
GRANT SUMMARY SHEET

Grant Name: Public Safety Partnerships in High Impact Areas 25 Amend 1

Department: HEALTH DEPARTMENT

Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: (\$90,600.00)

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

A grant from Tennessee Department of Health is to build local capacity to improve public health response to the substance misuse epidemic in for the Middle, TN High-Impact Area. To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs. Amend 1 - reduces funding by \$-90,600.00 from \$235,400.00 for a new total of \$144,800.00 eliminating the fire captain position and changes the scope from Navigation to a data centered model.

Plan for continuation of services upon grant expiration:

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: Public Safety Partnerships in High Impact Areas 25 Amend 1				
Grantor: CENTERS FOR DISEASE CONTROL & PREVENTION		Other:		
Grant Period From: 09/01/24	(applications only) Anticipated Application Date:			
Grant Period To: 08/31/25	(applications only) Application Deadline:			
Funding Type: FED PASS THRU	Multi-Department Grant <input checked="" type="checkbox"/>		If yes, list below.	
Pass-Thru: TENN. DEPT. OF HEALTH	Outside Consultant Project: <input type="checkbox"/>		Fire	
Award Type: FORMULA	Total Award: -\$90,600.00			
Status: AMENDMENT	Metro Cash Match: \$0.00			
Metro Category: Est. Prior.	Metro In-Kind Match: \$0.00			
CFDA # 93.136	Is Council approval required? <input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>		
A grant from Tennessee Department of Health is to build local capacity to improve public health response to the substance misuse epidemic in for the Middle, TN High-Impact Area. To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs. Amend 1 - reduces funding by \$-90,600.00 from \$235,400.00 for a new total of \$144,800.00 eliminating the fire captain position and changes the scope from Navigation to a data centered model.				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
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:	2.00	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	19.54%	Indirect Cost of Grant to Metro:	\$28,293.92	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow. 13%	Ind. Cost Requested from Grantor:	\$18,200.00	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	\$120,700.00						\$120,700.00	\$23,584.78	\$15,170.86
Yr 2	FY26	\$24,100.00						\$24,100.00	\$4,709.14	\$3,029.14
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$144,800.00	\$0.00	\$0.00	\$0.00		\$0.00	\$144,800.00	\$28,293.92	\$18,200.00
Date Awarded:				02/20/25		-90,600.00	Contract#:	GG-25-84644-00		
(or) Date Denied:										
(or) Date Withdrawn:										

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



GCP Received 02/24/2025

GCP Approved 02/24/2025



GRANT AMENDMENT

Agency Tracking # 34360-01125	Edison ID 84644	Contract # GG-25-84644-00	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) To modify scope of services and budget to align with change from Navigation to Data Centered					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: August 31, 2025			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): (- \$90,600.00)					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2025		\$120,700.00			\$120,700.00
2026		\$24,100.00			\$24,100.00
TOTAL:		\$144,800.00			\$144,800.00
Budget Officer Confirmation: 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>Eric Buchholz</i>			<i>CPO USE</i>		
Speed Chart (optional) HL00018389		Account Code (optional) 71301000			

**AMENDMENT 1
OF GRANT CONTRACT GG-25-84644-00**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. The following is added as Grant Contract section A.2.d.
 - d. Tabletop Exercise (TTX) – discussion-based sessions where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency.
2. Grant Contract section A.4. is deleted in its entirety and replaced with the following:
 - A.4. Service Recipients. Populations at high-risk from the adverse consequences of substance misuse in Davidson County, TN and Mid-Cumberland Tennessee Region.
3. Grant Contract section A.5.a.-c. is deleted in its entirety and replaced with the following:

In furtherance of the goal to continue to build local capacity to improve response to the opioid epidemic, The Grantee shall:

 - a. Support and participate in a multi-sector Substance Misuse Task Force with the Mid-Cumberland Regional Health Office and relevant community stakeholders. The HIA Epidemiologist will attend regular meetings with the Task Force to review local data, develop strategies and programs and review on-going progress for the counties identified in the HIA. They will assume accountability for providing data to support improvements as needed to positively impact the HIA's substance misuse epidemic;
 - b. Hire and train epidemiologist who has a minimum of Master's degree from an accredited college or university in epidemiology, public health, biostatistics, statistics, or health informatics and one year of experience in conducting epidemiological studies, surveillance, or community assessment and planning;
 - c. Support data collection and analysis for the OMAR plans for the HIA in collaboration with the Mid Cumberland Regional Health Office and relevant partners. The plan should include area specific information and directives on: how to identify a spike in overdoses, useful sources of local and State surveillance data to drive decision making, incident command structure, communication networks, and steps to be taken upon spike alert notification. Collaborate with HIA Coordinator to implement a TTX in a HIA county to refine the OMAR Plan;
4. Grant Contract section A.5.e. is deleted in its entirety.
5. Grant Contract section A.5.f. is deleted in its entirety and replaced with the following:
 - f. Collaborate with HIA Coordinator to provide metrics reporting on bi-monthly basis and incident reporting as needed.
6. Grant Contract section A.6.a. is deleted in its entirety and replaced with the following:

Service Reporting: The Grantee shall provide to the State, utilizing the State REDCap application, a bi-monthly report with the following information to maintain compliance:

- a. Number of reports/presentations developed to support data to action meetings;
- 7. Grant Contract section A.6.c.-d. is deleted in its entirety.
- 8. Grant Contract section A.7. is deleted in its entirety and replaced with the following:
Service Deliverables: The Grantee shall provide the following to the State:

Deliverable	Contract Section	Delivery Date	Report to/Approved by?
Record, maintain, and submit reports/presentations developed.	A.5.a.	Quarterly	Report to State
Submit monthly HIA surveillance reports.	A.5.c.	Monthly	Report to State
Submit activations of spike alerts	A.5.c	As activated	Report to State
Create and submit metrics reports in REDCap.	A.5.a-d	Bi-monthly	Report to State

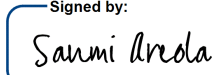
- 9. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Hundred Forty-Four Thousand Eight Hundred Dollars (\$144,800.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- 10. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.
- 11. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new attachment 2 attached hereto.

Required Approvals. The State 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 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 once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:


 0072295CD01A4B1...
 Sanmi Areola, PhD
 Director, Metro Public Health Department

2/20/2025

 Date

Signed by:
Tene Hamilton Franklin
BEBF0BBF14B14B0...
Tene Franklin
Chair, Board of Health

2/20/2025
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jeneen Reed/mjw
Jeneen Reed
Director, Department of Finance

2/27/2025 | 10:37 AM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

3/3/2025 | 1:39 PM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

3/3/2025 | 1:10 PM CST
Date

Freddie O'Connell
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Ralph Alvarado, MD, FACP
Commissioner

Date

ATTACHMENT 1**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Davidson County Health Department
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU17CE010208-02-01
Federal award date	9/18/24
Subaward Period of Performance Start and End Date	9/1/2024 - 8/31/2025
Subaward Budget Period Start and End Date	9/1/2024 - 8/31/2025
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.136 Injury Prevention and Control Research and State and Community Based Programs
Grant contract's begin date	9/1/2024
Grant contract's end date	8/31/2025
Amount of federal funds obligated by this grant contract	\$144,800.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$5,343,696.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Overdose Data to Action V.2 in States: Using Surveillance Data to Drive Overdose Prevention and Response in Tennessee
Name of federal awarding agency	Centers for Disease Control and Prevention (CDC)
Name and contact information for the federal awarding official	Natasha Jones, Grants Management Officer Centers for Disease Control and Prevention Mgz2@cdc.gov
Name of pass-through entity	Tennessee Dept. of Health
Name and contact information for the pass-through entity awarding official	Kris Dixon 710 James Robertson Pkwy. – 2 nd Floor Nashville, TN 37243 615-490-5011 Kristina.D.Dixon@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	15.13%

ATTACHMENT 2
GRANT BUDGET
(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - PUBLIC SAFETY PARTNERSHIPS IN HIGH IMPACT AREAS (HIAS)				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning September 1, 2024, and ending August 31, 2025				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$86,600.00	\$0.00	\$86,600.00
2	Benefits & Taxes	\$34,600.00	\$0.00	\$34,600.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$5,000.00	\$0.00	\$5,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$400.00	\$0.00	\$400.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (15.02% of Salaries & Benefits)	\$18,200.00	\$0.00	\$18,200.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$144,800.00	\$0.00	\$144,800.00

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html>).

2 Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES	Monthly Salary	# of Months	% of FTE	AMOUNT
Vacant, Epidemiologist	\$7,213.67	x 12	x 100%	\$86,564.04
ROUNDED TOTAL				\$86,600.00

Travel/ Conferences & Meetings	AMOUNT
Local Travel Mileage ONLY @ an aveage of 50 miles per month	\$402.00
ROUNDED TOTAL	\$400.00

Certificate Of Completion

Envelope Id: 815DF3F0-0CDD-457A-9F34-19213C7FF6A9

Status: Completed

Subject: Complete with Docusign: HealthPublicSafetyPartnershipinHighImpacrAreas 25 A1 Ready.pdf

Source Envelope:

Document Pages: 11

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

2/26/2025 12:30:38 PM

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

Daniel Harden

DH

Sent: 2/26/2025 12:36:57 PM

Daniel.Harden@nashville.gov

Viewed: 2/26/2025 12:53:24 PM

Security Level: Email, Account Authentication (None)

Signed: 2/26/2025 1:02:25 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Aaron Pratt

Aaron Pratt

Sent: 2/26/2025 1:02:26 PM

Aaron.Pratt@nashville.gov

Viewed: 2/27/2025 7:23:19 AM

Security Level: Email, Account Authentication (None)

Signed: 2/27/2025 7:23:30 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 2/27/2025 7:23:19 AM

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Jenneen Reed/mjw

Jenneen Reed/mjw

Sent: 2/27/2025 7:23:32 AM

MaryJo.Wiggins@nashville.gov

Viewed: 2/27/2025 10:36:04 AM

Security Level: Email, Account Authentication (None)

Signed: 2/27/2025 10:37:41 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 2/27/2025 10:36:04 AM

ID: 1fa1806b-41f2-46ea-b95f-325ef9a84616

Courtney Mohan

Courtney Mohan

Sent: 2/27/2025 10:37:43 AM

Courtney.Mohan@nashville.gov

Viewed: 3/3/2025 1:07:01 PM

Security Level: Email, Account Authentication (None)

Signed: 3/3/2025 1:10:26 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.144

Electronic Record and Signature Disclosure:

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

Balogun Cobb

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

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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)

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Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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

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Sent: 3/3/2025 1:39:12 PM

Electronic Record and Signature Disclosure:

Accepted: 3/3/2025 2:08:10 PM
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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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Certified Delivered	Security Checked	3/3/2025 1:38:58 PM
Signing Complete	Security Checked	3/3/2025 1:39:10 PM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure