

## GRANT SUMMARY SHEET

**Grant Name:** HUD HMIS Technical Assistance Development  
(PN TN0060L4J042013) 21-22

**Department:** SOCIAL SERVICES

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

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

**Total Award this Action:** \$141,508.00

**Cash Match** \$0.00

**Department Contact:** Andrew Sullivan and Judith Tackett  
880-2360

**Status:** CONTINUATION

**Program Description:**

Maintain 2 staff positions to fulfill the HUD required function for the Homeless Management Information System.

**Plan for continuation of services upon grant expiration:**

We plan to apply for continued funding in future periods; in addition, private donations will be generated to continue efforts.

### Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>			
Department	Dept. No.	Contact				Phone	Fax		
SOCIAL SERVICES	037	Andrew Sullivan and Judith Tackett				880-2360	862-6404		
<b>Grant Name:</b>		HUD HMIS Technical Assistance Development (PN TN0060L4J042013) 21-22							
<b>Grantor:</b>		U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT				<b>Other:</b>			
<b>Grant Period From:</b>		11/01/21		(applications only) <b>Anticipated Application Date:</b>					
<b>Grant Period To:</b>		10/31/22		(applications only) <b>Application Deadline:</b>					
<b>Funding Type:</b>		FED DIRECT		<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>				<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>		FORMULA		<b>Total Award:</b>		\$141,508.00			
<b>Status:</b>		CONTINUATION		<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>		Est. Prior.		<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>		14.267		<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>			
<b>Project Description:</b>		<b>Applic. Submitted Electronically?</b> <input type="checkbox"/>							
Maintain 2 staff positions to fulfilled the HUD required function for the Homeless Management Information System.									
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>									
We plan to apply for continued funding in future periods; in addition private donations will be generated to continue efforts.									
<b>How is Match Determined?</b>									
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<b>Other:</b> <input 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>				No		<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>				2.00		<b>Actual number of positions added:</b>		2.00	
<b>Departmental Indirect Cost Rate</b>				30.67%		<b>Indirect Cost of Grant to Metro:</b>		\$27,800.00	
<b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No				<b>% Allow.</b>		<b>Ind. Cost Requested from Grantor:</b>		\$2,547.00 <b>in budget</b>	
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>									
<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 Metro	to Ind. Cost Neg. from Grantor
Yr 1	FY22	\$94,339.00			\$0.00		\$0.00	\$94,339.00	\$28,933.77	\$1,698.00
Yr 2	FY23	\$47,169.00			\$0.00		\$0.00	\$47,169.00	\$14,466.73	\$849.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$141,508.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$141,508.00</b>	<b>\$43,400.50</b>	<b>\$2,547.00</b>
<b>Date Awarded:</b>				08/13/21	<b>Tot. Awarded:</b>		<b>\$141,508.00</b>	<b>Contract#:</b> TN0060L4J042013		
<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)



**U. S. Department of Housing and Urban Development**

Knoxville Field Office, Region IV  
John J. Duncan Federal Building  
710 Locust Street, Suite 300  
Knoxville, Tennessee 37902 - 2526

August 13, 2021

Renee Pratt, Executive Director  
Metropolitan Social Services  
800 2<sup>nd</sup> Avenue North  
Nashville, TN 37201

Dear Ms. Pratt,

**SUBJECT:** Transmittal of Grant Agreement for FY2020 Continuum of Care Program  
Project Number: TN0060L4J042013

The U.S. Department of Housing and Urban Development's Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Non-Competitive Funding award are currently ready for processing and grant agreement execution. Our goal is to issue all agreements as expeditiously as possible.

To help us expedite the grant agreement execution process, please closely follow the instructions provided below:

1. Please print a copy of the attached grant agreement and have an authorized official sign and date;
2. On **page 5**, please indicated if you have an approved indirect cost schedule. **If not, enter N/A;**
3. Make sure that your DUNS number is active in the System for Award Management (SAM). You can check your SAM status at this link: <https://www.sam.gov/SAM/>.
4. Scan the executed grant agreement and email to [CPD\\_GeneralCorr-KN@hud.gov](mailto:CPD_GeneralCorr-KN@hud.gov) as well as copy Apryl LaMaster, [apryl.l.lamaster@hud.gov](mailto:apryl.l.lamaster@hud.gov); and
5. Keep the copy of the executed grant agreement for your records.

Upon receipt of the executed grant agreement, we will undertake the final phase of the grant execution process; thereby, making the funds available as quickly as possible to serve the critical needs of your homeless clients. Thank you in advance for your cooperation in helping us complete this important process.

No funds can be disbursed to you until the 2020 Grant Agreement is fully executed. In addition, enclosed you will find an Audit Survey form to be **completed and returned** to this

Office via email at CPD\_GeneralCorr-KN@hud.gov. The completion of the audit survey is needed to ensure that your organization remains in compliance to the Office of Management and Budget's requirements regarding the submission of audits.

Your prompt cooperation in returning the signed Grant Agreements and completed audit survey as soon as possible will be highly appreciated and expedite the grant execution process. If you have any questions regarding the grant, please contact Apryl LaMaster, Community Planning and Development Representative at (865) 474-8224. We look forward to working with you toward the successful continuation of your grant to assist us in eliminating homelessness.

Very sincerely yours,

*/s/ Erik Hoglund*

Erik Hoglund, Director  
Office of Community Planning  
and Development

Enclosures



**U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
710 Locust Street, SW Suite 300  
Knoxville, TN 37902**

**Grant Number (FAIN): TN0060L4J042013  
Tax ID Number: 62-0694743  
DUNS Number: 078217668**

**CONTINUUM OF CARE PROGRAM (CDFA# 14.267)  
GRANT AGREEMENT**

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Metropolitan Social Services (the “Recipient”).

This Agreement, the use of funds provided under this Agreement (the “Grant” or “Grant Funds”), and the operation of projects assisted with Grant Funds are governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”), the Continuum of Care Program rule at 24 CFR part 578 (the “Rule”), as amended from time to time, and the Fiscal Year (FY) 2020 Continuum of Care (CoC) Program Non-competitive Funding Notice, Notice CPD-21-01. Capitalized terms that are not defined in this Agreement shall have the meanings given in the Rule.

Only the project (those projects) listed below are funded by this Agreement. HUD’s total funding obligation for this grant is \$6,115,465, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

<b>Project No.</b>	<b>Grant Term</b>	<b>Budget Period/Performance Period</b>	<b>Total Amount</b>
TN0060L4J042013	12	11/1/21-10/31/22	\$141,508

**allocated between budget line items as follows:**

a. Continuum of Care planning activities	\$0
b. Leasing	\$0
c. Rental assistance	\$0
d. Supportive Services	\$0
e. Operating costs	\$0
f. Homeless Management Information System	\$138,961
g. Administrative costs	\$2,547
h. Relocation costs	\$0
i. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$0
Short-term and medium term rental assistance	\$0

## **Pre-award Costs for Continuum of Care Planning**

The Recipient may, at its own risk, incur pre-award costs for continuum of care planning awards, after the date of the HUD selection notice and prior to the start date of the award budget period/performance period, if such costs: a) are consistent with 2 CFR 200.458; and b) would be allowable as a post-award cost; and c) do not exceed 10 percent of the total funds obligated to this award. The incurrence of pre-award costs in anticipation of an award imposes no obligation on HUD either to make the award, or to increase the amount of the approved budget, if the award is made for less than the amount anticipated and is inadequate to cover the pre-award costs incurred.

### **These provisions apply to all Recipients:**

The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

The budget period/performance period of renewal projects funded by this Agreement will begin immediately at the end of the budget period/performance period (or final operating year for Supportive Housing Program (SHP) and Shelter Plus Care (S+C) grants being renewed for the first time) under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's budget period/performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant agreement being renewed and the date this Agreement is executed by both parties may be reimbursed with Grants Funds from this Agreement. No Grant Funds for renewal projects may be drawn down by Recipient before the end date of the project's budget period/performance period (or final operating year for SHP and S+C grants being renewed for the first time) under the grant that has been renewed.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the budget period/performance period for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of Grant Funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Recipient's applicant profile in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

This agreement is hereby executed on behalf of the parties as follows:

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

By:



(Signature)

Erik D. Høglund, Director

(Typed Name and Title)

August 13, 2021

(Date)

**RECIPIENT**

Metropolitan Social Services

(Name of Organization)

By:



(Signature of Authorized Official)

Renee Pratt, Executive Director of Metropolitan Social Services

(Typed Name and Title of Authorized Official)

8/17/21

(Date)



**SIGNATURE PAGE  
FOR  
GRANT NO. HUD HMIS Technical Assistance (Development) 21-22**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**

**\*\*SEE PREVIOUS PAGE\*\***

Social Services

\_\_\_\_\_ Date

APPROVED AS TO AVAILABILITY  
OF FUNDS:

DocuSigned by:

*Saul Solomon/mjw*

Director, Department of Finance

9/10/2021

\_\_\_\_\_ Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

*Thomas G. Cross*

Director of Risk Management Services

9/10/2021

\_\_\_\_\_ Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

*Nicki Eke*

Metropolitan Attorney

9/10/2021

\_\_\_\_\_ Date

FILED:

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

\_\_\_\_\_ Date

**INDIRECT COST RATE SCHEDULE**

<b>Agency/Dept./Major Function</b>	<b>Indirect cost rate</b>	<b>Direct Cost Base</b>
<u>Social Services Homeless</u>	<u>10</u> %	<u>Modified Total Direct Costs</u>
<u>Impact Division</u>	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).