Ind. Cost Requested from Grantor:		\$12,600.00	in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?		☐					
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	24	\$0.00	\$696,500.00	\$0.00	\$0.00		\$0.00	\$696,500.00	\$149,538.55	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$0.00	\$696,500.00	\$0.00	\$0.00		\$0.00	\$696,500.00	\$149,538.55	\$0.00
Date Awarded:		09/19/23		Tot. Awarded:		\$696,500.00	Contract#:			
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

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

Rev. 5/13/13
5725

GCP Received 10/23/2023

GCP Approved 10/23/2023

JP



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

ANDREW JOHNSON TOWER, 5TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

BILL LEE
GOVERNOR

RALPH ALVARADO, MD, FACP
COMMISSIONER

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

Date: **08/15/2023**

To: **Gill Wright, MD Medical Director
Metro Nashville Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209**

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 54, Item 1-69 of the 2023 Appropriations Act reads as follows:

State HIV Surveillance and Prevention Program - Davidson County - \$696,500

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 quarterly interim reports during the effective dates (July 1, 2023 – June 30, 2024) of the grant describing the use of such funds. Interim reports shall include quarterly status changes for funding disbursement, quarterly efforts towards linkage to care, re-engagement, and other high-impact activities, and quarterly 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.



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COMMISSIONER

- 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; and
- b) Substitute W-9 Form.
- 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.

If you should have any questions or comments or need any assistance responding to this request, please contact Eric Bucholz at 615-532-2843.

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



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

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710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

BILL LEE
GOVERNOR

RALPH ALVARADO, MD, FACP
COMMISSIONER

Eric Bucholz, CGFM

Budget Management Director

Division of Administration Services

710 James Robertson Parkway

Nashville, TN 37243

Eric.G.Bucholz@tn.gov

On behalf of **Davidson County**, I hereby agree to the aforementioned terms and conditions.

Gill C Wright III, MD

Official's Signature

Gill Wright, MD

Official's Name (please print)

615-340-0410

Daytime Contact Phone Number

9/19/2023

Date

Director

Official's Title or Position

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

9/19/2023

Date

DocuSigned by:

Tené Hamilton Franklin

BEBF0BDF14B14B0...

Chair, Board of Health

9/19/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mfw

Director, Department of Finance

11/7/2023 | 7:16 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

11/8/2023 | 8:34 AM CST

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

11/8/2023 | 8:28 AM CST

Date

FILED:

Metropolitan Clerk

Date

HIV Surveillance

The Davidson County HIV Surveillance Program will engage in passive and active HIV surveillance to collect complete and accurate HIV data and trends. The program will bring together information from a range of sources to estimate how many people are living with HIV, understand who is being infected and why. In addition, this data will be used to analyze trends as well as assess the impact of HIV prevention, testing, and treatment services across different population groups.

HIV Jail Testing

The STD/HIV Program will provide pre and post test HIV test at the Downtown Detention Center (DDC) to provide individuals who are detained an opportunity to know their HIV status. It has been proven that this population has benefited from this type of confidential HIV screening. The screening gives individuals who would otherwise not prioritize HIV screenings an opportunity to know their HIV status.

Prevention and Intervention

The Davidson County STD/HIV Program's Communicable Disease Investigators / Disease Intervention Specialist (CDI's/DIS) will provide disease intervention services by counselling clients with the purpose of (1) prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV. This counseling aims to provide clients diagnosed with and affected by HIV with frank discussions of one of the most sensitive aspects of a patient's life. The purpose of this counseling is to provide non-judgmental services to assist clients with the tools necessary to navigate the medical and social aspects of an HIV diagnosis. The benefit to the community is the reduce the incidence of HIV, and reduce the stigma associated with HIV diagnosis, treatment, and Care.

Condom Distribution

The Davidson County Health Department's STD/HIV Program will provide condom distribution. Condom distribution programs have been proven to increase condom use, prevent HIV/STI's. The goal of our condom distribution program is to change the environment through increased availability, accessibility, and acceptability of condom use. Our program provides condoms in our Sexual Health Clinic (SHC), at outreach events, and to the public. Condoms are available for larger groups and our private medical practice partners when requested.

ATTACHMENT 3

GRANT BUDGET

(BUDGET PAGE 2)

Metropolitan Government of Nashville & Davidson County		HIV Prevention & Surveillance - Federal		
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2023 and ending June 30, 2024.				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$488,200.00	\$0.00	\$488,200.00
2	Benefits & Taxes	\$140,000.00	\$0.00	\$140,000.00
4, 15	Professional Fee/ Grant & Award ²	\$7,400.00	\$0.00	\$7,400.00
5	Supplies	\$41,000.00	\$0.00	\$41,000.00
6	Telephone	\$2,500.00	\$0.00	\$2,500.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$4,800.00	\$0.00	\$4,800.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (2% and salary & Benefits)	\$12,600.00	\$0.00	\$12,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$696,500.00	\$0.00	\$696,500.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

Total Contract Awarded Amount \$696,500.00

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

SALARIES	Rate		Pct.		# of Months	(Longevity, if applicable)		AMOUNT
Taylor Alexander, Communicable Disease Investigator	3,983.96	x	100%	x	12			\$47,807.52
Vacant, Communicable Disease Investigator	3,855.45	x	100%	x	12			\$46,265.40
Alexis Ayers, Communicable Disease Investigator	3,983.96	x	100%	x	12			\$47,807.52
Monica Woodruff , Communicable Disease Investigator	3,983.96	x	100%	x	12			\$47,807.52
Corrina Scott, Communicable Disease Investigator	3,855.45	x	100%	x	12			\$46,265.40
Zylan Smith, Communicable Disease Investigator	3,855.45	x	100%	x	12			\$46,265.40
Terrence Henderson, Program Coordinator	4,822.12	x	100%	x	12			\$57,865.44
Sarah Rash, Office Support Representative	4,124.67	x	100%	x	12	193	0	\$49,689.04
Norm Foster, Manager	8,183.25	x	100%	x	12	275	0	\$98,474.00
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)		x		x		+		\$488,247.24
ROUNDED TOTAL								\$488,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Support Services	\$4,800.00
ROUNDED TOTAL	\$4,800.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Out of Town conference	\$ 2,000.00
Routine Travel (4800 miles @ \$0.585/mile)	\$2,808.00
ROUNDED TOTAL	\$4,800.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
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SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

Certificate Of Completion

Envelope Id: 7473DA123ED64085ABA84D8DD5E73A7C

Status: Completed

Subject: Complete with DocuSign: Health HIV Prevention and Surveillance Program 24 Ready.pdf

Source Envelope:

Document Pages: 13

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

11/7/2023 8:37:56 AM

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)

Sent: 11/7/2023 8:43:39 AM

Viewed: 11/7/2023 9:26:57 AM

Signed: 11/7/2023 9:33:56 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

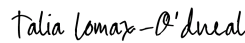
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Talia Lomax-O'dneal

talia.lomaxodneal@nashville.gov

Dep Dir of Finance

Security Level: Email, Account Authentication
(None)

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Signed: 11/7/2023 9:36:09 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 11/7/2023 9:35:19 AM

ID: b0e62d64-057b-45ce-91b3-69c5e6e8715e

Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication
(None)

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Signed: 11/7/2023 7:16:03 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

Electronic Record and Signature Disclosure:

Accepted: 11/7/2023 7:13:07 PM

ID: 4b4a5a89-8dbe-4f12-8502-0d99d2c874d2

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/7/2023 7:16:05 PM

Viewed: 11/8/2023 8:13:49 AM

Signed: 11/8/2023 8:28:36 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Signer Events	Signature	Timestamp
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Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 11/8/2023 8:28:38 AM Viewed: 11/8/2023 8:34:44 AM Signed: 11/8/2023 8:34:57 AM

Electronic Record and Signature Disclosure:
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ID: bfb240da-0a23-42cb-90c1-6bad2b10b566

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 11/8/2023 8:34:59 AM Viewed: 11/8/2023 9:35:10 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 11/8/2023 8:35:00 AM
Electronic Record and Signature Disclosure: Accepted: 11/8/2023 7:59:41 AM ID: 8399bb86-5dfb-4f3d-93cb-24a939e3f68a		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/7/2023 8:43:39 AM
Certified Delivered	Security Checked	11/8/2023 8:34:44 AM
Signing Complete	Security Checked	11/8/2023 8:34:57 AM
Completed	Security Checked	11/8/2023 8:35:00 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		