

GRANT SUMMARY SHEET

Grant Public Health Emergency Preparedness and
Crisis Response 20-21 Amend. 1

Department: HEALTH DEPARTMENT

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

**Pass-Through
Grantor** TENN. DEPT. OF HEALTH

Total Award this \$0.00

Cash Match \$0.00

Department Brad Thompson
340-0407

Status AMENDMENT

Program Description:

This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 1 rolls over funding and extends the end date from 3/15/21 to 6/30/21.

Plan for continuation of services upon

The services would be discontinued.

Grants Tracking Form

Part One

Pre-Application		Application		Award Acceptance		Contract Amendment	
Department	Dept. No.	Contact		Phone	Fax		
HEALTH DEPARTMENT	038	Brad Thompson		340-0407			
Grant Name:	Public Health Emergency Preparedness and Crisis Response 20-21 Amend. 1						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			Other:			
Grant Period From:	03/16/20	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/21	(applications only) Application Deadline:					
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:	TENN. DEPT. OF HEALTH	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.074	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:				Applic. Submitted Electronically? <input type="checkbox"/>			
<p>This is a grant from Tennessee Department of Health to respond and recover from Covid-19. Amendment 1 rolls over funding and extends the end date from 3/15/21 to 6/30/21.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would be discontinued							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?			<input type="checkbox"/>	Fund	Business Unit		
Is not budgeted?			<input type="checkbox"/>	Proposed Source of Match:			
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:		0.00	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		22.91%	Indirect Cost of Grant to Metro:		\$19,794.24		
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0.00%	Ind. Cost Requested from Grantor:	\$0.00	in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? <input type="checkbox"/>							
Metro or Community-based Partners:							

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	FY21	\$86,400.00			\$0.00		\$0.00	\$86,400.00	\$19,794.24	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$86,400.00	\$0.00	\$0.00	\$0.00		\$0.00	\$86,400.00	\$19,794.24	\$0.00
Date Awarded:		03/12/21		Tot. Awarded:	\$0.00	Contract#:	34349-97220-1			
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

vw



GRANT AMENDMENT

Agency Tracking # 34349-97220	Edison ID 68699	Contract # GG-20-68699	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Rollover Funding and Extend Contract					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2021			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 0		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020		\$43,200.00			\$43,200.00
2021		\$43,200.00			\$43,200.00
TOTAL:		\$86,400.00			\$86,400.00
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				<i>CPO USE</i> <h1 style="margin: 0;">GG-20-68699-01</h1>	
				Speed Chart (optional)	Account Code (optional)

**AMENDMENT 1
OF GRANT CONTRACT GG-20-68699**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section B. is deleted in its entirety and replaced with the following:

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on March 16, 2020 ("Effective Date") and ending on June 30, 2021, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

2. Grant Contract Attachment 1 and the FAIW are deleted in their entirety and replaced with the new Attachment 1 and FAIW attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

This space intentionally blank.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Tina Lester
5EE94589A8D0403...

Interim Administrative Director
Metro Public Health Department

3/12/2021

Date

DocuSigned by:
[Signature]
7F973F49A86A4DF...

Chair, Board of Health

3/12/2021

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumbo/lo
Director of Department of Finance

3/22/2021

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
Director of Risk Management Services

3/22/2021

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Niki Eke
Metropolitan Attorney

3/22/2021

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 1 (continued)

GRANT BUDGET

(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - Public Health Emergency Preparedness (PHEP)Base Activities

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning March 16, 2020, and ending June 30, 2021.

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	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$66,400.00	\$0.00	\$66,400.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$20,000.00	\$0.00	\$0.00
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 (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$86,400.00	\$0.00	\$86,400.00

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.

ATTACHMENT 1 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 3)

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Provide Language line assistance for COVID-19 Testing/Results/Information	\$20,000.00
ROUNDED TOTAL	\$20,000.00

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson Co
Subrecipient's DUNS number	007827668
Federal Award Identification Number (FAIN)	NU90TP922118
Federal award date	04/06/2020
CFDA number and name	93.354 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
Grant contract's begin date	03/16/2020
Grant contract's end date	06/30/2021
Amount of federal funds obligated by this grant contract	\$86,400.00
Total amount of federal funds obligated to the subrecipient	\$86,400.00
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$14,345,196.00
Name of federal awarding agency	The Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Mary Young, Project Officer Centers for Disease Control & Prevention 1600 Clifton Rd, NE, MS-C18 Atlanta, GA 30329 Telephone: 404.895.1995 Email: xkl6@cdc.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	TBD