

RESOLUTION NO. \_\_\_\_\_

A resolution accepting the Healthy Start Initiative Grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women.

WHEREAS, the U.S. Department of Health and Human Services, Health Resources and Services Administration has awarded the Healthy Start Initiative Grant in an amount not to exceed \$497,200 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

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

Section 1. That the Healthy Start Initiative Grant by and between the U.S. Department of Health Services, Health Resources and Services Administration, in an amount not to exceed \$497,200, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. 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:

*Jennene Reed/mjw* \_\_\_\_\_

Department of Finance

INTRODUCED BY:

\_\_\_\_\_

\_\_\_\_\_

APPROVED AS TO FORM AND  
LEGALITY:

*Courtney Mohan* \_\_\_\_\_  
in Attorney

Member(s) of Council

\_\_\_\_\_

---

---

## GRANT SUMMARY SHEET

---

---

**Grant Name:** Nashville Strong Babies II 26

**Department:** HEALTH DEPARTMENT

**Grantor:** Health Resources and Services Administration

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

**Total Award this Action:** \$497,200.00

**Cash Match Amount** \$0.00

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

**Status:** CONTINUATION

**Program Description:**

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action partially funds Year 2 of a 5 year project.

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

## Grants Tracking Form

## Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT ▼	038	Brad Thompson				340-0407	
Grant Name:		Nashville Strong Babies II 26					
Grantor:		Health Resources and Services Administration ▼				Other:	
Grant Period From:		04/01/25	(applications only) Anticipated Application Date:				
Grant Period To:		03/31/26	(applications only) Application Deadline:				
Funding Type:	FED DIRECT ▼	Multi-Department Grant <input type="checkbox"/>		If yes, list below.			
Pass-Thru:	▼	Outside Consultant Project: <input type="checkbox"/>					
Award Type:	COMPETITIVE ▼	Total Award:		\$497,200.00			
Status:	CONTINUATION ▼	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior. ▼	Metro In-Kind Match:		\$0.00			
CFDA #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input checked="" type="checkbox"/>					
A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action partially funds Year 2 of a 5 year project.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?				Fund	Business Unit		
Is not budgeted?				Proposed Source of Match:			
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		8.25		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		21.47%		Indirect Cost of Grant to Metro:		\$106,748.84	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow. 0.00%		Ind. Cost Requested from Grantor:		\$0.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

## Part Two

Grant Budget											
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor	
Yr 1	26	\$497,200.00						\$497,200.00	\$106,748.84	\$0.00	
Yr 2	FY										
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
Total		\$497,200.00	\$0.00	\$0.00	\$0.00		\$0.00	\$497,200.00	\$106,748.84	\$0.00	
Date Awarded:		04/16/25		Tot. Awarded:		\$497,200.00		Contract#:		5H49MC327190700	
(or) Date Denied:				Reason:							
(or) Date Withdrawn:				Reason:							

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

Rev. 5/13/13  
6035

JP

GCP Received 04/16/25

GCP Approved 04/17/25



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

Notice of Award  
FAIN# H4932719  
Federal Award Date: 03/27/2025

### Recipient Information

1. Recipient Name  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
PO BOX 196300  
Nashville, TN 37219-6300
2. Congressional District of Recipient  
07
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
7. Project Director or Principal Investigator  
D'Yuanna Allen-Robb  
Project Director  
dyuanna.allen-robb@nashville.gov  
(615)340-0487 Ext. 0487
8. Authorized Official  
Melva Black  
melva.black@nashville.gov  
(615)340-8549

### Federal Agency Information

9. Awarding Agency Contact Information  
Tya T Renwick  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
trenwick@hrsa.gov  
(301) 594-0227
10. Program Official Contact Information  
Shontelle Dixon  
Project Officer  
Maternal and Child Health Bureau (MCHB)  
sdixon@hrsa.gov  
(301) 443-0543

### Federal Award Information

11. Award Number  
5 H49MC32719-07-00
12. Unique Federal Award Identification Number (FAIN)  
H4932719
13. Statutory Authority  
42 U.S.C. § 254c-8
14. Federal Award Project Title  
Healthy Start Initiative
15. Assistance Listing Number  
93.926
16. Assistance Listing Program Title  
Healthy Start Initiative
17. Award Action Type  
Noncompeting Continuation
18. Is the Award R&D?  
No

### Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026

20. Total Amount of Federal Funds Obligated by this Action	\$497,200.00
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	\$497,200.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$497,200.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,755,533.00

28. Authorized Treatment of Program Income  
Addition
29. Grants Management Officer – Signature  
LaShawna Smith on 03/27/2025

### 30. Remarks

This grant is under Expanded Authority.



Notice of Award  
Award Number: 5 H49MC32719-07-00  
Federal Award Date: 03/27/2025

### Maternal and Child Health Bureau (MCHB)

#### 31. APPROVED BUDGET: (Excludes Direct Assistance)

☒ 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:	\$497,200.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$497,200.00
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:	\$497,200.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$497,200.00

#### 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	<b>\$497,200.00</b>
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	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$497,200.00</b>

#### 33. RECOMMENDED FUTURE SUPPORT:

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

YEAR	TOTAL COSTS
08	\$1,100,000.00
09	\$1,100,000.00
10	\$1,100,000.00

#### 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	<b>\$0.00</b>

#### 35. FORMER GRANT NUMBER

#### 36. OBJECT CLASS

41.51

#### 37. BHCNIS#

#### 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 statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

#### 39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3898020	93.926	24H49MC32719	\$497,200.00	\$0.00	N/A	24H49MC32719

## HRSA Electronic Handbooks (EHBs) Registration Requirements

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

## Terms and Conditions

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

### Grant Specific Term(s)

1. Healthy Start funds may not be used for entertainment costs. Trips and/or activities for Healthy Start clients must relate to both the goal of reducing infant mortality and the approved project objectives
2. Fund raising costs are unallowable. Healthy Start funds, e.g., staff salary, contract personnel, consultants or costs for items to be sold or raffled, may not be used for fund raising activities.
3. The replacement of, or significant change in the responsibilities of senior project staff, including the project director, project manager, and chief financial officer, must have prior approval from the Grants Management Officer. The grantee must obtain prior approval from the awarding office for changes in scope, direction, type of service delivery or training, and rebudgeting of Healthy Start funds.
4. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>
5. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
6. 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).
7. As a result of the federal government's Continuing Resolution status, this Notice of Award reflects a reduced level of funding. In accordance with this reduction, funding has been adjusted and allocated to the "Other" budget category. Up to 25% of the total approved budget may be rebudgeted within approved categories without prior approval
8. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:  
<http://pms.psc.gov/find-pms-liaison-accountant.html>.

## Program Specific Term(s)

1. This award is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Office:  
 Section 75.308 c(2)(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.  
 Section 75.308 c(2)(d)(2) Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.  
 Section 75.308 c(2)(d)(3) Carry forward unobligated balances to subsequent periods of performance.  
 Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or \$250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or \$250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee must obtain prior approval from the Grants Management Office.  
 The grantee must notify the Grants Management Office when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR).  
 For all other Post Award request refer Standard Term 5 below.
2. Each project is expected to establish a plan to recover, to the maximum extent feasible, third party revenues to which it is entitled for services provided; garner all other available Federal, state, local, and private funds; and charge beneficiaries according to their ability to pay for services without creating a barrier to those services. Where third-party payors, including Government agencies, are authorized or are under legal obligation to pay all or a portion of charges for health care services, "all such sources must be billed for covered services, and every effort must be made to obtain payment. Each service provider receiving Federal funds, either directly or indirectly, must have a procedure to identify all persons served who are eligible for third-party reimbursement."
3. All MCHB discretionary grant projects are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance indicators, rather than solely on the intermediate process measures.
4. In accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Public Law 103-62), MCHB has established measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures and data elements for all MCHB-funded grant programs including Healthy Start have been finalized. As previously communicated all Healthy Start projects are expected to participate in the MCHB reporting requirements system.
5. Grantees must use the Healthy Start Data Collection Tools (i.e., the Demographic, Background, Prenatal, and Parent/Child forms) to collect standardized client-level data elements and must report the collected data on a quarterly basis to the Division Healthy Start and Perinatal Services (DHSPS) by uploading it to the Healthy Start Monitoring and Evaluation Data System (HSMED). Grantees must screen all Group-Based Health Education and Case Management/Care Coordination participants using the data collection tools and screening procedure/implementation guidance/form administration process provided by DHSPS.
6. Grantees must respond to requests for information from DHSPS and the Technical Assistance and Support Center (TASC). Grantees are required to participate in the National Healthy Start Evaluation activities, which may include, but is not limited to, grantee convenings, data collection, staff interviews, and program case studies.
7. HRSA reserves the right to reduce base awards for grantees that consistently maintain unobligated balance greater than \$100,000.
8. A grantee can propose to include an evidence-based home visiting model as part of their Healthy Start (HS) program if each component of the program addresses all Health Start (HS) program requirements, and the evidence-based model allows for the HS program to collect the data included in the HS screening tools. That is, the requirements of any curriculum or model chosen do not supersede the requirements of HS.
9. HRSA reserves the right to reduce funding if, after receiving technical assistance, grantee cannot fulfil the requirements of the grant. i.e. progress on benchmarks, number of participants served.
10. Grantees are to budget for up to 3 persons to attend all mandatory regional meetings and the Healthy Start convention.
11. A change in service area must be approved by HRSA and require a prior approval submission in HRSA's Electronic Handbook (EHB).

## Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are

based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Within 90 Days of Award Issue Date**  
The grantee must submit a Performance Report within 90 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).
2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**  
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Business Official	dyuanna.allen-robb@nashville.gov
D'yuanna Allen-Robb	Program Director, Point of Contact	dyuanna.allen-robb@nashville.gov
Melva Black	Authorizing Official	melva.black@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:  
*Sammi Areola*  
0872295CD81A4B1...  
Director, Metro Public Health Department

4/16/2025  
Date

Signed by:  
*Tiné Hamilton Franklin*  
BEBF0BBF14D14B0...  
Chair, Board of Health

4/16/2025  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Jenneneen Reed/mjw*  
Director, Department of Finance

5/19/2025 | 7:31 AM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

*Balogun Cobb*  
Director, Risk Management Services

5/20/2025 | 8:55 AM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*  
Metropolitan Attorney

5/20/2025 | 8:41 AM CDT  
Date

FILED:

Metropolitan Clerk

Date



**Metro Public Health Dept**  
Nashville / Davidson County  
Protecting, Improving, and Sustaining Health

Freddie O'Connell, Mayor

Sanmi Areola, Ph.D.  
Director of Health

**Board of Health**

Tené Hamilton Franklin MS, Chair  
Marie R. Griffin MD MPH, Vice-Chair  
Calvin M. Smith III MD  
Lloyda B. Williamson MD DFAPA FAACP  
Rebecca Anne Whitehead (Munn) MBA  
Carol C. Ziegler APRN DNP NP-C APHN-BC  
Morgan McDonald MD FACP FAAP

May 8, 2025

Tya T Renwick, Grants Management Specialist  
Office of Federal Assistance Management  
Division of Grants Management Office  
trenwick@hrsa.gov

Shontelle Dixon, Project Officer  
Maternal and Child Health Bureau  
sdixon@hrsa.gov

Dear Ms. Renwick and Ms. Dixon,

The United States Department of Health and Human Services, Health Resources and Services Administration has awarded the Metropolitan Government of Nashville and Davidson County, acting by and through the Department of Health ("Metro Health"), a Healthy Start Initiative grant in the amount of \$497,200.

I assure you that Metro Health is committed to compliance with Federal and state law, including the Equal Protection Clause, Title VI and the holding of the Supreme Court in *SFFA v. Harvard*.

Indeed, Metro Health continually assesses our programs to ensure compliance with Federal and state law, including the Equal Protection Clause, Title VI and the holding of the Supreme Court in *SFFA v. Harvard*. Included in this assessment is monitoring court decisions about DEI and federal funding actions related to DEI.

I further certify that Metro Health does not operate any DEI programs that violate federal anti-discrimination law. It is unclear what further certification is being requested.

I remain at your disposal if you have any questions or would like to discuss this matter further.

A handwritten signature in blue ink, reading "Sammi Areola".

Dr. Sammi Areola  
Director of Health  
Metropolitan Government of  
Nashville and Davidson County