LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/21/25 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: M. Park **Date Prepared:** _____

Title (Caption): 2026 Mental Health Transport FY26 Grant

Submitted to Planning Commission? ☑ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** _____

Proposing Department: Police **Requested By:** Police

Affected Department(s): ALL **Affected Council District(s):** ALL

Legislative Category (check one):

- ☐ Bonds
- ☐ Budget - Pay Plan
- ☐ Budget - 4%
- ☐ Capital Improvements
- ☐ Capital Outlay Notes
- ☐ Code Amendment
- ☐ Condemnation
- ☐ Contract Approval
- ☐ Donation
- ☐ Easement Abandonment
- ☐ Easement Accept/Acquisition
- ☑ Grant
- ☐ Grant Application
- ☐ Improvement Acc.
- ☐ Intergovernmental Agreement
- ☐ Lease
- ☐ Maps
- ☐ Master List A&E
- ☐ Settlement of Claims/Lawsuits
- ☐ Street/Highway Improvements
- ☐ Other: _____

FINANCE **Amount +/-: $** $ 102,665.00 **Match: $** $ 0.00

Funding Source:

- Capital Improvement Budget
- Capital Outlay Notes
- Departmental/Agency Budget
- Funds to Metro
- General Obligation Bonds
- Grant
- Increased Revenue Sources
- Judgments and Losses
- Local Government Investment Project
- Revenue Bonds
- Self-Insured Liability
- Solid Waste Reserve
- Unappropriated Fund Balance
- 4% Fund
- Other: _____

Approved by OMB: Aaron Pratt EK Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____ **APPROVED BY**

Approved by Div Grants Coordination: Juanita Paulsen **FINANCE DIRECTOR'S OFFICE:** _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ **Date:** _____

DEPARTMENT OF LAW Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ ☐ E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law – White Copy ***Administration – Yellow Copy*** ***Finance Department - Pink Copy***

GRANT SUMMARY SHEET

Grant Name:	FY26 Mental Health Transport Grant 26
Department:	POLICE DEPARTMENT
Grantor:	Tennessee Office of Criminal Justice Programs
Pass-Through Grantor (If applicable):	
Total Award this Action:	$102,665.00
Cash Match Amount	$0.00
Department Contact:	Michael C. Park 862-7077
Status:	NEW

Program Description:

Funding will be utilized for reimbursing the MNPD for costs (i.e. officer time, mileage, vehicle) associated with emergency mental health transport under Tennessee Code Annotated (TCA) §33-6-406.

Plan for continuation of services upon grant expiration:

Project is totally grant funded and will cease upon expiration of the grant.

Grants Tracking Form

Part One

Pre-Application ○ **Application** ○ **Award Acceptance** ◉ **Contract Amendment** ○

Department	Dept. No.	Contact	Phone	Fax
POLICE DEPARTMENT	031	Michael C. Park	862-7077	880-3077

Grant Name:	FY26 Mental Health Transport Grant 26		
Grantor:	Tennessee Office of Criminal Justice Programs	**Other:**	
Grant Period From:	07/01/25	(applications only) **Anticipated Application Date:**	
Grant Period To:	06/30/26	(applications only) **Application Deadline:**	
Funding Type:	STATE	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$102,665.00
Status:	NEW	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?** ☐	
		Applic. Submitted Electronically? ☑	

Project Description:

Funding will be utilized for reimbursing the MNPD for costs (i.e. officer time, mileage, vehicle) associated with emergency mental health transport under Tennessee Code Annotated (TCA) §33-6-406.

Plan for continuation of service after expiration of grant/Budgetary Impact:

Project is totally grant funded and will cease upon expiration of the grant.

How is Match Determined?

Fixed Amount of $ _____ **or** _____ **% of Grant** _____ **Other:** ☐

Explanation for "Other" means of determining match:

No match requirement

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:	0.00	**Actual number of positions added:**		
Departmental Indirect Cost Rate	45.90%	**Indirect Cost of Grant to Metro:**	$47,123.24	
***Indirect Costs allowed?** ○ Yes ◉ No **% Allow.**	0.0%	**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? ☐

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	**FY26**		$102,665.00					**$102,665.00**	$47,123.24	$0.00
Yr 2	**FY__**									
Yr 3	**FY__**									
Yr 4	**FY__**									
Yr 5	**FY__**									
Total		**$0.00**	$102,665.00	$0.00	$0.00		$0.00	$102,665.00	$47,123.24	$0.00

Date Awarded:	09/11/25	**Tot. Awarded:**	**$102,665.00**	**Contract#:**	
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

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

Rev. 04/23/09

6079

GCP Received 09/15/25

GCP Approved 09/15/25

Resolution No. _____

A resolution accepting a grant from the Tennessee Department of Finance and Administration to the Metropolitan Government, acting by and through the Metropolitan Nashville Police Department, to reimburse costs associated with emergency mental health patient transport under TCA 33-6-406.

WHEREAS, the Tennessee Department of Finance and Administration has awarded a grant in an amount not to exceed $102,665 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Nashville Police Department, to reimburse costs associated with emergency mental health patient transport under TCA 33-6-406; and,

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

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

Section 1. That the grant by and between the Tennessee Department of Finance and Administration, in an amount not to exceed $102,665, to the Metropolitan Government, acting by and through the Metropolitan Nashville Police Department, to reimburse costs associated with emergency mental health patient transport under TCA 33-6-406, a copy of which is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That the amount of this grant be appropriated to the Metropolitan Nashville Police Department based on the revenues estimated to be received and any match to be applied.

Section 3. 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:

Jenneen Reed/mjw
Jenneen Reed
Department of Finance

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

Hannah Zeitlin
Assistant Metropolitan Attorney

Metropolitan Government of Nashville and Davidson County

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF ADMINISTRATION
OFFICE OF BUSINESS AND FINANCE
312 ROSA L. PARKS AVENUE
WILLIAM R. SNODGRASS TENNESSEE TOWER
NASHVILLE, TENNESSEE 37243-0294
(615) 741-4100
Direct.Grants@tn.gov

LETTER OF AGREEMENT: DIRECT APPROPRIATION GRANT FOR GOVERNMENTAL ENTITIES

Date: September 10, 2025

To: Freddie O'Connell
County Mayor
1 Public Square, Suite 100
Nashville, TN 37201-1646

From: Commissioner James Bryson

The State's budget for the fiscal year beginning July 1, 2025, includes a direct appropriation grant payable to your organization.

This appropriation is in addition to any other funding or appropriation provided to you by the State of Tennessee.

Section 7, Item 34, of the 2026 Public Chapter 530 Appropriations Act reads as follows:
Miscellaneous Appropriations, PC 512 - Transportation of Mental Health Patients, in Section 1, Title 111-22, Item 10.4, shall be paid subject to the provisions of Section 21 of this Act.

This direct appropriation grant for Metropolitan Government of Nashville and Davidson County totals $102,665.00 and may be applied retroactively to grant qualifying expenses between July 1, 2025 and June 30, 2026.

If you choose to accept this award:

1. Sign this agreement (verify your taxpayer identification number and include a daytime phone number) in the space provided as your acceptance of the following terms and conditions:

a) If you fail to fulfill your obligations under this agreement, the State shall have the right to seek restitution, pursuant to the laws of the State of Tennessee, from you for payments made to you under this agreement.

b) Your records and documents, insofar as they relate to the performance of your obligations or to payments received under this agreement, shall be maintained in a manner consistent with the accounting procedures of the Comptroller of the Treasury, pursuant to T.C.A. 4-3-304 and applicable rules and regulations thereunder.

c) The funds received shall be placed in an interest-bearing account until such time as they are needed for the purposes set out in the Appropriations Act. Funds and interest accrued in this manner must be utilized for valid program expenses. Unspent funds held at the end of the award period shall be deducted from the agency's award for the next year or, if no application for the following year is made, be required to be returned to the state.

d) Verify the taxpayer identification number provided in the grant application process. You are responsible for and assume the liability for failure to provide the correct taxpayer identification number for IRS purposes.

2. Return This signed Letter of Agreement to the State agency head.

   a) We encourage you to return these materials as soon as possible. The State is prepared to process this agreement and issue payment in a timely fashion, upon receipt of these materials.

   Please return the signed materials to CriminalJustice.Program@tn.gov by 9/24/2025

3. The Grantee shall comply with all other requirements described in the Grantee's application and in the Office of Criminal Justice Programs Administrative Manual located on the website at https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual/redirect-fund-source-chapters/fund-source-chapters/mental-health-transport.html. The Grantee agrees to comply with any changes in requirements made in the manual and/or identified in correspondence from the Office of Criminal Justice Programs.

   a) This includes but is not limited to:
      i. Adopting a Humane Transport Policy.
      ii. Providing Mental Health Awareness Training to transport staff.
      iii. Assuring secondary transport agents meet written guidance and state statutes.
      iv. Quarterly reporting of transports conducted under this program.
      v. Annual reconciliation of funds spent under this program.
      vi. Unspent funds at the end of the year must be retained, utilized, and applied to future qualifying Mental Health Transport costs. Unspent funds must be reconciled with the state annually until exhausted.

Please retain a copy of this letter for your records. Payment status and accounting inquiries may be directed to the following staff of this department:

Office of Business and Finance
312 Rosa L Parks Ave.
William R. Snodgrass Tennessee Tower 20th Floor
Nashville, TN 37243-1102
OBF.Grants@tn.gov

If you should have any questions or comments or need any assistance responding to this request, please contact Mike Holt (Michael.R.Holt@TN.Gov) at 615-770-3991.

On behalf of Metropolitan Government of Nashville and Davidson County, I hereby agree to the aforementioned terms and conditions.

SEE NEXT PAGE

_____
Official's Signature

_____
Date

_____
_ Official's Name (please print)

_____
Official's Title or Position

_____
_ Daytime Contact Phone Number

_62-0694743_____
Federal Taxpayer Identification Number

SIGNATURE PAGE
FOR
2025 Mental Health Transport Grant 25-26

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

John C. Drake — 9/11/25

John Drake
Chief of Police — Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mgw — 10/8/2025 | 11:08 AM CDT

Jenneen Reed, Director — Date
Department of Finance

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb — 10/8/2025 | 11:11 AM CDT

Director of Insurance — Date

APPROVED AS TO FORM AND LEGALITY:

Hannah Britlin — 10/8/2025 | 9:10 AM PDT

Metropolitan Attorney — Date

Freddie O'Connell — Date
Metropolitan Mayor

ATTEST:

Metropolitan Clerk — Date