

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 01/19/21

Resolution Ordinance

Contact/Prepared By: Judith Tackett and Yuri Hancock/Loan Huynh

Date Prepared: 12/07/20

Title (Caption): Resolution to accept the assignment of the Nashville Coordination 21 grant.

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

Proposing Department: Social Services Requested By: Renee Pratt

Affected Department(s): Social Services Affected Council District(s): Throughout Davidson County

Legislative Category (check one):

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

<p>FINANCE Amount +/-: \$ <u>\$ 128,000.00</u></p> <p>Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources</p> <p>Approved by OMB: _____ Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>VAUGHAN WALSON</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>APPROVED BY FINANCE DIRECTOR'S OFFICE: _____</p>
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ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ **Date:** _____

DEPARTMENT OF LAW Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ E-mailed Clerk

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

Department of Law – White Copy

Administration –Yellow Copy

Finance Department - Pink Copy

GRANT SUMMARY SHEET

Grant Nashville Coordinated Entry Collaboration 21

Department: SOCIAL SERVICES

Grantor: U.S. DEPARTMENT OF HOUSING &
URBAN DEVELOPMENT

**Pass-Through
Grantor (If**

Total Award this \$128,000.00

Cash Match \$0.00

Department Judith Tackett and Yuri Hancock/Loan Huynh
862-6406

Status NEW

Program Description:

Utilize grant funds to support staff that will strengthen and improve the effectiveness of the Coordinated Entry program in Nashville.

Plan for continuation of services upon

N/A

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact		Phone	Fax		
SOCIAL SERVICES	37	Judith Tackett and Yuri Hancock/Loan Huynh		862-6406	862-6404		
Grant Name:	Nashville Coordinated Entry Collaboration 21						
Grantor:	U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT			Other:			
Grant Period From:	07/01/20	<small>(applications only) Anticipated Application Date:</small>					
Grant Period To:	06/30/21	<small>(applications only) Application Deadline:</small>					
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:		\$128,000.00			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$32,000.00			
CFDA #	14.267	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:			Applic. Submitted Electronically? <input type="checkbox"/>				
Utilize grant funds to support staff that will strengthen and improve the effectiveness of the Coordinated Entry program in Nashville.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
None							
How is Match Determined?							
Fixed Amount of \$		or		0.0%	% 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:		1.00		Actual number of positions added:			
				1.00			
Departmental Indirect Cost Rate		30.64%		Indirect Cost of Grant to Metro:			
				\$25,200.00			
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.		Ind. Cost Requested from Grantor:			
		10.00%		\$8,000.00			
*(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	FY21	\$128,000.00			\$0.00		\$32,000.00	\$160,000.00	\$25,200.00	\$8,000.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$128,000.00	\$0.00	\$0.00	\$0.00		\$32,000.00	\$160,000.00	\$25,200.00	\$8,000.00
Date Awarded:			12/07/20	Tot. Awarded:		\$128,000.00	Contract#:		TN00269L4J041903	
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

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

**Assignment and Assumption
Grant Agreement Amendment**

This agreement is made by and between the United States Department of Housing and Urban Development (HUD), Safe Haven Family Shelter and Metropolitan Government of Nashville and Davidson County.

RECITALS

WHEREAS HUD and Safe Haven Family Shelter entered into the initial Grant Agreement for project number TN0269L4J041903 located in Nashville, Tennessee; and

WHEREAS under the terms of the renewal Grant Agreement, Safe Haven Family Shelter received a grant from HUD, in the amount of, \$128,000 to be used to carry out the project described in the original grant application over a one-year period. The grant agreement was executed, on March 17, 2020. The term of the grant is July 1, 2020 to June 30, 2021.

WHEREAS Safe Haven Family Shelter wishes to be released from Grant Number TN00269L4J041903; and

WHEREAS Metropolitan Government of Nashville and Davidson County, desires to assume the obligations of Safe Haven Family Shelter under the Agreement, attached; and

WHEREAS HUD has reviewed the request and approves the grant to be transferred to Metropolitan Government of Nashville and Davidson County; and

NOW, THEREFORE, in consideration of the premises the parties agree as follows:

1. Safe Haven Family Shelter hereby assigns all of its rights and interest in the Grant Agreement for grant number TN0269L4J041903 to Metropolitan Government of Nashville and Davidson County who hereunder accepts assignment and assumes all the duties and obligations of the grantee under the Grant Agreement effective July 1, 2020.
2. This Agreement shall be effective as of July 1, 2020. Notwithstanding the transfer of the rights and obligations under the Grant Agreement to the Assignee, the Assignor shall remain responsible for any noncompliance issues that occurred prior to the assignment of this grant, if any;

This Assignment and Assumption Agreement constitutes the entire agreement of the parties, witnessed by the signatures of both parties where indicated below. The terms of the Grant Agreement (attached) except as herein modified are unamended and remain in force and effect.

Based on the above:

1. The Grant Agreement is hereby changed by appointing the Metropolitan Government of Nashville and Davidson County, as the Grantee for the remainder of the term of project number TN0269L4J041903.
2. The effective date of this change is July 1, 2020.
3. All other provisions of the original grant remain unamended.

This Agreement is hereby executed on behalf of the parties as follows:

THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OF THE UNITED STATES OF AMERICA,

By the Secretary of Housing and Urban Development

BY: Erik Hoglund 10/13/2020
Erik Hoglund, Director
Office of Community Planning and Development

DATE: October 13, 2020

ASSIGNOR

BY: Joyce Lavery 12/7/20
Authorized Signature and Date

Joyce Lavery, Chief Executive Officer, Executive Director of Safe Haven Family Shelter

Typed name of signatory and Title

ASSIGNEE

BY: Renee Pratt 12/7/2020
Authorized Signature and Date

Renee Pratt, Executive Director, Metropolitan Social Services

Typed name of signatory and Title

BY: _____
Authorized Signature and Date

John Cooper, Mayor, Metropolitan Government of Nashville and Davidson County
Typed name of signatory and Title

**SIGNATURE PAGE
FOR
GRANT NO. Nashville Coordinated Entry Collaboration 21**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



Renee Pratt, Executive Director
Metro Social Services

12/7/2020

Date

APPROVED AS TO AVAILABILITY
OF FUNDS:

Kevin Crumbo, Director
Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

Director of Insurance

Date

APPROVED AS TO FORM AND
LEGALITY:

Metropolitan Attorney

Date

John Cooper
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



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Vice President

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Tim Skulman

May 14, 2020

Erik Hogland, Director
Office of Community Planning and Development
U.S. Department of Housing and Urban Development
710 Locust Street, S.W
Knoxville, TN 37902

Dear Mr. Hogland

Safe Haven Family Shelter has asked Metro Social Services to take over the responsibilities of the CoC Coordinated Entry grant, TN0269L4J041903.

When Safe Haven originally applied for and received this grant, the intention was to transfer the grant over to an agency at the city-level at the appropriate time. Safe Haven is confident that the staff of the Metropolitan Homeless Impact Division of Metro Social Services is fully prepared to take on the day-to-day responsibilities of this grant and hopes to transfer the duties as soon as possible.

Thank you,

Joyce Lavery, CEO/EO
Safe Haven Family Shelter

JOHN COOPER
MAYOR

RENEE PRATT
EXECUTIVE DIRECTOR

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



METROPOLITAN SOCIAL SERVICES
800 2ND AVENUE NORTH, SUITE 100
NASHVILLE, TENNESSEE 37201

March 20, 2020

Erik Hoglund, Director
Office of Community Planning & Development
U.S. Department of Housing and Urban Development
710 Locust Street, S.W.
Knoxville, TN 37902

Dear Mr. Hoglund,

Metro Social Services has been asked by Safe Haven Family Shelter to take over the responsibility of the CoC Coordinated Entry grant, TN0269L4J041903.

As the current community lead for the CoC Coordinated Entry, Metro Social Services is willing to take over and fulfill the staff duties of the Coordinated Entry grant on behalf of the Nashville-Davidson County CoC and Safe Haven Family Shelter. Metro Social Services hopes to transfer the duties as early as practicable, so long as all official transfer documents are in place. In addition, Metro Social Services will await confirmation that the HUD CoC Coordinated Entry grant is transferred from Safe Haven Family Shelter to Metro Social Services and is officially accepted by the Metro Council of Nashville-Davidson County.

The day-to-day responsibilities as this grant will be taken on by the Metropolitan Homeless Impact Division staff of Metro Social Services

Sincerely,

A handwritten signature in cursive script, appearing to read "Renee Pratt".

Renee Pratt
Executive Director
Metro Social Services



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
710 Locust Street, SW
Suite 300
Knoxville, TN 37902

Grant Number: TN0269L4J041903
Tax ID Number: 62-1807653
DUNS Number: 830725032

CONTINUUM OF CARE PROGRAM (CDFA# 14.267) GRANT AGREEMENT

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Safe Haven Family Shelter (the “Recipient”).

This Agreement is governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”); the Continuum of Care Program rule (the “Rule”), as amended from time to time; and the Notice of Funds Availability for the fiscal year competition in which the funds were awarded.

The terms “Grant” or “Grant Funds” mean the funds that are provided under this Agreement. The term “Application” means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition. All other terms shall have the meanings given in the Rule.

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control.

HUD’s total funding obligation for this grant is \$128,000, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

Project No.	Grant Term	Performance Period	Total Amount
TN0269L4J041903	12 months	07-01-2020 - 06-30-2021	\$128,000
a. Continuum of Care planning activities			\$0
b. Acquisition			\$0
c. Rehabilitation			\$0
d. New construction			\$0
e. Leasing			\$0
f. Rental assistance			\$0
g. Supportive services			\$120,000
h. Operating costs			\$0
i. Homeless Management Information System			\$0
j. Administrative costs			\$8,000
k. Relocation Costs			\$0
l. HPC homelessness prevention activities:			
Housing relocation and stabilization services			\$0
Short-term and medium-term rental assistance			\$ 0

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The performance period of renewal projects funded by this Agreement will begin immediately at the end of the under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's final operating year under the grant agreement being renewed and the date of this Agreement is executed by both parties may be reimbursed with funds from the first operating year of this Agreement. No funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.

For any transition project funded under this Agreement the performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being renewed and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the performance periods for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Application, unless the Recipient changes the address and key contacts in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development**

By:



(Signature)

Erik D. Hoglund, Director

(Typed Name and Title)

March 9, 2020

(Date)

RECIPIENT

Safe Haven Family Shelter

(Name of Organization)

By:



(Signature of Authorized Official)

Joyce Lavery, CEO

(Typed Name and Title of Authorized Official)

03/17/2020

(Date)

Indirect Cost Schedule

Agency/Dept./Major Function	Indirect Cost Rate	Direct Cost Base
N/A		

This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).