
GRANT SUMMARY SHEET

Grant Name: Community Health Workers for Public Health Response & Resilient 21-22 Amend 8

Department: HEALTH DEPARTMENT

Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mill in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding for Peer Support Specialists. Amendment 6 approves funding for a contractor FINN Partners. Amendment 7 approves a one year no cost extensions from August31,2021 to August30,2024. Amendment 8 corrects the terms and conditions of previous no cost extension, No cost extension from August 30,2024 to August30,2025 and reporting requirements.

Plan for continuation of services upon grant expiration:

Services will end

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: Community Health Workers for Public Health Response & Resilient 21-22 Amend 8				
Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION				
Grant Period From: 08/31/21		(applications only) Anticipated Application Date:		
Grant Period To: 08/30/25		(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: COMPETITIVE	Total Award: \$0.00			
Status: AMENDMENT	Metro Cash Match: \$0.00			
Metro Category: Est. Prior.	Metro In-Kind Match: \$0.00			
CFDA # 93.495	Is Council approval required? <input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input checked="" type="checkbox"/>		
The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mil in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding.				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
Services will end				
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:		1.50	Actual number of positions added: 2.00	
Departmental Indirect Cost Rate		24.82%	Indirect Cost of Grant to Metro: \$744,747.00	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 7.51%	Ind. Cost Requested from Grantor: \$225,324.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)				
Draw down allowable? <input type="checkbox"/>				
Metro or Community-based Partners:				

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	\$ 833,333.33	\$0.00	\$0.00	\$0.00		\$0.00	\$833,333.33	\$206,874.17	\$62,590.00
Yr 2	FY23	\$1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 3	FY24	\$ 1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 4	FY25	\$166,666.67	\$0.00	\$0.00	\$0.00		\$0.00	\$166,666.67	\$41,374.83	\$12,518.00
Yr 5	FY									
Total		\$3,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,000,000.00	\$744,747.00	\$225,324.00
Date Awarded:				08/19/24	Tot. Awarded:		\$0.00	Contract#: 6NU58DP006999-03-9		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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





DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-09
FAIN# NU58DP006999
Federal Award Date: 08/01/2024

Recipient Information

1. Recipient Name
NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official
Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information
Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number
6 NU58DP006999-03-09

12. Unique Federal Award Identification Number (FAIN)
NU58DP006999

13. Statutory Authority
Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title
CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number
93.495

16. Assistance Listing Program Title
Community Health Workers for Public Health Response and Resilient

17. Award Action Type
NGA Revision

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2023	- End Date	08/30/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
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			\$1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,000,000.00
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$3,000,000.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer - Signature
Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-09
FAIN# NU58DP006999
Federal Award Date: 08/01/2024

Recipient Information
<p>Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860</p> <p>Congressional District of Recipient 05</p> <p>Payment Account Number and Type 1620694743A3</p> <p>Employer Identification Number (EIN) Data 620694743</p> <p>Universal Numbering System (DUNS) 078217668</p> <p>Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</p>
<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
<p>I. Financial Assistance from the Federal Awarding Agency Only</p> <p>II. Total project costs including grant funds and all other financial participation</p>	
a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
09

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Administrative Correction: The purpose of this amendment is to correct the terms and conditions of the previous No Cost Extension amendment dated 7/15/2024.

No Cost Extension: The purpose of this amendment is to approve a 12-month No Cost Extension per the request submitted by your organization dated June 28, 2024. The budget and project period end dates have been extended from August 30, 2024 to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2023 to August 30, 2024 must be submitted by November 28, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the *General Terms and Conditions*, which are published on the CDC website at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Gill C Wright III, MD
0460AC21E1CC408...
Director, Metro Public Health Department

8/12/2024
Date

Signed by:
Tiné Hamilton Franklin
BEBF0BBF14B14B0...
Chair, Board of Health

8/19/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumboltz
Director, Department of Finance

8/30/2024 | 11:25 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

8/30/2024 | 1:01 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

8/30/2024 | 1:01 PM CDT
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 09/17/24

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 08/12/24

Title (Caption): CDC Community Health Workers 21- 22.

Amendment 7 approves a one year no cost extensions from August31,2021 to August30,2025, and reporting requirements.

RS2021-1178

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: Community Health Workers for Public Health Response & Resilient 21-22 Amend 7

Department: HEALTH DEPARTMENT

Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION

Pass-Through Grantor (If applicable):

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mill in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding for Peer Support Specialists. Amendment 6 approves funding for a contractor FINN Partners. Amendment 7 approves a one year no cost extensions from August31,2021 to August30,2025, and reporting requirements.

Plan for continuation of services upon grant expiration:

Services will end

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: Community Health Workers for Public Health Response & Resilient 21-22 Amend 7					
Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION					
Grant Period From: 08/31/21		(applications only) Anticipated Application Date:			
Grant Period To: 08/30/25		(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: COMPETITIVE	Total Award: \$0.00				
Status: AMENDMENT	Metro Cash Match: \$0.00				
Metro Category: Est. Prior.	Metro In-Kind Match: \$0.00				
CFDA #: 93.495	Is Council approval required? <input type="checkbox"/>				
Project Description:		Applic. Submitted Electronically? <input checked="" type="checkbox"/>			
The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mil in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding.					
Plan for continuation of service after expiration of grant/Budgetary Impact:					
Services will end					
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:		1.50	Actual number of positions added:		2.00
Departmental Indirect Cost Rate		24.82%	Indirect Cost of Grant to Metro:		\$744,747.00
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 7.51%	Ind. Cost Requested from Grantor:		\$225,324.00
*(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:					

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	FY22	\$ 833,333.33	\$0.00	\$0.00	\$0.00		\$0.00	\$833,333.33	\$206,874.17	\$62,590.00
Yr 2	FY23	\$1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 3	FY24	\$ 1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 4	FY25	\$166,666.67	\$0.00	\$0.00	\$0.00		\$0.00	\$166,666.67	\$41,374.83	\$12,518.00
Yr 5	FY									
Total		\$3,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,000,000.00	\$744,747.00	\$225,324.00
Date Awarded:				08/19/24	Tot. Awarded:		\$0.00	Contract#: 6NU58DP006999-03-8		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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





DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-08
FAIN# NU58DP006999
Federal Award Date: 07/15/2024

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006999-03-08

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2023	- End Date	08/30/2025
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
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			\$1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,000,000.00
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$3,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-08
FAIN# NU58DP006999
Federal Award Date: 07/15/2024

Recipient Information
<p>Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860</p> <p>Congressional District of Recipient 05</p> <p>Payment Account Number and Type 1620694743A3</p> <p>Employer Identification Number (EIN) Data 620694743</p> <p>Universal Numbering System (DUNS) 078217668</p> <p>Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</p>
<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
08

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a twelve (12) month No Cost Extension per the request submitted by your organization dated June 28, 2024 . The budget and project period end dates have been extended from August 31, 2021 to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2024 to August 30, 2025 must be submitted by November 28, 2025.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

Final Invention Statement: A Final Invention Statement must be submitted. Electronic versions of the form can be downloaded by visiting <http://grants1.nih.gov/grants/hhs568.pdf>.

If no inventions were conceived under an assistance award, a negative report is required. This statement may be included in a cover letter.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Gill C Wright III, MD
0460AC21E1CC408...
Director, Metro Public Health Department

8/12/2024
Date

Signed by:
Tené Hamilton Franklin
BEBF0BBF14D1480...
Chair, Board of Health

8/19/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mjw
Director, Department of Finance

8/30/2024 | 11:25 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

8/30/2024 | 1:01 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

8/30/2024 | 1:01 PM CDT
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



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

Freddie O’Connell, Mayor
 Gill C. Wright III MD MMM FAAFP
 Director of Health
Board of Health
 Tené Hamilton Franklin MS, Chair
 Marie R. Griffin MD MPH, Vice-Chair
 Calvin M. Smith III MD
 Lloyd B. Williamson MD DFAPA FAACAP
 Rebecca Anne Whitehead (Munn) MBA
 Carol C. Ziegler APRN APHN-BC NP-C DNP

6/26/2024

Centers for Disease Control and Prevention
 Office of Grant Services

Re: 5 NU58DP006999-02-00

NOFO Number and Title: DP21-2109: Community Health Workers for COVID Response and Resilient Communities (CCR)

Dear Grant Management Specialist:

This letter is to request prior approval for a no-cost extension for the Notice of Award listed above.

Nashville, Davidson County Metropolitan Government would like to request a twelve – month no cost extension. The extension will be used to complete activities related to CB1, CB2, CB4, CB5, and CB6 on the workplan and explained in greater detail in the table below. The activities are within scope of the project.

Activity	Timeline for Completion (target date)	Reason for Delay
<p>CB1: Training Collaboration:</p> <p>1. Provide training in coordinated and systemic public health response refresher training: Facilitate and lead training related to public health response efforts, including appropriate use and care of PPE, and appropriate data collection.</p> <p>2. Provide at least quarterly training for continuing education: Continue to facilitate training related to public health response efforts, CHW workflow challenges, and specific training topics as needed. Disseminate training materials across Middle Tennessee.</p>	<p>August 30, 2025</p>	<p>Metro’s procurement process requires competitive bids for all expenses of 25k and higher. This resulted in an initial 9-month delay in implementing the grant and all it’s activities.</p> <p>Metro Legal requires all contractors to have legal representation within the state and this provided a barrier to onboarding the identified training contractor and delayed the process for identifying another training contractor who met all of Metro’s legal policies.</p>
<p>CB 3: Integrate CHWs (Organization):</p> <p>1. Engage and promote the role of CHWs in organizational policy decisions among partners and other organizations and agencies.</p>		<p>The initial 9-month delay by Metro’s procurement process impacted the hiring process for partner organizations, as well as the timeline for all to onboard, train and engage CHWs within their organizations.</p>

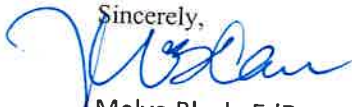
<p>2.Continue to assess barriers and successes of implementation processes of CHW integrated organizations. Continue to engage in a CQI facilitated session with clinic partners and apply a root cause analytic process to make improvements to processes.</p> <p>3.Presentations and advocacy for long-term sustainability and integration of CHWs into local clinical and non-clinical settings.</p>	<p>August 30,2025</p>	<p>Metro’s legal processes led to significant delays in amendments and created delays in policy and procedural creations for partner organizations on CHW integration.</p>
<p>CB 4: Educate Partners</p> <p>1.Continue implementation and assessment of community education campaign to promote the importance and benefits of CHWs</p>	<p>August 30,2025</p>	<p>The initial delays in grant implementation, partner engagement, and CHW training created delays in community engagement by CHWs. The educational campaign assessment began after community engagement.</p>
<p>CB5: Promote Engagement</p> <p>1.Continue implementation of educational campaign directed to health networks that promotes the role of CHWs to increase adoption of CHWs in health care organizations.</p> <p>2.Continue implementation of community awareness campaign that addresses the community health workers' roles in facilitating community health</p> <p>3.Maintain and expand relationships with critical entities and social structures to organize outreach and events to increase reach to target populations</p>	<p>August 30, 2025</p>	<p>Initial grant implementation delays led to community engagement focused efforts increasing in Yr2 Period 1. All partners were not fully engaging the community until Yr2 Period 2 after all staff had been onboarded and trained. Due legal processes there is still 1 partner who was motivated through community awareness campaign to expand CHW reach and are in the early phases of their activity completion stages.</p>
<p>CB6: Document CHW Engagement</p>		<p>Due to initial delays in onboarding contractors, partners hiring and engagement of</p>

<p>1. Continue continuous quality improvement process of the customize CHW program to be scaled across organizations including recommendations for outcomes, infrastructure, ROI, strategies for program enrollment, how to maximize clinical integration, and evaluation of effectiveness to build a common ground for operations (knowledge, processes, outcomes) that allows for specificity by setting and population.</p> <p>2. Continue monthly or as needed peer learning opportunities and provide coaching and resource sharing to achieve and maximize CHW competencies and client outcomes.</p>	<p>August 30,2025</p>	<p>CHWs, as well as engagement with community peer learning was increased in Yr2.</p> <p>There has been an intentional focus on quality improvement, coaching , and clinical team integration in Yr 3 with partners being in the early stages of organizations focused on sustainability in Yr 3 Period 2.</p>
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Denial of this request may negatively impact this project by directly creating negative impact to residents at higher risk for experiencing adverse symptoms and complications due to COVID illness who are supported by Community Health Workers with these funds. Without an extension, all funded work will immediately cease, approximately 10 FTE positions will be eliminated as well as more than 10 full time contractors. Nashville's sustainability progress and implementation is dependent upon further time to continue implementation of the current work plan.

If you have any questions regarding this request, please feel free to contact Chemyeeka Tumblin, MSPH, CCR Project Director, 615-340-0557, or chemyeeka.tumblin@nashville.gov

Sincerely,



Melva Black, EdD
Deputy Director

Melva.black@nashville.gov

Authorized Organizational Representative

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. CDC-RFA-DF21-2109 Community Health Workers for COVID Response and Resilien	93.495	\$ 1,446,661.00	\$	\$	\$	\$ 1,446,661.00
2.						
3.						
4.						
5. Totals		\$ 1,446,661.00	\$	\$	\$	\$ 1,446,661.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
CDC-RFA-DF21-2109 Community Health Workers for COVID Response and Resilien					
a. Personnel	\$ 230,257.00	\$	\$	\$	\$ 230,257.00
b. Fringe Benefits	104,410.00				104,410.00
c. Travel	13,572.00				13,572.00
d. Equipment	0.00				0.00
e. Supplies	33,999.00				33,999.00
f. Contractual	969,552.00				969,552.00
g. Construction	0.00				0.00
h. Other	0.00				0.00
i. Total Direct Charges (sum of 6a-6h)	1,351,790.00				\$ 1,351,790.00
j. Indirect Charges	94,871.00				\$ 94,871.00
k. TOTALS (sum of 6i and 6j)	\$ 1,446,661.00	\$	\$	\$	\$ 1,446,661.00
7. Program Income	\$ 0.00	\$	\$	\$	\$ 0.00

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. CDC-RFA-DP21-2109 Community Health Workers for COVID Response and Resilien	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks: Included above budget is our requested amount for a no-cost extension for the period starting August 31, 2024 and ending August 30, 2025.					

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 09/17/24

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 08/12/24

Title (Caption): CDC Community Health Workers 21- 22.Amendment 6 approves funding for a contractor. FINN Partner.

RS2021-1178

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>Quanita 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: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

GRANT SUMMARY SHEET

Grant Name: Community Health Workers for Public Health Response & Resilient 21-22 Amend 6.

Department: HEALTH DEPARTMENT

Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mill in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding for Peer Support Specialists. Amendment 6 approves funding for a contractor FINN Partners.

Plan for continuation of services upon grant expiration:

Services will end

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: Community Health Workers for Public Health Response & Resilient 21-22 Amend 6				
Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION				
Grant Period From: 08/31/21		(applications only) Anticipated Application Date:		
Grant Period To: 08/30/24		(applications only) Application Deadline:		
Funding Type: FED DIRECT	Multi-Department Grant <input type="checkbox"/> → If yes, list below.			
Pass-Thru:	Outside Consultant Project: <input type="checkbox"/>			
Award Type: COMPETITIVE	Total Award: \$0.00			
Status: AMENDMENT	Metro Cash Match: \$0.00			
Metro Category: Est. Prior.	Metro In-Kind Match: \$0.00			
CFDA # 93.495	Is Council approval required? <input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input checked="" type="checkbox"/>		
The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amend1 adds \$1 mil in funding for a new total of \$2mil and extends period from 8/30/22 to 8/30/23, Amend 2 adds funding of \$1 mil for a new total of \$3mil and extends period from 8/30/23 to 8/30/24 & updates terms & conditions, Amend 3 approves assistance for funding for 5 Community Health Workers for OHS, Amend 4 approves funding for a contractor Elevate Construction LLC, Amend 5 Approves funding.				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
Services will end				
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		
Is not budgeted?		Business Unit		
		Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)				
Other:				
Number of FTEs the grant will fund:		1.50	Actual number of positions added: 2.00	
Departmental Indirect Cost Rate		24.82%	Indirect Cost of Grant to Metro: \$744,747.00	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 7.51%	Ind. Cost Requested from Grantor: \$225,324.00 in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)				
Draw down allowable? <input type="checkbox"/>				
Metro or Community-based Partners:				

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	\$ 833,333.33	\$0.00	\$0.00	\$0.00		\$0.00	\$833,333.33	\$206,874.17	\$62,590.00
Yr 2	FY23	\$1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 3	FY24	\$ 1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 4	FY25	\$166,666.67	\$0.00	\$0.00	\$0.00		\$0.00	\$166,666.67	\$41,374.83	\$12,518.00
Yr 5	FY									
Total		\$3,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,000,000.00	\$744,747.00	\$225,324.00
Date Awarded:				08/19/24	Tot. Awarded:		\$0.00	Contract#: 6NU58DP006999-03-7		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

JP



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-07
FAIN# NU58DP006999
Federal Award Date: 05/31/2024

Recipient Information
<p>1. Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860</p> <p>2. Congressional District of Recipient 05</p> <p>3. Payment System Identifier (ID) 1620694743A3</p> <p>4. Employer Identification Number (EIN) 620694743</p> <p>5. Data Universal Numbering System (DUNS) 078217668</p> <p>6. Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</p> <p>7. Project Director or Principal Investigator Ms. Chemyeeka Tumblin Program Director Chemyeeka.Tumblin@nashville.gov 912-592-9309</p> <p>8. Authorized Official Dr. Melva Black Deputy Director melva.black@nashville.gov 615-340-8549</p>
<p>Federal Agency Information CDC Office of Financial Resources</p> <p>9. Awarding Agency Contact Information Mrs. Nadirah Watson Grants Management Specialist kog8@cdc.gov 404-498-3029</p> <p>10. Program Official Contact Information Asha Alex Program Officer odp2@cdc.gov 215-685-5344</p>

Federal Award Information
<p>11. Award Number 6 NU58DP006999-03-07</p> <p>12. Unique Federal Award Identification Number (FAIN) NU58DP006999</p> <p>13. Statutory Authority Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)</p> <p>14. Federal Award Project Title CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area</p> <p>15. Assistance Listing Number 93.495</p> <p>16. Assistance Listing Program Title Community Health Workers for Public Health Response and Resilient</p> <p>17. Award Action Type Notification of a Contractor or Consultant</p> <p>18. Is the Award R&D? No</p>

Summary Federal Award Financial Information	
19. Budget Period Start Date	08/31/2023 - End Date 08/30/2024
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	\$0.00
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	\$1,000,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,000,000.00
26. Period of Performance Start Date	08/31/2021 - End Date 08/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$3,000,000.00

<p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer - Signature Darryl Mitchell</p>

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-07
FAIN# NU58DP006999
Federal Award Date: 05/31/2024

Recipient Information
<p>Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860</p> <p>Congressional District of Recipient 05</p> <p>Payment Account Number and Type 1620694743A3</p> <p>Employer Identification Number (EIN) Data 620694743</p> <p>Universal Numbering System (DUNS) 078217668</p> <p>Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</p>
<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
07

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Contract: The purpose of this amended Notice of Award is to acknowledge receipt of all required elements for the Contract below. This approval is in response to the request submitted by your organization dated May 20, 2024.

Contractor 1: FINN Partners

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Gill C Wright III, MD
0460AC21E1CC408...
Director, Metro Public Health Department

8/12/2024
Date

Signed by:
Tené Hamilton Franklin
DEBF0BBF44D14B0...
Chair, Board of Health

8/19/2024
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumpton
Director, Department of Finance

8/30/2024 | 11:25 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

8/30/2024 | 1:01 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

8/30/2024 | 1:01 PM CDT
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



MetroPublicHealthDept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

John Cooper, Mayor
Gill C. Wright III, MD MMM FAAFP
Director of Health
Board of Health
Tené Hamilton Franklin MS, Chair
Calvin M. Smith III MD, Vice-Chair
Carol Etherington MSN RN FAAN
David A. Frederick MS
Lloyd B. Williamson MD DFAPA FAACAP
Marie R. Griffin MD MPH
Adriana Bialostozky MD

May 6th, 2024

Centers for Disease Control and Prevention
Office of Grants Services

Re: Metropolitan Government of Nashville and Davidson County (Metro Public Health Department) Award
Number 5 NU58DP006999-02-00

NOFO Number: CDC-RFA-DP21-2109, Community Health Workers for COVID Response and Resilient
Communities (CCR)

Dear Grant Management Specialist:

This letter is to request approval for our Notice of Contractor Amendment request to change our Media Contractor from Communications Strategies to FINN Partners. This request is in relation to reflecting the Nashville Metro Government Media Contractor. There is no change in budget just name and the performance period.

Contractor: CHW Marketing Contractor

- 1. Name of Contractor: FINN Partners**
- 2. Method of Selection: Sole Source**
- 3. Period of Performance: April 30, 2024 – August 30, 2024**
- 4. Scope of Work: Maintaining and expanding existing community-based awareness campaign**
- 5. Method of Accountability: monthly reports**

Justification:

Metropolitan Government of Nashville and Davidson County currently holds a contract with FINN Partners. In year 3, FINN Partners will continue marketing support for the general CHW awareness campaign, updating materials and promoting the CHW initiative broadly through multiple mediums (print, radio, broadcast, etc.). The Project Director will have monitoring oversight of the scope of work with FINN Partners and will work closely with the Evaluator to assess impressions and impact of messaging.

If you have any questions regarding this request, please contact Chemyeeka Tumblin, MSPH, CCR Project Director, chemyeeka.tumblin@nashville.gov, or 615-340-0057.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Melva Black'.

Melva Black, EdD
Deputy Director
Melva.black@nashville.gov


Certificate Of Completion

Envelope Id: 4C4DFFC0326449DEB6FDEAE5C00A204F	Status: Completed
Subject: Complete with DocuSign: Health-Community Health Workers 21-22 Amend 6,7 & 8 Ready.pdf	
Source Envelope:	
Document Pages: 33	Signatures: 14
Certificate Pages: 15	Initials: 3
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

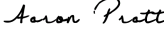
Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
8/29/2024 2:02:39 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: 8/29/2024 2:13:23 PM
rose.wood@nashville.gov		Viewed: 8/29/2024 3:03:40 PM
Finance Admin		Signed: 8/29/2024 3:03:56 PM
Metro Finance Dept. OMB	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 170.190.198.191	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Aaron Pratt		Sent: 8/29/2024 3:03:59 PM
Aaron.Pratt@nashville.gov		Viewed: 8/30/2024 5:43:12 AM
Security Level: Email, Account Authentication (None)		Signed: 8/30/2024 5:43:24 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
Accepted: 8/30/2024 5:43:12 AM
ID: 7fd83d35-6a37-4e48-a9dc-71125006bac2

Kevin Crumbo/mjw		Sent: 8/30/2024 5:43:27 AM
MaryJo.Wiggins@nashville.gov		Viewed: 8/30/2024 11:12:14 AM
Security Level: Email, Account Authentication (None)		Signed: 8/30/2024 11:25:27 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

Electronic Record and Signature Disclosure:
Accepted: 8/30/2024 11:12:14 AM
ID: d7e4ffd8-6ac1-46e8-adcd-72b6ea6d90a1

Courtney Mohan		Sent: 8/30/2024 11:25:31 AM
Courtney.Mohan@nashville.gov		Viewed: 8/30/2024 12:40:17 PM
Security Level: Email, Account Authentication (None)		Signed: 8/30/2024 1:01:03 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.144	

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 8/30/2024 12:40:16 PM
ID: 3a311773-ce2f-4f46-b6c8-c2d953c1b682

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: 107.127.49.104
Signed using mobile

Sent: 8/30/2024 1:01:06 PM
Viewed: 8/30/2024 1:01:46 PM
Signed: 8/30/2024 1:01:59 PM

Electronic Record and Signature Disclosure:

Accepted: 8/30/2024 1:01:45 PM
ID: 677e82b0-491e-4255-acd1-5223094777d6

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: 8/30/2024 1:02:05 PM
Viewed: 8/30/2024 2:42:54 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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

COPIED

Sent: 8/30/2024 1:02:07 PM

Electronic Record and Signature Disclosure:

Accepted: 8/28/2024 9:26:27 AM
ID: ddafa96a-17c9-4204-86ca-6e943eb26385

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	8/29/2024 2:13:23 PM
Certified Delivered	Security Checked	8/30/2024 1:01:46 PM
Signing Complete	Security Checked	8/30/2024 1:01:59 PM
Completed	Security Checked	8/30/2024 1:02:07 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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