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## GRANT SUMMARY SHEET

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**Grant Name:** Ryan White Part A HIV Emergency Relief 23-24 Amend. 2

**Department:** HEALTH DEPARTMENT

**Grantor:** HEALTH RESOURCES & SERVICES ADMINISTRATION

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

**Total Award this Action:** \$3,854,666.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” This action obligates partial funding for the next grant cycle. Amendment #2 obligates partial funding of \$3,854,666.00 to previous amount of \$811,526.00 for a new total of \$4,666,192.00.

**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. 2						
Grantor:	HEALTH RESOURCES & SERVICES ADMINISTRATION			Other:			
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:		\$3,854,666.00			
Status:	AMENDMENT	Metro Cash Match:					
Metro Category:	Est. Prior.	Metro In-Kind Match:					
CFDA #	93.914	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input type="checkbox"/>				
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. <b>Amendment #2 obligates partial funding of \$3,854,666.00 to previous amount of \$811,526.00 for a new total of \$4,666,192.00.</b>							
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:		\$1,158,148.85	
*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:							
There are 6 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						\$811,526.00	\$201,420.75	\$0.00
Yr 2	FY24	\$3,854,666.00						\$3,854,666.00	\$956,728.10	\$0.00
Yr 3	FY							\$0.00	\$0.00	
Yr 4	FY							\$0.00	\$0.00	
Yr 5	FY							\$0.00	\$0.00	
<b>Total</b>		\$4,666,192.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,666,192.00	\$1,158,148.85	\$0.00
Date Awarded:				03/28/23	Match Source (Fund, BU)		\$3,854,666.00	Contract#:	6 H89HA11433-15-02	
(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)

GCP Received 04/24/2023

GCP Approved 04/26/2023



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## GRANT SUMMARY SHEET

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**Grant Name:** Ryan White Part A HIV Emergency Relief 23-24 Amend. 1

**Department:** HEALTH DEPARTMENT

**Grantor:** HEALTH RESOURCES & SERVICES ADMINISTRATION

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

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

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” This action obligates partial funding for the next grant cycle. Amendment #1 corrects contract end date for the leap year from 02/28/24 to 02/29/24.

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

Services will be discontinued

Grants Tracking Form

Part One

<input type="radio"/> Pre-Application		<input type="radio"/> Application		<input type="radio"/> Award Acceptance		<input checked="" type="radio"/> Contract Amendment	
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. 1						
Grantor:	HEALTH RESOURCES & SERVICES ADMINISTRATION		Other:				
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:		\$0.00			
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"/>						
<p>This is a grant from the Health Resources &amp; Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. <b>Amendment #1 corrects contract end date for the leap year from 02/28/24 to 02/29/24.</b></p>							
<p><b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>                  Services will be discontinued</p>							
<b>How is Match Determined?</b>							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
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:		\$201,420.75	
*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:							
There are 6 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							\$0.00	\$0.00	\$0.00	
Yr 3	FY							\$0.00	\$0.00	\$0.00	
Yr 4	FY							\$0.00	\$0.00	\$0.00	
Yr 5	FY							\$0.00	\$0.00	\$0.00	
<b>Total</b>		\$811,526.00	\$0.00	\$0.00	\$0.00		\$0.00	\$811,526.00	\$201,420.75	\$0.00	
Date Awarded:				02/27/23	Match Source (Fund, BU)		\$0.00	Contract#:			4 H89HA11433-15-01
(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)

GCP Received  
04/24/2023



GCP Approved  
04/26/2023



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

Notice of Award  
FAIN# H8911433  
Federal Award Date: 02/27/2023

### 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**  
Tina Lester  
Bureau Director  
tina.lester@nashville.gov  
(615)340-5687

### 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**  
4 H89HA11433-15-01
- 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**  
Change in Budget Period/Project Period; With or Without funds
- 18. Is the Award R&D?**  
No

### Summary Federal Award Financial Information

**19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024**

**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount

20b. Indirect Cost Amount

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$811,526.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$811,526.00

**26. Project Period Start Date 03/01/2022 - End Date 02/28/2025**

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Project Period \$6,516,269.00

**28. Authorized Treatment of Program Income**  
Addition

**29. Grants Management Officer – Signature**  
Brad Barney on 02/27/2023

### 30. Remarks

GA Admin Batch Tracking Number 000163.



Notice of Award  
Award Number: 4 H89HA11433-15-01  
Federal Award Date: 02/27/2023

**HIV/AIDS Bureau (HAB)**

**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:	\$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:	\$811,526.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$811,526.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$811,526.00

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

a. Authorized Financial Assistance This Period	<b>\$811,526.00</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	\$811,526.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$4,644,704.00

**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**  
41.15

**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
23 - 377RA07	93.914	23H89HA11433	\$0.00	\$0.00	FRML	23H89HA11433
23 - 377RA06	93.914	23H89HA11433	\$0.00	\$0.00	MAI	23H89HA11433

## HRSA Electronic Handbooks (EHBs) Registration Requirements

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

## Terms and Conditions

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

### Grant Specific Term(s)

1. This Revised NOA is issued to correct the budget period end date.  
All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director, Point of Contact	beverly.glaze-johnson@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Gill Wright	Authorizing Official	gill.wright@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Quinntana Slaughter	Business Official	quinntana.slaughter@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**

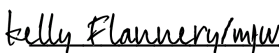
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\_\_\_\_\_  
Director, Metro Public Health Department

4/17/2023  
\_\_\_\_\_  
Date

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

4/19/2023  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
6231728310469...  
\_\_\_\_\_  
Director, Department of Finance

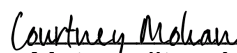
5/1/2023  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
8301F2C0411...  
\_\_\_\_\_  
Director of Risk Management Services

5/2/2023  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

5/2/2023  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date





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

Notice of Award  
 FAIN# H8911433  
 Federal Award Date: 03/28/2023

**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**  
 Tina Lester  
 Bureau Director  
 tina.lester@nashville.gov  
 (615)340-5687

**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 H89HA11433-15-02
- 12. Unique Federal Award Identification Number (FAIN)**  
 H8911433
- 13. Statutory Authority**  
 42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title**  
 Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number**  
 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>	<b>\$3,854,666.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,666,192.00
<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>\$4,666,192.00</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	\$10,370,935.00

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Karen Mayo on 03/28/2023

**30. Remarks**

This award consists of the following amounts:  
 FY23 FRML - \$2,876,743  
 FY23 MAI - \$312,047  
 FY23 SUPPL - \$1,477,402  
 Total Funding - \$4,666,192



Notice of Award  
Award Number: 6 H89HA11433-15-02  
Federal Award Date: 03/28/2023

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
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:	\$4,666,192.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$4,666,192.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$4,666,192.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$4,666,192.00</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	\$811,526.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$3,854,666.00</b>

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$4,644,704.00

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**35. FORMER GRANT NUMBER**

**36. OBJECT CLASS**  
41.15

**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
23 - 377RA07	93.914	23H89HA11433	\$2,118,764.00	\$0.00	FRML	23H89HA11433
23 - 377RA08	93.914	23H89HA11433	\$1,477,402.00	\$0.00	SUPPL	23H89HA11433
23 - 377RA06	93.914	23H89HA11433	\$258,500.00	\$0.00	MAI	23H89HA11433

## 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.**

### Program Specific Condition(s)

**1. Due Date: Within 30 Days of Award Issue Date**

Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a revised SF-424A and Budget Narrative per the guidance provided in the Non-Competing Continuation instructions.

### Program Specific Term(s)

- This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
- The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

### Reporting Requirement(s)

**1. Due Date: Within 60 Days of Award Release Date**

The recipient must submit a FY 2023 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

**2. Due Date: Within 60 Days of Award Release Date**

The recipient must submit a FY 2023 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

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

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

## Contacts

### NoA Email Address(es):

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

Note: NoA emailed to these address(es)

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

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

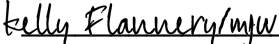
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Director, Metro Public Health Department

4/17/2023  
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Date

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Chair, Board of Health

4/19/2023  
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Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
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Director, Department of Finance

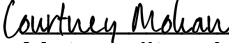
5/1/2023  
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Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
4377801710...  
\_\_\_\_\_  
Director of Risk Management Services

5/2/2023  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

5/2/2023  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date