

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 03/17/26

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 02/09/26

Title (Caption): Ryan White Part A 26-27 - This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle.

March 26 -February 27

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>\$ 1,311,652.00</u>	Match: \$ <u>\$ 0.00</u>
Funding Source:	<input type="checkbox"/> Capital Improvement Budget <input type="checkbox"/> Capital Outlay Notes <input type="checkbox"/> Departmental/Agency Budget <input type="checkbox"/> Funds to Metro <input type="checkbox"/> General Obligation Bonds <input type="checkbox"/> Grant <input type="checkbox"/> Increased Revenue Sources	<input type="checkbox"/> Judgments and Losses <input type="checkbox"/> Local Government Investment Project <input type="checkbox"/> Revenue Bonds <input type="checkbox"/> Self-Insured Liability <input type="checkbox"/> Solid Waste Reserve <input type="checkbox"/> Unappropriated Fund Balance <input type="checkbox"/> 4% Fund <input type="checkbox"/> Other: _____
Approved by OMB: <u>Asron Pratt</u>	<u>BN</u>	Date to Finance Director's Office: _____
Approved by Finance/Accounts: _____		APPROVED BY
Approved by Div Grants Coordination: <u>Juanita Paulsen</u>		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: Ryan White Part A HIV Emergency Relief 26-27

Department: HEALTH DEPARTMENT

Grantor: Health Resources & Services Administration

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

Total Award this Action: \$1,311,652.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

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 funding is meant to be the “payer of last resort.” This action obligates partial funding for the next grant cycle.

Plan for continuation of services upon grant expiration:

Services will be discontinued

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							
HEALTH DEPARTMENT			038			Brad Thompson			340-0407										
Grant Name: Ryan White Part A HIV Emergency Relief 26-27																			
Grantor: Health Resources & Services Administration																			
Other: <input type="checkbox"/>																			
Grant Period From:			03/01/26			(applications only) Anticipated Application Date:													
Grant Period To:			02/28/27			(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:			\$1,311,652.00										
Status:			CONTINUATION			Metro Cash Match:			\$0.00										
Metro Category:			Est. Prior.			Metro In-Kind Match:			\$0.00										
CFDA #			93.914			Is Council approval required?			<input type="checkbox"/>										
Project Description: Applic. Submitted Electronically? <input type="checkbox"/>																			
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 funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle.																			
Plan for continuation of service after expiration of grant/Budgetary Impact:																			
Services will 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?										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:					5.80					Actual number of positions added:					0.00				
Departmental Indirect Cost Rate					21.58%					Indirect Cost of Grant to Metro:					\$283,030.89				
*Indirect Costs allowed?					<input type="radio"/> Yes <input checked="" type="radio"/> No					% Allow.					0.00%				
										Ind. Cost Requested from Grantor:					\$0.00				
*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:																			
There are 7 organizations that will provide services in the continuum of care (Music City Prep, Meharry, Nashville Cares, Neighborhood Health, Street Works, VUMC, We Are One Recovery). All are considered subgrantees.																			

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	27	\$1,311,652.00						\$1,311,652.00	\$283,030.89	\$0.00			
Yr 2	FY												
Yr 3	FY												
Yr 4	FY												
Yr 5	FY												
Total		\$1,311,652.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,311,652.00	\$283,030.89	\$0.00			
Date Awarded:				02/17/26		Match Source (Fund, BU)		\$1,311,652.00		Contract#:		5H89HA11433-18-00	
(or) Date Denied:													
(or) Date Withdrawn:													

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



Resolution No. _____

A resolution accepting a grant from the U.S. Department of Health and Human Services to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program.

WHEREAS, the U.S. Department of Health and Human Services has awarded a grant in an amount not to exceed \$1,311,652.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the grant by and between the U.S. Department of Health and Human Services, in an amount not to exceed \$1,311,652.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Board of Health based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjr
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H8911433
 Federal Award Date: 01/30/2026

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**
 LGZLHP6ZHM55
- 7. Project Director or Principal Investigator**
 Beverly Glaze-Johnson
 beverly.glaze-johnson@nashville.gov
 (615)340-8605
- 8. Authorized Official**
 Ava Elsaghir
 Contracts Manager
 Ava.Elsaghir@Nashville.gov
 (615)930-6049

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**
 Jonathon Fenner
 HIV/AIDS Bureau (HAB)
 jfenner@hrsa.gov
 (301) 443-4251

Federal Award Information

- 11. Award Number**
 5 H89HA11433-18-00
- 12. Unique Federal Award Identification Number (FAIN)**
 H8911433
- 13. Statutory Authority**
 42 U.S.C. § 300ff-11-20 and § 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**
 Noncompeting Continuation
- 18. Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	\$1,311,652.00
20a. Direct Cost Amount	
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	\$1,311,652.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,311,652.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$6,094,704.00

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Sarah Hammond on 01/30/2026

30. Remarks

This award consists of the following amounts:
 FY26 FRML - \$1,220,906
 FY26 MAI - \$90,746
 Total Funding – \$1,311,652



Notice of Award
Award Number: 5 H89HA11433-18-00
Federal Award Date: 01/30/2026

HIV/AIDS Bureau (HAB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only</p> <p><input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$0.00</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;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$0.00</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;">\$1,311,652.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$1,311,652.00</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;">\$1,311,652.00</td></tr> </table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	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:	\$1,311,652.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$1,311,652.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,311,652.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">19</td> <td style="text-align: right;">\$1,311,652.00</td> </tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <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 Award(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;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.15</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	19	\$1,311,652.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
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<p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,311,652.00</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 Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$1,311,652.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$1,311,652.00	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 Award(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,311,652.00																																								
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<p>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:</p> <p>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.</p>																																																							
<p>39. ACCOUNTING CLASSIFICATION CODES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">FY-CAN</th> <th style="width: 10%;">CFDA</th> <th style="width: 15%;">DOCUMENT NUMBER</th> <th style="width: 15%;">AMT. FIN. ASST.</th> <th style="width: 15%;">AMT. DIR. ASST.</th> <th style="width: 15%;">SUB PROGRAM CODE</th> <th style="width: 15%;">SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>26 - 377RA34</td> <td>93.914</td> <td>26H89HA11433</td> <td style="text-align: right;">\$1,220,906.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">FRML</td> <td>26H89HA11433</td> </tr> <tr> <td>26 - 377RA33</td> <td>93.914</td> <td>26H89HA11433</td> <td style="text-align: right;">\$90,746.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: center;">MAI</td> <td>26H89HA11433</td> </tr> </tbody> </table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	26 - 377RA34	93.914	26H89HA11433	\$1,220,906.00	\$0.00	FRML	26H89HA11433	26 - 377RA33	93.914	26H89HA11433	\$90,746.00	\$0.00	MAI	26H89HA11433																																	
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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. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. Applicable Regulations – Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024, in Federal Register Notice 89 FR 80055. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.
3. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part **86**); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
4. Any term or condition in this NOA, including those incorporated by reference, that HHS is enjoined by court order from imposing or enforcing shall not apply or be enforced as to any recipient or subrecipient to which that court order applies and while that court order is in effect.
5. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
6. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>
7. Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and to the extent authorized by law, a decision by the agency that the award continues to effectuate program goals or agency priorities.
8. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:

- Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
 - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
 - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
9. This award is subject to 2 CFR 200--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
10. During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 2 CFR 200.475 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
11. This Notice of Award is issued to approve the Core Medical Services Waiver Request for budget period FY 2026, which waives the statutory requirement that not less than 75 percent of grant funds be used for provision of core medical services. Subsequent budget periods will require a new waiver request. All previously conveyed terms and conditions remain in effect unless specifically removed.

Program Specific Term(s)

1. RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.
- Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources
2. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA.
- You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness.
- Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.
3. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.
4. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>

5. Every two (2) years to the lead State agency for the Ryan White HIV/AIDS Program (RWHAP) Part B, the recipient must submit audits consistent with 2 CFR 200 Subpart F regarding funds expended in accordance with Title XXVI of the Public Health Service Act. Include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
6. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
7. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2025 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2026 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
10. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>).
11. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:
The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.
The recipient shall not exceed the lesser of 5 percent of the total grant funds or \$3 million for the required clinical quality management (CQM) program.
The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
12. Unless otherwise specified, all Conditions and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
13. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
14. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/clarification-services-veterans.pdf> for additional information regarding services provided to veterans).
15. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
16. The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support

services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

17. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <https://ryanwhite.hrsa.gov/grants/policy-notice> and <https://ryanwhite.hrsa.gov/grants/program-letters>.
18. In accordance with Policy Clarification Notice 16-02, grant funds may not be used for outreach programs which have HIV prevention education as their exclusive purpose. See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>.
19. RWHAP Part A recipients are required to participate in the development of the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), CY 2027-2031 (see <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-prevention-care-plan-guidance-2027-2031.pdf>). The SCSN is a component of the Integrated HIV Prevention and Care Plan. Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2026 RWHAP Part A Annual Progress Report.
20. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
21. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
22. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.
23. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>)
24. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
25. Prior approval for rebudgeting is required when for awards that exceed the simplified acquisition threshold (set by 48 CFR 2.101), specifically cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 10% of the total approved budget (which includes direct and indirect costs) for that budget period; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$10,000 and was not included in the approved project budget/application. Any of the aforementioned post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer via prior approval along with a letter of concurrence from the Planning Council Chair(s).
26. Due to the provision of partial funding, this award is being made without itemized reporting requirements. Award recipients are reminded of the continuation of FY2025 specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Subsequent FY2026 reporting requirements to include defined due dates will be contained on the final FY2026 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.
27. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
28. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/prep-letter-06-22-2016.pdf>.)
29. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>

30. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, fill out a New User Access Request form at: <https://pmsapp.psc.gov/pms/app/userrequest/request/newuser?>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
31. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 2 CFR 200.332, requires recipients to monitor the activities of subrecipients to ensure funding is used only for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Recipients must ensure that drug rebates and program income earned as a result of the RWHAP award are used only for allowable activities and only for purposes of the RWHAP award. See section 2616(g) of the Public Health Service Act and 2 CFR 200.307(b)(2). Therefore, recipients must monitor awards funded through drug rebates and/or program income.
32. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.
33. If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$10,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.
34. Funds may not be used by recipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).

Standard Term(s)

1. Your organization must have policies, procedures, and financial controls to follow all the [General Terms and Conditions](#). HRSA awards are based on the application submitted and approved by HRSA. All awards are subject to the General Terms and Conditions, in addition to those included in the Notice of Award or referenced in documents and attachments.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due 90 days after end of reporting period.**
The recipient must submit, within 90 days after budget period end date, an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **All FFRs must be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.
2. **Due Date: 12/31/2026**
The recipient must submit an estimate of their FY 2026 Unobligated Balances (UOB) and an estimated carryover request no later than December 31, 2026, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
3. **Due Date: 05/29/2027**
The recipient must submit a Final FY 2026 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
4. **Due Date: Within 90 Days of Budget End Date**
The recipient must submit the Ryan White HIV/AIDS Program Expenditure Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
5. **Due Date: 03/29/2027**
Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information.
6. **Due Date: 06/30/2026**
The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2027-2031, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2027-2031. The guidance is available online: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-prevention-care-plan-guidance-2027-2031.pdf>.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Ava Elsaghir	Authorizing Official	ava.elsaghir@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@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

Signed by:
Sanmi Areda
0872295CD81A4B1
Director, Metro Public Health Department

2/17/2026
Date

Signed by:
Tené Hamilton Franklin
BEBF08BF14D14B0...
Chair, Board of Health

2/17/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jessie Reed/Imp
Director, Department of Finance

3/24/2026 | 1:18 PM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox
Director of Risk Management Services

3/24/2026 | 3:12 PM CDT
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

3/24/2026 | 1:31 PM CDT
Date

FILED:

Metropolitan Clerk

Date



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

FREDDIE O'CONNELL
MAYOR

WALLACE W. DIETZ
DIRECTOR OF LAW

DEPARTMENT OF LAW
METROPOLITAN COURTHOUSE, SUITE 108
P.O. BOX 196300
NASHVILLE, TENNESSEE 37219-6300
(615) 862-6341 • (615) 862-6352 FAX

March 23, 2026

Marie E Mehaffey, Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov

Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov

Ms. Mehaffey and Mr. Fenner,

The Metropolitan Government has received a Ryan White Part A HIV Emergency Relief Grant Program Grant: Award Number 5 H89HA11433-18-00 (the "Award"). The Award purports to impose terms and conditions that have been enjoined as to certain plaintiffs by a Preliminary Injunction issued in *King County, et al. v. Turner, et al.*, 2:25-cv-00814 (W.D. Wash. Aug 12, 2025). The U.S. District court enjoined HHS and its operating divisions and agencies from "imposing or enforcing" the grant conditions referenced in the Preliminary Injunction Order or any materially similar new conditions at any stage of the grant-making process. It also enjoined HHS from requiring the plaintiffs to make any "certification" of other representation related to compliance with such conditions, among other conditions. On November 10, 2025, the Metropolitan Government moved the court to extend the Preliminary Injunction to cover its dealings with HHS. That motion was granted on January 21, 2026.

The Metropolitan Government withholds consent and objects to the inclusion of any terms and conditions enjoined pursuant to the Preliminary Injunction, including but not limited to the following:

- By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
- Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§

2000d et seq., and Recipient will remain compliant for the duration of the Agreement.

- The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

In reliance on the District Court's Preliminary Injunction, the Metropolitan Government is drawing down funds under awards from the Award. The Metropolitan Government's acceptance of these funds, submission of invoices, and any future draw-downs in no way reflect acceptance of conditions enjoined in *King County*. The Metropolitan Government objects to such conditions as vague, unlawful, and unconstitutional and does not consent to such conditions.

Further, the Metropolitan Government objects to the recently added Section 5 (Alignment with HRSA funding priorities) of the FY 2026 HRSA General Terms and Conditions to the extent it seeks to impose a condition that is enjoined and/or is otherwise unconstitutional or unlawful.

Sincerely,



Wallace W. Dietz, Director of Law
Metropolitan Government of Nashville and Davidson County