

RESOLUTION NO. RS2021-720

A resolution approving an assignment and assumption grant agreement amendment from Safe Haven Family Shelter and the U.S. Department of Housing and Urban Development (HUD) to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Department, of the Continuum of Care Coordinated Entry Grant for support services and administrative costs to strengthen and improve the effectiveness of the program.

WHEREAS, HUD and the Safe Haven Family Shelter entered into an initial Continuum of Care Program grant agreement TN0269L4J041903; and,

WHEREAS, Safe Haven Family Shelter wishes to be released from this grant agreement and the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Department, wishes to assume the obligations of Safe Haven Family Shelter under the agreement; and,

WHEREAS, HUD has approved the transfer of this grant agreement to the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Department, in the amount of \$128,000.00 with no cash match required, for support services and administrative costs to strengthen and improve the effectiveness of the Coordinated Entry program, a copy of which amendment is attached hereto; and,

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

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

Section 1. That the assignment and assumption grant agreement amendment between HUD and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Commission, for support services and administrative costs to strengthen and improve the effectiveness of the Coordinated Entry program, a copy of which amendment is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. 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:

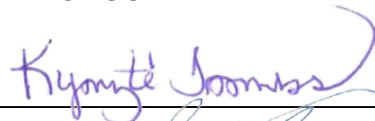
DocuSigned by:



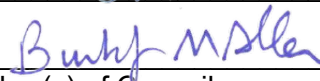
KEVIN GUMBO

Director of Finance

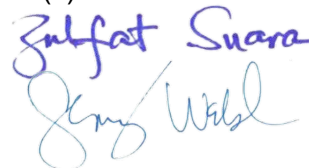
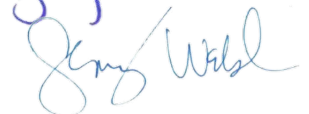
INTRODUCED BY:







Member(s) of Council

APPROVED AS TO FORM  
AND LEGALITY:

DocuSigned by:

*Niki Eke*

Assistant Metropolitan Attorney

## 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

| <b>Pre-Application</b> <input type="radio"/>   |  | <b>Application</b> <input type="radio"/>                         |   | <b>Award Acceptance</b> <input checked="" type="radio"/> |          | <b>Contract Amendment</b> <input type="radio"/> |  |
|--|--|--|---|--|----------|---|--|
| Department   | Dept. No.                                      | Contact  |   | Phone  | Fax      |   |  |
| SOCIAL SERVICES  | 37   | Judith Tackett and Yuri Hancock/Loan Huynh                       |   | 862-6406   | 862-6404 |   |  |
| <b>Grant Name:</b>   | Nashville Coordinated Entry Collaboration 21   |  |   |  |          |   |  |
| <b>Grantor:</b>  | U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT |  |   | <b>Other:</b>  |          |   |  |
| <b>Grant Period From:</b>  | 07/01/20                                       | <small>(applications only) Anticipated Application Date:</small> |   |  |          |   |  |
| <b>Grant Period To:</b>  | 06/30/21                                       | <small>(applications only) Application Deadline:</small>         |   |  |          |   |  |
| <b>Funding Type:</b>   | FED DIRECT                                     | <b>Multi-Department Grant</b> <input type="checkbox"/>           |   | <b>If yes, list below.</b>                               |          |   |  |
| <b>Pass-Thru:</b>  |  | <b>Outside Consultant Project:</b> <input type="checkbox"/>      |   |  |          |   |  |
| <b>Award Type:</b>   | COMPETITIVE                                    | <b>Total Award:</b>  |   | \$128,000.00   |          |   |  |
| <b>Status:</b>   | NEW  | <b>Metro Cash Match:</b>   |   | \$0.00   |          |   |  |
| <b>Metro Category:</b>   | New Initiative                                 | <b>Metro In-Kind Match:</b>                                      |   | \$32,000.00  |          |   |  |
| <b>CFDA #</b>  | 14.267   | <b>Is Council approval required?</b>                             |   | <input checked="" type="checkbox"/>                      |          |   |  |
| <b>Project Description:</b>  |  |  | <b>Applic. Submitted Electronically?</b> <input type="checkbox"/> |  |          |   |  |
| Utilize grant funds to support staff that will strengthen and improve the effectiveness of the Coordinated Entry program in Nashville. |  |  |   |  |          |   |  |
| <b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>  |  |  |   |  |          |   |  |
| None   |  |  |   |  |          |   |  |
| <b>How is Match Determined?</b>  |  |  |   |  |          |   |  |
| <b>Fixed Amount of \$</b>  |  | or   |   | 0.0% <b>% of Grant</b>                                   |          |   |  |
|  |  |  |   | <b>Other:</b> <input type="checkbox"/>                   |          |   |  |
| <b>Explanation for "Other" means of determining match:</b>   |  |  |   |  |          |   |  |
|  |  |  |   |  |          |   |  |
| <b>For this Metro FY, how much of the required local Metro cash match:</b>   |  |  |   |  |          |   |  |
| <b>Is already in department budget?</b>  |  |  |   | <b>Fund</b>  |          |   |  |
| <b>Is not budgeted?</b>  |  |  |   | <b>Business Unit</b>                                     |          |   |  |
| <b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>  |  |  |   | <b>Proposed Source of Match:</b>                         |          |   |  |
| <b>Other:</b>  |  |  |   |  |          |   |  |
| <b>Number of FTEs the grant will fund:</b>   |  | 1.00   |   | <b>Actual number of positions added:</b>                 |          |   |  |
|  |  |  |   | 1.00   |          |   |  |
| <b>Departmental Indirect Cost Rate</b>   |  | 30.64%   |   | <b>Indirect Cost of Grant to Metro:</b>                  |          |   |  |
|  |  |  |   | \$25,200.00  |          |   |  |
| <b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No  |  | <b>% Allow.</b>  |   | <b>Ind. Cost Requested from Grantor:</b>                 |          |   |  |
|  |  | 10.00%   |   | \$8,000.00 <b>in budget</b>                              |          |   |  |
| <b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>                |  |  |   |  |          |   |  |
| <b>Draw down allowable?</b> <input type="checkbox"/>   |  |  |   |  |          |   |  |
| <b>Metro or Community-based Partners:</b>  |  |  |   |  |          |   |  |

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__              |                 |               |                      |                  |                         |                     |                       |                        |                             |
| <b>Total</b>                |                   | \$128,000.00    | \$0.00        | \$0.00               | \$0.00           |                         | \$32,000.00         | \$160,000.00          | \$25,200.00            | \$8,000.00                  |
| <b>Date Awarded:</b>        |                   |                 | 12/07/20      | <b>Tot. Awarded:</b> |                  | \$128,000.00            | <b>Contract#:</b>   |                       | TN00269L4J041903       |                             |
| <b>(or) Date Denied:</b>    |                   |                 |               | <b>Reason:</b>       |                  |                         |                     |                       |                        |                             |
| <b>(or) Date Withdrawn:</b> |                   |                 |               | <b>Reason:</b>       |                  |                         |                     |                       |                        |                             |

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

GCP Rec'd  
12/30/20

GCP  
Approved  
12/30/20

*VW*

**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:**

DocuSigned by:  
  
\_\_\_\_\_  
Kevin Crumbo, Director  
Department of Finance

1/7/2021  
\_\_\_\_\_  
Date

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
  
\_\_\_\_\_  
Director of Insurance

1/7/2021  
\_\_\_\_\_  
Date

**APPROVED AS TO FORM AND  
LEGALITY:**

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

1/7/2021  
\_\_\_\_\_  
Date

\_\_\_\_\_  
John Cooper  
Metropolitan Mayor

\_\_\_\_\_  
Date

**ATTEST:**

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

\_\_\_\_\_  
Date



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Edmundo Cepeda

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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,

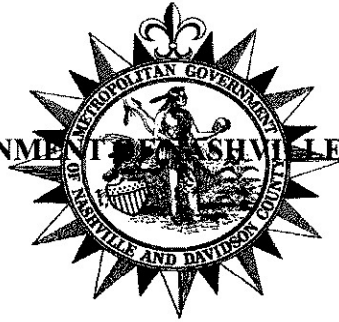
Joyce Lavery, CEO/ED  
Safe Haven Family Shelter



JOHN COOPER  
MAYOR

RENEE PRATT  
EXECUTIVE DIRECTOR

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**



METROPOLITAN SOCIAL SERVICES  
800 2<sup>ND</sup> 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.

| <b>Project No.</b>                            | <b>Grant Term</b> | <b>Performance Period</b> | <b>Total Amount</b> |
|---|-------------------|---------------------------|---------------------|
| 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.

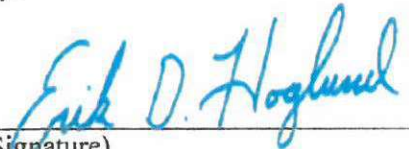
The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

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).