
GRANT SUMMARY SHEET

Grant Name: Ryan White Part A HIV Emergency Relief 24-25 Amend 3

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND 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 provides a funding increase and updates various terms and conditions. Amendment 2 - updates the Terms & Conditions. Amendment 3 carries over funding of \$648,174.00 from the previous grant year for a new total of \$5,306,240.00. Funds may only be used as per Prior Approval request & Grant Specifics.

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 24-25 Amend 3					
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Grant Period From: 03/01/24		(applications only) Anticipated Application Date:			
Grant Period To: 02/28/25		(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: FORMULA		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"/>			
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. Amendment 1 provides a funding increase and updates various terms and conditions. Amendment 2 - updates the Terms & Conditions. Amendment 3 carries over funding of \$648,174.00 from the previous grant year for a new total of \$5,306,240.00. Funds may only be used as per Prior Approval request & Grant Specifics.					
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		21.47%	Indirect Cost of Grant to Metro:		\$1,139,249.73
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow. 0.00%	Ind. Cost Requested from Grantor:		\$0.00
*(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	FY24	\$1,373,046.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,373,046.00	\$294,792.98	\$0.00
Yr 2	FY25	\$3,933,194.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,933,194.00	\$844,456.75	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$5,306,240.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,306,240.00	\$1,139,249.73	\$0.00
Date Awarded:				09/18/24		\$648,174.00	Contract#:	6H89HA11433-16-03		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov



LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/15/24

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 09/17/24

Title (Caption): Ryan White Part A 24 25 Amend 2 - This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. Amendment 2 updates the Reporting Requirements-Due Date 60 days from Award Issue Date.

RS2024-276 March 24 - February 25

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

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- | | | |
|---|--|--|
| <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>\$ 0.00</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	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: _____ Date to Finance Director's Office: _____
Approved by OMB: <u>Aaron Pratt</u> RW Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Juanita Paulsen</u>	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: _____ E-mailed Clerk

All Dept. Signatures Copies Backing Legislative Summary Settlement Memo Clerk Letter Ready to File

GRANT SUMMARY SHEET

Grant Name: Ryan White Part A HIV Emergency Relief 24- 25 Amend 2

Department: HEALTH DEPARTMENT

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

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

Total Award this Action: \$0.00

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Yr 2	FY25	\$3,285,020.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,285,020.00	\$705,293.79	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$4,658,066.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,658,066.00	\$1,000,086.77	\$0.00
Date Awarded:						\$0.00	Contract#: 6H89HA11433-16-02			
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov





Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H8911433
 Federal Award Date: 08/05/2024

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 H89HA11433-16-03
- 12. Unique Federal Award Identification Number (FAIN)**
 H8911433
- 13. Statutory Authority**
 42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title**
 Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number**
 93.914
- 16. Assistance Listing Program Title**
 HIV Emergency Relief Project Grants
- 17. Award Action Type**
 Administrative
- 18. Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$648,174.00
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	\$5,306,240.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$5,306,240.00
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	\$15,029,000.04

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Karen Mayo on 08/05/2024

30. Remarks

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



Notice of Award
Award Number: 6 H89HA11433-16-03
Federal Award Date: 08/05/2024

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</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;">\$5,306,240.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</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;">\$5,306,240.00</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;">\$5,306,240.00</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:	\$5,306,240.00	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:	\$5,306,240.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$5,306,240.00	<p>33. RECOMMENDED FUTURE SUPPORT: (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></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</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;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS		Not applicable	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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<p>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:</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>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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>24H89HA11433</td> <td>\$610,425.00</td> <td>\$0.00</td> <td>FRML</td> <td>24H89HA11433</td> </tr> <tr> <td>23 - 377RA06</td> <td>93.914</td> <td>24H89HA11433</td> <td>\$37,749.00</td> <td>\$0.00</td> <td>MAI</td> <td>24H89HA11433</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	24H89HA11433	\$610,425.00	\$0.00	FRML	24H89HA11433	23 - 377RA06	93.914	24H89HA11433	\$37,749.00	\$0.00	MAI	24H89HA11433																																	
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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 Notice of Award authorizes the carryover of an unobligated balance in the amount of \$648,174 from budget period 3/1/2023 - 2/29/2024 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

Contacts

NoA Email Address(es):

Name	Role	Email
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
E0EB3ACD4AFC4C1...
Interim Director, Metro Public Health Department

9/18/2024
Date

Signed by:
Tené Hamilton Franklin
BEBF08BE14D14B0...
Chair, Board of Health

9/18/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumkolmfu
Director, Department of Finance

9/27/2024 | 7:46 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

9/27/2024 | 3:57 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

9/27/2024 | 3:50 PM CDT
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: 06/04/2024

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 H89HA11433-16-02
- 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

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,658,066.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,658,066.00
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	\$15,029,000.04

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Karen Mayo on 06/04/2024

30. Remarks

GA Admin Batch Tracking Number 000347.



Notice of Award
Award Number: 6 H89HA11433-16-02
Federal Award Date: 06/04/2024

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</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;">\$4,658,066.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</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;">\$4,658,066.00</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;">\$4,658,066.00</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:	\$4,658,066.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$4,658,066.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$4,658,066.00	<p>33. RECOMMENDED FUTURE SUPPORT: (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: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</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;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS		Not applicable	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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<p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$4,658,066.00</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;">\$4,658,066.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$4,658,066.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$4,658,066.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																								
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<p>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:</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>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 10%;">AMT. FIN. ASST.</th> <th style="width: 10%;">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>24 - 377RA16</td> <td>93.914</td> <td>24H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>FRML</td> <td>24H89HA11433</td> </tr> <tr> <td>24 - 377RA17</td> <td>93.914</td> <td>24H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>SUPPL</td> <td>24H89HA11433</td> </tr> <tr> <td>24 - 377RA15</td> <td>93.914</td> <td>24H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>MAI</td> <td>24H89HA11433</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	24 - 377RA16	93.914	24H89HA11433	\$0.00	\$0.00	FRML	24H89HA11433	24 - 377RA17	93.914	24H89HA11433	\$0.00	\$0.00	SUPPL	24H89HA11433	24 - 377RA15	93.914	24H89HA11433	\$0.00	\$0.00	MAI	24H89HA11433																										
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24 - 377RA15	93.914	24H89HA11433	\$0.00	\$0.00	MAI	24H89HA11433																																																	

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.

Reporting Requirement(s)

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

The recipient must submit a FY 2024 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
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov

Note: NoA emailed to these address(es)

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Joanna Shaw-kaikai
F0EB3ACD4AFC4C1...
Interim Director, Metro Public Health Department

9/18/2024
Date

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9/27/2024 | 3:57 PM CDT
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APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

9/27/2024 | 3:50 PM CDT
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date


Certificate Of Completion

Envelope Id: 62761660741D4D99B0DFB5B103B92700	Status: Completed
Subject: Complete with DocuSign: Health-Ryan White Part A HIV Emergency Relief 24 25 Amend 2&3 Ready.pdf	
Source Envelope:	
Document Pages: 15	Signatures: 10
Certificate Pages: 15	Initials: 2
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: 170.190.198.190

Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
9/26/2024 12:00:01 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: 9/26/2024 12:06:22 PM
rose.wood@nashville.gov		Viewed: 9/26/2024 8:56:27 PM
Finance Admin		Signed: 9/26/2024 8:56:36 PM
Metro Finance Dept. OMB		
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Aaron Pratt		Sent: 9/26/2024 8:56:38 PM
Aaron.Pratt@nashville.gov		Viewed: 9/27/2024 7:13:42 AM
Security Level: Email, Account Authentication (None)		Signed: 9/27/2024 7:13:52 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
Accepted: 9/27/2024 7:13:42 AM
ID: 2575aadf-6d77-41fc-af41-b68036e99a76

Kevin Crumbo/mjw		Sent: 9/27/2024 7:13:54 AM
MaryJo.Wiggins@nashville.gov		Viewed: 9/27/2024 7:46:10 AM
Security Level: Email, Account Authentication (None)		Signed: 9/27/2024 7:46:48 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 174.212.105.83	
	Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 9/27/2024 7:46:10 AM
ID: c81cf2cc-b02a-4943-a17e-6a9458c717fd

Courtney Mohan		Sent: 9/27/2024 7:46:50 AM
Courtney.Mohan@nashville.gov		Viewed: 9/27/2024 3:21:58 PM
Security Level: Email, Account Authentication (None)		Signed: 9/27/2024 3:50:32 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 9/27/2024 3:21:58 PM
ID: 59e78db1-34c8-4fa4-9401-c271a6b301ef

Balogun Cobb
balogun.cobb@nashville.gov
Insurance Division Manager
Security Level: Email, Account Authentication (None)

Balogun Cobb

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Sent: 9/27/2024 3:50:34 PM
Viewed: 9/27/2024 3:57:19 PM
Signed: 9/27/2024 3:57:32 PM

Electronic Record and Signature Disclosure:

Accepted: 9/27/2024 3:57:19 PM
ID: 43d8fd5f-2601-4bba-a252-f361975ac967

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)

COPIED

Sent: 9/27/2024 3:57:33 PM
Viewed: 9/27/2024 4:01:25 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 9/27/2024 3:57:35 PM

Electronic Record and Signature Disclosure:

Accepted: 9/27/2024 3:35:05 PM
ID: af34d824-34c9-4966-8582-ab0f6db6b6e0

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	9/26/2024 12:06:22 PM
Certified Delivered	Security Checked	9/27/2024 3:57:19 PM
Signing Complete	Security Checked	9/27/2024 3:57:32 PM
Completed	Security Checked	9/27/2024 3:57:35 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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