

RESOLUTION NO. RS2021-709

A resolution approving amendment one to a Coronavirus Aid Relief and Economic Security (CARES) Act grant from the Greater Nashville Regional Council to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Commission, to provide meals that meet RDA nutritional guidelines to eligible seniors.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Commission, previously entered into a grant agreement with the Greater Nashville Regional Council to provide meals that meet RDA nutritional guidelines to eligible seniors; and,

WHEREAS, the parties wish to amend the grant agreement to delete Attachment 1, titled "Scope of Work" and replace it with a new Attachment 1, a copy of which amendment one is attached hereto; and,

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

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

Section 1. That amendment one to the CARES Act grant by and between the Greater Nashville Regional Council and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Social Services Commission, to provide meals that meet RDA nutritional guidelines to eligible seniors, a copy of which amendment one 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 Crumboltz*

Kevin Crumboltz, Director  
Department of Finance

INTRODUCED BY:

*[Signature]*

*Zulfat Suara*

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

*Niki Elk*

Assistant Metropolitan Attorney

Member(s) of Council

## GRANT SUMMARY SHEET

**Grant** GNRC Coronavirus Aid Relief CARES Act 20-21 Amend. 1

**Department:** SOCIAL SERVICES

**Grantor:** U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

**Pass-Through  
Grantor (If** GREATER N'VILLE REG. COUNCIL

**Total Award this** \$0.00

**Cash Match** \$0.00

**Department** Yuri Hancock/Loan Huynh  
862-6405

**Status** AMENDMENT

**Program Description:**

GNRC Pass-Thru funding issued under the authority of the Coronavirus Aid, Relief, Economic Security (CARES) Act to provide meals that meet the RDA nutritional guidelines to eligible seniors. Meals are delivered to seniors in their homes throughout Davidson County. Amendment 1 updates the meal service vendor from Piccadilly Holdings LLC to Valley Services, LLC d/b/a TRIO Community Meal.

**Plan for continuation of services upon**

Services will discontinue when grant award exhaust.

### Grants Tracking Form

Part One

| <b>Pre-Application</b> <input type="radio"/>  |                              | <b>Application</b> <input type="radio"/>                                  |  | <b>Award Acceptance</b> <input type="radio"/>       |   | <b>Contract Amendment</b> <input checked="" type="radio"/> |  |
|---|------------------------------|---|--|---|---|--|--|
| Department  | Dept. No.                    | Contact   |  | Phone   | Fax   |  |  |
| SOCIAL SERVICES   | 037                          | Yuri Hancock  |  | 862-6405  |   |  |  |
| <b>Grant Name:</b>  |                              | GNRC Coronavirus Aid Relief CARES Act 20-21 Amend. 1                      |  |   |   |  |  |
| <b>Grantor:</b>   |                              | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES                              |  | <b>Other:</b>                                       |   |  |  |
| <b>Grant Period From:</b>   |                              | 08/01/20  | <small>(applications only) Anticipated Application Date:</small> |   |   |  |  |
| <b>Grant Period To:</b>   |                              | 09/30/21  | u  |   |   |  |  |
| <b>Funding Type:</b>  | FED PASS THRU                | <b>Multi-Department Grant</b>   |  | <input type="checkbox"/> <b>If yes, list below.</b> |   |  |  |
| <b>Pass-Thru:</b>   | GREATER N'VILLE REG. COUNCIL | <b>Outside Consultant Project:</b>  |  | <input type="checkbox"/>                            |   |  |  |
| <b>Award Type:</b>  | OTHER                        | <b>Total Award:</b>   |  | \$0.00  |   |  |  |
| <b>Status:</b>  | AMENDMENT                    | <b>Metro Cash Match:</b>  |  | \$0.00  |   |  |  |
| <b>Metro Category:</b>  | Est. Prior.                  | <b>Metro In-Kind Match:</b>   |  | \$0.00  |   |  |  |
| <b>CFDA #</b>   | 93.045                       | <b>Is Council approval required?</b>                                      |  | <input checked="" type="checkbox"/>                 |   |  |  |
| <b>Project Description:</b>   |                              | <small>Applic. Submitted Electronically?</small> <input type="checkbox"/> |  |   |   |  |  |
| <p>GNRC Pass-Thru funding issued under the authority of the Coronavirus Aid, Relief, Economic Security (CARES) Act to provide meals that meet the RDA nutritional guidelines to eligible seniors. Meals are delivered to seniors in their homes throughout Davidson County. <b>Amendment 1</b> updates the meal service vendor from Piccadilly Holdings LLC to Valley Services, LLC d/b/a TRIO Community Meals.</p> |                              |   |  |   |   |  |  |
| <b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>   |                              |   |  |   |   |  |  |
| Services will discontinue when grant award exhaust.   |                              |   |  |   |   |  |  |
| <b>How is Match Determined?</b>   |                              |   |  |   |   |  |  |
| <b>Fixed Amount of \$</b>   |                              | or  | <b>% of Grant</b>  |   | <b>Other:</b> <input checked="" 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>Business Unit</b>                                |   |  |  |
| <b>Is not budgeted?</b>   |                              |   | <b>Proposed Source of Match:</b>                                 |   |   |  |  |
| <b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>   |                              |   |  |   |   |  |  |
| <b>Other:</b>   |                              |   |  |   |   |  |  |
| <b>Number of FTEs the grant will fund:</b>  |                              | 0.00  | <b>Actual number of positions added:</b>                         |   | 0.00  |  |  |
| <b>Departmental Indirect Cost Rate</b>  |                              | 30.64%  | <b>Indirect Cost of Grant to Metro:</b>                          |   | \$161,589.00                                      |  |  |
| <b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No   |                              | <b>% Allow.</b> 24.46%  | <b>Ind. Cost Requested from Grantor:</b>                         |   | \$135,960.00 <b>in budget</b>                     |  |  |
| <small>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</small>   |                              |   |  |   |   |  |  |
| <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              | \$543,561.00    |               |                             | \$0.00           |                                    | \$0.00              | \$543,561.00          | \$121,147.00           | \$101,970.00                |
| Yr 2                        | FY22              | \$148,244.00    |               |                             | \$0.00           |                                    | \$0.00              | \$148,244.00          | \$40,382.00            | \$33,990.00                 |
| Yr 3                        |                   |                 |               |                             |                  |                                    |                     |                       |                        |                             |
| Yr 4                        |                   |                 |               |                             |                  |                                    |                     |                       |                        |                             |
| Yr 5                        |                   |                 |               |                             |                  |                                    |                     |                       |                        |                             |
| <b>Total</b>                |                   | \$691,805.00    | \$0.00        | \$0.00                      | \$0.00           |                                    | \$0.00              | \$691,805.00          | \$161,529.00           | \$135,960.00                |
| <b>Date Awarded:</b>        |                   | 11/17/20        |               | <b>Tot. Awarded:</b> \$0.00 |                  | <b>Contract#:</b> MSS-G 2021-COS-1 |                     |                       |                        |                             |
| <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)

*VW*



## CONTRACT AMENDMENT COVER SHEET

|   |                                |                               |                           |
|---|--------------------------------|-------------------------------|---------------------------|
| <b>Agency Tracking #</b><br>MSS-G   | <b>Edison ID</b>               | <b>Contract #</b><br>2021-C03 | <b>Amendment #</b><br>C01 |
| <b>Contractor Legal Entity Name</b><br>Metropolitan Government of Nashville and Davidson County   |                                |                               | <b>Edison Vendor ID</b>   |
| <b>Amendment Purpose &amp; Effect(s)</b><br>Subcontractor Amendment   |                                |                               |                           |
| <b>Amendment Changes Contract End Date:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                                | <b>End Date:</b>              |                           |
| <b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):   |                                |                               |                           |
| <b>Funding —</b>  |                                |                               |                           |
| <b>FY</b>   | <b>State/Federal</b>           | <b>Interdepartmental</b>      | <b>Other</b>              |
| 2021  | \$543,561                      |                               |                           |
| 2022  | \$148,244                      |                               |                           |
|   |                                |                               |                           |
|   |                                |                               |                           |
|   |                                |                               |                           |
| <b>TOTAL:</b>   | <b>\$691,805</b>               |                               |                           |
| <b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations. |                                | <i>CPO USE</i>                |                           |
|   |                                |                               |                           |
| <b>Speed Chart (optional)</b>   | <b>Account Code (optional)</b> |                               |                           |

**AMENDMENT C01 BETWEEN  
THE GREATER NASHVILLE REGIONAL COUNCIL AND  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY  
OF GRANT CONTRACT #2021-C03**

This Amendment is made and entered by and between the Greater Nashville Regional Council hereinafter referred to as the "GNRC" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," where the parties entered into a grant contract effective August 1, 2020 for the provision of nutrition services; and

Section D.2 of Grant Contract August 1, 2020 allows written amendments to the Contract.

The Grant Contract dated August 1, 2020, between GNRC and the Grantee is amended as follows:

1. Attachment 1, titled "Scope of Work" is amended by deleting the original Attachment 1, and substituting it with the following new Attachment 1 attached herein to this amendment.

Required Approvals. The GNRC is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the GNRC, the Tennessee Commission on Aging and Disability, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

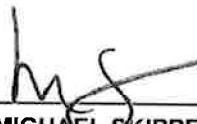
Amendment Effective Date. The revisions set forth herein shall be effective September 25, 2020. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

**IN WITNESS WHEREOF,**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

 9-29-2020  
RENEE PRATT, EXECUTIVE DIRECTOR, SOCIAL SERVICES DATE

**GREATER NASHVILLE REGIONAL COUNCIL:**

 11/17/2020  
MICHAEL SKIPPER, EXECUTIVE DIRECTOR DATE

**SIGNATURE PAGE  
FOR  
GRANT NO. GNRC Coronavirus Aid Relief CARES Act 20-21 Amend. 1**

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

*Renee Pratt*  
Renee Pratt, Executive Director  
Metro Social Services

11/23/2020  
Date

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

DocuSigned by:  
*Kevin Crumbo*  
Kevin Crumbo, Director  
Department of Finance

12/14/2020  
Date

**APPROVED AS TO RISK AND INSURANCE:**

DocuSigned by:  
*Balaguer Cobb*  
Director of Insurance

12/14/2020  
Date

**APPROVED AS TO FORM AND  
LEGALITY:**

DocuSigned by:  
*Meki Eke*  
Metropolitan Attorney

12/14/2020  
Date

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

\_\_\_\_\_  
Date

**ATTEST:**

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

\_\_\_\_\_  
Date

**SCOPE OF WORK**

AREA AGENCY ON AGING AND DISABILITY: Greater Nashville Regional Council  
PROVIDER AGENCY: Metropolitan Government of Nashville and Davidson County

**A. SUMMARY OF DIRECT SERVICE ACTIVITIES**

Check services to be provided:

**FAMILY CAREGIVER SUPPORT PROGRAM**

**Counseling**

- Caregiver Training (1 session)

**Respite Services, In-Home**

- Personal Care (1 hour)
- Homemaker (1 hour)
- Adult Care aka In-Home Respite (1 hour)

**Respite Services, Out-of-Home**

- Adult Day Care (1 hour)

**Other Services**

- Personal Emergency Response System (installation, monthly fee)
- Relative Caregiver Services
- Home Delivered Meals (1 meal)

**OLDER AMERICANS ACT**

- Personal Emergency Response System (installation, monthly fee)
- Homemaker (1 hour)
- Home Delivered Meals (1 meal)

- Personal Care (1 hour)
- Chore (1 hour)

**OPTIONS PROGRAM**

- Personal Care (1 hour)
- Homemaker (1 hour)

- Personal Emergency Response System (Installation, monthly fee)
- Home Delivered Meals (1 meal)

**B. PROVISION OF SERVICE**

**1. SERVICE AVAILABILITY:**

Days of Service Availability: Monday – Friday  
Hours of Service Availability: 8:00 a.m. – 4:30 p.m.

If the applicant agency has multiple offices, please attach a list to the application.

**2. NAME OF SUB-CONTRACTOR (if any):** Piccadilly Holdings, LLC

**Mailing Address:** Valley Services, LLC d/b/a TRIO Community Meals  
10 Canebrake Blvd, Suite 120  
Flowood, MS 39232

**Phone Number:** 601-832-1172

**Email:** scott.ball@triocommunitymeals.com

**3. QUALITY OF SERVICE:**

The Provider shall ensure that quality services are provided to eligible consumers. The determination of quality must be based on an established quality assurance process.

**C. TRAINING**

The Contractor will attend meetings or workshops sponsored by the Council and the Tennessee Commission on Aging and Disability, where appropriate and indicated.

## Attachment 1 Cont.

**National Family Caregiver Support (Title III-E)  
Scope of Services**

1. The purpose of Title III-E, National Family Caregiver Support Program (NFCSP), is to provide a service delivery system that responds to the needs of the caregiver.
2. Metropolitan Government of Nashville and Davidson County (Contractor) for NFCSP shall comply with the administrative, program, and fiscal requirements contained in the National Family Caregiver Support Program Chapter of the Tennessee Commission on Aging and Disability *Program and Policy Manual*, Chapter 11 as well as any and all relevant federal laws, regulations, and rules.
3. Prior to delivering any services under this agreement, Contractor must be licensed in accordance with the regulations of the State.
4. Contractor must have current insurance with at least the minimum coverage limits as set forth in Tenn. Code Ann. §29-20-403.
5. Services and units of services to be provided to individuals must be consistent with the Provider Authorization.
6. Services must begin within five (5) working days of the receipt of the Provider Authorization by Contractor.
7. Contractor must keep documentation of all contact with or on the behalf of the individual and ensure that the assigned task identified in the Provider Checklist is carried out.
8. Contractor must keep documentation of each service provided with each visit, which includes a services rendered checklist that is signed by the individual and the worker.
9. Contractor must have methods and procedures in place for the collection and reporting of individual specific data, including but not limited to rosters, invoices, and daily logs and provide to the AAAD on or before the 8<sup>th</sup> day of the month following the month being reported.
10. Contractor must track and report missed visits to the AAAD. The service provider must report the missed visits to the AAAD within 5 working days of the missed visit and provide the date, time, and reason for missed visit or the service provider may track and report missed visits to the AAAD through other methods approved by TCAD annually prior to the start of the contract year.
11. Contractor and its employees shall comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation and shall immediately make a report to appropriate officials for follow-up, conditions or circumstances which place the individual, or the household of the individual, in danger.
12. Contractor shall retain records for a period of five (5) years plus the current year.
13. Contractor shall provide the services marked with an X in the following categories:

| X | Service  | Unit Cost Rate  |
|---|--|-----------------|
| X | Home Delivered Meals - Provision, to an eligible person at the client's place of residence, of a meal that meets the RDA requirements. | Refer to page 3 |