# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 11/04/25	Resolution Ordinance
Contact/Prepared By: Brad Thompson	<b>Date Prepared:</b> 08/21/25
Title (Caption): Ryan White Part A HIV Emergency Relief 25-28 amendme	nt 3 .
Amendment 3 increases funding of \$2,324,261.00 to a new total of \$4,783,05	2.00 and updates varies terms.
	ž.
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):  Bonds  Budget - Pay Plan  Budget - 4%  Capital Improvements  Capital Outlay Notes  Code Amendment  Condemnation  Contract Approval  Donation  Easement Abando  Easement Accept/  Grant  Grant Application  Improvement Acc.	Lease Maps Acquisition  Master List A&E Settlement of Claims/Lawsuits Street/Highway Improvements
FINANCE Amount +/-: \$\$2,324,261.00  Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources  Approved by OMB:	Match: \$ \$0.00  Judgments and Losses Local Government Investment Project Revenue Bonds  Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: 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:
Settlement Resolution/Memoran	Approved by Department of Law:  Idum Approved by:  Ir Council Meeting: E-mailed Clerk  Settlement Memo

#### **GRANT SUMMARY SHEET**

**Grant Name:** Ryan White Part A HIV Emergency Relief 25-28 Amend 3

**Department:** HEALTH DEPARTMENT

**Grantor:** HEALTH RESOURCES & SERVICES ADMINISTRATION

**Pass-Through Grantor** 

(If applicable):

**Total Award this Action:** \$2,324,261.00

Cash Match Amount \$0.00

**Department Contact:** Brad Thompson

340-0407

**Status:** AMENDMENT

### **Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." Amendment 1 - adds funding of \$1,261,658.00 to \$857,721.00 for a new total of \$2,119,379.00. Amendment 2 re-obligates carryover funding of \$339,412.00 for a new total of \$2,458,791.00 to the current grant year and updates various terms. Amendment 3 increases funding of \$2,324,261.00 to a new total of \$4,783,052.00 and updates varies terms.

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

Services will be discontinued

Wednesday, October 1, 2025 Page 1 of 1

## **Grants Tracking Form**

						Part	One					
Pre-Appl	ication	0	Ар	plication	0	Award Acceptant	ce O	Con	ntract Amendme	ent		
	Depart	tment	D	ept. No.			Contact				Phone	Fax
HEALTH DE	PARTMEN	IT •	<b>▼</b>	038	Brad Thompson						340-0407	
Grant Na	me:		Ryan \	White Part A	A HIV Emergency Re	lief 25-28 Amend 3						
Grantor:			HEALTI	H RESOURCE	S & SERVICES ADMINIS	TRATION		-	Other:			
Grant Pe	riod Fron	m:	0	3/01/25		(applications only)	Anticipated Ap	plication	Date:			
Grant Pe	riod To:		0	)2/28/26		(applications only)	Application De	adline:				
Funding	Туре:		FED DI	RECT			Multi-Departme	ent Gran	t		► If yes, list be	ow.
Pass-Thru	u:				_		Outside Consu	Itant Pro	ject:			
Award Ty	/pe:		FORMU	ULA	▼		Total Award:			\$2,324,261.00		
Status:			AMENI	DMENT	▼		Metro Cash Ma	atch:		\$0.00		
Metro Ca	tegory:		Est. Pri	or.	▼		Metro In-Kind	Match:		\$0.00		
CFDA#				93.914		-	Is Council app	roval req	juired?			
Project D	escriptio	on:					Applic. Submitt	ted Elect	ronically?			
Minority A  Amendme	IDS Initiatent 2 re-c	tive program. <sup>-</sup> obligates carr	This funding yover fund	g is meant to ling of \$33	ministration for the probe the "payer of last 9,412.00 for a new topdates varies terms	t resort." Amendmeotal of \$2,458,791.	ent 1 - adds fund	ding of \$	1,261,658.00 to	\$857,721.00 for a ne	w total of \$2,11	9,379.00.
Services v			e atter expi	iration of g	rant/Budgetary Impa	act:						
		termined?					N 10 m 1					
Fixed Am	ount of	\$	of dotormi	ining match	or		% of Grant			Other:		
Fixed Am Explanat	ount of \$	\$ Other" means			1:		% of Grant			Other:		
Fixed Am  Explanat  For this I	nount of \$ ion for "C	\$ Other" means , how much o	f the requi					Fund				
Fixed Am  Explanat  For this I	ion for "C Metro FY, y in depa	\$ Other" means	f the requi		1:				Source of Matc	Business Unit		
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Fixed Am  Explanat  For this I Is already Is not but (Indicate I Other: Number of Pepartmet *Indirect *(If "No", Draw down Metro or	Metro FY, y in depa dgeted? Match An of FTEs thental Indi Costs all please at wn allowa Commun	the grant will to irect Cost Rat lowed?  ttach docume able?  nity-based Pai	f the required to the requirement of the requiremen	red local M naining Gra	etro cash match:  nt Years in Budget I  % Allow.  ntor that indirect cos	5.80 19.54% 0.00% sts are not allowal	Actual number Indirect Cost of Ind. Cost Required. See Instructions and Indirect Cost of In	of posit	ions added:	Business Unit	\$934,713.59	
Fixed Am  Explanat  For this I Is already Is not but (Indicate I Other: Number of Pepartmet *Indirect *(If "No", Draw down Metro or	Metro FY, y in depa dgeted? Match An of FTEs thental Indi Costs all please at wn allowa Commun	the grant will to irect Cost Rat lowed?  ttach docume able?  nity-based Pai	f the required to the requirement of the requiremen	red local M naining Gra	etro cash match:  nt Years in Budget I  % Allow.  ntor that indirect cos	5.80 19.54% 0.00% sts are not allowal All are considered s	Actual number Indirect Cost of Ind. Cost Required. See Instructions and Indirect Cost of In	of posit	ions added:	Business Unit	\$934,713.59	
Fixed Am  Explanat  For this I Is already Is not but (Indicate I Other: Number of Pepartmet *Indirect *(If "No", Draw down Metro or	Metro FY, y in depa dgeted? Match An of FTEs thental Indi Costs all please at wn allowa Commun	the grant will to irect Cost Rat lowed?  ttach docume able?  nity-based Pai	f the required to the requirement of the requiremen	red local M naining Gra	etro cash match:  nt Years in Budget I  % Allow.  ntor that indirect cos	5.80 19.54% 0.00% sts are not allowal All are considered s	Actual number Indirect Cost of Ind. Cost Requiple. See Instructions Subgrantees.	oposed of positions of position	ions added:	Business Unit	\$934,713.59	

	Part I wo									
	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	25	\$857,721.00						\$857,721.00	\$167,617.55	\$0.00
Yr 2	26	\$3,925,331.00						\$3,925,331.00	\$767,096.03	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Tot	tal	\$4,783,052.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,783,052.00	\$934,713.59	\$0.00
Date Awarded: 09/30/25					\$2,324,261.00	Contract#:	6H89HA114	33-17-03		
	(or) l	Date Denied:								
	(or) l	Date Withdrawn:								

Contact: <u>juanita.paulsen@nashville.gov</u> <u>vaughn.wilson@nashville.gov</u>

Rev. 5/13/13 6112 J.F

GCP Received 09/30/25

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 11/04/25	Resolution Ordinance		
Contact/Prepared By: Brad Thompson	<b>Date Prepared</b> : 08/21/25		
Title (Caption): Ryan White Part A HIV Emergency Relief 25-28 Amend 2			
Amendment 2 re-obligates carryover funding of \$339,412.00 for a new total of	\$2,458,791.00 to the current grant year and updates various terms.		
	8		
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):  Bonds  Budget - Pay Plan  Budget - 4%  Capital Improvements  Capital Outlay Notes  Code Amendment  Condemnation  Contract Approvation  Easement Aband  Easement Accept  Grant  Grant Application  Improvement Accept  Improvement Accep	Lease  donment  Maps  Master List A&E  Settlement of Claims/Lawsuits  Street/Highway Improvements		
FINANCE Amount +/-: \$\$339,412.00  Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources  Approved by OMB: Acon Prott Approved by Finance/Accounts: Approved by Div Grants Coordination: Quanta Paulse	Match: \$ \$ 0.00  Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: Date to Finance Director's Office: APPROVED BY		
ADMINISTRATION			
Council District Member Sponsors:			
Council Committee Chair Sponsors:			
Approved by Administration:	Date:		
	Approved by Department of Law:		

#### **GRANT SUMMARY SHEET**

**Grant Name:** Ryan White Part A HIV Emergency Relief 25-28 Amend 2

**Department:** HEALTH DEPARTMENT

**Grantor:** HEALTH RESOURCES & SERVICES ADMINISTRATION

**Pass-Through Grantor** 

(If applicable):

**Total Award this Action:** \$339,412.00

Cash Match Amount \$0.00

**Department Contact:** Brad Thompson

340-0407

**Status:** AMENDMENT

## **Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." Amendment 1 - adds funding of \$1,261,658.00 to \$857,721.00 for a new total of \$2,119,379.00. Amendment 2 re-obligates carryover funding of \$339,412.00 for a new total of \$2,458,791.00 to the current grant year and updates various terms.

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

Services will be discontinued

Wednesday, October 1, 2025 Page 1 of 1

#### **Grants Tracking Form**

			Part	One				
Pre-Application	Application	)	Award Acceptane	ce O	Contract Amendme	ent		
Department	Dept. No.			Contact			Phone	Fax
HEALTH DEPARTMENT ▼	038	Brad Thompson					340-0407	
Grant Name:	Ryan White Part A	HIV Emergency Re	lief 25-28 Amend 2					
Grantor:	HEALTH RESOURCES	& SERVICES ADMINIS	TRATION		▼ Other:			
Grant Period From:	03/01/25		(applications only)	Anticipated Applicat	tion Date:			
Grant Period To:	02/28/26	1	(applications only)	Application Deadline	e:			
Funding Type:	FED DIRECT	▼		Multi-Department G	rant		► If yes, list bel	ow.
Pass-Thru:	122 223	▼	_	Outside Consultant			,	
Award Type:	FORMULA	▼	-	Total Award:		\$339,412.00		
Status:	AMENDMENT	▼	-	Metro Cash Match:		\$0.00		
Metro Category:	Est. Prior.	_	-	Metro In-Kind Match	n:	\$0.00		
CFDA#	93.914		1	Is Council approval	required?			
Project Description:		1		Applic. Submitted E	ectronically?			
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." Amendment 1 - adds funding of \$1,261,658.00 to \$857,721.00 for a new total of \$2,119,379.00.  Amendment 2 re-obligates carryover funding of \$339,412.00 for a new total of \$2,458,791.00 to the current grant year and updates various terms.  Plan for continuation of service after expiration of grant/Budgetary Impact:  Services will be discontinued								
How is Match Determined?				Was One				
Fixed Amount of \$	determining match	or		% of Grant		Other:		
Fixed Amount of \$  Explanation for "Other" means of				% of Grant		Other:		
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of the								
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget?				Fund	ed Source of Mato	Business Unit		
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted?	e required local Me	tro cash match:	Below)	Fund	ed Source of Matc	Business Unit		
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted?  (Indicate Match Amount & Source)	e required local Me	tro cash match:	Below)	Fund	ed Source of Matc	Business Unit		
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted?  (Indicate Match Amount & Source of Other:	e required local Me for Remaining Gran	tro cash match:		Fund Propos		Business Unit	0.00	
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted?  (Indicate Match Amount & Source)	e required local Me for Remaining Gran	tro cash match:	5.80	Fund	ositions added:	Business Unit	0.00 \$480,501.85	
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of the Is already in department budget?  Is not budgeted?  (Indicate Match Amount & Source of Other:  Number of FTEs the grant will fundamental Indirect Cost Rate	e required local Me for Remaining Gran d:	tro cash match: t Years in Budget I	5.80 19.54%	Fund Propos  Actual number of polindirect Cost of Gran	ositions added: nt to Metro:	Business Unit	\$480,501.85	in budget
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted? (Indicate Match Amount & Source of Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?	e required local Me for Remaining Gran d:	tro cash match:  t Years in Budget I	5.80 19.54% 0.00%	Actual number of polindirect Cost of Gran	ositions added: nt to Metro: from Grantor:	Business Unit		in budget
Fixed Amount of \$  Explanation for "Other" means of the salready in department budget? Is not budgeted? (Indicate Match Amount & Source of Other:  Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?  *(If "No", please attach documental)	e required local Me for Remaining Gran d:	tro cash match:  t Years in Budget I	5.80 19.54% 0.00%	Actual number of polindirect Cost of Gran	ositions added: nt to Metro: from Grantor:	Business Unit	\$480,501.85	in budget
Fixed Amount of \$  Explanation for "Other" means of  For this Metro FY, how much of th Is already in department budget? Is not budgeted? (Indicate Match Amount & Source of Other: Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?	e required local Me for Remaining Gran d:  O Yes  No tion from the grant	tro cash match:  t Years in Budget I  % Allow.  or that indirect cos	5.80 19.54% 0.00% sts are not allowal	Actual number of polindirect Cost of Gran Ind. Cost Requested ble. See Instructions	ositions added: nt to Metro: from Grantor:	Business Unit	\$480,501.85	in budget
Fixed Amount of \$  Explanation for "Other" means of the salready in department budget? Is not budgeted? (Indicate Match Amount & Source of Other:  Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?  *(If "No", please attach documenta Draw down allowable?  Metro or Community-based Partners.	e required local Me for Remaining Gran d:  O Yes  No tion from the grant	tro cash match:  t Years in Budget I  % Allow.  or that indirect cos	5.80 19.54% 0.00% sts are not allowal All are considered s	Actual number of policifications of the second subgrantees.	ositions added: nt to Metro: from Grantor:	Business Unit	\$480,501.85	in budget
Fixed Amount of \$  Explanation for "Other" means of the salready in department budget? Is not budgeted? (Indicate Match Amount & Source of Other:  Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?  *(If "No", please attach documentate of Draw down allowable?  Metro or Community-based Partner or Communi	e required local Me for Remaining Gran d:  O Yes  No tion from the grant	tro cash match:  t Years in Budget I  % Allow.  or that indirect cos	5.80 19.54% 0.00% sts are not allowal All are considered s Part Tw	Actual number of polindirect Cost of Gran Ind. Cost Requested ble. See Instructions subgrantees.	ositions added: nt to Metro: from Grantor:	Business Unit	\$480,501.85 \$0.00	
Fixed Amount of \$  Explanation for "Other" means of the salready in department budget? Is not budgeted? (Indicate Match Amount & Source of Other:  Number of FTEs the grant will fund Departmental Indirect Cost Rate *Indirect Costs allowed?  *(If "No", please attach documenta Draw down allowable?  Metro or Community-based Partners.	e required local Me for Remaining Gran d:  O Yes  No tion from the grant ers: ovide services in the	tro cash match:  t Years in Budget I  % Allow.  or that indirect cos	5.80 19.54% 0.00% sts are not allowal All are considered s	Actual number of policifications of the second subgrantees.	ositions added: nt to Metro: from Grantor:	Business Unit	\$480,501.85	in budget  Ind. Cost Neg. from Grantor

Part I wo										
	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	25	\$857,721.00						\$857,721.00	\$167,617.55	\$0.00
Yr 2	26	\$1,601,070.00						\$1,601,070.00	\$312,884.30	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Tot	tal	\$2,458,791.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,458,791.00	\$480,501.85	\$0.00
	Date	Awarded:		09/30/25		\$339,412.00	Contract#:	6H89HA11433-1	7-02	
	(or) l	Date Denied:								
	(or) l	Date Withdrawn:								

Contact: <u>juanita.paulsen@nashville.gov</u> <u>vaughn.wilson@nashville.gov</u>

Rev. 5/13/13 6111 JP

GCP Received 09/30/25

Hannah Buttin Assistant Metropolitan Attorney

Resolution No	
A resolution approving amendments two Department of Health and Human Government, acting by and through the provide for the prevention, surveilland HIV/AIDS and to administer a Minority A	Services to the Metropolitan Metropolitan Board of Health, to ce, diagnosis, and treatment of
WHEREAS, the Metropolitan Government, acting Health, previously entered into a grant agreeme Human Services to provide for the prevention, HIV/AIDS and to administer a Minority AIDS Initia RS2025-1361; and,	nt with the U.S. Department of Health and surveillance, diagnosis, and treatment of
WHEREAS, the parties wish to amend the grant a \$339,412.00 to increase the amount of the grant current grant year and updates various terms and attached hereto; and,	from \$2,119,379.00 to \$2,458,791.00 in the
WHEREAS, amendment three increases the ar \$2,458,791.00 to \$4,783,052.00 and updates var amendment three is attached hereto; and,	
WHEREAS, it is to the benefit of the citizens of The Davidson County that amendments two and three benefits the citizens of th	
NOW, THEREFORE BE IT RESOLVED BY T GOVERNMENT OF NASHVILLE AND DAVIDSON	
Section 1. That amendments two and three Department of Health and Human Services and through the Metropolitan Board of Health, to provid and treatment of HIV/AIDS and to administer a Mir amendments two and three are attached hereto are and the Metropolitan Mayor is authorized to execut	de for the prevention, surveillance, diagnosis, nority AIDS Initiative program, copies of which and incorporated herein, are hereby approved,
Section 2. That this resolution shall take effective Metropolitan Government of Nashville and Dav	et from and after its adoption, the welfare of vidson County requiring it.
APPROVED AS TO AVAILABILITY OF FUNDS:	INTRODUCED BY:
Junua Rudingw  Jenneen Reed, Director  Department of Finance	
APPRROVED AS TO FORM AND LEGALITY:	Member(s) of Council

D-25-13606 Page 1 of 2 {N0720191.1}

Docusign Envelope ID: 4B48FB2D-71CD-4D87-B716-DD8265447612

{N0720191.1} D-25-13606 Page 2 of 2



#### **Department of Health and Human Services**

**Health Resources and Services Administration** 

Notice of Award FAIN# H8911433

Federal Award Date: 07/29/2025

#### **Recipient Information**

1. Recipient Name

Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129

- 2. Congressional District of Recipient
- 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 LGZLHP6ZHM55
- Project Director or Principal Investigator Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605
- 8. Authorized Official

#### **Federal Agency Information**

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251

#### **Federal Award Information**

**11. Award Number** 6 H89HA11433-17-03

- 12. Unique Federal Award Identification Number (FAIN) H8911433
- **13. Statutory Authority**42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title
  Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number 93.914
- **16. Assistance Listing Program Title**HIV Emergency Relief Project Grants
- 17. Award Action Type
  Administrative
- 18. Is the Award R&D?

Summary Federal Award Financial Information						
19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026						
20. Total Amount of Federal Funds Obligated by this Action	\$2,324,261.00					
20a. Direct Cost Amount						
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	\$4,783,052.00					
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00					
25. Total Federal and Non-Federal Approved this Budget Period	\$4,783,052.00					
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028						
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,783,052.00					

- 28. Authorized Treatment of Program Income Addition
- 29. Grants Management Officer Signature Karen Mayo on 07/29/2025

#### 30. Remarks

This award consists of the following amounts: FY25 FRML - \$2,826,079.00 FY25 MAI - \$318,680.00 fy25 FRML -\$1,298,881.00 Total Funding - \$4,443,640.00

Date Issued: 7/29/2025 2:36:00 PM Award Number: 6 H89HA11433-17-03



HIV/AIDS Bureau (HAB)

Notice of Award

Award Number: 6 H89HA11433-17-03 Federal Award Date: 07/29/2025

31. APPROVED BUDGET: (Excludes Direct Assistance)						
[X] Grant Funds Only						
[ ] 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. Consultant Costs:	\$0.00					
e. Equipment:	\$0.00					
f. Supplies:	\$0.00					
g. Travel:	\$0.00					
h. Construction/Alteration and Renovation:	\$0.00					
i. Other:	\$0.00					
j. Consortium/Contractual Costs:	\$0.00					
k. Trainee Related Expenses:	\$0.00					
I. Trainee Stipends:	\$0.00					
m. Trainee Tuition and Fees:	\$0.00					
n. Trainee Travel:	\$0.00					
o. TOTAL DIRECT COSTS:	\$4,783,052.00					
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00					
i. Indirect Cost Federal Share:	\$0.00					
ii. Indirect Cost Non-Federal Share:	\$0.00					
q. TOTAL APPROVED BUDGET:	\$4,783,052.00					
i. Less Non-Federal Share:	\$0.00					
ii. Federal Share:	\$4,783,052.00					
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Authorized Financial Assistance This Period	\$4,783,052.00					
b. Less Unobligated Balance from Prior Budget Periods						
i. Additional Authority	\$0.00					
ii. Offset	\$0.00					
c. Unawarded Balance of Current Year's Funds	\$0.00					
d. Less Cumulative Prior Award(s) This Budget Period	\$2,458,791.00					
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$2,324,261.00					

#### 33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)

YEAR TOTAL COSTS						
18	\$2,329,304.00					
19	\$2,329,304.00					
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)						
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 \$0.00						
35. FORMER GRANT N	UMBER					
36. OBJECT CLASS 41.15						
37. BHCMIS#						

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:

a. The program authorizing statue 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.

#### 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 377RA25	93.914	25H89HA11433	\$847,736.00	\$0.00	FRML	25H89HA11433
25 - 377RA26	93.914	25H89HA11433	\$1,298,881.00	\$0.00	SUPPL	25H89HA11433
25 - 377RA24	93.914	25H89HA11433	\$177,644.00	\$0.00	MAI	25H89HA11433

Date Issued: 7/29/2025 2:36:00 PM Award Number: 6 H89HA11433-17-03

## 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. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
- 2. Applicable Regulations Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
- 3. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
- 4. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
  - This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
  - Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
- 5. Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340. Pursuant to 2 C.F.R. 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.
- 6. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
  - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
  - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
  - · Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for

Date Issued: 7/29/2025 2:36:00 PM Award Number: 6 H89HA11433-17-03

funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.

- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

### **Program Specific Term(s)**

1. This Notice of Award provides the balance of fiscal year 2025 (FY25) funding based on HRSA's FY25 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

### Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Issue Date

The recipient must submit a FY 2025 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

#### Contacts

## NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@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

Signed by:	
Sanni Areola	9/30/2025
Director, Metro Public Health Department	Date
Signed by:	
Tené Hamilton Franklin	9/30/2025
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
<u>Junuar Rud/m/w</u> Director, Department of Finance	10/29/2025   10:00 AM CDT
Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Balogun Cobb	10/29/2025   10:23 AM CDT
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
Hannalı Zeitlin	10/29/2025   8:04 AM PDT
Metropolitan Attorney	Date
Metropolitan Mayor	 Date
Wetropolitan Wayor	Date
ATTEST:	
Metropolitan Clerk	 Date



## **Department of Health and Human Services**

**Health Resources and Services Administration** 

Notice of Award FAIN# H8911433

Federal Award Date: 07/24/2025

#### **Recipient Information**

1. Recipient Name

Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave

Nashville, TN 37209-4129

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 LGZLHP6ZHM55
- Project Director or Principal Investigator Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605
- 8. Authorized Official

#### **Federal Agency Information**

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251

#### **Federal Award Information**

**11. Award Number** 6 H89HA11433-17-02

- 12. Unique Federal Award Identification Number (FAIN) H8911433
- **13. Statutory Authority**42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title
  Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number
- **16. Assistance Listing Program Title**HIV Emergency Relief Project Grants
- 17. Award Action Type
  Administrative
- 18. Is the Award R&D?

Summary Federal Award Financial Information				
19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026				
20. Total Amount of Federal Funds Obligated by this Action	\$339,412.00			
20a. Direct Cost Amount				
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	\$2,458,791.00			
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00			
25. Total Federal and Non-Federal Approved this Budget Period	\$2,458,791.00			
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028				
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,458,791.00			

- 28. Authorized Treatment of Program Income Addition
- 29. Grants Management Officer Signature Karen Mayo on 07/24/2025

#### 30. Remarks

Prior Approval Request Tracking Number PA-00142205. Prior Approval Request Type: Carryover



HIV/AIDS Bureau (HAB)

Notice of Award

Date Issued: 7/24/2025 4:23:01 PM

Award Number: 6 H89HA11433-17-02

Award Number: 6 H89HA11433-17-02

# Federal Award Date: 07/24/2025

	33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)				
	YEAR	TOTAL COSTS			
0	18	\$1,261,658.00			
o	19	19 \$1,261,658.00			
)	34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)				
ס	a. Amount of Direct Assistance \$0.				
	b. Less Unawarded Balance of Current Year's Funds \$0.				
	c. Less Cumulative Prior Award(s) This Budget Period \$0.0				
	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00				
	35. FORMER GRANT NUMBER				
)	36. OBJECT CLASS				
)	41.15				
)	37. BHCMIS#				
)					
)					

	PPROVED BUDGET: (Excludes Direct Assistance)  Grant Funds Only		33. RECOMMENDED (Subject to the available)
[]	Total project costs including grant funds and all other fina	ancial participation	YEAR
a.	Salaries and Wages:	\$0.00	18
b.	Fringe Benefits:	\$0.00	19
c.	Total Personnel Costs:	\$0.00	34. APPROVED DIRE
d.	Consultant Costs:	\$0.00	a. Amount of Direc
e.	Equipment:	\$0.00	b. Less Unawarded
f.	Supplies:	\$0.00	c. Less Cumulative
g.	Travel:	\$0.00	d. AMOUNT OF DIF
h.	Construction/Alteration and Renovation:	\$0.00	35. FORMER GRANT
i.	Other:	\$0.00	36. OBJECT CLASS
j.	Consortium/Contractual Costs:	\$0.00	41.15
k.	Trainee Related Expenses:	\$0.00	37. BHCMIS#
l.	Trainee Stipends:	\$0.00	
m.	Trainee Tuition and Fees:	\$0.00	
n.	Trainee Travel:	\$0.00	
0.	TOTAL DIRECT COSTS:	\$2,458,791.00	
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	
	i. Indirect Cost Federal Share:	\$0.00	
	ii. Indirect Cost Non-Federal Share:	\$0.00	
q.	TOTAL APPROVED BUDGET:	\$2,458,791.00	
	i. Less Non-Federal Share:	\$0.00	
	ii. Federal Share:	\$2,458,791.00	
32. A	WARD COMPUTATION FOR FINANCIAL ASSISTANCE:		
a. ,	Authorized Financial Assistance This Period	\$2,458,791.00	
b.	Less Unobligated Balance from Prior Budget Periods		
	i. Additional Authority	\$0.00	
	ii. Offset	\$0.00	
c.	Unawarded Balance of Current Year's Funds	\$0.00	
d. I	Less Cumulative Prior Award(s) This Budget Period	\$2,119,379.00	
e. ,	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$339,412.00	

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:

a. The program authorizing statue 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.

#### 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 377RA16	93.914	25H89HA11433	\$110,383.00	\$0.00	FRML	25H89HA11433
24 - 377RA15	93.914	25H89HA11433	\$229,029.00	\$0.00	MAI	25H89HA11433

Date Issued: 7/24/2025 4:23:01 PM Award Number: 6 H89HA11433-17-02

## 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. Applicable Regulations Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
- 2. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
- 3. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
  - This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
  - Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
- 4. Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340. Pursuant to 2 C.F.R. 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.
- 5. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
  - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
  - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
  - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
  - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this

Date Issued: 7/24/2025 4:23:01 PM Award Number: 6 H89HA11433-17-02

#### Agreement.

- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
- 6. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$339,412 from budget period 3/1/2024 2/28/2025 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

#### **Contacts**

## NoA Email Address(es):

Name	Role	Email
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@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

Signed by:	
Sanmi Areola	9/30/2025
Director, Metro Public Health Department	Date
Signed by:	
Tené Itamilton Franklin	9/30/2025
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
Janneen Reed/mow	10/29/2025   10:00 AM CDT
<u>Junear Red/mfw</u> Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Balogun Cobb	10/29/2025   10:23 AM CDT
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
_ Hannalı Eritlin	10/29/2025   8:04 AM PDT
Metropolitan Attorney	Date
Metropolitan Mayor	Date
ATTEST:	
Metropolitan Clerk	Date