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## GRANT SUMMARY SHEET

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**Grant Name:** Ryan White Part A HIV Emergency Relief 23-24 Amend 5

**Department:** HEALTH DEPARTMENT

**Grantor:** U.S. Department of Health & Human Services

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

**Total Award this Action:** (\$648,174.00)

**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. Amendment 1 corrects contract end date from 2/28/2024 to 2/29/2024. Amendment 2 obligates \$3,854,666.00 to previous total of \$811,526.00 for a new total of \$4,666,192.00. Amendment 3 removes reporting requirements due within 30 days of issuance of Notice of Award. Amendment 4 reobligates funding from previous grant year in the amount of \$604,847.00 to the current grant year for budget 3/1/23 to 2/29/24 thereby increasing the grant award from \$4,666,192.00 to a new total of \$5,271,039.00. Amendment 5 de-obligates (\$648,174.00) from 23H89HA11433 for the purpose of carry over on the FY24 to 24H89HA11433, for a new total of \$4,622,865.00.

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

Services will be discontinued

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>					Application <input type="radio"/>					Award Acceptance <input type="radio"/>					Contract Amendment <input checked="" type="radio"/>																								
Department					Dept. No.					Contact					Phone					Fax																			
HEALTH DEPARTMENT					038					Brad Thompson					340-0407																								
Grant Name: Ryan White Part A HIV Emergency Relief 23-24 Amend 5																																							
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES																																							
Grant Period From: 03/01/23										(applications only) Anticipated Application Date:																													
Grant Period To: 02/29/24										(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: OTHER					Total Award: -\$648,174.00																																		
Status: AMENDMENT					Metro Cash Match: \$0.00																																		
Metro Category: Est. Prior.					Metro In-Kind Match: \$0.00																																		
CFDA #: 93.914					Is Council approval required? <input type="checkbox"/>																																		
Project Description:										Applic. Submitted Electronically? <input type="checkbox"/>																													
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Plan for continuation of service after expiration of grant/Budgetary Impact:																																							
Services will be discontinued																																							
How is Match Determined?																																							
Fixed Amount of \$										or										% of Grant										Other: <input type="checkbox"/>									
Explanation for "Other" means of determining match:																																							
For this Metro FY, how much of the required local Metro cash match:																																							
Is already in department budget?										Fund										Business Unit																			
Is not budgeted?										Proposed Source of Match:																													
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)																																							
Other:																																							
Number of FTEs the grant will fund: 5.80										Actual number of positions added: 0.00																													
Departmental Indirect Cost Rate: 24.82%										Indirect Cost of Grant to Metro: \$1,147,395.09																													
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No % Allow. 0.69%										Ind. Cost Requested from Grantor: \$31,914.00 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:																																							
There are several organizations that will provide services in the continuum of care. All are considered subgrantees.																																							

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	FY23	\$811,526.00	\$0.00	\$0.00	\$0.00		\$0.00	\$811,526.00	\$201,420.75	\$0.00	
Yr 2	FY24	\$3,811,339.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,811,339.00	\$945,974.34	\$31,914.00	
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
<b>Total</b>		\$4,622,865.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,622,865.00	\$1,147,395.09	\$31,914.00	
Date Awarded:				09/18/24		-648,174.00		Contract#:		6H89HA11433-15-05	
(or) Date Denied:											
(or) Date Withdrawn:											

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





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

Notice of Award  
 FAIN# H8911433  
 Federal Award Date: 08/01/2024

**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
- 7. 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 H89HA11433-15-05
- 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?**  
 No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	(\$648,174.00)
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$31,914.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,622,865.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$4,622,865.00</b>
<b>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$14,380,826.04

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Karen Mayo on 08/01/2024

**30. Remarks**

Prior Approval Request Tracking Number PA-00130194. Prior Approval Request Type: Carryover



Notice of Award  
Award Number: 6 H89HA11433-15-05  
Federal Award Date: 08/01/2024

**HIV/AIDS Bureau (HAB)**

<p><b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b></p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$4,590,951.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td style="text-align: right;">\$31,914.00</td></tr> <tr><td>    i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$31,914.00</td></tr> <tr><td>    ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$4,622,865.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$4,622,865.00</td></tr> </table>	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	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$4,590,951.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$31,914.00	i. Indirect Cost Federal Share:	\$31,914.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$4,622,865.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$4,622,865.00	<p><b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">16</td> <td style="text-align: right;">\$4,644,704.00</td> </tr> </tbody> </table> <p><b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table> <p><b>35. FORMER GRANT NUMBER</b></p> <p><b>36. OBJECT CLASS</b> 41.15</p> <p><b>37. BHCNIS#</b></p>	YEAR	TOTAL COSTS	16	\$4,644,704.00	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>
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<p><b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$4,622,865.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$5,271,039.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>(\$648,174.00)</b></td></tr> </table>		a. Authorized Financial Assistance This Period	<b>\$4,622,865.00</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	\$5,271,039.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>(\$648,174.00)</b>																																								
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<p><b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b></p> <p>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.</p>																																																							
<p><b>39. ACCOUNTING CLASSIFICATION CODES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>23 - 377RA07</td> <td>93.914</td> <td>23H89HA11433</td> <td style="text-align: right;">(\$610,425.00)</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">FRML</td> <td>23H89HA11433</td> </tr> <tr> <td>23 - 377RA06</td> <td>93.914</td> <td>23H89HA11433</td> <td style="text-align: right;">(\$37,749.00)</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">MAI</td> <td>23H89HA11433</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	23 - 377RA07	93.914	23H89HA11433	(\$610,425.00)	\$0.00	FRML	23H89HA11433	23 - 377RA06	93.914	23H89HA11433	(\$37,749.00)	\$0.00	MAI	23H89HA11433																																	
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

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

### Terms and Conditions

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

### Grant Specific Term(s)

1. This revision is issued to de-obligate \$648,174 from Document No. 23H89HA11433. \$648,174 will be re-obligated under Document No. 24H89HA11433 for the purpose of carryover on the FY 2024 award.

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**

DocuSigned by:  
Joanna Shaw-kikai  
F0E93AGD4AFC4C1...  
Interim Director, Metro Public Health Department

9/18/2024  
Date

Signed by:  
Tené Hamilton Franklin  
BEBF0BDF14D14B0...  
Chair, Board of Health

9/18/2024  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw  
Director, Department of Finance

9/26/2024 | 10:56 AM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balajun Cobb  
Director of Risk Management Services

9/27/2024 | 1:23 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

9/27/2024 | 1:16 PM CDT  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date

**Certificate Of Completion**

Envelope Id: 17B7840C244D46C289A7AAEF5FF6B40A	Status: Completed
Subject: Complete with DocuSign: Health Ryan White Part A HIV Emergency Relief 23 24 Amend 5 Ready.pdf	
Source Envelope:	
Document Pages: 8	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

**Record Tracking**

Status: Original	Holder: Juanita Paulson	Location: DocuSign
9/25/2024 4:15:30 PM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

**Signer Events**

Signer Events	Signature	Timestamp
Rose Wood		Sent: 9/25/2024 4:21:14 PM
rose.wood@nashville.gov		Viewed: 9/26/2024 9:49:55 AM
Finance Admin		Signed: 9/26/2024 9:50:06 AM
Metro Finance Dept. OMB	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 170.190.198.190	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Aaron Pratt		Sent: 9/26/2024 9:50:07 AM
Aaron.Pratt@nashville.gov		Viewed: 9/26/2024 10:53:38 AM
Security Level: Email, Account Authentication (None)		Signed: 9/26/2024 10:53:43 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**  
Accepted: 9/26/2024 10:53:38 AM  
ID: 4f0cdb5e-9932-4173-9ee6-20511abf5eb8

Kevin Crumbo/mjw		Sent: 9/26/2024 10:53:44 AM
MaryJo.Wiggins@nashville.gov		Viewed: 9/26/2024 10:54:46 AM
Security Level: Email, Account Authentication (None)		Signed: 9/26/2024 10:56:33 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**  
Accepted: 9/26/2024 10:54:46 AM  
ID: c5103439-38b0-4b4a-9a26-1e6494fa0891

Courtney Mohan		Sent: 9/26/2024 10:56:36 AM
Courtney.Mohan@nashville.gov		Viewed: 9/27/2024 1:02:35 PM
Security Level: Email, Account Authentication (None)		Signed: 9/27/2024 1:16:42 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
Accepted: 9/27/2024 1:02:35 PM ID: cf6daa68-b1e3-4348-97c1-cfb2deefd8ec		
Balogun Cobb balogun.cobb@nashville.gov Insurance Division Manager Security Level: Email, Account Authentication (None)	<i>Balogun Cobb</i>  Signature Adoption: Pre-selected Style Using IP Address: 99.83.28.155 Signed using mobile	Sent: 9/27/2024 1:16:43 PM Viewed: 9/27/2024 1:22:54 PM Signed: 9/27/2024 1:23:08 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 9/27/2024 1:22:54 PM ID: a1b79dd4-e326-4744-950a-891b35b35456		

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	Sent: 9/27/2024 1:23:12 PM Viewed: 9/27/2024 2:25:18 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	Sent: 9/27/2024 1:23:14 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 9/23/2024 7:54:28 AM ID: 97dc85ba-8fed-441b-a053-1310ebdefb62		

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	9/25/2024 4:21:14 PM
Certified Delivered	Security Checked	9/27/2024 1:22:54 PM
Signing Complete	Security Checked	9/27/2024 1:23:08 PM
Completed	Security Checked	9/27/2024 1:23:14 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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