

## GRANT SUMMARY SHEET

**Grant Name:** HIV Emergency Relief 20-21 Amend. 3

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** (\$426,692.00)

**Cash Match** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

This is a grant is for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” This action obligates funding for the current grant cycle. Amendment 3 de-obligates funding by -\$426,692.00 from the previous amount of \$4,374,504.00 for a new grand total of \$3,947,812.00.

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

Services would be discontinued.

B.A. Initials



5362

### Grants Tracking Form

Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input checked="" type="radio"/>	
Department		Dept. No.		Contact		Phone	
HEALTH DEPARTMENT		038		Brad Thompson		340-0407	
<b>Grant Name:</b>		HIV Emergency Relief 20-21 Amend. 3					
<b>Grantor:</b>		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				<b>Other:</b>	
<b>Grant Period From:</b>		03/01/20		<small>(applications only)</small> <b>Anticipated Application Date:</b>			
<b>Grant Period To:</b>		02/28/21		<small>(applications only)</small> <b>Application Deadline:</b>			
<b>Funding Type:</b>		FED DIRECT		<b>Multi-Department Grant</b> <input type="checkbox"/>		<b>If yes, list below.</b>	
<b>Pass-Thru:</b>				<b>Outside Consultant Project:</b> <input type="checkbox"/>			
<b>Award Type:</b>		FORMULA		<b>Total Award:</b>		-\$426,692.00	
<b>Status:</b>		AMENDMENT		<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>		Est. Prior.		<b>Metro In-Kind Match:</b>		\$0.00	
<b>CFDA #</b>		93.914		<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>	
<b>Project Description:</b>		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>This is a grant is for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates funding for the current grant cycle. <b>Amendment 3 de-obligates funding by -\$426,692.00 from the previous amount of \$4,374,504.00 for a new grand total of \$3,947,812.00.</b></p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
Services would be discontinued.							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>	
<b>Explanation for "Other" means of determining match:</b>							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>				<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		6.00		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		22.91%		<b>Indirect Cost of Grant to Metro:</b>		\$904,388.46	
<b>*Indirect Costs allowed?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No		<b>% Allow.</b>		10.00%	
				<b>Ind. Cost Requested from Grantor:</b>		\$37,157.00	
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>							
<b>Draw down allowable?</b> <input checked="" type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							
There are 7 organizations that will provide services in the continuum of care. All are considered subcontractors and not 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	FY20	\$1,458,168.00						\$1,458,168.00	\$334,045.87	\$12,386.00
Yr 2	FY21	\$2,489,644.00						\$2,489,644.00	\$570,342.59	\$24,771.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$3,947,812.00</b>	\$0.00	\$0.00	\$0.00		\$0.00	\$3,947,812.00	\$904,388.46	\$37,157.00
<b>Date Awarded:</b>				10/21/21	<b>Tot. Awarded:</b>		-\$426,692.00	<b>Contract#:</b> H89HA11433-12-03		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

*VW*



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

Notice of Award  
FAIN# H8911433  
Federal Award Date: 09/15/2021

### Recipient Information

- 1. Recipient Name**  
Metro Public Health Department of Nashville/Davidson County  
2500 Charlotte Ave  
Nashville, TN 37209-4129
- 2. Congressional District of Recipient**  
05
- 3. Payment System Identifier (ID)**  
1620694743A7
- 4. Employer Identification Number (EIN)**  
620694743
- 5. Data Universal Numbering System (DUNS)**  
078217668
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
Rajeev MAVATH  
Director, Ryan White Part A  
Rajeev.Mavath@nashville.gov  
(615)340-5671
- 8. Authorized Official**  
Tina Lester  
Bureau Director  
tina.lester@nashville.gov  
(615)340-5687

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
Marie E Mehaffey  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
MMehaffey@hrsa.gov  
(301) 945-3934
- 10. Program Official Contact Information**  
Melody Barry  
HIV/AIDS Bureau (HAB)  
mbarry@hrsa.gov  
(301) 945-9827

### Federal Award Information

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

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date 03/01/2020 - End Date 02/28/2021</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	(\$426,692.00)
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$3,947,812.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$3,947,812.00
<b>26. Project Period Start Date 03/01/2020 - End Date 02/28/2021</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,947,812.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Karen Mayo on 09/15/2021

### 30. Remarks

Prior Approval Request Tracking Number PA-00099286. Prior Approval Request Type: Carryover



Notice of Award  
Award Number: 6 H89HA11433-12-03  
Federal Award Date: 09/15/2021

**HIV/AIDS Bureau (HAB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	Not applicable																																												
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<b>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																																	
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

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

## Terms and Conditions

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

### Grant Specific Term(s)

1. This Notice of Award is issued to de-obligate \$426,692 from Document No. 20H89HA11433. \$426,692 will be re-obligated under Document No. 21H89HA11433 for the purpose of carryover on the FY21 award.

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Rajeev Mavath	Program Director	rajeev.mavath@nashville.gov
Emily Metscher	Business Official	emily.bradberry@nashville.gov

Note: NoA emailed to these address(es)

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

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*Gill C Wright III, MD*  
0460AC21E1CC408  
 \_\_\_\_\_  
 Director, Metro Public Health Department

10/19/2021  
 \_\_\_\_\_  
 Date

DocuSigned by:  
*Tiné Hamilton Franklin*  
BEBF0BBE14D1450  
 \_\_\_\_\_  
 Chair, Board of Health

10/21/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kelly Flannery/mjw*  
028778A0747268  
 \_\_\_\_\_  
 Director, Department of Finance

11/4/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
688049E12FDF4  
 \_\_\_\_\_  
 Director of Risk Management Services

11/5/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Macy Forrest Amos*  
ED48B010410498  
 \_\_\_\_\_  
 Metropolitan Attorney

11/5/2021  
 \_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

ATTEST:

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

\_\_\_\_\_  
 Date

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 11/16/21

Resolution  Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 10/18/21

Title (Caption): Ryan White Part A 20-21 - This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program.

~~This action re-allocates funding to the previous grant cycle. New total: \$3,947,192.~~  
Amendment 2 changes the conditions of the No. A6189HA11433.12.01. Applicant to submit a revised SF 424A, budget narrative justification, and service category plan table for the total award of \$4,374,504. March 1, 2020 - February 28, 2021

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: _____                  |

<p><b>FINANCE</b> Amount +/-: \$ <u>-\$426,692.00</u></p> <p>Funding Source: <u>Capital Improvement Budget</u>  <u>Capital Outlay Notes</u>  <u>Departmental/Agency Budget</u>  <u>Funds to Metro</u>  <u>General Obligation Bonds</u>  <u>Grant</u>  <u>Increased Revenue Sources</u></p> <p>Approved by OMB: <u>TE</u>          Approved by Finance/Accounts: _____          Approved by Div Grants Coordination: <u>VAUGHN WILSON</u></p>	<p>Match: \$ <u>\$0.00</u></p> <p>Judgments and Losses          Local Government Investment Project          Revenue Bonds          Self-Insured Liability          Solid Waste Reserve          Unappropriated Fund Balance          4% Fund          Other: _____</p> <p>Date to Finance Director's Office: _____</p> <p><b>APPROVED BY</b>  <b>FINANCE DIRECTOR'S OFFICE:</b> _____</p>
--	--

<b>ADMINISTRATION</b>	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
Approved by Administration: _____	Date: _____

<b>DEPARTMENT OF LAW</b>	
Date to Dept. of Law: _____	Approved by Department of Law: _____
<b>Settlement Resolution/Memorandum Approved by:</b> _____	
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:** HIV Emergency Relief 20-21 Amend. 2

**Department:** HEALTH DEPARTMENT

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

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

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

**Cash Match** \$0.00

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


**Status:** AMENDMENT

**Program Description:**

This is a grant is for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. Amendment 2 changes the conditions of the NoA 6 H89HA11433-12-01 award to submit a revised SF 424A, budget narrative justification, and service category plan table for the total award of \$4,374,504.

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

Services would be discontinued.

B.A. Initials 



### 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													
HEALTH DEPARTMENT		038		Brad Thompson		340-0407													
Grant Name:		HIV Emergency Relief 20-21 Amend. 2																	
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:													
Grant Period From:		03/01/20		(applications only) Anticipated Application Date:															
Grant Period To:		02/28/21		(applications only) Application Deadline:															
Funding Type:		FED DIRECT		Multi-Department Grant		<input type="checkbox"/> If yes, list below.													
Pass-Thru:				Outside Consultant Project:		<input type="checkbox"/>													
Award Type:		FORMULA		Total Award:		\$0.00													
Status:		AMENDMENT		Metro Cash Match:		\$0.00													
Metro Category:		Est. Prior.		Metro In-Kind Match:		\$0.00													
CFDA #		93.914		Is Council approval required?		<input checked="" type="checkbox"/>													
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>																	
<p>This is a grant is for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This is a grant is for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. <b>Amendment 2 changes the conditions of the NoA 6 H89HA11433-12-01 award to submit a revised SF 424A, budget narrative justification, and service category plan table for the total award of \$4,374,504. No additional funding being added.</b></p>																			
<p><b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>                  Services would be discontinued.</p>																			
<p><b>How is Match Determined?</b>                  Fixed Amount of \$ _____ or _____ % of Grant _____ Other: <input type="checkbox"/></p> <p>Explanation for "Other" means of determining match: _____</p>																			
<p><b>For this Metro FY, how much of the required local Metro cash match:</b></p> <p>Is already in department budget? _____ Fund _____ Business Unit _____</p> <p>Is not budgeted? _____ Proposed Source of Match: _____</p> <p>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</p> <p>Other: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Number of FTEs the grant will fund:</td> <td style="text-align: center;">6.00</td> <td>Actual number of positions added:</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Departmental Indirect Cost Rate</td> <td style="text-align: center;">22.91%</td> <td>Indirect Cost of Grant to Metro:</td> <td style="text-align: right;">\$1,002,198.00</td> </tr> <tr> <td>*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td style="text-align: center;">% Allow. 10.00%</td> <td>Ind. Cost Requested from Grantor:</td> <td style="text-align: right;">\$37,157.00</td> </tr> </table> <p>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> <p>Draw down allowable? <input checked="" type="checkbox"/></p> <p>Metro or Community-based Partners: _____</p> <p>There are 7 organizations that will provide services in the continuum of care. All are considered subcontractors and not partners.</p>								Number of FTEs the grant will fund:	6.00	Actual number of positions added:	0.00	Departmental Indirect Cost Rate	22.91%	Indirect Cost of Grant to Metro:	\$1,002,198.00	*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow. 10.00%	Ind. Cost Requested from Grantor:	\$37,157.00
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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	FY20	\$838,190.00						\$838,190.00	\$334,106.25	\$12,386.00
Yr 2	FY21	\$3,536,314.00						\$3,536,314.00	\$668,091.75	\$24,771.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$4,374,504.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$4,374,504.00</b>	<b>\$1,002,198.00</b>	<b>\$37,157.00</b>
Date Awarded:			10/21/21	Tot. Awarded:		\$0.00	Contract#:		H89HA11433-12-02	
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

*VW*

<b>1. DATE ISSUED:</b> 09/14/2020	<b>2. PROGRAM CFDA:</b> 93.914	 <p><b>NOTICE OF AWARD</b>  <b>AUTHORIZATION (Legislation/Regulation)</b>                  Public Health Service Act, Title XXVI, Section 2603b                  Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b)                  FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A                  Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)                  Public Health Service Act, Sections 2601-2610                  Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)                  Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>																																																				
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 04/08/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																						
<b>4a. AWARD NO.:</b> 6 H89HA11433-12-02	<b>4b. GRANT NO.:</b> H89HA11433		<b>5. FORMER GRANT NO.:</b>																																																			
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 03/01/2009 <b>THROUGH:</b> 02/28/2021																																																						
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2020 <b>THROUGH:</b> 02/28/2021																																																						
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Ryan White Part A HIV Emergency Relief Grant Program																																																						
<b>9. GRANTEE NAME AND ADDRESS:</b> Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129 <b>DUNS NUMBER:</b> 078217668		<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b> Rajeev MAVATH Metro Public Health Department of Nashville/Davidson County Division Line: Ryan White Part A Program 2500 Charlotte Ave Nashville, TN 37209-4129																																																				
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																				
<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$380,288.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$146,220.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$526,508.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$8,000.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$20,550.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$3,548.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$3,778,741.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$4,337,347.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$37,157.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$4,374,504.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$4,374,504.00</td></tr> </table>		a. Salaries and Wages :	\$380,288.00	b. Fringe Benefits :	\$146,220.00	c. Total Personnel Costs :	\$526,508.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$8,000.00	g. Travel :	\$20,550.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$3,548.00	j. Consortium/Contractual Costs :	\$3,778,741.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$4,337,347.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$37,157.00	q. TOTAL APPROVED BUDGET :	\$4,374,504.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$4,374,504.00	<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$4,374,504.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$4,374,504.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>	a. Authorized Financial Assistance This Period	<b>\$4,374,504.00</b>	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$4,374,504.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>
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		<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																				
		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:50%;">YEAR</th> <th style="width:50%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2">Not applicable</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	Not applicable																																																	
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		<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)																																																				
		<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>																																												
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span>																																																						
Estimated Program Income: \$0.00																																																						
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>																																																						
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																						
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This NoA is issued to remove one or more Grant Conditions imposed on projects.																																																						
<b>Electronically signed by Karen Mayo , Grants Management Officer on : 09/14/2020</b>																																																						

17. OBJ. CLASS: 41.15		18. CRS-EIN: 1620694743A7		19. FUTURE RECOMMENDED FUNDING: \$0.00		
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
20 - 3779208	93.914	20H89HA11433	\$0.00	\$0.00	FRML	HIV1-20
20 - 3779209	93.914	20H89HA11433	\$0.00	\$0.00	SUPPL	HIV1-20
20 - 3779207	93.914	20H89HA11433	\$0.00	\$0.00	MAI	HIV1-20
18 - 3773006	93.914	20H89HA11433	\$0.00	\$0.00	MAI	HIV1-20

## HRSA Electronic Handbooks (EHBs) Registration Requirements

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

## Terms and Conditions

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

### Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H89HA11433-12-01 is hereby lifted. Due within 30 days, in consultation with your project officer, submit a revised SF 424A, budget narrative justification, and service category plan table for the total award of \$4,374,504.

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Rajeev Mavath	Program Director	rajeev.mavath@nashville.gov

Note: NoA emailed to these address(es)

#### Program Contact:

For assistance on programmatic issues, please contact Emerson Evans at:  
Rockville, MD, 20857-0001  
Email: [eevans@hrsa.gov](mailto:eevans@hrsa.gov)  
Phone: (301) 443-1584

#### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:  
5600 Fishers Ln Rm 10NWH04  
Rockville, MD, 20857-  
Email: [ODada@hrsa.gov](mailto:ODada@hrsa.gov)  
Phone: (301) 443-0195  
Fax: (301) 443-9810

All submissions in response to conditions and reporting requirements must be uploaded into the EHBs.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*Gill C Wright III, MD*  
0460AC21E1CC408  
 \_\_\_\_\_  
 Director, Metro Public Health Department

10/19/2021  
 \_\_\_\_\_  
 Date

DocuSigned by:  
*Tené Hamilton Franklin*  
BEBF0BBE14D1450  
 \_\_\_\_\_  
 Chair, Board of Health

10/21/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
*Kelly Flannery/mjw*  
19227419A8712480  
 \_\_\_\_\_  
 Director, Department of Finance

11/4/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
*Balogun Cobb*  
1E0212F0A11E  
 \_\_\_\_\_  
 Director of Risk Management Services

11/5/2021  
 \_\_\_\_\_  
 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
*Macy Forrest Amos*  
1E0212F0A11E  
 \_\_\_\_\_  
 Metropolitan Attorney

11/5/2021  
 \_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

ATTEST:

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

\_\_\_\_\_  
 Date