LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/21/25 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** 09/08/25

Title (Caption): HIV Surveillance and Prevention Services 26 - A direct appropriation from the Tennessee Department of Health to provide funding to support HIV Prevention and Surveillance services.

7/25 - 6/26 Direct Appropriation

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):

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

FINANCE **Amount +/-: $** $ 696,500.00 **Match: $** $ 0.00

Funding Source:

Capital Improvement Budget	Judgments and Losses
Capital Outlay Notes	Local Government Investment Project
Departmental/Agency Budget	Revenue Bonds
Funds to Metro	Self-Insured Liability
General Obligation Bonds	Solid Waste Reserve
Grant	Unappropriated Fund Balance
Increased Revenue Sources	4% Fund
	Other: _____

Approved by OMB: Aaron Pratt DH

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: _____

APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

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

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

Settlement Resolution/Memorandum Approved by: _____

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

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

Department of Law – White Copy ***Administration –Yellow Copy*** ***Finance Department - Pink Copy***

GRANT SUMMARY SHEET

Grant Name:	HIV Prevention Services 26
Department:	HEALTH DEPARTMENT
Grantor:	TENNESSEE DEPARTMENT OF HEALTH
Pass-Through Grantor (If applicable):	
Total Award this Action:	$696,500.00
Cash Match Amount	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	CONTINUATION

Program Description:

A direct appropriation from the Tennessee Department of Health to provide funding to support HIV Prevention and Surveillance
services.

Plan for continuation of services upon grant expiration:

Services will end

Grants Tracking Form

Part One

Pre-Application ○ **Application** ○ **Award Acceptance** ◉ **Contract Amendment** ○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	HIV Prevention Services 26		
Grantor:	TENNESSEE DEPARTMENT OF HEALTH	**Other:**	
Grant Period From:	07/01/25	(applications only) **Anticipated Application Date:**	
Grant Period To:	06/30/26	(applications only) **Application Deadline:**	
Funding Type:	STATE	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	OTHER	**Total Award:**	$696,500.00
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?**	☑
		Applic. Submitted Electronically?	☐

Project Description:

A direct appropriation from the Tennessee Department of Health to provide funding to support HIV Prevention and Surveillance services.

Plan for continuation of service after expiration of grant/Budgetary Impact:

Services will end

How is Match Determined?

Fixed Amount of $		**or**		**% of Grant**	**Other:** ☐

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:	8.40	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.58%	**Indirect Cost of Grant to Metro:**	$150,292.16	
***Indirect Costs allowed?** ◉ Yes ○ No **% Allow.**	1.38%	**Ind. Cost Requested from Grantor:**	$9,600.00	**in budget**

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

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	26		$696,500.00					$696,500.00	$150,292.16	$9,600.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$0.00	$696,500.00	$0.00	$0.00		$0.00	$696,500.00	$150,292.16	$9,600.00

Date Awarded:	09/19/25	**Tot. Awarded:**	$696,500.00	**Contract#:**	
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

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

Rev. 5/13/13
6107

GCP Received 09/22/25

GCP Approved 09/22/25

Resolution No. _____

A resolution accepting a direct appropriation grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate HIV surveillance and prevention activities and services focusing on high-risk populations.

WHEREAS, the Tennessee Department of Health has awarded a direct appropriation grant in an amount not to exceed $696,500 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate HIV surveillance and prevention activities and services focusing on high-risk populations; 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 direct appropriation grant by and between the Tennessee Department of Health, in an amount not to exceed $696,500, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to implement and coordinate HIV surveillance and prevention activities and services focusing on high-risk populations, 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/mjw
Jenneen Reed, Director
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

Hannah Britlin
Assistant Metropolitan Attorney

INTRODUCED BY:

_____
Member(s) of Council

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER, 5TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

BILL LEE
GOVERNOR

RALPH ALVARADO, MD, FACP
COMMISSIONER

LETTER OF AGREEMENT: DIRECT APPROPRIATION GRANT FOR GOVERNMENTAL ENTITIES

Date: **07/21/2025**

To: **Sanmi Areola, PhD, Director of Health**
Metro Nashville Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209

From: **Ralph Alvarado, MD, FACP**
Commissioner, Tennessee Department of Health

The State's budget for the fiscal year beginning July 1, 2025, includes a direct appropriation grant payable to your organization.

This appropriation is in addition to any other funding or appropriation provided to you by the State of Tennessee. Section 7, Item 62 of the 2025 Appropriations Act reads as follows:

> "Department of Health, in Section 1, Title 111-16, appropriations for the State HIV Surveillance and Prevention Program shall be subject to the provisions of Section 21 of this act."
>
> **Local Health Department Grants – Davidson County – Grant - $696,500**

If you choose to accept this award:

1. Sign this agreement (include your taxpayer identification number and a daytime phone number) in the space provided as your acceptance of the following terms and conditions:
    a) A direct appropriation shall not be disbursed until the recipient has filed with the head of the State agency through which such disbursement is being made a plan specifying the proposed use of such funds and the benefits anticipated to be derived therefrom and has agreed to file quarterly interim reports during the effective dates (June 1, 2025 – June 30, 2026) of the grant describing the use of such funds. The interim reports shall include quarterly status changes for funding disbursement, quarterly efforts towards linkage to care, re-engagement, and other high-impact activities, and quarterly numbers reflecting HIV prevention activities including: (1) the continuation of existing participation in HIV re-engagement efforts; (2) the continuation of existing processes for timely investigation and documentation in state reporting systems of positive, detectable, reactive HIV test results; and (3) assisting the Tennessee Department of Health with HIV cluster response.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER, 5TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

BILL LEE
GOVERNOR

RALPH ALVARADO, MD, FACP
COMMISSIONER

b) HIV Prevention activity shall be focused on first responders, victims of human trafficking, and pregnant women and infants, as well as traditional nationally recognized high-risk populations.

c) You agree that you shall not subcontract with any entities.

d) As a prerequisite to the receipt of such direct appropriation, the recipient shall agree to provide to the State agency head, within ninety (90) days of the close of the fiscal year within which such direct appropriation was received, an accounting of the actual expenditure of such funds including a notarized statement that the report is true and correct in all material respects; provided, however, that the head of the State agency through which such disbursement is being made may require, in lieu of the accounting as provided above, an audited financial statement of the non-governmental agency or entity. A copy of such accounting or audit, as the case may be, also shall be filed with the office of the Comptroller of the Treasury.

e) If you fail to fulfill your obligations under this agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, from you for payments made to you under this agreement.

f) Your records and documents, insofar as they relate to the performance of your obligations or to payments received under this agreement, shall be maintained in a manner consistent with the accounting procedures of the Comptroller of the Treasury, pursuant to T.C.A. 4-3-304 and applicable rules and regulations thereunder.

g) The funds received shall be placed in an interest bearing account until such time as they are needed for the purposes set out in the Appropriations Act. In the event that any portion of the funds is not expended, the unexpended portion plus any accrued interest shall be returned to the State.

h) You must complete the attached Substitute W-9 Form and return it with this signed Letter of Agreement. You are responsible for and assume the liability for failure to provide the correct taxpayer identification number for IRS purposes.

2. Return to the State agency head the following materials together:

   a) This signed Letter of Agreement; and

   b) Substitute W-9 Form.

   We encourage you to return these materials as soon as possible. The State is prepared to process this agreement and issue payment in a timely fashion, upon receipt of these materials.

If you should have any questions or comments or need any assistance responding to this request, please contact **Robertson Nash at (615) 532-9254.**

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER, 5TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243

BILL LEE
GOVERNOR

RALPH ALVARADO, MD, FACP
COMMISSIONER

Please retain a copy of this letter for your records. Payment status and accounting inquiries may be directed to the following staff of this department:

Eric Bucholz, Budget Director

710 James Robertson Parkway, 6th Floor

Nashville, Tennessee 37243

On behalf of ***Metro Nashville Public Health Department***, I hereby agree to the aforementioned terms and conditions.

Jammi Arefla
Official's Signature

08.14.2025
Date

SAMMI AREFLA
Official's Name (please print)

DIRECTOR
Official's Title or Position

615-340-5672
Daytime Contact Phone Number

62-0694743
Federal Taxpayer Identification Number

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Saumi Arola
0872295CD81A4B1...
Director, Metro Public Health Department — 9/19/2025 Date

Signed by:
Tené Hamilton Franklin
BEBE0BBE14D14B0...
Chair, Board of Health — 9/21/2025 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Director, Department of Finance — 9/30/2025 | 2:39 PM CDT Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services — 9/30/2025 | 3:44 PM CDT Date

APPROVED AS TO FORM AND LEGALITY:

Hannah Zeitlin
Metropolitan Attorney — 9/30/2025 | 1:43 PM PDT Date

FILED:

Metropolitan Clerk — Date

ATTACHMENT 3

GRANT BUDGET

Metropolitan Government of Nashville & Davidson County **HIV Prevention & Surveillance - Federal**

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2025 and ending June 30, 2026.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$487,500.00	$0.00	$487,500.00
2	Benefits & Taxes	$124,900.00	$0.00	$124,900.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$66,400.00	$0.00	$66,400.00
6	Telephone	$3,800.00	$0.00	$3,800.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$4,300.00	$0.00	$4,300.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (1.56% and salary & Benefits)	$9,600.00	$0.00	$9,600.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$696,500.00	$0.00	$696,500.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

[2] Applicable detail follows this page if line-item is funded.

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT 3 (continued)

GRANT BUDGET LINE-ITEM DETAIL

SALARIES	Rate		Pct.		# of Months		(Longetivity, if applicable)		AMOUNT
Terry Spencer, Office Support Specialist	4,148.83	x	100%	x	12				$49,786.00
Blackmon, Aliyah, Communicable Disease Investigator	4,649.42	x	100%	x	12				$55,792.98
Alexis Ayers, Communicable Disease Investigator	4,347.20	x	100%	x	12				$52,166.39
Myra Gray, Communicable Disease Investigator	4,759.31	x	100%	x	12				$57,111.77
Hanissian, Gregory Communicable Disease Investigator	4,558.25	x	100%	x	12				$54,699.00
Zylan Smith, Communicable Disease Investigator	4,759.31	x	100%	x	12				$57,111.77
Vacant, Program Specialist 2	4,812.35	x	100%	x	12				$57,748.23
Timothy McDaniel-McCluney,Program Specialist 2	4,812.35	x	100%	x	12				$57,748.23
Norm Foster, Manager	9,342.45	x	40%	x	12		523		$45,366.75
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)		x		x		+			$487,531.12
ROUNDED TOTAL									$487,500.00

SUPPLIES	AMOUNT
HIV Test Kits Goal of 600per month. $8.00 per test kit (8 x 7200 = $57,600)	57600
Condoms (72 boxes x $46= $3,312)	3312
Offixw supplies - pens, paper, staples, etc	5488
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$66,400.00
ROUNDED TOTAL	$66,400.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Out of Town conference	$ 2,000.00
Routine Travel (3286 miles @ $0.70/mile)	$2,300.00
ROUNDED TOTAL	$ 4,300.00

HIV Prevention Direct Appropriation Implementation Plan
FY 25/26

Agency : *Davidson County Health Department*

FY25/26 DA Grant: *$696,500*

** Funds provided via this Direct Appropriation are intended to be used to directly support HIV Prevention Accordingly, indirect costs charged to this grant shall not exceed 10% of the total award.*
** Complete the tabs for the Prevention Interventions your agency allocates DA funding for. Leave the res*
** Complete the tab for "Other" if there are additional Prevention Interventions to be considered.*
** Please provide a narrative and/or budget justification for your Prevention Interventions.*
** This plan serves as a guide and can be amended to fit the needs of your agency.*

** If your agency receives SSP funds, please enter the total amount allocated to SSP work here* ***$***_____
Agencies will be contacted by the Syndemic Coordination Program to discuss SSP-specific goals.

	DIS		Condom Distribution		PrEP Navigation		PrEP and PEP Services	
Quarter	Total Costs	Total Count	Total Costs	Total Count	Total Costs	Total Count	Total Costs	Total Count
Q1	123458		828	18000				
Q2	123458		828	18000				
Q3	123458		828	18000				
Q4	123458		828	18000				

##

Narrative/Budget Justification:

HIV Surveillance

The Davidson County HIV Surveillance Program will engage in passive and active HIV surveillance to collect complete and accurate HIV data and trends. The program will bring together information from a range of sources to estimate how many people are living with HIV, understand who is being infected and why. In addition, this data will be used to analyze trends as well as assess the impact of HIV prevention, testing, and treatment services across different population groups.

HIV Jail Testing

The STD/HIV Program will provide pre and post test HIV test at the Downtown Detention Center (DDC) to provide individuals who are detained an

opportunity to know their HIV status. It has been proven that this population has benefited from this type of confidential HIV screening. The screening gives individuals who would otherwise not prioritize HIV screenings an opportunity to know their HIV status.

Prevention and Intervention

The Davidson County STD/HIV Program's Communicable Disease Investigators / Disease Intervention Specialist (CDI's/DIS) will provide disease intervention services by counselling clients with the purpose of (1) prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV. This counseling aims to provide clients diagnosed with and affected by HIV with frank discussions of one of the most sensitive aspects of a patient's life. The purpose of this counseling is to provide non-judgmental services to assist clients with the tools necessary to navigate the medical and social aspects of an HIV diagnosis. The benefit to the community is the reduce the incidence of HIV, and reduce the forstigma associated with HIV diagnosis, treatment, and Care.

Condom Distribution

The Davidson County Health Department's STD/HIV Program will provide condom distribution. Condom distribution programs have been proven to increase condom use, prevent HIV/STI's. The goal of our condom distribution program is to change the environment through increased availability, accessibility, and acceptability of condom use. Our program provides condoms in our Sexual Health Clinic (SHC), at outreach events, and to the public. Condoms are available for larger groups and our private medical practice partners when requested.

work acrc

t blank.

_____.

Rapid HIV Testing		Other	
Total Costs	**Total Count**	**Total Costs**	**Total Count**
32924		4950	
48844		4950	
48844		5050	
48844		4950	

#

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions:

Please enter total amount being used for the Prevention Intervention above.
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssary.
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each categor
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any other
Please add additional lines for additional staff or miscellaneous services

DIS	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
FTE Title	CDI-Blackmon	CDI-Blackmon	CDI-Blackmon	CDI-Blackmon	1
FTE % effort	100%	100%	100%	100%	4
FTE Cost	16968	16968	16968	16968	67872
					0
FTE Title	CDI-Ayers	CDI-Ayers	CDI-Ayers	CDI-Ayers	1
FTE % effort	100%	100%	100%	100%	4
FTE Cost	17021	17021	17021	17021	68084
FTE Title	CDI- Gray	CDI- Gray	CDI- Gray	CDI- Gray	100%
FTE % effort	100%	100%	100%	100%	4
FTE Cost	17228	17228	17228	17228	68912
FTE Title	CDI-Hanissian	CDI-Hanissian	CDI-Hanissian	CDI-Hanissian	0
FTE % effort	100%	100%	100%	100%	4
FTE Cost	19170	19170	19170	19170	76680
					0

FTE Title	CDI- Smith	CDI- Smith	CDI- Smith	CDI- Smith	0
FTE % effort	100%	100%	100%	100%	4
FTE Cost	18218	18218	18218	18218	72872
					0
FTE Title	Office Support Spec Sper	Office Support Spec Spen	Office Support Spec Spen	Office Support Spec Spen	0
FTE % effort	100%	100%	100%	100%	4
FTE Cost	17122	17122	17122	17122	68488
					0
FTE Title	Manager - Foster	Manager - Foster	Manager - Foster	Manager - Foster	0
FTE % effort	40%	40%	40%	40%	1.6
FTE Cost	17731	17731	17731	17731	70924
Total Cost	123458	123458	123458	123458	493832

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions:

Please enter total amount being used for the Prevention Intervention above.
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssary.
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each categor
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any other
Count: Estimates should take into account that 10,000 condoms can be be purchased for an estimated $3,000

Condoms	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
FTE Title					0
FTE % effort					0
FTE Cost					0
					0
FTE Title					0
FTE % effort					0
FTE Cost					0
					0
# of Condoms (count)	18000	18000	18000	18000	72000
Cost	828	828	828	828	3312

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions: **USE THIS FORM IF CLIENTS ARE REFERRED TO A PRESCRIBER OUTSIDE OF YOUR AGENCY**
Please enter total amount being used for the Prevention Intervention above
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssary
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each categ
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any oth
Count: Estimates should take into account that for every 1 FTE, should equal 60 new PrEP starts

PrEP Navigation	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
FTE Title					
FTE % effort					
FTE Cost					
FTE Title					
FTE % effort					
FTE Cost					
# of Scripts (count)					
Cost					

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions: **USE THIS FORM IF CLIENTS ARE REFERRED TO A PRESCRIBER WITHIN YOUR AGENCY**
Please enter total amount being used for the Prevention Intervention above
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssary
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each categ
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any oth
Count: Estimates should take into account that for every 1 FTE, should equal 60 new PrEP starts

PrEP	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
FTE Title					
FTE % effort					
FTE Cost					
FTE Title					
FTE % effort					
FTE Cost					
# of Scripts (count)					
Cost					

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions:

Please enter total amount being used for the Prevention Intervention above
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssar
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each cate
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any otl
Count: Based off of historical data

HIV Testing	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
FTE Title	Program Spec McDaniel	Program Spec McDaniel	Program Spec McDaniel	Program Spec McDaniel	0
FTE % effort	100%	100%	100%	100%	4
FTE Cost	18524	18524	18524	18524	74096
					0
FTE Title	Program Spec -Vacant	Program Spec -Howard	Program Spec -Howard	Program Spec -Howard	0
FTE % effort	0%	100%	100%	100%	3
FTE Cost	0	15920	15920	15920	47760
					0
# of Tests (count)	1800	1800	1800	1800	7200
Cost	14400	14400	14400	14400	57600
					0
	32924	**48844**	**48844**	**48844**	

179456

HIV Prevention Direct Appropriation Implementation Plan
FY25

Agency : *Davidson County Health Department*
FY25 DA Grant: *$696,500*
Name of Intervention:
Total Amount for Intervention: *Total Amount being used for Intervention*

Instructions:
Please enter total amount being used for the Prevention Intervention above
FTE Title: Provide title of the professional that will be responsible for working on this Prevention Intervention. Individual names are not necesssar
FTE % Effort: Provide percent effort of the FTE position dedicated to this Prevention Intervention.
NOTE: One FTE may be assigned tasks across each of these categories. In these cases, please assign fractional FTE count and costs to each cate
FTE Cost: Provide total projected spend on FTEs allocated to this activity for each quarter. Amount allocated includes salary, benefits, and any otl

Other	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Phone	900	900	1000	1000	3800
Indirect	2400	2400	2400	2400	9600
Travel/Local/Out c	1100	1100	1100	1000	4300
office Supplies	550	550	550	550	2200
Total	4950	4950	5050	4950	19900

19900

Contact Information	Name	Phone	Email Address
Metropolitan Government of Nashville & Davidson County - Health Department	Norman Foster	615-340-5695	Norman.Foster@nashville.gov
Metropolitan Government of Nashville & Davidson County - Health Department	Rachel Franklin	615-340-5691	Rachel.Franklin@nashville.gov
Metropolitan Government of Nashville & Davidson County - Health Department	Dianne Harden	615-340-5635	dianne.harden@nashville.gov
Agency Contact Title	Brad Thompson		
TDH HIV Director	Robertson Nash	615-532-9254	robertson.nash@tn.gov
TDH HIV Prevention Director	Adriane Good	615-532-2653	adriane.good@tn.gov
TDH HIV Prevention Initiatives Manager- Rapid HIV Testing	Bob Nelson	615-532-8487	robert.nelson@tn.gov
TDH HIV Prevention Initiatives Manager-Condom Distribution; Evidence-based Education; PrEP	Lauren Thomas	901-883-9888	lauren.thomas@tn.gov
TDH HIV Prevention Initiatives Manager-Rapid ART	Lela Gregory	615-532-5744	lela.gregory@tn.gov
Data Contact	Erin Wilson	615-248-4655	erin.wilson@tn.gov
TDH Director of Harm Reduction Services	Rebecca Amantia		rebecca.amantia@tn.gov

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Metropolitan Government of Nashville & Davidson County

2 Business name/disregarded entity name, if different from above.

Metro Public Health Department

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

700 Second Avenue South, suite 205

Requester's name and address (optional)

6 City, state, and ZIP code

Nashville, TN 37210

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

6	2	–	0	6	9	4	7	4	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [signature] Date 9/3/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they