

## GRANT SUMMARY SHEET

**Grant Name:** Healthy Start Initiative-Eliminating Racial/Ethnic Disparities  
(Nashville Strong Babies) 21-22 Amend. 2

**Department:** HEALTH DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

**Cash Match** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment 2 changes the Project Director on the grant. No terms or services are changed.

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

Service will be discontinued.

B.A. Initials



5358

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:	Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (Nashville Strong Babies) 21-22 Amend. 2						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					Other:	
Grant Period From:	04/01/21	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/22	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
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 #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:						Applic. Submitted Electronically? <input checked="" type="checkbox"/>	
A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment 2 changes the Project Director on the grant. No terms or services are changed.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Service will be discontinued.							
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:		9.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		23.54%		Indirect Cost of Grant to Metro:		\$298,751.08	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		Ind. Cost Requested from Grantor:		\$182,804.00 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	FY21	\$246,699.00						\$246,699.00	\$67,331.52	\$39,836.00
Yr 2	FY22	\$865,097.00						\$865,097.00	\$231,419.56	\$142,968.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$1,111,796.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,111,796.00	\$298,751.08	\$182,804.00
Date Awarded:				10/21/21	Tot. Awarded:		\$0.00	Contract#: 5 H49MC32719-03-02		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H4932719  
Federal Award Date: 10/04/2021

### Recipient Information

- 1. Recipient Name**  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
PO BOX 196300  
Nashville, TN 37219-6300
- 2. Congressional District of Recipient**  
05
- 3. Payment System Identifier (ID)**  
1620694743A7
- 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**  
Fonda Harris  
Bureau Director - Project Director  
fonda.harris@nashville.gov  
(615)340-5686
- 8. Authorized Official**  
Tina Lester  
Interim Administrative Director of Health  
Tina.Lester@nashville.gov  
(615)340-5687

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
Tonya Randall  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
trandall@hrsa.gov  
(301) 594-4259
- 10. Program Official Contact Information**  
Judith D Harvilchuck  
Maternal and Child Health Bureau (MCHB)  
JHarvilchuck@hrsa.gov  
(301) 443-1568

### Federal Award Information

- 11. Award Number**  
6 H49MC32719-03-02
- 12. Unique Federal Award Identification Number (FAIN)**  
H4932719
- 13. Statutory Authority**  
Public Health Service Act, Section 751  
Public Health Service Act: Title III, Part D, Section 330H ; 42 U.S.C. 254c-8  
Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8), as amended by the  
Healthy Start Reauthorization Act of 2007 (P.L. 110-339)  
42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act)
- 14. Federal Award Project Title**  
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
- 15. Assistance Listing Number**  
93.926
- 16. Assistance Listing Program Title**  
Healthy Start Initiative
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date 04/01/2021 - End Date 03/31/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,111,796.00
<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>	\$1,269,121.00
<b>26. Project Period Start Date 04/01/2019 - End Date 03/31/2024</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,348,816.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 10/04/2021

### 30. Remarks

Prior Approval Request Tracking Number PA-00099999. Prior Approval Request Type: Project Director(PD) Change



Notice of Award  
Award Number: 6 H49MC32719-03-02  
Federal Award Date: 10/04/2021

### Maternal and Child Health Bureau (MCHB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>04</td> <td>\$1,144,121.00</td> </tr> <tr> <td>05</td> <td>\$1,144,121.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	04	\$1,144,121.00	05	\$1,144,121.00																																								
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<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b> <table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>21 - 3898020</td> <td>93.926</td> <td>19H49MC32719</td> <td>\$0.00</td> <td>\$0.00</td> <td>N/A</td> <td>19-HIS-ERED</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 3898020	93.926	19H49MC32719	\$0.00	\$0.00	N/A	19-HIS-ERED																																
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. This revised Notice of Award is issued to change the Program Director in accordance with your Prior Approval request. All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Fonda Harris	Program Director	fonda.harris@nashville.gov
D'yuanna Allen-Robb	Business Official	dyuanna.allen-robb@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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

10/19/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Tene Hamilton Franklin*  
BEBF0BBE14D14B0  
\_\_\_\_\_  
Chair, Board of Health

10/21/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kelly Plannery/mjw*  
874294  
\_\_\_\_\_  
Director, Department of Finance

11/4/2021  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
80410210414  
\_\_\_\_\_  
Director of Risk Management Services

11/5/2021  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Macy Forrest Amos*  
EBA8B070E110198  
\_\_\_\_\_  
Metropolitan Attorney

11/5/2021  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 11/16/21

Resolution  Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 10/18/21

Title (Caption): Healthy Start Initiative • Eliminating Racial/Ethnic Disparities 21-22 Amend 1 & 2- This is a grant from the Health Resources & Services Administration

is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

This action obligates funding for Year 3 of a 5-year project. Amend 1 adds \$125,000 doula services.

April 21 - March 22 Also know as Nashville Strong Babies project Original RS2021-941 New total: \$1,269,121

Submitted to Planning Commission?  N/A  Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected 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: _____                  |

<b>FINANCE</b>	<b>Amount +/-:</b> \$ <u>\$ 125,000.00</u>	<b>Match:</b> \$ <u>\$ 0.00</u>
<b>Funding Source:</b>	<input type="checkbox"/> Capital Improvement Budget <input type="checkbox"/> Capital Outlay Notes <input type="checkbox"/> Departmental/Agency Budget <input type="checkbox"/> Funds to Metro <input type="checkbox"/> General Obligation Bonds <input type="checkbox"/> Grant <input type="checkbox"/> Increased Revenue Sources	<input type="checkbox"/> Judgments and Losses <input type="checkbox"/> Local Government Investment Project <input type="checkbox"/> Revenue Bonds <input type="checkbox"/> Self-Insured Liability <input type="checkbox"/> Solid Waste Reserve <input type="checkbox"/> Unappropriated Fund Balance <input type="checkbox"/> 4% Fund <input type="checkbox"/> Other: _____
Approved by OMB: <u>TE</u>	Approved by Finance/Accounts: _____	Date to Finance Director's Office: _____
Approved by Div Grants Coordination: <u>Trinity Weathersby</u>	<b>APPROVED BY</b>	
	<b>FINANCE DIRECTOR'S OFFICE:</b> _____	

**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

## GRANT SUMMARY SHEET

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(Nashville Strong Babies) 21-22 Amend. 1

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**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

**Total Award this Action:** \$125,000.00

**Cash Match** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment 1 adds additional funds to the doula services in the amount of \$125,000.00 to the previous amount of \$986,796.00 for a new grand total of \$1,111,796.00.

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

Service will be discontinued.

B.A. Initials



5357



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"/>	
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Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:						Applic. Submitted Electronically? <input checked="" type="checkbox"/>	
<p>A grant from to Health Resources &amp; Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment 1 adds additional funds to the doula services in the amount of \$125,000.00 to the previous amount of \$986,796.00 for a new grand total of \$1,111,796.00.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Service will be discontinued.							
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:		9.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		23.54%		Indirect Cost of Grant to Metro:		\$298,751.08	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		23.54%		Ind. Cost Requested from Grantor:	
						\$182,804.00 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	FY21	\$246,699.00						\$246,699.00	\$67,331.52	\$39,836.00	
Yr 2	FY22	\$865,097.00						\$865,097.00	\$231,419.56	\$142,968.00	
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
<b>Total</b>		\$1,111,796.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,111,796.00	\$298,751.08	\$182,804.00	
Date Awarded:				10/21/21		Tot. Awarded:		\$125,000.00		Contract#: 5 H49MC32719-03-01	
(or) Date Denied:						Reason:					
(or) Date Withdrawn:						Reason:					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

TW



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H4932719  
Federal Award Date: 09/07/2021

### Recipient Information

- 1. Recipient Name**  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
PO BOX 196300  
Nashville, TN 37219-6300
- 2. Congressional District of Recipient**  
05
- 3. Payment System Identifier (ID)**  
1620694743A7
- 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**  
D'Yuanna Allen-Robb  
Project Director  
dyuanna.allen-robb@nashville.gov  
(615)340-0487 Ext. 0487
- 8. Authorized Official**  
Tina Lester  
Interim Administrative Director of Health  
Tina.Lester@nashville.gov  
(615)340-5687

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
Tonya Randall  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
trandall@hrsa.gov  
(301) 594-4259
- 10. Program Official Contact Information**  
Judith D Harvilchuck  
Maternal and Child Health Bureau (MCHB)  
JHarvilchuck@hrsa.gov  
(301) 443-5803

### Federal Award Information

- 11. Award Number**  
3 H49MC32719-03-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H4932719
- 13. Statutory Authority**  
Public Health Service Act, Section 751  
Public Health Service Act: Title III, Part D, Section 330H ; 42 U.S.C. 254c-8  
Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8), as amended by the  
Healthy Start Reauthorization Act of 2007 (P.L. 110-339)  
42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act)
- 14. Federal Award Project Title**  
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
- 15. Assistance Listing Number**  
93.926
- 16. Assistance Listing Program Title**  
Healthy Start Initiative
- 17. Award Action Type**  
Competing Supplement
- 18. Is the Award R&D?**  
No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date 04/01/2021 - End Date 03/31/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$125,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,111,796.00
<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>	\$1,269,121.00
<b>26. Project Period Start Date 04/01/2019 - End Date 03/31/2024</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,348,816.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 09/07/2021

### 30. Remarks



Notice of Award  
Award Number: 3 H49MC32719-03-01  
Federal Award Date: 09/07/2021

**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)															
a. Salaries and Wages: \$341,339.00 b. Fringe Benefits: \$143,128.00 c. Total Personnel Costs: \$484,467.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$24,505.00 g. Travel: \$10,552.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$201,181.00 j. Consortium/Contractual Costs: \$365,612.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$1,086,317.00 p. INDIRECT COSTS (Rate: % of S&W/TADC): \$182,804.00 q. TOTAL APPROVED BUDGET: \$1,269,121.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$1,269,121.00		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>04</td> <td>\$1,144,121.00</td> </tr> <tr> <td>05</td> <td>\$1,144,121.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	04	\$1,144,121.00	05	\$1,144,121.00								
YEAR	TOTAL COSTS																
04	\$1,144,121.00																
05	\$1,144,121.00																
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$1,269,121.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$157,325.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Award(s) This Budget Period \$986,796.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$125,000.00</b>		<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Award(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>															
<b>35. FORMER GRANT NUMBER</b>		<b>36. OBJECT CLASS</b> 41.51															
<b>37. BHCMI#</b>		<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.															
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																	
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>21 - 3898020</td> <td>93.926</td> <td>19H49MC32719</td> <td>\$125,000.00</td> <td>\$0.00</td> <td>N/A</td> <td>19-HIS-ERED</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	21 - 3898020	93.926	19H49MC32719	\$125,000.00	\$0.00	N/A	19-HIS-ERED
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE											
21 - 3898020	93.926	19H49MC32719	\$125,000.00	\$0.00	N/A	19-HIS-ERED											

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. This Notice of Award (NoA) reflects funding to support the Healthy Start Supplement: Community-Based Doula. Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Business Official	dyuanna.allen-robb@nashville.gov
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@nashville.gov
Tina Lester	Authorizing Official, Point of Contact	tina.lester@nashville.gov

Note: NoA emailed to these address(es)


All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
  
0480AC21E1CC408  
 \_\_\_\_\_  
 Director, Metro Public Health Department

10/19/2021  
 \_\_\_\_\_  
 Date

DocuSigned by:  
  
BEBF0BBF14D14B0  
 \_\_\_\_\_  
 Chair, Board of Health

10/21/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
19227F3742189  
 \_\_\_\_\_  
 Director, Department of Finance

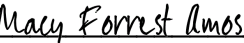
11/4/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
1E0402F041E  
 \_\_\_\_\_  
 Director of Risk Management Services

11/5/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
1E0402F041E  
 \_\_\_\_\_  
 Metropolitan Attorney

11/5/2021  
 \_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

ATTEST:

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

\_\_\_\_\_  
 Date