
GRANT SUMMARY SHEET

Grant Name: Continuum of Care Transfer of Funds from MDHA 24-25

Department: OFFICE OF HOMELESS SERVICES

Grantor: U.S. DEPARTMENT OF HOUSING & URBAN
DEVELOPMENT

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

Total Award this Action: \$381,251.00

Cash Match Amount \$95,312.75

Department Contact: Bill ClenDening

Status: NEW

Program Description:

As the Office of Homeless Services transitions into the role of the HUD CoC Collaborative Applicant, this grant and the associated funds will transition to OHS through this agreement and amendment. The funds can be spent on: Developing a community-wide process involving the coordination of various providers to develop strategies for ending homelessness and identifying resources that are available to meet that goal, Evaluating the outcomes of CoC and ESG projects within the CoC, Participating in the consolidated plan(s) within the CoC's boundaries, Preparing and submitting an application to HUD on behalf of the CoC, including conducting a Point-in-Time count and other data collection as required by HUD, Monitoring and improving the quality and performance of recipients and subrecipient projects and enforcing compliance with program requirements.

Plan for continuation of services upon grant expiration:

This is a HUD grant that renews each year as long as OHS is in the role of Collaborative Applicant.

Grants Tracking Form

Part One

Pre-Application

Application

Award Acceptance

Contract Amendment

Department	Dept. No.	Contact	Phone	Fax
OFFICE OF HOMELESS SERVICES	83	Bill ClenDening		
Grant Name:	Continuum of Care Transfer of Funds from MDHA 24-25			
Grantor:	U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT		Other:	
Grant Period From:	07/01/24	(applications only) Anticipated Application Date:		
Grant Period To:	06/30/25	(applications only) Application Deadline:		
Funding Type:	FED DIRECT	Multi-Department Grant	If yes, list below.	
Pass-Thru:	OTHER	Outside Consultant Project:		
Award Type:	OTHER	Total Award:	\$381,251.00	
Status:	NEW	Metro Cash Match:	\$95,312.75	
Metro Category:	New Initiative	Metro In-Kind Match:	\$0.00	
CFDA #	N/A	Is Council approval required?	<input checked="" type="checkbox"/>	
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>			
As the Office of Homeless Services transitions into the role of the HUD CoC Collaborative Applicant, this grant and the associated funds will transition to OHS through this agreement and amendment. The funds can be spent on: Developing a community-wide process involving the coordination of various providers to develop strategies for ending homelessness and identifying resources that are available to meet that goal, Evaluating the outcomes of CoC and ESG projects within the CoC, Participating in the consolidated plan(s) within the CoC's boundaries, Preparing and submitting an application to HUD on behalf of the CoC, including conducting a Point-in-Time count and other data collection as required by HUD, Monitoring and improving the quality and performance of recipients and subrecipient projects and enforcing compliance with program requirements				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
This is a HUD grant that renews each year as long as OHS is in the role of Collaborative Applicant.				

How is Match Determined?

Fixed Amount of \$	or	25.0%	% 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?	\$95,312.75	Fund	3213	Business Unit	853313000
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:	0.00	Actual number of positions added:	0.00		
Departmental Indirect Cost Rate	10.00%	Indirect Cost of Grant to Metro:	\$47,656.38		
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow. 0.00%	Ind. Cost Requested from Grantor:	\$0.00	in budget	
*(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:					

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	FY25	\$381,251.00	\$0.00	\$0.00	\$95,312.75	3,213,853,313,000		\$476,563.75	\$47,656.38	\$0.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$381,251.00	\$0.00	\$0.00	\$95,312.75		\$0.00	\$476,563.75	\$47,656.38	\$0.00
Date Awarded:				01/02/25	Tot. Awarded:	\$381,251.00	Contract#:	TN0454L4J042300		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

JP

Grant Number: TN0454L4J042300

Period of Performance: 7/1/24-6/30/25

Recipient Tax ID Number: 62-6001585

Recipient UEI Number: W5JTG5ERM526

Replacement Recipient Tax ID: 62-0694743

Replacement Recipient UEI Number: LGZLHP62HM55

AMENDMENT TO THE CONTINUUM OF CARE GRANT AGREEMENT

This Amendment to Grant Agreement is made by and between the United States Department of Housing and Urban Development (HUD) and Metropolitan Development and Housing Agency, (the Recipient), of 701 South Sixth Street, Nashville, TN 37206 and Office of Homeless Services (the Replacement Recipient), of 3055 Lebanon Pike, Donelson, TN 37214,

RECITALS

1. HUD and the Recipient entered into a Grant Agreement signed by Recipient on September 24, 2024 and HUD on September 5, 2024, having Grant No. TN0454L4J042300 (the Grant Agreement).
2. The Recipient will no longer continue to be the Recipient of the Grant Agreement because the Office of Homeless Services is going to be the new Collaborative Applicant.
3. The Replacement Recipient has submitted evidence acceptable to HUD that the Replacement Recipient is eligible to be a recipient of a COC program grant *and meets the capacity criteria in the Notice Of Funding Opportunity under which the grant was awarded.*
4. The Replacement Recipient has submitted to HUD all required Application documents and certifications; and all required Technical Submission documents, including certifications, assurances, information, and documentation required to meet any conditions, which HUD has approved.
5. HUD has determined the Replacement Recipient should assume the obligations of Recipient for the remainder of the term of the Grant Agreement.
6. The parties are desirous of amending the Grant Agreement to change the recipient, so that as of the effective date of this Amendment to the Grant Agreement, Replacement Recipient will be bound by the Grant Agreement in place of Recipient.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

1. The Recipient is hereby removed as recipient and replaced with the Replacement Recipient, and Replacement Recipient agrees to be bound by the Grant Agreement in place of Recipient.
2. The definition of the term "Application" is amended to include all certifications and documents submitted by the Replacement Recipient to HUD, on the basis of which HUD approved replacing the Recipient with the Replacement Recipient.
3. Notices to the Replacement Recipient shall be directed to April Calvin, Director, Office of Homeless Services, 3055 Lebanon Pike, Donelson, TN 37214.
4. The Replacement Recipient agrees to complete the project as proposed in the Recipient's application.

This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.


The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:

**UNITED STATES OF AMERICA,
Secretary of Housing and Urban Development**

ERIK
Digitally signed by ERIK HOGLUND
DN: cn = ERIK HOGLUND C = US O = U.
S. Government DU = Department of
Housing and Urban Development, Office of
Administration
Date: 2024.11.20 15:44:00 -0500
BY: HOGLUND
(Signature)
Erik Hoglund, Director, CPD Knoxville
(Typed Name and Title)
November 20, 2024
(Date)

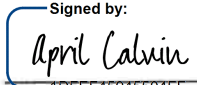
RECIPIENT

Metropolitan Development & Housing Agency
(Name of Organization)

BY: 
(Signature of Authorized Official)
(Typed Name and Title of Authorized Official)
Troy D. White, Executive Director
(Date) 12/26/2024

REPLACEMENT RECIPIENT

Office of Homeless Services
(Name of Organization)

Signed by:
BY: 
(Signature of Authorized Official)
April Calvin, Director
(Typed Name and Title of Authorized Official)
1/2/2025
(Date)

**SIGNATURE PAGE
FOR
GRANT NO. OHS-CoC Funds Transfer from MDHA 24-25**

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

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**

[Please refer to Signature on Amendment](#)

April Calvin,
Director, Office of Homeless Services

Date

APPROVED AS TO AVAILABILITY
OF FUNDS:

Jennine Reed/MdH
Director of Finance
Department of Finance

1/21/2025 | 2:32 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Insurance

1/21/2025 | 3:36 PM CST

Date

APPROVED AS TO FORM AND
LEGALITY:

Derrick C. Smith
Metropolitan Attorney

1/21/2025 | 2:55 PM CST

Date

Freddie O' Connell
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Facilitate CoC meetings, staff various standing and ad hoc CoC committees, coordinate CoC	\$138,677
2. Project Evaluation	Develop performance targets for projects funded by both CoC & ESG, design targets for cor	\$27,735
3. Project Monitoring Activities	Monitor CoC agencies for programmatic and financial compliance, participant eligibility docu	\$36,981
4. Participation in the Consolidated Plan	Assist on portions of 5-year plan & annual action plan related to homelessness	\$3,697
5. CoC Application Activities	Provide technical assistance to applicant agencies, complete applications for Shelter Plus C	\$36,981
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	Revise Policies & Procedures for CoC Governance & Performance Evaluation, train commu	\$112,791
8. HUD Compliance Activities	Develop CoC anti-discrimination system related to gender identity, and assist grantees to cr	\$24,389
Total Costs Requested		\$381,251
Cash Match		\$95,313
In-Kind Match		\$0
Total Match		\$95,313
Total Budget		\$476,564

Certificate Of Completion

Envelope Id: A4E14449-2E73-4213-9DE6-F6AD856BBAD1

Status: Completed

Subject: Complete with Docusign: OHS Continuum of Care Funds Trf from MDHA 24-25 Ready.pdf

Source Envelope:

Document Pages: 10

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

Record Tracking

Status: Original

Holder: Juanita Paulson

Location: DocuSign

1/21/2025 10:06:49 AM

Juanita.Paulsen@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and
Davidson County

Location: DocuSign

Signer Events

Signature

Timestamp

Amanda Brown

Sent: 1/21/2025 10:13:04 AM

Amanda.Brown@nashville.gov

Viewed: 1/21/2025 10:13:54 AM

Security Level: Email, Account Authentication
(None)

Signed: 1/21/2025 10:14:03 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 1/21/2025 10:13:54 AM

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Aaron Pratt

Sent: 1/21/2025 10:14:04 AM

Aaron.Pratt@nashville.gov

Viewed: 1/21/2025 10:18:11 AM

Security Level: Email, Account Authentication
(None)

Signed: 1/21/2025 10:19:05 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.191

Electronic Record and Signature Disclosure:

Accepted: 1/21/2025 10:18:11 AM

ID: 08c9fe54-24ee-4793-b046-810801f80b84

Jenneen Reed/MAL

Sent: 1/21/2025 10:19:06 AM

Michelle.Lane@nashville.gov

Resent: 1/21/2025 2:02:08 PM

Deputy Director of Finance

Viewed: 1/21/2025 2:32:17 PM

Metro

Signed: 1/21/2025 2:32:57 PM

Security Level: Email, Account Authentication
(None)

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Derrick C. Smith

Sent: 1/21/2025 2:32:58 PM

Derrick.Smith@nashville.gov

Viewed: 1/21/2025 2:52:03 PM

Security Level: Email, Account Authentication
(None)

Signed: 1/21/2025 2:55:18 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.144

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Balogun Cobb balogun.cobb@nashville.gov Insurance Division Manager Security Level: Email, Account Authentication (None)	<i>Balogun Cobb</i> Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 1/21/2025 2:55:20 PM Viewed: 1/21/2025 3:35:53 PM Signed: 1/21/2025 3:36:00 PM
Electronic Record and Signature Disclosure: Accepted: 1/21/2025 3:35:53 PM ID: 140065a3-b943-4aff-a21a-e71ff0a27bd3		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 1/21/2025 3:36:02 PM Viewed: 1/21/2025 4:34:52 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 1/21/2025 3:36:03 PM
Electronic Record and Signature Disclosure: Accepted: 1/21/2025 4:23:22 PM ID: b6604a9e-aa03-4be4-a3cf-7f38823aa6e0		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/21/2025 10:13:04 AM
Envelope Updated	Security Checked	1/21/2025 2:02:07 PM
Envelope Updated	Security Checked	1/21/2025 2:02:07 PM
Certified Delivered	Security Checked	1/21/2025 3:35:53 PM
Signing Complete	Security Checked	1/21/2025 3:36:00 PM
Completed	Security Checked	1/21/2025 3:36:03 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		