
GRANT SUMMARY SHEET

Grant Name: Ryan White Part A HIV Emergency Relief 23-24 Amend 3 & 4

Department: HEALTH DEPARTMENT

Grantor: HEALTH RESOURCES & SERVICES ADMINISTRATION

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

Total Award this Action: \$604,847.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

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. Amendment #3 -removes NoA 6 H89HA11433-15-02 grant conditions which is due within 30 days of the issuance of the Notice of Award. This amendment is requesting a revised SF-424A and Budget Narrative. Amendment #4 - approves carryover of \$604,847.00 from the previous budget period 3/1/2022 - 2/28/2023 into the current budget period.

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 type="radio"/> Contract Amendment <input checked="" type="radio"/>					
Department	Dept. No.	Contact		Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson		340-0407	
Grant Name: Ryan White Part A HIV Emergency Relief 23-24 Amend 3 & 4					
Grantor: HEALTH RESOURCES & SERVICES ADMINISTRATION					
Grant Period From: 03/01/23		(applications only) Anticipated Application Date:			
Grant Period To: 02/29/24		(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: OTHER		Total Award:		\$604,847.00	
Status: AMENDMENT		Metro Cash Match:		\$0.00	
Metro Category: Est. Prior.		Metro In-Kind Match:		\$0.00	
CFDA #: 93.914		Is Council approval required?		<input 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. Amendment #1 corrects contract end date for the leap year. Amendment #2 obligates partial funding. Amendment #3 - removes grant conditions. Amendment #4 - approves carryover of \$604,847.00 from the previous budget period 3/1/2022 - 2/28/2023 into the current budget period. Taken from RS2022-1428 to RS2023-2050					
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		24.82%	Indirect Cost of Grant to Metro:		\$1,308,271.88
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 0.61%	Ind. Cost Requested from Grantor:		\$32,000.00
*If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)					
Draw down allowable? <input type="checkbox"/>					
Metro or Community-based Partners:					
There are 6 organizations that will provide services in the continuum of care. 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	FY23	\$811,526.00	\$0.00	\$0.00	\$0.00		\$0.00	\$811,526.00	\$201,420.75	\$0.00
Yr 2	FY24	\$4,459,513.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,459,513.00	\$1,106,851.13	\$32,000.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$5,271,039.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,271,039.00	\$1,308,271.88	\$32,000.00
Date Awarded:				10/24/23			\$604,847.00	Contract#:		
(or) Date Denied:										
(or) Date Withdrawn:										

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





Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
 FAIN# H8911433
 Federal Award Date: 05/08/2023

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

Federal Award Information
11. Award Number 6 H89HA11433-15-03
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 Administrative
18. Is the Award R&D? No

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

Summary Federal Award Financial Information	
19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,666,192.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$4,666,192.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$10,370,935.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Marie Mehaffey on 05/08/2023

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.



Notice of Award
Award Number: 6 H89HA11433-15-03
Federal Award Date: 05/08/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">16</td> <td style="text-align: right;">\$4,644,704.00</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	16	\$4,644,704.00																																											
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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)

- The grant condition stated below on NoA 6 H89HA11433-15-02 is hereby lifted.

Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a revised SF-424A and Budget Narrative per the guidance provided in the Non-Competing Continuation instructions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
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/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
 FAIN# H8911433
 Federal Award Date: 09/18/2023

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)**
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- 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**

Federal Agency Information

- 9. Awarding Agency Contact Information**
 Marie E Mehaffey
 Grants Management Specialist
 Office of Federal Assistance Management (OFAM)
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 (301) 945-3934
- 10. Program Official Contact Information**
 Jonathon Fenner
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Federal Award Information

- 11. Award Number**
 6 H89HA11433-15-04
- 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**
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- 15. Assistance Listing Number**
 93.914
- 16. Assistance Listing Program Title**
 HIV Emergency Relief Project Grants
- 17. Award Action Type**
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- 18. Is the Award R&D?**
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21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$5,271,039.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$5,271,039.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$10,370,935.00

- 28. Authorized Treatment of Program Income**
 Addition
- 29. Grants Management Officer – Signature**
 Karen Mayo on 09/18/2023

30. Remarks

Prior Approval Request Tracking Number PA-00121392. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA11433-15-04
Federal Award Date: 09/18/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$427,268.00
b. Fringe Benefits:	\$146,065.00
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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:	\$5,239,125.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$31,914.00
q. TOTAL APPROVED BUDGET:	\$5,271,039.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$5,271,039.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$5,271,039.00
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	\$4,666,192.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$604,847.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
-----------------------------------------------------------------------------------------------------------------------	--

YEAR	TOTAL COSTS
16	\$4,644,704.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
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

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

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:

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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3771356	93.914	23H89HA11433	\$536,987.00	\$0.00	FRML	23H89HA11433
22 - 3771355	93.914	23H89HA11433	\$67,860.00	\$0.00	MAI	23H89HA11433

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)

- This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$604,847 from budget period 3/1/2022 - 2/28/2023 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall. All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
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

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

Director, Metro Public Health Department

10/24/2023

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

10/24/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumkolmer

Director, Department of Finance

11/17/2023 | 12:21 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb

Director of Risk Management Services

11/17/2023 | 12:44 PM CST

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

11/17/2023 | 12:41 PM CST

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: F3D1DF2198744E248AE5FBA347268210
 Subject: Complete with DocuSign: HE0EE5~1.PDF
 Source Envelope:
 Document Pages: 12
 Certificate Pages: 15
 AutoNav: Enabled
 Enveloped Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
 Juanita Paulson
 730 2nd Ave. South 1st Floor
 Nashville, TN 37219
 Juanita.Paulsen@nashville.gov
 IP Address: 170.190.198.190

Record Tracking

Status: Original
 11/17/2023 8:09:57 AM
 Security Appliance Status: Connected
 Storage Appliance Status: Connected

Holder: Juanita Paulson
 Juanita.Paulsen@nashville.gov
 Pool: StateLocal
 Pool: Metropolitan Government of Nashville and
 Davidson County

Location: DocuSign

Location: DocuSign

Signer Events

Brittany Bryant
 brittany.bryant@nashville.gov
 Security Level: Email, Account Authentication
 (None)

Signature*BB*

Signature Adoption: Pre-selected Style
 Using IP Address: 170.190.198.185

Timestamp

Sent: 11/17/2023 8:17:11 AM
 Viewed: 11/17/2023 11:52:41 AM
 Signed: 11/17/2023 12:04:50 PM

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 11:52:41 AM
 ID: 05163c85-a785-4032-bc2b-a3bb8a6873b3

Aaron Pratt
 Aaron.Pratt@nashville.gov
 Security Level: Email, Account Authentication
 (None)

Aaron Pratt

Signature Adoption: Pre-selected Style
 Using IP Address: 170.190.198.185

Sent: 11/17/2023 12:04:53 PM
 Viewed: 11/17/2023 12:10:07 PM
 Signed: 11/17/2023 12:10:13 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kevin Crumbo/mjw
 MaryJo.Wiggins@nashville.gov
 Security Level: Email, Account Authentication
 (None)

Kevin Crumbo/mjw

Signature Adoption: Pre-selected Style
 Using IP Address: 174.212.105.174
 Signed using mobile

Sent: 11/17/2023 12:10:15 PM
 Viewed: 11/17/2023 12:20:34 PM
 Signed: 11/17/2023 12:21:05 PM

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 12:20:34 PM
 ID: 286e97ae-02e4-4017-92f7-ba44d4e030c3

Courtney Mohan
 Courtney.Mohan@nashville.gov
 Security Level: Email, Account Authentication
 (None)

Courtney Mohan

Signature Adoption: Pre-selected Style
 Using IP Address: 99.83.46.149
 Signed using mobile

Sent: 11/17/2023 12:21:08 PM
 Viewed: 11/17/2023 12:31:33 PM
 Signed: 11/17/2023 12:41:45 PM

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 11/17/2023 12:31:33 PM
ID: 289a6ea0-c71e-418f-baaf-ebcb110bd207

Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

Sent: 11/17/2023 12:41:48 PM
Viewed: 11/17/2023 12:44:36 PM
Signed: 11/17/2023 12:44:44 PM

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 12:44:36 PM
ID: 0c42328a-2ef6-4b2f-bd6f-3c1b57d0cc09

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 11/17/2023 12:44:47 PM
Viewed: 11/17/2023 1:53:06 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Sally Palmer
sally.palmer@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 11/17/2023 12:44:47 PM

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 7:57:10 AM
ID: 1be808ae-ccf2-4488-a5af-1dd722020036

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	11/17/2023 8:17:11 AM
Certified Delivered	Security Checked	11/17/2023 12:44:36 PM
Signing Complete	Security Checked	11/17/2023 12:44:44 PM
Completed	Security Checked	11/17/2023 12:44:47 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
