

Resolution No. RS2020 - 591

A resolution approving amendments two, three, and four appropriating funds from the United States Department of Health and Human Services to the Metropolitan Action Commission to support the Head Start Program by funding a comprehensive child development program for disadvantaged children.

WHEREAS, the Metropolitan Action Commission previously accepted a grant from the United States Department of Health and Human Services in an amount not to exceed \$14,484,699.00 with a required cash match of \$3,621,175.00; and,

WHEREAS, the parties wish to amend the grant as follows: amendment two reduces the cash match requirement by \$600,000.00 from \$3,621,175.00 to \$3,021,175.00; amendment three increases the amount of the grant by \$1,305,029.00 from \$14,484,699.00 to \$15,789,728.00 for COVID-19 response; and amendment four extends the end date of the grant from June 30, 2020 to June 30, 2021, copies of which amendments two, three, and four are attached hereto;

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that these additional funds be appropriated to the Metropolitan Action Commission and amendments two, three, and four be accepted.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendments two, three, and four to a grant by and between the United States Department of Health and Human Services to the Metropolitan Action Commission to support the Head Start Program by funding a comprehensive child development program for disadvantaged children, copies of which amendments two, three, and four are attached hereto and incorporated herein, be appropriated to the Metropolitan Action Commission, and the Metropolitan Mayor is authorized to execute the same.

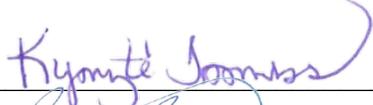
Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

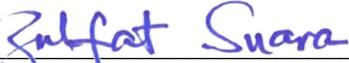
APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin Grumbo, Director
Department of Finance

INTRODUCED BY:




Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Assistant Metropolitan Attorney

GRANT SUMMARY SHEET

Grant Name: Head Start/ Early Head Start 20 Amendment 4

Department: METRO ACTION

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

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Cynthia Croom, Executive Director
862-8860

Status: AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 4 extends the budget and project period from 06/30/2020 through 06/30/21 for the use of approved COVID-19 funds. No additional match requirement or funding being added.

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

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
METRO ACTION	075	Cynthia Croom, Executive Director				862-8860	880-2388
Grant Name:	Head Start/ Early Head Start 20 Amendment 4						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:	07/01/19	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/21	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:	Select 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:					
CFDA #	93.600	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input checked="" type="checkbox"/>						
<p>A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 3 extends the budget and project period from 06/30/2020 through 06/30/21 for the use of approved COVID-19 funds. No additional match requirement or funding being added.</p>							
<p>Plan for continuation of service after expiration of grant/Budgetary Impact: Plans are to resubmit grant application for subsequent program year.</p>							
<p>How is Match Determined?</p> <p>Fixed Amount of \$ _____ or 20.0% % of Grant Other: <input type="checkbox"/></p> <p>Explanation for "Other" means of determining match:</p>							
<p>For this Metro FY, how much of the required local Metro cash match:</p> <p>Is already in department budget? \$0.00 Fund 10101 Business Unit 1101204</p> <p>Is not budgeted? Proposed Source of Match: General and Local Funds</p> <p>(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)</p>							
<p>Other:</p> <p>Number of FTEs the grant will fund: 264.38 Actual number of positions added:</p> <p>Departmental Indirect Cost Rate 17.32% Indirect Cost of Grant to Metro: \$3,258,048</p> <p>*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow. 15.00% Ind. Cost Requested from Grantor: \$699,130 in budget</p> <p>*If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> <p>Draw down allowable? <input checked="" type="checkbox"/></p> <p>Metro or Community-based Partners:</p>							

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	FY20	\$15,789,728.00			\$3,021,175.00	0110101, 1101204	\$0.00	\$18,810,903.00	\$3,258,048	\$699,130.00
Yr 2	FY__							\$0.00		
Yr 3	FY__							\$0.00		
Yr 4	FY__							\$0.00		
Yr 5	FY__							\$0.00		
Total		\$15,789,728.00	\$0.00	\$0.00	\$3,021,175.00		\$0.00	\$18,810,903.00	\$3,258,048	\$699,130.00
Date Awarded:		09/18/20			Tot. Awarded:	\$0.00	Contract#:	04CH010156-05-04		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP Rec'd
10/06/20

GCP Approved
10/06/20

VW

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-04	3a. AMEND. NO.: 4
4. FAIN: 04CH010156				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: No Cost Extension		7. AWARD AUTHORITY: 42 USC 9801 ET SEQ
8. BUDGET PERIOD: 07/01/2019 THRU 06/30/2021		9. PROJECT PERIOD: 07/01/2015 THRU 06/30/2021		10. CFDA NO.: 93.600 - Head Start
11. RECIPIENT ORGANIZATION: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 800 2nd Ave N Nashville, TN 37201-1083 Grantee Authorizing Official: Lavonela Steele, Board Chair			12. PROJECT / PROGRAM TITLE: Head Start and Early Head Start	
13. COUNTY: Davidson		14. CONGR. DIST.: 05		15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Cynthia Croom Executive Director
16. APPROVED BUDGET:		17. AWARD COMPUTATION:		
Personnel.....	\$ 9,853,656.00	A. NON-FEDERAL SHARE.....	\$ 3,021,175.00	16.06%
Fringe Benefits.....	\$ 160,000.00	B. FEDERAL SHARE.....	\$ 15,789,728.00	83.94%
Travel.....	\$ 276,461.00	18. FEDERAL SHARE COMPUTATION:		
Equipment.....	\$ 415,000.00	A. TOTAL FEDERAL SHARE.....	\$ 15,789,728.00	
Supplies.....	\$ 1,097,772.00	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 531,946.00	
Contractual.....	\$ 1,210,227.00	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	15,257,782.00	
Facilities/Construction.....	\$ 0.00	19. AMOUNT AWARDED THIS ACTION:		
Other.....	\$ 2,077,462.00	\$ 0.00		
Direct Costs.....	\$ 15,080,598.00	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		
Indirect Costs.....	\$ 699,130.00	\$ 55,950,976.00		
In Kind Contributions.....	\$ 0.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
Total Approved Budget.....	\$ 15,789,728.00	Additional Costs		
		22. APPLICANT EIN: 620894743	23. PAYEE EIN: 1620694743A2	24. OBJECT CLASS: 41.51
25. FINANCIAL INFORMATION:				
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.
	04CH01015805	75-20-1536	0-G044122	\$0.00
DUNS 078217666 UNOBLIG. NONFED %				
26. REMARKS: (Continued on separate sheets)				
27. SIGNATURE - ACF GRANTS OFFICER Dionne Bounds 81 Forsyth St SW Atlanta, GA 30303-8931 Phone: 4045622910		ISSUE DATE: 09/15/2020		28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Mr. Omar Barrett 09/15/2020
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Ms. Heather L Wanderski - Regional Program Manager			DATE: 09/15/2020	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-04	3a. AMEND. NO.: 4
4. FAIN: 04CH010156				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: No Cost Extension		7. AWARD AUTHORITY: 42 USC 9801 ET SEQ
8. BUDGET PERIOD: 07/01/2019 THRU 06/30/2021	9. PROJECT PERIOD: 07/01/2015 THRU 06/30/2021	10. CFDA NO.: 93.600 - Head Start		
11. RECIPIENT ORGANIZATION: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF				

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND
U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF **04CH010156-05-04**

1. Remarks

26. REMARKS (Continued from previous page)



This grant action extends the budget and project period from 06/30/2020 through 06/30/2021 for the use of approved COVID-19 funds.

**SIGNATURE PAGE FOR
HEAD START/EARLY HEAD START AWARD FY20
AMENDMENT #4**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Cynthia Croom, Ed.D., Executive Director
Metropolitan Action Commission

9/16/20
Date


LaVoneia C. Steele, Ed.D., Chair
Metropolitan Action Commission

9/16/20
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

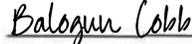
DocuSigned by:


Kevin Crumbo, Director
Department of Finance

10/9/2020
Date

APPROVED AS TO RISK AND INSURANCE:

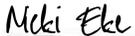
DocuSigned by:


B.C. Cobb, Director of Insurance

10/9/2020
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:


Metropolitan Attorney

10/9/2020
Date

John Cooper, Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk RS2020-591

Date

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/20/20

Resolution Ordinance

Contact/Prepared By: Rickie McQueen

Date Prepared: 09/25/20

Title (Caption): Amend. 3 to the Head Start/Early Head Start 20 awards one-time funds of \$1,305,029 to the previous amount of \$14,484,699

for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus disease (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency. An increase in match requirement is waived for amendment 3.
\$1,305,029.00 needs to be appropriated in the FY21 budget.

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

Proposing Department: Metro Action Commission Requested By: Belva Weathersby

Affected Department(s): Metro Action Commission Affected Council District(s): 1-35

Legislative Category (check one):

- | | | |
|-----------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE Amount +/-: \$ <u>\$ 1,305,029.00</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources DocuSigned by:	Match: \$ <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____
Approved by OMB: <u>Tom Eddleman</u> Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Vaughn Wilson</u>	Date to Finance Director's Office: _____ APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
Approved by Administration: _____	Date: _____

DEPARTMENT OF LAW	
Date to Dept. of Law: _____	Approved by Department of Law: _____
Settlement Resolution/Memorandum Approved by: _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

GRANT SUMMARY SHEET

Grant Name: Head Start/ Early Head Start 20 Amendment 3
Department: METRO ACTION
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Total Award this Action: \$1,305,029.00
Cash Match \$0.00
Department Contact: Cynthia Croom, Executive Director
862-8860
Status: AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 3 awards one-time funds of \$1,305,029 to the previous amount of \$14,484,699 for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus disease (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency. An increase in match requirement is waived for amendment 3.

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

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
METRO ACTION	075	Cynthia Croom, Executive Director				862-8860	880-2388
Grant Name:		Head Start/ Early Head Start 20 Amendment 3					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:		07/01/19		<small>(applications only)</small> Anticipated Application Date:			
Grant Period To:		06/30/20		<small>(applications only)</small> Application Deadline:			
Funding Type:	FED DIRECT			Multi-Department Grant		<input type="checkbox"/> If yes, list below.	
Pass-Thru:	Select Pass-Thru --- >			Outside Consultant Project:		<input type="checkbox"/>	
Award Type:	COMPETITIVE			Total Award:		\$1,305,029.00	
Status:	AMENDMENT			Metro Cash Match:		\$0.00	
Metro Category:	Est. Prior.			Metro In-Kind Match:			
CFDA #	93.600			Is Council approval required?		<input checked="" type="checkbox"/>	
Project Description:				Applic. Submitted Electronically?		<input checked="" type="checkbox"/>	
<p>A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 3 awards one-time funds of \$1,305,029 to the previous amount of \$14,484,699 for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus disease (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency. An increase in match requirement is waived for amendment 3.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Plans are to resubmit grant application for subsequent program year.							
How is Match Determined?							
Fixed Amount of \$		or		20.0%		% 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?		\$0.00		Fund		10101 Business Unit	
Is not budgeted?				Proposed Source of Match:		General and Local Funds	
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		264.38		Actual number of positions added:			
Departmental Indirect Cost Rate		17.32%		Indirect Cost of Grant to Metro:		\$3,258,048	
*Indirect Costs allowed?		<input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		15.00%	
				Ind. Cost Requested from Grantor:		\$699,130 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?		<input checked="" 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	FY20	\$15,789,728.00			\$3,021,175.00	0110101, 1101204	\$0.00	\$18,810,903.00	\$3,258,048	\$699,130.00
Yr 2	FY__							\$0.00		
Yr 3	FY__							\$0.00		
Yr 4	FY__							\$0.00		
Yr 5	FY__							\$0.00		
Total		\$15,789,728.00	\$0.00	\$0.00	\$3,021,175.00		\$0.00	\$18,810,903.00	\$3,258,048	\$699,130.00
Date Awarded:		09/18/20			Tot. Awarded:		\$1,305,029.00		Contract#:	
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP Rec'd
10/06/20

GCP Approved
10/06/20

VW

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start	2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-03	3a. AMEND. NO.: 3
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4. FAIN: 04CH010156

5. TYPE OF AWARD: Service	6. TYPE OF ACTION: Supplement	7. AWARD AUTHORITY: 42 USC 9801 ET SEQ
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8. BUDGET PERIOD: 07/01/2019 THRU 06/30/2020	9. PROJECT PERIOD: 07/01/2015 THRU 06/30/2020	10. CFDA NO.: 93.600 - Head Start
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11. RECIPIENT ORGANIZATION: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 800 2nd Ave N Nashville, TN 37201-1083 Grantee Authorizing Official: Lavoneia Steele , Board Chair	12. PROJECT / PROGRAM TITLE: Head Start and Early Head Start
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13. COUNTY: Davidson	14. CONGR. DIST.: 05	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Cynthia Croom Executive Director
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:	
Personnel.....	\$ 9,853,656.00	A. NON-FEDERAL SHARE.....	\$ 3,021,175.00 16.06%
Fringe Benefits.....	\$ 160,000.00	B. FEDERAL SHARE.....	\$ 15,789,728.00 83.94%
Travel.....	\$ 276,481.00	18. FEDERAL SHARE COMPUTATION:	
Equipment.....	\$ 415,000.00	A. TOTAL FEDERAL SHARE.....	\$ 15,789,728.00
Supplies.....	\$ 1,097,772.00	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 531,946.00
Contractual.....	\$ 1,210,227.00	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	13,952,753.00
Facilities/Construction.....	\$ 0.00	19. AMOUNT AWARDED THIS ACTION:	\$ 1,305,029.00
Other.....	\$ 2,077,462.00	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:	\$ 65,950,976.00
Direct Costs.....	\$ 15,090,598.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:	
Indirect Costs.....	\$ 699,130.00	Additional Costs	
In Kind Contributions.....	\$ 0.00	22. APPLICANT EIN:	23. PAYEE EIN:
Total Approved Budget.....	\$ 15,789,728.00	620694743	1620694743A2
		24. OBJECT CLASS: 41.51	

25. FINANCIAL INFORMATION:					DUNS	078217668
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
	04CH01015605C3	75-2021-1536	0-G040900	\$1,305,029.00		

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER Dionne Bounds 61 Forsyth St SW Atlanta, GA 30303-8931 Phone: 4045622910	ISSUE DATE: 07/28/2020	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Mr. Omar Barrett 07/27/2020
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29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Ms. Heather L Wanderski - Regional Program Manager	DATE: 07/27/2020
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-03	3a. AMEND. NO.: 3
4. FAIN: 04CH010156				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: Supplement	7. AWARD AUTHORITY: 42 USC 9801 ET SEQ	
8. BUDGET PERIOD: 07/01/2019 THRU 06/30/2020	9. PROJECT PERIOD: 07/01/2015 THRU 06/30/2020	10. CFDA NO.: 93.600 - Head Start		
11. RECIPIENT ORGANIZATION: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF				

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at <http://www.hhs.gov/grants/grants/policies-regulations/index.html>) of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND
U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF **04CH010156-05-03**

1. Terms and Conditions

26. REMARKS (Continued from previous page)

This grant action awards one-time funds under Common Accounting Number 0900 to prevent, prepare for and respond to coronavirus disease 2019 (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency.

This grant action approves the purchase of equipment identified on the 'Equipment' object class category, if applicable.

This grant action approves a non-federal match waiver for the federal funds awarded for COVID-19, if applicable.

**SIGNATURE PAGE FOR
HEAD START/EARLY HEAD START AWARD FY20
AMENDMENT #3**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Cynthia Croom, Ed.D., Executive Director
Metropolitan Action Commission

Date


LaVoneia C. Steele, Ed.D., Chair
Metropolitan Action Commission

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin Crumbo, Director
Department of Finance

10/9/2020

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

B. Cobb, Director of Insurance

10/9/2020

Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

Date

John Cooper, Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk [RS2020-591](#)

Date

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/20/20

Resolution Ordinance

Contact/Prepared By: Rickie McQueen

Date Prepared: 09/25/20

Title (Caption): Amendment 2 reduces the match requirement by \$600,000 from \$3,621,175.00 to \$3,021,175.00.

No additional funds are being awarded.

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

Proposing Department: Metro Action Commission Requested By: Belva Weathersby

Affected Department(s): Metro Action Commission Affected Council District(s): 1-35

Legislative Category (check one):

- | | | |
|-----------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE Amount +/-: \$ _____ Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	Match: \$ <u>-\$ 600,000.00</u> 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: _____
DocuSigned by: Approved by OMB: <u>Tom Eddleman</u> Approved by Finance Accounts: _____ Approved by Div Grants Coordination: <u>VAUGHN WALSON</u>	

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

Grant Name: Head Start/ Early Head Start 20 Amendment 2
Department: METRO ACTION
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Total Award this Action: \$0.00
Cash Match \$(600,000.00)
Department Contact: Cynthia Croom, Executive Director
862-8860
Status: AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 2 reduces the match requirement by -\$600,000 from \$3,621,175.00 to \$3,021,175.00. No additional funds are being awarded

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

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		
METRO ACTION	075	Cynthia Croom, Executive Director		862-8860	880-2388		
Grant Name:	Head Start/ Early Head Start 20 Amendment 2						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			Other:			
Grant Period From:	07/01/19	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/20	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:	Select Pass-Thru --- >	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	COMPETITIVE	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		-\$600,000.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:					
CFDA #	93.600	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:			Applic. Submitted Electronically?		<input checked="" type="checkbox"/>		
A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 2 reduces the match requirement by \$600,000 from \$3,621,175.00 to \$3,021,175.00. No additional funds are being awarded							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Plans are to resubmit grant application for subsequent program year.							
How is Match Determined?							
Fixed Amount of \$		or		20.0% % 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?		-\$600,000.00		Fund	10101	Business Unit	1101204
Is not budgeted?				Proposed Source of Match:		General and Local Funds	
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		264.38		Actual number of positions added:			
Departmental Indirect Cost Rate		17.32%		Indirect Cost of Grant to Metro:		\$3,032,017	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		15.00%		Ind. Cost Requested from Grantor:	
						\$521,946 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input checked="" 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	FY20	\$14,484,699.00			\$3,021,175.00	0110101, 1101204	\$0.00	\$17,505,874.00	\$3,032,017	\$521,956.00
Yr 2	FY__							\$0.00		
Yr 3	FY__							\$0.00		
Yr 4	FY__							\$0.00		
Yr 5	FY__							\$0.00		
Total		\$14,484,699.00	\$0.00	\$0.00	\$3,021,175.00		\$0.00	\$17,505,874.00	\$3,032,017	\$521,956.00
Date Awarded:				01/17/20	Tot. Awarded:		\$0.00	Contract#: 04CH010156-05-02		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

trinity.weathersby@nashville.gov

Contact: vaughn.wilson@nashville.gov

GCP Rec'd
10/06/20

GCP Approved
10/06/20

VW

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-02	3a. AMEND. NO.: 2
4. FAIN: 04CH010156				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: Budget Revision		7. AWARD AUTHORITY: 42 USC 9801 ET SEQ
8. BUDGET PERIOD: 07/01/2019 THRU 06/30/2020	9. PROJECT PERIOD: 07/01/2015 THRU 06/30/2020		10. CFDA NO.: 93.600 - Head Start	
11. RECIPIENT ORGANIZATION: NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 800 2nd Ave N Nashville, TN 37201-1083 Grantee Authorizing Official: Lavoneia Steele , Board Chair			12. PROJECT / PROGRAM TITLE: Head Start and Early Head Start	

13. COUNTY: Davidson	14. CONGR. DIST.: 05	15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR: Cynthia Croom Executive Director	
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16. APPROVED BUDGET:		17. AWARD COMPUTATION:		
Personnel.....	\$ 9,853,656.00	A. NON-FEDERAL SHARE.....	\$ 3,021,175.00	17.26%
Fringe Benefits.....	\$ 160,000.00	B. FEDERAL SHARE.....	\$ 14,484,699.00	82.74%
Travel.....	\$ 276,481.00	18. FEDERAL SHARE COMPUTATION:		
Equipment.....	\$ 415,000.00	A. TOTAL FEDERAL SHARE.....	\$ 14,484,699.00	
Supplies.....	\$ 761,602.00	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 531,946.00	
Contractual.....	\$ 1,110,227.00	C. FED. SHARE AWARDED THIS BUDGET PERIOD...	\$ 13,952,753.00	
Facilities/Construction.....	\$ 0.00	19. AMOUNT AWARDED THIS ACTION:		
Other.....	\$ 1,385,787.00	\$ 0.00		
Direct Costs.....	\$ 13,962,753.00	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		
Indirect Costs.....	\$ 521,946.00	\$ 64,645,947.00		
In Kind Contributions.....	\$ 0.00	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
Total Approved Budget.....	\$ 14,484,699.00	Additional Costs		
		22. APPLICANT EIN: 620694743	23. PAYEE EIN: 1620694743A2	24. OBJECT CLASS: 41.51

25. FINANCIAL INFORMATION:					DUNS	078217668
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
	04CH01015604	75-1819-1536	9-G044127	\$0.00		
	04CH01015605	75-1819-1536	9-G044127	\$0.00		

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER Dionne Bounds 61 Forsyth St SW Atlanta, GA 30303-8931 Phone: 4045622910	ISSUE DATE: 06/18/2020	28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY Mr. Omar Barrett 06/17/2020
-------------------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------------------------------------------------

29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S) Ms. Heather L Wanderski - Regional Program Manager	DATE: 06/17/2020
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
NOTICE OF AWARD**

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-02	3a. AMEND. NO.: 2
4. FAIN: 04CH010156				
5. TYPE OF AWARD: Service		6. TYPE OF ACTION: Budget Revision	7. AWARD AUTHORITY: 42 USC 9801 ET SEQ	
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STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

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This award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to <http://www.acf.hhs.gov/discretionary-post-award-requirements>

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The Administration for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND
U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

Nashville Metropolitan Action Commission

04CH010156-05-02

1. Remarks

26. REMARKS (Continued from previous page)

This grant action approves a waiver for a portion of the non-federal match requirement. This action reduces the amount of matching funds from \$ \$3,621,175 to \$3,021,175 for the 07/01/2019 – 06/30/2020 budget period.

Head Start population: 1,365 children.

Designated Head Start service area: Nashville, TN - Davidson County

Approved program options for the Head Start program: Center-based.

Early Head Start population: 120 infants, toddlers and pregnant women.

Designated Early Head Start service area: Nashville, TN - Davidson County

Approved program options for the Early Head Start program: Center-based.

**SIGNATURE PAGE FOR
HEAD START/EARLY HEAD START AWARD FY20
AMENDMENT #2**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY


Cynthia Croom, Ed.D., Executive Director
Metropolitan Action Commission

Date


LaVoneia C. Steele, Ed.D., Chair
Metropolitan Action Commission

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

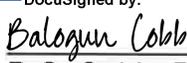
DocuSigned by:

Kevin Crumbo, Director
Department of Finance

10/9/2020

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

Balogun Cobb, Director of Insurance

10/9/2020

Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

Date

John Cooper, Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date