LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 12/16/25 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** 11/17/25

Title (Caption): Pass the Beauty 25 - This is a Community Safety Fund grant to implement a program focusing on programs that mitigate financial stress, strengthen anti-violence social norms and peer relationships, and provide peer support and therapy as part of the Community Safety Initiative.

execution +1yr

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):

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

FINANCE **Amount +/-: $** $ 48,000.00 **Match: $** _____

Funding Source:

- Capital Improvement Budget
- Capital Outlay Notes
- Departmental/Agency Budget
- Funds to Metro
- General Obligation Bonds
- Grant
- Increased Revenue Sources
- Judgments and Losses
- Local Government Investment Project
- Revenue Bonds
- Self-Insured Liability
- Solid Waste Reserve
- Unappropriated Fund Balance
- 4% Fund
- Other: _____

Approved by OMB: _____ Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____ **APPROVED BY**

Approved by Div Grants Coordination: _____ **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

Department of Law – White Copy ***Administration –Yellow Copy*** ***Finance Department - Pink Copy***

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
PASS THE BEAUTY

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Pass the Beauty, ("Recipient"), is for the provision of the Community Safety program, as further defined in the "SCOPE OF PROGRAM". Attachments A through H are incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will assist the Metro Public Health Department In implementing a program focusing on programs that mitigate financial stress, strengthen anti-violence social norms and peer relationships, and provide peer support and therapy.

These funds will be used to for:

The Recipient will use the funds to partially pay the salary of the Chief Executive Officer, several assistants, directors of various programs and program coordinators and to achieve the following outcomes:

a) Strengthen Anti-Violence Norms and Peer Relationships:
   i. Implement an anti-violence program to raise awareness and prevent domestic violence within the community.
   ii. Facilitate peer support groups where women can share their experiences and receive mentorship, advice, and encouragement.

b) Provide Peer Support and Therapy in Women's Wellness Circles:
   i. Organize Women's Wellness Circles, co-facilitated by trained peer support mentors, to address mental and physical health needs.
   ii. Offer resources and workshops on mental health advocacy, cancer detection and prevention, and self-advocacy for overall well-being.

c) Mitigate Financial Distress:
   i. Establish a discretionary fund to provide financial aid for mental health support, therapy fees, rent, utilities, clothing, and food insecurity.

A.2. The Recipient must spend funds consistent with the Grant Spending Plan, attached and incorporated herein as Attachment A. The Recipient must collect data to evaluate the effectiveness of their services and must provide those results to Metro according to a mutually acceptable process and schedule, and when needed, upon request. This data shall include:

- Number of participants served in the anti-violence program.
- Number of participants served by peer support groups.
- Number of participants participating in the financial distress fund.
- Frequency of services provided.
- Sign in sheets with dates and times of services or meetings.
- Monthly progress reports.
- Other data as requested.

A.3. The Recipient will only utilize these funds for services the Recipient provides to residents and/or visitors in Davidson County. Additionally, the Recipient must collect data on the primary county of residence of the clients it serves and provide that data to Metro upon request.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will be twelve (12) months, commencing on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk. Metro will have no obligation for services rendered by the Recipient that are not performed within this term.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed Forty-Eight Thousand dollars ($48,000). The Grant Spending Plan will constitute the maximum amount to be provided to the Recipient by Metro for all of the Recipient's obligations hereunder. The Grant Spending Plan line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Recipient.

Subject to modification and amendments as provided in section D.2. of this Grant Contract, this amount will constitute the Grant Amount and the entire compensation to be provided to the Recipient by Metro.

C.2. **Payment Methodology.** The Recipient will only be compensated for actual costs based upon the Grant Spending Plan, not to exceed the maximum liability established in Section C.1. For each invoice submitted, the Recipient shall certify that the funds were utilized for necessary expenditures related to the completion of the work, as described in Section A of this Grant Contract.

Upon progress toward the completion of the work, as described in Section A of this Grant Contract, the Recipient shall submit invoices and any supporting documentation as requested by Metro to demonstrate that the funds are used as required by this Grant, prior to any payment for allowable costs. Such invoices shall be submitted no more often than monthly and indicate at a minimum the amount charged by Spending Plan line-item for the period invoiced, the amount charged by line-item to date, the total amount charged for the period invoiced, and the total amount charged under this Grant Contract to date.

Recipient must send all invoices to healthap@nashville.gov**.**

Final invoices for the contract period should be received within thirty (30) days after the end of the contract. Any invoice not received by the deadline date will not be processed and all remaining grant funds will expire.

C.3. **Annual Expenditure Report.** The Recipient must submit a final grant Annual Expenditure Report, to be received by and Anidolee.Melville-Chester@nashville.gov, within forty-five (45) days of the end of the Grant Contract. Said report must be in form and substance acceptable to Metro and must be prepared by a Certified Public Accounting Firm or the Chief Financial Officer of the Recipient Organization.

C.4. **Payment of Invoice.** The payment of any invoice by Metro will not prejudice Metro's right to object to the invoice or any other related matter. Any payment by Metro will neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs included therein.

C.5. **Unallowable Costs.** The Recipient's invoice may be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by Metro, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs. Utilization of Metro funding for services to non-Davidson County residents is

not allowed. Any unallowable cost discovered after payment of the final invoice shall be returned by the Recipient to Metro within fifteen (15) days of notice.

C.6. **Deductions.** Metro reserves the right to adjust any amounts which are or become due and payable to the Recipient by Metro under this or any Contract by deducting any amounts which are or become due and payable to Metro by the Recipient under this or any Contract.

C.7. **Travel Compensation.** Payment to the Recipient for travel, meals, or lodging is subject to amounts and limitations specified in Metro's Travel Regulations and subject to the Grant Spending Plan.

C.8. **Electronic Payment**. Metro requires as a condition of this contract that the Recipient have on file with Metro a completed and signed "ACH Form for Electronic Payment". If Recipient has not previously submitted the form to Metro or if Recipient's information has changed, Recipient will have thirty (30) days to complete, sign, and return the form. Thereafter, all payments to the Recipient, under this or any other contract the Recipient has with Metro, must be made electronically.

D. **STANDARD TERMS AND CONDITIONS**:

D.1. **Required Approvals.** Metro is not bound by this Grant Contract until it is approved by the appropriate Metro representatives as indicated on the signature page of this Grant.

D.2. **Modification and Amendment.** This Grant Contract may be modified only by a written amendment that has been approved in accordance with all Metro procedures and by appropriate legislation of the Metropolitan Council.

D.3. **Termination for Cause.** Should the Recipient fail to properly perform its obligations under this Grant Contract or if the Recipient violates any terms of this Grant Contract, Metro will have the right to immediately terminate the Grant Contract and the Recipient must return to Metro any and all grant monies for services or programs under the grant not performed as of the termination date. The Recipient must also return to Metro any and all funds expended for purposes contrary to the terms of the Grant. Such termination will not relieve the Recipient of any liability to Metro for damages sustained by virtue of any breach by the Recipient.

D.4. **Termination - Notice.** Metro may terminate the Grant Contract without cause for any reason. Said termination shall not be deemed a Breach of Contract by Metro. Metro shall give the Recipient at least thirty (30) days written notice before effective termination date.

a) The Recipient shall be entitled to receive compensation for satisfactory, authorized service completed as of the effective termination date, but in no event shall Metro be liable to the Recipient for compensation for any service that has not been rendered.

b) Upon such termination, the Recipient shall have no right to any actual general, special, incidental, consequential or any other damages whatsoever of any description or amount.

D.5. **Termination - Funding.** The Grant Contract is subject to the appropriation and availability of local, State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, Metro shall have the right to terminate the Grant Contract immediately upon written notice to the Recipient. Upon receipt of the written notice, the Recipient shall cease all work associated with the Grant Contract on or before the effective termination date specified in the written notice. Should such an event occur, the Recipient shall be entitled to compensation for all satisfactory and authorized services completed as of the effective termination date. The

Recipient shall be responsible for repayment of any funds already received in excess of satisfactory and authorized services completed as of the effective termination date.

D.6. **Subcontracting.** The Recipient may not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of Metro. Notwithstanding any use of approved subcontractors, the Recipient will be considered the prime Recipient and will be responsible for all work performed.

D.7. **Conflicts of Interest.** The Recipient warrants that no part of the total Grant Amount will be paid directly or indirectly to an employee or official of Metro as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Recipient in connection with any work contemplated or performed relative to this Grant Contract.

D.8. **Nondiscrimination.** The Recipient hereby agrees, warrants, and assures that no person will be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Recipient on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification which is in violation of applicable laws. The Recipient must, upon request, show proof of such nondiscrimination and must post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.9. **Records.** The Recipient must maintain documentation for all charges to Metro under this Grant Contract. The books, records, and documents of the Recipient, insofar as they relate to work performed or money received under this Grant Contract, must be maintained for a period of three (3) full years from the date of the final payment or until the Recipient engages a licensed independent public accountant to perform an audit of its activities. The books, records, and documents of the Recipient insofar as they relate to work performed or money received under this Grant Contract are subject to audit at any reasonable time and upon reasonable notice by Metro or its duly appointed representatives. Records must be maintained in accordance with the standards outlined in the Metro Grants Manual and in accordance with 2 CFR 200 Uniform Guidance. The financial statements must be prepared in accordance with generally accepted accounting principles.

D.10. **Monitoring.** The Recipient's activities conducted and records maintained pursuant to this Grant Contract are subject to monitoring and evaluation by The Metropolitan Office of Financial Accountability or Metro's duly appointed representatives. The Recipient must make all audit, accounting, or financial records, notes, and other documents pertinent to this grant available for review by the Metropolitan Office of Financial Accountability, Internal Audit or Metro's representatives, upon request, during normal working hours.

D.11. **Reporting.** The Recipient must submit a Final Program Report, to be received by bradley.thompson@nashville.gov and Anidolee.Melville-Chester@nashville.gov, within forty-five (45) days of the end of the Grant Contract. Said reports shall detail the outcome of the activities funded under this Grant Contract.

D.12. **Strict Performance.** Failure by Metro to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement is not a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract is considered to be waived, modified, or deleted except by a written amendment by the appropriate parties as indicated on the signature page of this Grant.

D.13. **Insurance.** The Recipient agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all applicable taxes incident to this Grant Contract.

D.14. **Metro Liability.** Metro will have no liability except as specifically provided in this Grant Contract.

D.15. **Independent Contractor.** Nothing herein will in any way be construed or intended to create a partnership or joint venture between the Recipient and Metro or to create the relationship of principal and agent between or among the Recipient and Metro. The Recipient must not hold itself out in a manner contrary to the terms of this paragraph. Metro will not become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.

D.16. **Indemnification and Hold Harmless.**

a) Recipient agrees to indemnify, defend, and hold harmless Metro, its officers, agents and employees from any claims, damages, penalties, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Recipient, its officers, employees and/or agents, including its sub or independent contractors, in connection with the performance of the contract, and any claims, damages, penalties, costs and attorney fees arising from any failure of Recipient, its officers, employees and/or agents, including its sub or independent contractors, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

b) Metro will not indemnify, defend or hold harmless in any fashion the Recipient from any claims, regardless of any language in any attachment or other document that the Recipient may provide.

c) Recipient will pay Metro any expenses incurred as a result of Recipient's failure to fulfill any obligation in a professional and timely manner under this Contract.

d) Recipient's duties under this section will survive the termination or expiration of the grant.

D.17. **Force Majeure.** The obligations of the parties to this Grant Contract are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, strikes, epidemics or any other similar cause.

D.18. **Iran Divestment Act.** In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Recipient certifies that to the best of its knowledge and belief, neither Recipient nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

D.19. **State, Local and Federal Compliance.** The Recipient agrees to comply with all applicable federal, state and local laws and regulations in the performance of this Grant Contract.

D.20. **Governing Law and Venue.** The validity, construction and effect of this Grant Contract and any and all extensions and/or modifications thereof will be governed by and construed in accordance with the laws of the State of Tennessee. The venue for legal action concerning this Grant Contract will be in the courts of Davidson County, Tennessee.

D.21. **Completeness.** This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

D.22. **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

D.23. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.24. **Metro Interest in Equipment.** The Recipient will take legal title to all equipment and to all motor vehicles, hereinafter referred to as "equipment," purchased totally or in part with funds provided under this Grant Contract, subject to Metro's equitable interest therein, to the extent of its *pro rata* share, based upon Metro's contribution to the purchase price. "Equipment" is defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds $5,000.00.

The Recipient agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at any time during the term of the Grant Contract, the Recipient must request written approval from Metro for any proposed disposition of equipment purchased with Grant funds. All equipment must be disposed of in such a manner as parties may agree as appropriate and in accordance with any applicable federal, state or local laws or regulations.

D.25. **Assignment—Consent Required.** The provisions of this contract will inure to the benefit of and will be binding upon the respective successors and assignees of the parties hereto. Except for the rights of money due to Recipient under this contract, neither this contract nor any of the rights and obligations of Recipient hereunder may be assigned or transferred in whole or in part without the prior written consent of Metro. Any such assignment or transfer will not release Recipient from its obligations hereunder. Notice of assignment of any rights to money due to Recipient under this Contract must be sent to the attention of the Metro Department of Finance.

D.26. **Gratuities and Kickbacks.** It will be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparations of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. It will be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from participation in Metropolitan Government contracts.

D.27. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications from the Recipient required or contemplated by this Grant Contract must be in writing and must be made by email transmission, or by first class mail, addressed to the respective party at the appropriate email or physical address as set forth below or to such other party, email, or address as may be hereafter specified by written notice.

Metro

For contract-related matters:
Holly.rice@nashville.gov
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900

For inquiries regarding invoices:
Nancy.uribe@nashville.gov
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634

Recipient

Pass the Beauty
Executive Director
3652 Chesapeake Drive
Nashville, TN 37207

D.28. **Lobbying.** The Recipient certifies, to the best of its knowledge and belief, that:

a) No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b) If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c) The Recipient will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subcontractors of federally appropriated funds shall certify and disclose accordingly.

D.29. **Certification Regarding Debarment and Convictions.**

a) Recipient certifies that Recipient, and its current and future principals:

1) are not presently debarred, suspended, or proposed for debarment from participation in any federal or state grant program.

2) have not within a three (3) year period preceding this Grant Contract been convicted of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) grant.

3) have not within a three (3) year period preceding this Grant Contract been convicted of embezzlement, obstruction of justice, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

4) are not presently indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in sections D.29(a)(2) and D.29(a)(3) of this certification.

b) Recipient shall provide immediate written notice to Metro if at any time Recipient learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals fall under any of the prohibitions of Section D.29(a).

D.30. **Effective Date.** This contract will not be binding upon the parties until it has been signed first by the Recipient and then by the authorized representatives of the Metropolitan Government and

has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract will be effective as of the date first written above.

D.31. **Health Insurance Portability and Accountability Act.** Metro and Recipient shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its accompanying regulations.

a) Recipient warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.

b) Recipient warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.

c) Recipient agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep Metro and Recipient in compliance with HIPAA. This provision shall not apply if information received by the Recipient from Metro under this Agreement is not "protected health information" as defined by HIPAA, or if HIPAA permits Recipient and Metro to receive such information without entering into a Business Associate agreement or signing another such document.

(THE REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK.)

RECIPIENT:

By: Cintoria Franklin

Sworn to and subscribed to before me, a Notary Public this 23rd day of October, 2025, by Cintoria Franklin, the Pass the Beauty of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: Delia Mitchell

My Commission Expires: January 24, 2028

DELIA MITCHELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Comm. Expires January 24, 2028

Grant contract between the Metropolitan Government of Nashville and Davidson County and Pass the Beauty Contract #_____ September 9, 2025

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Saumi Arola
0872295CD81A4B1...
Director, Metro Public Health Department — 11/17/2025 Date

Signed by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...
Chair, Board of Health — 11/17/2025 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Signed by:
Jenneen Reed/mjw
62377A2A8742469...
Initial BN DS AP
Director, Department of Finance — 11/17/2025 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
68804BF12FD741C...
Director of Risk Management Services — 11/17/2025 Date

APPROVED AS TO FORM AND LEGALITY:

Signed by:
Matthew Garth
66F609229308441...
Metropolitan Attorney — 11/17/2025 Date

FILED:

_____ _____
Metropolitan Clerk — Date

Table of Contents of Attachments:

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$30,768.38	$0.00	$30,768.38
2	Benefits & Taxes	$8,871.81	$0.00	$8,871.81
4, 15	Professional Fee/ Grant & Award [2]	$3,228.48	$0.00	$3,228.48
5	Supplies	$36.69	$0.00	$36.69
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$12.23	$0.00	$12.23
8	Occupancy	$146.75	$0.00	$146.75
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$293.50	$0.00	$293.50
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$117.40	$0.00	$117.40
16	Specific Assistance To Individuals [2]	$4,524.76	$0.00	$4,524.76
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$48,000.00	$0.00	$48,000.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

[2] Applicable detail follows this page if line-item is funded.

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Cintoria Franklin, CEO	4,892	x	100%	+	$	4,891.63
Rhonda , Executive Assistant	2,935	x	100%	+	$	2,934.98
Jassmine Franklin, Director of YAEE	2,788	x	100%	+	$	2,788.23
TBD, YAEE Administrative Assistant	1,957	x	100%	+	$	1,956.65
TBD, YAEE Youth Coordinator1	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator2	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator3	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator4	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator5	2,201	x	100%	+	$	2,201.24
TBD, Director of Beauty & Wellness	2,788	x	100%	+	$	2,788.23
TBD, Beauty & Wellness Coordinator1	2,201	x	100%	+	$	2,201.24
TBD, Beauty & Wellness Coordinator2	2,201	x	100%	+	$	2,201.24
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	30,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	$3,228.48
ROUNDED TOTAL	$3,228.00

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
	$	293.50
ROUNDED TOTAL	$	294.00

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
	$	4,524.76
ROUNDED TOTAL	$	4,525.00

Complete this Cover Sheet and sign where indicated. Attach it to the Program Narrative, Spending Plan, and Spending Plan Narrative. Email the entire Application Packet to both Detra.major@nashville.gov and Dianne.harden @nashville.gov by 4:29 pm on September 13, 2024.

FY25 COMMUNITY SAFETY FUND APPLICATION COVER SHEET (Application Part A)

CIRCLE THE ONE CATEGORY OF FUNDING THAT YOU ARE APPLYING FOR:

Literacy: ___ **Restorative Justice**__	**Domestic Violence:** x ✓ **Workshops/Seminars**	**Community Service:** **After School Program**	**Afterschool Programs:** _____ **Community Violence Prevention**_____ **Group Violence**_____ **Outreach and Education**_____ **Special Assistance to Invidiuals** _____

WILL THE PROPOSED PROGRAM BE: (Choose One)

A New Program: ____	**An Existing Program:** ✓	**An Expansion of Existing**	**Program:** ____

APPLICANT INFORMATION

Legal name of Applicant (Agency)	Pass the Beauty Inc		
Contact Person Name	Cintoria Franklin	Title	Founder and CEO
Contact Person Phone	6158216669	Email Address	passthebeauty1@aol.com ✓
Agency CEO Name	Cintoria Franklin	Title	Founder and CEO
Agency CEO Phone	6158216669	Email Address	passthebeauty1@aol.com

AGENCY'S MAIN OFFICE

Complete Address	3625 Chesapeake Drive Nashville TN 37207		
Phone 6158216669	Fax	Website	passthebeautyincc.org

FINANCIAL INFORMATION

Agency's most recent FY Actual Revenues ► (**See Note Below**)*	$22,400	Amount of current FY25 CSF grant or direct appropriation (if applicable)	n/a
Total FY25 CSF Request ► (round to nearest $100)	$101,240	Agency's Fiscal Year Start Date (Month/Day)	January 1 2024
This amount should not exceed 20% of most recent actual revenues. Requests over 20% will render application ineligible. ►	100%	**(Leave Blank)**	

For the current fiscal year, list funds received from Metro Nashville Government, including funds received from any department or Metro Council Appropriation (attach additional pages if necessary)

Source	Amount $	
Source	Amount $	
Source	Amount $	

Does the applicant have a certified audit performed each year? Yes No

Applicants are required to submit an electronic copy of 1.) the most recent agency audit and 2.) a copy of agency's current registration status with the Secretary of State, Division of Charitable Solicitations and Gaming to fred.adom@nashville.gov. (See page 10 of CEF Handbook for details.) IS THIS THE CURRENT PROCESS

SIGNATURES

I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware that my agency will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the applying agency.

Signature of Authorized Official Cintoria Franklin Date Sept 11, 2024

* **Per most recent agency audit. Revenues stated above must not include in-kind contributions.**

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

Notice of Intent to Award

Solicitation Number		Award Date	10/11/2024
Solicitation Title	CSF 2024 -2025 Community Safety Fund		
Buyer Name	Dianne Harden	Buyer Email	Dianne.Harden@nashville.gov
BAO Rep	Terrica Burns	BAO Email	Terrica.Burns@nashville.gov

Awarded Supplier(s)

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	PASS THE BEAUTY	Company Contact	Cintoria Franklin		
Street Address	709 South Hampton Blvd				
City	Antioch	State	TN	Zipcode	37013

Certificate of Insurance

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

Equal Business Opportunity Program

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

[x] Yes, the EBO Program is applicable. [ ] No, the EBO Program is not applicable.

Monthly Reporting

Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service-disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.

Questions related to contract compliance may be directed to the referenced BAO rep.

[x] Yes, monthly reporting is applicable. x No, monthly reporting is not applicable.

Public Information and Records Retention

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange. A copy of this notice will be placed in the solicitation file and sent to all offerors.

Right to Protest

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

Jim Diamond
Director of Finance

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

Proposal Evalution Committee Review Sheet RFQ CSF 2025
Community Safety Violence Prevention

Evaluation Criteria/Offeror	PassTheBeauty	
Capacity of the Applicant and Relevant Organizational Experience (10 pts)	8	
Problem & Target Population (15 pts)	14.00	
Service Gaps (15 pts)	11.00	
Program Design (25 pts)	20.00	
NAZA Description (0) Afterschool Program ONLY		
Leveraging and Collaboration Resources (10 pts)	7.00	
Sustainability (10 pts)	7.00	
Total Evaluation Scores	67.00	
Completed Application Submitted	YES NO	

PassTheBeauty
Strengths
Proposal is well organized and easy to follow.
Weaknesses
Missing tax return. Did not clearly address on duplicated services that this grant will provide. The budget does not align with the narrative. We do not understand the assistant to the LPC. The budget does not reconcile from previous budget to move forward.

Enter Solicitation Title & Number Below			
CSF 2024 -2025 Community Safety Fund		Recommended Award Amount	
		$48,000.00	
PASS THE BEAUTY	$48,000.00		67
No BAO programming applicable to this solicitation			

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Certifications of Assurance

As a condition of receipt of this funding, the Recipient assures that it will comply fully with the provisions of the following laws.

- The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116;
- Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements
By accepting this funding, the signee hereby certifies, to the best of his or her knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The Recipient shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly

Signature of Authorized Representative
Name: Cintina Franklin
Title: Executive Director
Agency Name: Pass the Beauty Inc
Date: 8.26.25

Attachment D

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Non-Profit Grants Manual Receipt Acknowledgement

As a condition of receipt of this funding, the recipient acknowledges the following:

- Receipt of the Non-Profit Grants Manual, updated February 2, 2023, issued by the Division of Grants and Accountability. Electronic version can be located at the following: Non-Profit Grant Resources
- The recipient has read, understands and hereby affirms that the agency will adhere to the requirements and expectations outlined within the Non-Profit Grants Manual.
- The recipient understands that if the organization has any questions regarding the Non-Profit Grants Manual or its content, they will consult with the Metro department that awarded their grant.

**Note to Organizations: Please read the Non-Profits Grants Manual carefully to ensure that you understand the requirements and expectations before signing this document.*

Signature of Authorized Representative
Name: Cintoria Franklin
Title: Executive Director
Agency Name: Pass the beauty Inc
Date: 8/26/25

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 10 2015

PASS THE BEAUTY INC
C/O CINTORIA FRANKLIN
469 PONDER PL APT 103
NASHVILLE, TN 37228

Employer Identification Number:
47-2056024
DLN:
17053271338035
Contact Person:
SHERRI L ROYCE ID# 31653
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 14, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Attachment F

CHARTER NONPROFIT CORPORATION (ss-4418)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: PASS The Beauty

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: _____

4. The name and complete address of the initial registered agent and office located in the state of Tennessee is:

Name: Cintoria Franklin
Address: 1607 ~~Whelless~~ Wheless Street
City: Nashville State: TN Zip Code: 37208 County: Davidson

5. Fiscal Year Close Month: Dec **Period of Duration:** ☑ Perpetual ☐ Other ____/____/____ (Month / Day / Year)

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date: 03 (Month) 14 (Day) 14 (Year) Time: 3:50

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a ☑ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☐ religious corporation / ☑ not a religious corporation.
This corporation will ☑ have members / ☐ not have members.

9. The complete address of its principal executive office is:

Address: 1607 Wheless Street
City: Nashville State: TN Zip Code: 37208 County: Davidson

Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

Submitter Information: Name: _____ Phone #: (____) _____

CHARTER
NONPROFIT CORPORATION (SS-4418)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

The name of the corporation is: pass the Beauty

10. The complete mailing address of the entity (if different from the principal office) is:
Address: 1607 Wheless Street
City: nashville State: TN Zip Code: 37208

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip
Cintoria franklin	1607 wheless street	nashville TN 37208
Carlisa patterson	128 Larking Springs	nashville TN 37208

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)
☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by §48-51-303(a)(1).
☐ This nonprofit corporation is a "school support organization" as defined in T.C.A §49-2-603(4)(A).
☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
Buena vista Church of Christ

14. Other Provisions:

Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

3/14/14
Signature Date

Incorporator's Signature

Cintoria franklin
Incorporator's Name (printed or typed)

RDA 1678

Details ×

PASS THE BEAUTY

3652 CHESAPEAKE DRIVE NASHVILLE TN 37207
Ms. CINTORIA FRANKLIN
(615) 821-6669
https://passthebeautyinc.com/
Status: Active
CO Number: CO25924
Registration Date: 03/08/2016
Renewal Date: 06/30/2026

Purpose

Pass The Beauty, Inc. (PTB), a Nashville-based 501(c)(3) nonprofit, established in March 2014, supports victims and survivors of domestic violence and bullying. Its primary program, "A Mother's Vision" (Mother's Vision), is designed to enhance the goals of mothers who have experienced domestic abuse, violence, poverty, and lack positive resources. The program's goal is to provide short and long-term assistance, to help impact participants' basic needs to help foster career, awareness, and educational opportunities.

Financials (9)

Fiscal Year End	Total Revenue
12/31/2024	$25,265.00
12/31/2023	$28,240.11
12/31/2022	$38,450.00

Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee's 37th secretary of state in 2009 and re-elected in 2013, 2017, 2021, and 2025. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.

Details ×

PASS THE BEAUTY

3652 CHESAPEAKE DRIVE NASHVILLE TN 37207
Ms. CINTORIA FRANKLIN
(615) 821-6669
https://passthebeautyinc.com/
Status: Active
CO Number: CO25924
Registration Date: 03/08/2016
Renewal Date: 06/30/2026

Purpose

Pass The Beauty, Inc. (PTB), a Nashville-based 501(c)(3) nonprofit, established in March 2014, supports victims and survivors of domestic violence and bullying. Its primary program, "A Mother's Vision" (Mother's Vision), is designed to enhance the goals of mothers who have experienced domestic abuse, violence, poverty, and lack positive resources. The program's goal is to provide short and long-term assistance, to help impact participants' basic needs to help foster career, awareness, and educational opportunities.

Financials (9)

Fiscal Year End	Total Revenue
12/31/2024	$25,265.00
12/31/2023	$28,240.11
12/31/2022	$38,450.00

PASS THE BEAUTY

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000751011
Initial Filing Date: 3/14/2014 4:07:00 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026

Registered Agent
CINTORIA FRANKLIN
3652 CHESAPEAKE DR
NASHVILLE, TN 37207

Principal Office Address
3652 CHESAPEAKE DRIVE
NASHVILLE, TN 37207-6001

Mailing Address
3652 CHESAPEAKE DRIVE
NASHVILLE, TN 37207-6001

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (23)

Type	Date	Tracking Number	Change History
2024 Annual Report for PASS THE BEAUTY INC	4/9/2025 7:49:37 PM	B2025217287	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ NAICS changed
2023 Annual Report for Pass The Beauty Inc	4/2/2024 6:00:54 PM	B1544-2365	○ Principal Postal Code changed from: 37207 to: 37207-6001
Articles of Amendment for Pass The Beauty Inc	12/13/2023 4:13:00 PM	B1301-9489	○ Principal Address 1 changed from: 1400 JEFFERSON STREET to: 36 CHESAPEAKE DRIVE ○ Principal Address 2 changed from: STE B to: No value ○ Principal Address 3 changed from: CINTORIA FRANKLIN to: No value ○ Principal Postal Code changed from: 37208-3043 to: 37207
Articles of Amendment for Pass The Beauty Inc	9/7/2023 11:03:00 AM	B1344-1814	○ Business Name changed from: Pass The Beauty to: Pass The Beauty Inc ○ Registered Agent Physical Address 1 changed from: 469 PONDER PL to: 3652 CHESAPEAKE DR ○ Registered Agent Physical Address 2 changed from: APT 103 to: No Value ○ Registered Agent Physical Postal Code changed from: 37228-1921 to: 37207

2022 Annual Report for Pass The Beauty Inc	4/1/2023 6:33:05 PM	B1372-6620	○ Principal Address 1 changed from: 7029 S HAMPTON BLVD to: 1400 JEFFERSON STREET ○ Principal Address 2 changed from: No value to: STE B ○ Principal City changed from: ANTIOCH to: NASHVILLE ○ Principal Postal Code changed from: 37013-1197 to: 37208-3043
2021 Annual Report for Pass The Beauty Inc	3/31/2022 5:57:16 PM	B1192-7570	
2020 Annual Report for Pass The Beauty Inc	4/2/2021 8:30:07 PM	B1014-8371	
2019 Annual Report for Pass The Beauty Inc	2/5/2020 10:52:41 PM	B0811-6395	
Application for Reinstatement for Pass The Beauty Inc	12/12/2019 5:59:13 PM	B0792-0813	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: ACTIVE ○ Inactive Date changed from: 08/06/2019 to: No Value
2018 Annual Report for Pass The Beauty Inc	12/12/2019 5:46:22 PM	B0792-0809	○ Principal Address 1 changed from: 469 PONDER PL to: 7029 S HAMPTON BLVD ○ Principal City changed from: NASHVILLE to: ANTIOCH ○ Principal Postal Code changed from: 37228-1921 to: 37013-1197
Dissolution/Revocation - Administrative for Pass The Beauty Inc	8/6/2019 1:40:22 AM	B0743-4380	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/06/2019
Notice of Determination for Pass The Beauty Inc	6/1/2019 1:40:20 AM	B0714-1325	
System Amendment for Pass The Beauty Inc	4/4/2019 1:40:32 AM		
Administrative Amendment for Pass The Beauty Inc	5/30/2018 2:10:00 PM	B0541-7543	
2017 Annual Report for Pass The Beauty Inc	1/29/2018 10:11:22 PM	B0488-6607	○ Principal Address 3 changed from: No value to: CINTORIA FRANKLIN
2016 Annual Report for Pass The Beauty Inc	4/1/2017 7:32:34 PM	B0374-9247	○ Principal Address 1 changed from: 1607 WHELESS ST to: 469 POND PL ○ Principal Address 2 changed from: No value to: APT 103 ○ Principal Postal Code changed from: 37208-2020 to: 37228-1921

2015 Annual Report for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4720	○ Registered Agent Physical Address 1 changed from: 1607 WHELESS ST to: 469 PONDER PL ○ Registered Agent Physical Address 2 changed from: No Value to: APT 103 ○ Registered Agent Physical Postal Code changed from: 37208-2020 to: 37228-1921
2014 Annual Report for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4719	
Application for Reinstatement for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4721	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: Active ○ Inactive Date changed from: 08/08/2015 to: No Value
Dissolution/Revocation - Administrative for Pass The Beauty Inc	8/8/2015 3:01:30 AM	B0142-3584	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/08/2015
Notice of Determination for Pass The Beauty Inc	6/2/2015 3:00:52 AM	B0109-8964	
System Amendment for Pass The Beauty Inc	4/7/2015 3:01:12 AM		
Initial Filing for Pass The Beauty Inc	3/14/2014 4:07:00 PM	7301-1149	

Bourdeau Consulting, LLC.
Office: 615-956-2867 **Email:** cbourdeau@bourdeauconsultingllc.com

Pass The Beauty Inc.
Statement of Financial Position
As of December 31, 2024

ASSETS	
Cash and Cash Equivalents	$ 10,281.69
Accounts Receivable (A/R)	186.00
Other Current Assets	18.92
TOTAL ASSETS	**$ 10,486.61**
LIABILITIES AND EQUITY	
Liabilities	
Accounts Payable	3,305.73
TN Quarterly Taxes	815.46
Total Liabilities	**$ 4,121.19**
Net Assets	
Without Donor Restrictions	6,365.42
Total Net Assets	**6,365.42**
TOTAL LIABILITIES AND EQUITY	**$10,486.61**

Bourdeau Consulting, LLC.
Office: 615-956-2867 **Email:** cbourdeau@bourdeauconsultingllc.com

Pass The Beauty Inc.
Statement of Activity
January – December 2024

Revenue	
Contributions	
Individual Contributions	$ 3,271.38
Total Contributions	**3,271.38**
Grants	
Foundation Grants	28,000.00
Local Government Grants	20,115.45
Miscellaneous Grants	11,148.93
Total Grants	59,264.38
Total Revenue	**62,535.76**
Expenditures	
General Administrative	
Bank Charges & Fees	263.63
Dues & Subscriptions	75.00
IT Hardware, Software and Admnistration	1,236.01
Miscellaneous Business Expenses	1,175.23
Office Supplies & Postage	445.59
Storage Space	2,702.47
Telephone	1,083.02
Utilities	1,378.16
Independent Contractors	5,421.00
Professional Development	703.83
Total General Administrative	**14,483.94**
Governance	
Accounting and Auditing Fees	9,965.09
Business Taxes and Fees	45.18
Insurance	915.09
Total Governance	**10,925.36**
Payroll Expenses	
Salaries & Wages	22,948.63
Taxes	2,070.28
Total Payroll Expenses	**25,018.91**

Program Expenditures/Strategic Initiatives	
Direct Assistance	50.00
Total Direct Assistance	**50.00**
Program Development Fees & Expenses	
Equipment Rental	123.46
Event Expense/Rentals	4,060.00
Fundraising Expense	1,362.24
Marketing & Development	2,484.45
Online Donation App Fees	39.50
Supplies & Materials	2,681.18
Total Program Development Fees & Expenses	**10,750.83**
Total Program Expenditures/Strategic Initiatives	**10,800.83**
Travel & Entertainment	112.00
Cab/Uber	65.80
Gas & Mileage	2,098.37
Meals & Entertainment	1,536.29
Total Travel & Entertainment	**3,812.46**
Total Expenditures	**65,041.50**
Change in net assets	(2,505.74)
Net assets, beginning of year	**8,871.16**
Net assets, end of year	**6,365.42**

Attachment H

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER
Hiscox Inc.
5 Concourse Parkway
Suite 2150
Atlanta GA, 30328

CONTACT NAME:
PHONE (A/C, No, Ext): 844-357-0403 **FAX (A/C, No):**
E-MAIL ADDRESS: contact@hiscox.com
PRODUCER CUSTOMER ID:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hiscox Insurance Company Inc.	10200
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Pass the Beauty Inc.
3652 Chesapeake Drive
Nashville, TN 37207

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
3652 Chesapeake Drive, Nashville, TN 37207

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X **PROPERTY** CAUSES OF LOSS — DEDUCTIBLES BASIC — BUILDING BROAD — CONTENTS X SPECIAL — $ 1,000 EARTHQUAKE WIND FLOOD	P105.507.310.1	09/25/2025	09/25/2026	BUILDING X PERSONAL PROPERTY X BUSINESS INCOME X EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	$ $ $ 25,000 $ $ $ $ $ $ $
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	CRIME TYPE OF POLICY					$ $ $
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Mary J Boyd

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (888) 202-3007 **FAX (A/C, No):** **E-MAIL ADDRESS:** contact@hiscox.com
INSURED Pass the Beauty Inc. 3652 Chesapeake Drive Nashville, TN 37207	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Hiscox Insurance Company Inc — 10200 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR X CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			P105.507.310.1	09/25/2025	09/25/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 0 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mary J Boyd