

---

---

## GRANT SUMMARY SHEET

---

---

**Grant Name:** Ryan White Part A HIV Emergency Relief 24-25 Amend 4

**Department:** HEALTH DEPARTMENT

**Grantor:** HEALTH RESOURCES AND SERVICES ADMINISTRATION

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

**Total Award this Action:** \$0.00

**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. Amendment 1 provides an increase in funding of \$3,285,020.00 for a new total of \$4,658,066.00. Amendment 2 - updates the Reporting Requirements. Amendment 3 - Reobligates \$648,174.00 from the previous grant year to the current year grant period for a new total of \$5,306,240.00. Amendment 4 - removes the indirect cost rate grant condition.

**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 24-25 Amend 4							
Grantor:		HEALTH RESOURCES AND SERVICES ADMINISTRATION					Other:		
Grant Period From:		03/01/24	(applications only)		Anticipated Application Date:				
Grant Period To:		02/28/25	(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:		FORMULA			Total Award:		\$0.00		
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. <b>Amendment 1</b> provides an increase in funding of \$3,285,020.00 for a new total of \$4,658,066.00. <b>Amendment 2</b> - updates the Reporting Requirements. <b>Amendment 3</b> - Reobligates \$648,174.00 from the previous grant year to the current year grant period for a new total of \$5,306,240.00. <b>Amendment 4</b> - removes the indirect cost rate grant condition.									
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		21.47%	Indirect Cost of Grant to Metro:		\$1,139,249.73				
*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:									
There are several 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	FY24	\$1,373,046.00						\$1,373,046.00	\$294,792.98	\$0.00
Yr 2	FY25	\$3,933,194.00						\$3,933,194.00	\$844,456.75	\$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$5,306,240.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,306,240.00	\$1,139,249.73	\$0.00
Date Awarded:				12/13/24		\$0.00	Contract#:	5H89HA11433-16-04		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

JP



Department of Health and Human Services  
Health Resources and Services Administration

Notice of Award  
FAIN# H8911433  
Federal Award Date: 09/13/2024

<div>Recipient Information</div> <div><div>1. Recipient Name</div><div>Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129</div><div>2. Congressional District of Recipient</div><div>05</div><div>3. Payment System Identifier (ID)</div><div>1620694743A7</div><div>4. Employer Identification Number (EIN)</div><div>620694743</div><div>5. Data Universal Numbering System (DUNS)</div><div>078217668</div><div>6. Recipient's Unique Entity Identifier</div><div>LGZLHP6ZHM55</div><div>7. Project Director or Principal Investigator</div><div>Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605</div><div>8. Authorized Official</div></div>	<div>Federal Award Information</div> <div><div>11. Award Number</div><div>6 H89HA11433-16-04</div><div>12. Unique Federal Award Identification Number (FAIN)</div><div>H8911433</div><div>13. Statutory Authority</div><div>42 U.S.C. § 300ff-11-20 and § 300ff-121</div><div>14. Federal Award Project Title</div><div>Ryan White Part A HIV Emergency Relief Grant Program</div><div>15. Assistance Listing Number</div><div>93.914</div><div>16. Assistance Listing Program Title</div><div>HIV Emergency Relief Project Grants</div><div>17. Award Action Type</div><div>Administrative</div><div>18. Is the Award R&amp;D?</div><div>No</div></div>
<div>Federal Agency Information</div> <div><div>9. Awarding Agency Contact Information</div><div>Marie E Mehaffey Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) MMehaffey@hrsa.gov (301) 945-3934</div><div>10. Program Official Contact Information</div><div>Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251</div></div>	<div>Summary Federal Award Financial Information</div> <div><div>19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025</div><div><div>20. Total Amount of Federal Funds Obligated by this Action</div><div>\$0.00</div><div><div>20a. Direct Cost Amount</div><div></div><div>20b. Indirect Cost Amount</div><div>\$0.00</div></div><div>21. Authorized Carryover</div><div>\$0.00</div><div>22. Offset</div><div>\$0.00</div><div>23. Total Amount of Federal Funds Obligated this budget period</div><div>\$5,306,240.00</div><div>24. Total Approved Cost Sharing or Matching, where applicable</div><div>\$0.00</div><div>25. Total Federal and Non-Federal Approved this Budget Period</div><div>\$5,306,240.00</div><div>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</div><div><div>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</div><div>\$15,028,999.56</div></div></div></div>
	<div>28. Authorized Treatment of Program Income</div> <div>Addition</div> <div>29. Grants Management Officer – Signature</div> <div>Marie Mehaffey on 09/13/2024</div>
<div>30. Remarks</div> <div>This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.</div>	



Notice of Award  
Award Number: 6 H89HA11433-16-04  
Federal Award Date: 09/13/2024

HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div></div> <table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$0.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$5,306,240.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr><tr><td>    i. Indirect Cost Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Indirect Cost Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$5,306,240.00</td></tr><tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td>    ii. Federal Share:</td><td>\$5,306,240.00</td></tr></table>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	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:	\$5,306,240.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	i. Indirect Cost Federal Share:	\$0.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$5,306,240.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$5,306,240.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td colspan="2">Not applicable</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table><div>35. FORMER GRANT NUMBER</div><div>36. OBJECT CLASS</div><div>41.15</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	Not applicable		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
a. Salaries and Wages:	\$0.00																																																						
b. Fringe Benefits:	\$0.00																																																						
c. Total Personnel Costs:	\$0.00																																																						
d. Consultant Costs:	\$0.00																																																						
e. Equipment:	\$0.00																																																						
f. Supplies:	\$0.00																																																						
g. Travel:	\$0.00																																																						
h. Construction/Alteration and Renovation:	\$0.00																																																						
i. Other:	\$0.00																																																						
j. Consortium/Contractual Costs:	\$0.00																																																						
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:	\$5,306,240.00																																																						
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00																																																						
i. Indirect Cost Federal Share:	\$0.00																																																						
ii. Indirect Cost Non-Federal Share:	\$0.00																																																						
q. TOTAL APPROVED BUDGET:	\$5,306,240.00																																																						
i. Less Non-Federal Share:	\$0.00																																																						
ii. Federal Share:	\$5,306,240.00																																																						
YEAR	TOTAL COSTS																																																						
Not applicable																																																							
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																																																						

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 statue 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
23 - 377RA07	93.914	24H89HA11433	\$0.00	\$0.00	FRML	24H89HA11433
23 - 377RA06	93.914	24H89HA11433	\$0.00	\$0.00	MAI	24H89HA11433

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/WebEPSExternal/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)

1. The grant condition stated below on NoA 6 H89HA11433-16-01 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 current federal or state negotiated indirect cost rate or a central services cost allocation plan. In the absence of a current federal or state negotiated indirect cost rate or a central services cost allocation plan, indirect costs claimed on the application budget will be disallowed, and a revised budget must be submitted substituting unallowable indirect costs for allowable direct costs per PCN 16-02 and PCN 15-01 available online at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
- All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@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:  
*Joanna Shaw-kikai*  
F0EB3ACD4AFC4C1...

Interim Director, Metro Public Health Department

12/13/2024

Date

Signed by:  
*Tené Hamilton Franklin*  
BEBF0BBF14D14B0...

Chair, Board of Health

12/13/2024

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Kevin Crumbo/mjw*

t of Finance

12/27/2024 | 9:55 AM CST

Date

APPROVED AS TO RISK AND INSURANCE:

*Balaqun Cobb*

DIRECTOR OF Risk Management Services

1/2/2025 | 8:41 AM CST

Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*

ey

12/30/2024 | 9:51 AM CST

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

## Certificate Of Completion

Envelope Id: 75648669-548C-43F5-B5AB-BBB640B9F025

Status: Completed

Subject: Complete with Docusign: Health-Ryan White Part A HIV Emergency Relief 24-25 Amend 4 Ready.pdf

Source Envelope:

Document Pages: 8

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

12/23/2024 8:12:16 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

Rose Wood

Sent: 12/23/2024 8:19:23 AM

rose.wood@nashville.gov

Viewed: 12/23/2024 2:47:05 PM

Finance Manager

Signed: 12/23/2024 2:47:13 PM

Metro Finance Dept. OMB

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication  
(None)

Using IP Address: 170.190.198.185

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Aaron Pratt

Sent: 12/23/2024 2:47:14 PM

Aaron.Pratt@nashville.gov

Viewed: 12/26/2024 7:54:32 AM

Security Level: Email, Account Authentication  
(None)

Signed: 12/26/2024 7:54:43 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

## Electronic Record and Signature Disclosure:

Accepted: 12/26/2024 7:54:32 AM

ID: 21b81d87-8007-4c71-9cef-2d3d75778beb

Kevin Crumbo/mjw

Sent: 12/26/2024 7:54:45 AM

MaryJo.Wiggins@nashville.gov

Viewed: 12/27/2024 9:53:16 AM

Security Level: Email, Account Authentication  
(None)

Signed: 12/27/2024 9:55:00 AM

Signature Adoption: Pre-selected Style

Using IP Address: 174.238.166.76

Signed using mobile

## Electronic Record and Signature Disclosure:

Accepted: 12/27/2024 9:53:16 AM

ID: 6520a900-4811-4a48-b407-40527dea5b85

Courtney Mohan

Sent: 12/27/2024 9:55:05 AM

Courtney.Mohan@nashville.gov

Viewed: 12/30/2024 9:43:03 AM

Security Level: Email, Account Authentication  
(None)

Signed: 12/30/2024 9:51:25 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.144

## Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 12/30/2024 9:43:03 AM ID: ee9b6e9b-aea5-4167-9e7a-f600c886eff5		
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: 12/30/2024 9:51:26 AM Viewed: 1/2/2025 8:41:42 AM Signed: 1/2/2025 8:41:50 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/2/2025 8:41:42 AM ID: dfaf7df1-e4bd-470b-9662-ae2e9688389a		
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)	<div>COPIED</div>	Sent: 1/2/2025 8:41:53 AM Viewed: 1/2/2025 10:52:46 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 1/2/2025 8:41:54 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/1/2025 1:27:40 PM ID: efb3f3ec-9506-40ae-8fb0-e629a532b994		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/23/2024 8:19:23 AM
Certified Delivered	Security Checked	1/2/2025 8:41:42 AM
Signing Complete	Security Checked	1/2/2025 8:41:50 AM
Completed	Security Checked	1/2/2025 8:41:54 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		