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## GRANT SUMMARY SHEET

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**Grant Name:** COVID Disparities 21-24 Amend 2

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTRES FOR DISEASE CONTROL

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

**Total Award this Action:** \$0.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

LOWER IDC RECOVERY is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. Amendment #2 changes the Authorizing Official, updates terms and conditions and provides a 1 year no cost extension to end period 05/31/2024.

**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																
Grant Name:	COVID Disparities 21-24 Amend 2																					
Grantor:	CENTRES FOR DISEASE CONTROL					Other:																
Grant Period From:	06/01/21	(applications only) Anticipated Application Date:																				
Grant Period To:	05/30/23	(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:	AMENDMENT	Metro Cash Match:		\$0.00																		
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00																		
CFDA #	93.391	Is Council approval required?		<input type="checkbox"/>																		
Project Description:	Applic. Submitted Electronically?		<input checked="" type="checkbox"/>																			
<p><b>LOWER IDC RECOVERY</b> is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. <b>Amendment #2</b> changes the Authorizing Official, updates terms and conditions and provides a 1 year no cost extension to end period 05/31/2024.</p>																						
<p><b>Plan for continuation of service after expiration of grant/Budgetary impact:</b></p> <p>Services will end</p>																						
<p><b>How is Match Determined?</b></p> <p>Fixed Amount of \$ _____ or _____ % of Grant _____ Other: <input type="checkbox"/></p> <p>Explanation for "Other" means of determining match: _____</p>																						
<p><b>For this Metro FY, how much of the required local Metro cash match:</b></p> <p>Is already in department budget? _____ Fund _____ Business Unit _____</p> <p>Is not budgeted? _____ Proposed Source of Match: _____</p> <p>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</p>																						
<p><b>Other:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Number of FTEs the grant will fund:</td> <td>5.50</td> <td>Actual number of positions added:</td> <td>6.00</td> <td></td> </tr> <tr> <td>Departmental Indirect Cost Rate</td> <td>22.91%</td> <td>Indirect Cost of Grant to Metro:</td> <td>\$1,129,519.82</td> <td></td> </tr> <tr> <td>*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allowed,</td> <td>14.86%</td> <td>Ind. Cost Requested from Grantor:</td> <td>\$732,441.00</td> <td>in budget</td> </tr> </table> <p>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> <p>Draw down allowable? <input type="checkbox"/></p> <p>Metro or Community-based Partners: _____</p>								Number of FTEs the grant will fund:	5.50	Actual number of positions added:	6.00		Departmental Indirect Cost Rate	22.91%	Indirect Cost of Grant to Metro:	\$1,129,519.82		*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allowed,	14.86%	Ind. Cost Requested from Grantor:	\$732,441.00	in budget
Number of FTEs the grant will fund:	5.50	Actual number of positions added:	6.00																			
Departmental Indirect Cost Rate	22.91%	Indirect Cost of Grant to Metro:	\$1,129,519.82																			
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allowed,	14.86%	Ind. Cost Requested from Grantor:	\$732,441.00	in budget																		

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	FY22	\$2,465,124.00						\$2,465,124.00	\$564,725.40	\$366,220.50
Yr 2	FY23	\$2,465,124.00						\$2,465,124.00	\$564,725.40	\$366,220.50
Yr 3	FY24	\$0.00						\$0.00	\$0.00	\$0.00
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$4,930,248.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,930,248.00	\$1,129,450.79	\$732,441.00
<b>Date Awarded:</b>		05/15/23		<b>Tot. Awarded:</b>	\$0.00		<b>Contract#:</b>	NH75OT000013-01-02		
<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)

GCP Received 05/15/2023



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## GRANT SUMMARY SHEET

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**Grant Name:** COVID Disparities 21-23 Amend 1

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTER FOR DISEASE CONTROL AND PREVENTION

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

**Total Award this Action:** \$0.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

LOWER IDC RECOVERY is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. Amendment #1 changes the Principal Investigator.

**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	
Grant Name:	COVID Disparities 21-23 Amend 1						
Grantor:	CENTER FOR DISEASE CONTROL AND PREVENTION				Other:		
Grant Period From:	06/01/21	(applications only) Anticipated Application Date:					
Grant Period To:	05/31/23	(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:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.391	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input checked="" type="checkbox"/>						
<p>LOWER IDC RECOVERY is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. <b>Amendment #1</b> changes the Principal Investigator.</p>							
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:		5.50		Actual number of positions added:		6.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$1,129,519.82	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		Ind. Cost Requested from Grantor:		\$732,441.00 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	FY22	\$2,465,124.00						\$2,465,124.00	\$564,759.91	\$366,221.00
Yr 2	FY23	\$2,465,124.00						\$2,465,124.00	\$564,759.91	\$366,220.00
Yr 3	FY24	\$0.00						\$0.00	\$0.00	\$0.00
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$4,930,248.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,930,248.00	\$1,129,519.82	\$732,441.00
Date Awarded:				02/07/22	Tot. Awarded:		\$0.00	Contract#: NH75OT000013-01-01		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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# 6 NH75OT000013-01-02

FAIN# NH75OT000013

Federal Award Date: 02/10/2023

### 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. Erika Leslie  
Doctor  
erika.leslie@nashville.gov  
615-340-5662

**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**

Jo-Anne Saunders  
Grants Management Specialist  
srq1@cdc.gov  
4044985235

**10. Program Official Contact Information**

Chidumga Uzochukwu  
Program Officer  
nyu8@cdc.gov  
4047183767

### Federal Award Information

**11. Award Number**

6 NH75OT000013-01-02

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

NH75OT000013

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

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

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises

**17. Award Action Type**

No Cost Extension

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

No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date</b>	06/01/2021	- End Date	05/31/2024
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$0.00
20a. Direct Cost Amount			\$118,102.00
20b. Indirect Cost Amount			(\$118,102.00)
<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>			\$4,930,248.00
<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>			\$4,930,248.00
<b>26. Period of Performance Start Date</b>	06/01/2021	- End Date	05/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$4,930,248.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Ester Edward  
Grants Management Officer

**30. Remarks**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NH75OT000013-01-02

FAIN# NH75OT000013

Federal Award Date: 02/10/2023

**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

<b>a. Salaries and Wages</b>	\$740,220.00
<b>b. Fringe Benefits</b>	\$211,236.00
<b>c. Total Personnel Costs</b>	\$951,456.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$1,109,933.00
<b>f. Travel</b>	\$35,021.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$43,000.00
<b>i. Contractual</b>	\$2,176,499.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$4,315,909.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$614,339.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$4,930,248.00</b>
<b>m. Federal Share</b>	<b>\$4,930,248.00</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
1-9390H06	21NH75OT000013C5	OT	41.51	93.391	\$0.00	75-2122-0140


**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000013-01-02

FAIN# NH75OT000013

Federal Award Date: 02/10/2023

**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 NH75OT000013-01-  
02

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1. Terms and Conditions



**REVISED TERMS AND CONDITIONS OF AWARD**

**Key Personnel Change:** The purpose of this amendment is to approve the Authorizing Official Representative to Melva Black. This is in response to the request submitted by your organization dated January 30, 2023.

**No Cost Extension:** The purpose of this amendment is to approve a 12-month No-Cost Extension per the request submitted by your organization dated January 17, 2023. The budget and project period end dates have been extended from May 31, 2023 to May 31, 2024.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2022 to May 31, 2023 must be submitted by August 31, 2023.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

1. Statement of progress made toward the achievement of originally stated aims.
2. Description of results (positive or negative) considered significant.
3. List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at:

<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

**Stewardship:** Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**

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  
0460AC21E4CC408...  
Director, Metro Public Health Department

5/15/2023  
Date

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

5/17/2023  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery  
Director, Department of Finance

5/21/2023 | 6:45 AM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Bark Fox  
Director of Risk Management Services

5/24/2023 | 1:14 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

5/22/2023 | 3:20 PM CDT  
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 NH75OT000013-01-01

FAIN# NH75OT000013

Federal Award Date: 02/07/2022

### 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

#### 7. Project Director or Principal Investigator

Dr. Erika Leslie  
Doctor  
erika.leslie@nashville.gov  
615-340-5662

#### 8. Authorized Official

Tina Lester  
tina.lester@nashville.gov  
615-340-5614

### Federal Agency Information

CDC Office of Financial Resources

#### 9. Awarding Agency Contact Information

Mr. John McGee  
Grants Management Specialist  
qsj4@cdc.gov  
404-498-4348

#### 10. Program Official Contact Information

Chidumga Uzochukwu  
Program Officer  
nyu8@cdc.gov  
4047183767

### Federal Award Information

#### 11. Award Number

6 NH75OT000013-01-01

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

NH75OT000013

#### 13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

#### 14. Federal Award Project Title

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

#### 15. Assistance Listing Number

93.391

#### 16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises

#### 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>	06/01/2021	<b>- End Date</b>	05/31/2023
<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>			\$4,930,248.00
<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>			\$4,930,248.00
<b>26. Project Period Start Date</b>	06/01/2021	<b>- End Date</b>	05/31/2023
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Ester Edward  
Grants Management Officer

### 30. Remarks



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NH75OT000013-01-01

FAIN# NH75OT000013

Federal Award Date: 02/07/2022

Recipient Information					
<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)</b>					
620694743					
<b>Data Universal Numbering System (DUNS)</b>					
078217668					
<b>Recipient's Unique Entity Identifier</b>					
<b>31. Assistance Type</b>					
Project Grant					
<b>32. Type of Award</b>					
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					
<b>a. Salaries and Wages</b>		\$686,603.00			
<b>b. Fringe Benefits</b>		\$297,689.00			
<b>c. Total Personnel Costs</b>		\$984,292.00			
<b>d. Equipment</b>		\$0.00			
<b>e. Supplies</b>		\$1,406,759.00			
<b>f. Travel</b>		\$5,376.00			
<b>g. Construction</b>		\$0.00			
<b>h. Other</b>		\$4,000.00			
<b>i. Contractual</b>		\$1,797,380.00			
<b>j. TOTAL DIRECT COSTS</b>		<b>\$4,197,807.00</b>			
<b>k. INDIRECT COSTS</b>		<b>\$732,441.00</b>			
<b>l. TOTAL APPROVED BUDGET</b>		<b>\$4,930,248.00</b>			
<b>m. Federal Share</b>		<b>\$4,930,248.00</b>			
<b>n. Non-Federal Share</b>		<b>\$0.00</b>			
34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000013C5	OT	41.51	\$0.00	75-2122-0140


**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000013-01-01

FAIN# NH75OT000013

Federal Award Date: 02/07/2022

**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 NH75OT000013-01-  
01

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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 **Principal Investigator/Program Director** change to Dr. Erika T. Leslie. This is in response to the request submitted by your organization dated February 3, 2022.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.



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*  
0460AC21E4CC408...  
\_\_\_\_\_  
Director, Metro Public Health Department

5/15/2023  
\_\_\_\_\_  
Date

DocuSigned by:  
*Tené Hamilton Franklin*  
BEPF0BDF14D14B9...  
\_\_\_\_\_  
Chair, Board of Health

5/17/2023  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Kelly Flannery*  
\_\_\_\_\_  
Director, Department of Finance

5/21/2023 | 6:45 AM CDT  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

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

5/24/2023 | 1:14 PM CDT  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

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

5/22/2023 | 3:20 PM CDT  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date

**Certificate Of Completion**

Envelope Id: C8F46FA141F14C018FF2DB9A253AAD58

Status: Completed

Subject: Complete with DocuSign: Health Covid Disparities 21-24 Amend 1 and 2 Ready.pdf

Source Envelope:

Document Pages: 20

Signatures: 10

Envelope Originator:

Certificate Pages: 15

Initials: 2

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelope Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

**Record Tracking**

Status: Original

Holder: Juanita Paulson

Location: DocuSign

5/19/2023 11:36:53 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)

*BB*

Sent: 5/19/2023 11:45:53 AM

Viewed: 5/19/2023 3:27:18 PM

Signed: 5/19/2023 3:30:54 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Accepted: 5/19/2023 3:27:18 PM

ID: 83efa59c-6117-4e79-af15-f79a3fd8a94b

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication (None)

*Aaron Pratt*

Sent: 5/19/2023 3:30:56 PM

Viewed: 5/20/2023 7:49:45 PM

Signed: 5/20/2023 7:49:58 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Kelly Flannery

Kelly.Flannery@nashville.gov

Security Level: Email, Account Authentication (None)

*Kelly Flannery*

Sent: 5/20/2023 7:50:00 PM

Viewed: 5/21/2023 6:45:14 AM

Signed: 5/21/2023 6:45:38 AM

Signature Adoption: Pre-selected Style

Using IP Address: 174.238.96.81

Signed using mobile

**Electronic Record and Signature Disclosure:**

Accepted: 5/21/2023 6:45:14 AM

ID: c020dcab-f510-460c-a87d-380cfed8fdc5

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication (None)

*Courtney Mohan*

Sent: 5/21/2023 6:45:41 AM

Viewed: 5/22/2023 2:55:32 PM

Signed: 5/22/2023 3:20:05 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.144

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
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Accepted: 5/22/2023 2:55:32 PM  
ID: d9eb3430-de18-44b4-9d77-f75e1eff6bf8

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

*Lora Bark Fox*

Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.185

Sent: 5/22/2023 3:20:08 PM  
Resent: 5/24/2023 7:34:50 AM  
Viewed: 5/24/2023 1:12:54 PM  
Signed: 5/24/2023 1:14:15 PM

**Electronic Record and Signature Disclosure:**

Accepted: 5/24/2023 1:12:54 PM  
ID: 469ac892-e9c3-41bb-b615-0e61706ef742

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
------------------------------	--------	-----------

Certified Delivery Events	Status	Timestamp
---------------------------	--------	-----------

Carbon Copy Events	Status	Timestamp
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Danielle Godin  
Danielle.Godin@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 5/24/2023 1:14:18 PM  
Viewed: 5/24/2023 3:40:42 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

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

**COPIED**

Sent: 5/24/2023 1:14:19 PM

**Electronic Record and Signature Disclosure:**

Accepted: 5/22/2023 8:01:42 AM  
ID: d8ebd203-b84e-4157-84d2-650a90e8f3e0

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	5/19/2023 11:45:53 AM
Envelope Updated	Security Checked	5/24/2023 7:34:50 AM
Envelope Updated	Security Checked	5/24/2023 7:34:50 AM
Certified Delivered	Security Checked	5/24/2023 1:12:54 PM
Signing Complete	Security Checked	5/24/2023 1:14:15 PM
Completed	Security Checked	5/24/2023 1:14:19 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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