
GRANT SUMMARY SHEET

Grant Name: High Impact Area Substance Misuse Epidemic Response 22-23
Amend 1

Department: HEALTH DEPARTMENT

Grantor: CENTRE FOR DISEASE CONTROL & PREVENTION

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

Total Award this Action: (\$259,400.00)

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 (HIA). 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. Amendment #1 - reduces funding and changes the scope of services to match new funding level.

Plan for continuation of services upon grant expiration:

n/a

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: | High Impact Area Substance Misuse Epidemic Response 22-23 Amend 1 | | | | | | |
| Grantor: | CENTRE FOR DISEASE CONTROL & PREVENTION | | | Other: | | | |
| Grant Period From: | 09/01/22 | (applications only) Anticipated Application Date: | | | | | |
| Grant Period To: | 08/31/23 | (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: | OTHER | Total Award: | | -\$259,400.00 | | | |
| Status: | AMENDMENT | Metro Cash Match: | | | | | |
| Metro Category: | Est. Prior. | Metro In-Kind Match: | | | | | |
| CFDA # | 93.136 | Is Council approval required? <input type="checkbox"/> | | | | | |
| Project Description: | Applic. Submitted Electronically? <input type="checkbox"/> | | | | | | |
| <p>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 (HIA). 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. Amendment #1 - reduces funding and changes the scope of services to match new funding level.</p> | | | | | | | |
| Plan for continuation of service after expiration of grant/Budgetary Impact: | | | | | | | |
| n/a | | | | | | | |
| 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 | | 24.43% | | Indirect Cost of Grant to Metro: | | \$102,996.88 | |
| *Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No | | % Allow. 11% | | Ind. Cost Requested from Grantor: | | \$46,700.00 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: | | Mental Health Coop | | | | | |

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 | FY23 | \$351,300.00 | | | | | | \$351,300.00 | \$85,822.59 | \$39,000.00 |
| Yr 2 | FY24 | \$70,300.00 | | | | | | \$70,300.00 | \$17,174.29 | \$7,700.00 |
| Yr 3 | FY | | | | | | | \$0.00 | \$0.00 | |
| Yr 4 | FY | | | | | | | \$0.00 | \$0.00 | |
| Yr 5 | FY | | | | | | | \$0.00 | \$0.00 | |
| Total | | \$421,600.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | \$421,600.00 | \$102,996.88 | \$46,700.00 |
| Date Awarded: | | 04/17/23 | | - | | Contract#: | | GG-23-76036-01 | | |
| (or) Date Denied: | | | | | | | | | | |
| (or) Date Withdrawn: | | | | | | | | | | |

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





GRANT AMENDMENT

| | | | | | |
|--|---------------------------|--|------------------------------|----------------|------------------------------|
| Agency Tracking # 34301-31323 | Edison ID 76036 | Contract # GG-23-76036 | Amendment # 1 | | |
| Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County | | | Edison Vendor ID 4 | | |
| Amendment Purpose & Effect(s) To reduce funding and amend Scope of Service and Deliverables | | | | | |
| Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | End Date: August 31, 2023 | | | |
| TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): | | | - \$ 259,400.00 | | |
| Funding — | | | | | |
| FY | State | Federal | Interdepartmental | Other | TOTAL Contract Amount |
| 2023 | | \$351,300.00 | | | \$351,300.00 |
| 2024 | | \$70,300.00 | | | \$70,300.00 |
| | | | | | |
| | | | | | |
| TOTAL: | | \$421,600.00 | | | \$421,600.00 |
| <p>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.</p> <p style="text-align: center;"><i>Eric Buckley</i></p> | | | | <p>CPO USE</p> | |
| Speed Chart (optional) HL00018400 | | Account Code (optional) 71301000 | | | |

**AMENDMENT 1
OF GRANT CONTRACT GG-23-76036**

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 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. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new attachment 1 attached hereto.
2. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new attachment 2 attached hereto.
3. Grant Contract Section A.5.e.-f. are deleted in their entirety.
4. Grant Contract Section A.6.d. is deleted in its entirety and replaced with the following:
A.6.d. Number of clients identified for linkage to care, contacted (from Fire/ EMS); and placed into community-based services.
5. Grant Contract Section A.6.e. is deleted in its entirety and replaced with the following:
A.6.e. Percentage of clients contacted (from Fire/ EMS) that accept navigation to services, stratified by service; and
6. Grant Contract Section A.6.f. is deleted in its entirety.
7. Grant Contract Section A.7 is deleted in its entirety and replaced with the following:
A.7. Service Deliverables. The Grantee shall:

| Deliverable | Contract Section | Delivery Date | Report to/Approved by? |
|---|-------------------------|----------------------|-------------------------------|
| Record, maintain, and submit Substance Misuse Task Force meeting minutes. | A.5.a. | Quarterly | Report to State |
| Submit monthly HIA surveillance reports. | A.5.b. | Monthly | Report to state |
| Submit activations of spike alerts | A.5.b. | As activated | Report to state |
| Create and submit metrics reports in RedCAP. | A.5.a.-d. | Bi-monthly | Report to state |

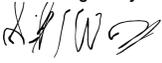
8. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Four Hundred Twenty-One Thousand Six Hundred Dollars (\$421,600.00) ("Maximum Liability"). The Grant 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.

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

| | |
|---|-----------|
| <small>DocuSigned by:</small>  <small>0460AC21E1CC408...</small> | 4/17/2023 |
| Director | Date |

| | |
|---|-----------|
| <small>DocuSigned by:</small>  <small>BEBF0BBF14D1460...</small> | 4/19/2023 |
| Metro Public Health Department Chair, Board of Health | Date |

APPROVED AS TO AVAILABILITY OF FUNDS:

| | |
|---|------------------------|
|  | 6/5/2023 1:03 PM CDT |
| Director, Department of Finance | Date |

APPROVED AS TO RISK AND INSURANCE:

| | |
|---|------------------------|
|  | 6/7/2023 1:08 PM CDT |
| Director of Risk Management Services | Date |

APPROVED AS TO FORM AND LEGALITY:

| | |
|---|-------------------------|
|  | 6/7/2023 11:48 AM CDT |
| Metropolitan Attorney | Date |

| | |
|--------------------|------|
| 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)) | Nashville & Davidson County, Metropolitan Government of |
| Subrecipient's Unique Entity Identifier (SAM) | LGZLHP6ZHM55 |
| Federal Award Identification Number (FAIN) | NU17CE924981-03-07 |
| Federal award date | 11/17/2022 |
| Subaward Period of Performance Start and End Date | 9/1/2022 - 8/31/2023 |
| Subaward Budget Period Start and End Date | 9/1/2022 - 8/31/2023 |
| 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 | 9/1/2022 |
| Grant contract's end date | 8/31/2023 |
| Amount of federal funds obligated by this grant contract | \$421,600.00 |
| Total amount of federal funds obligated to the subrecipient | |
| Total amount of the federal award to the pass-through entity (Grantor State Agency) | \$13,142,394.00 |
| Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)) | Overdose Data to Action: 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 | Darryl Mitchell dvm1@cdc.gov 770-488-2747 |
| 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 615-741-8661 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 - HIA - Year 3 | | | | |
|--|---|---------------------|--------------------------|---------------------|
| APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning September 1, 2022, and ending August 31, 2023. | | | | |
| 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 | \$139,600.00 | \$0.00 | \$139,600.00 |
| 2 | Benefits & Taxes | \$48,900.00 | \$0.00 | \$48,900.00 |
| 4, 15 | Professional Fee/ Grant & Award ² | \$177,400.00 | \$0.00 | \$177,400.00 |
| 5 | Supplies | \$1,200.00 | \$0.00 | \$1,200.00 |
| 6 | Telephone | \$600.00 | \$0.00 | \$600.00 |
| 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 | \$700.00 | \$0.00 | \$700.00 |
| 11, 12 | Travel/ Conferences & Meetings ² | \$1,500.00 | \$0.00 | \$1,500.00 |
| 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 | \$5,000.00 | \$0.00 | \$5,000.00 |
| 20 | Capital Purchase ² | \$0.00 | \$0.00 | \$0.00 |
| 22 | Indirect Cost (24.8249% of Salaries & Benefits) | \$46,700.00 | \$0.00 | \$46,700.00 |
| 24 | In-Kind Expense | \$0.00 | \$0.00 | \$0.00 |
| 25 | GRAND TOTAL | \$421,600.00 | \$0.00 | \$421,600.00 |

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf>).

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 |
|-----------------------------------|-----------------------|--------------------|-----------------|---------------------|
| Megan Dickson, Epidemiologist | \$ 6,333.33 | x 12.00 | x 100% | \$75,999.96 |
| Marie Curran-Pardue, Fire Captain | \$ 5,300.75 | x 12.00 | x 100% | \$63,609.00 |
| ROUNDED TOTAL | | | | \$139,600.00 |

| PROFESSIONAL FEE/ GRANT & AWARD | AMOUNT |
|--|---------------------|
| Subcontract: Mental Health Cooperative | \$177,400.00 |
| ROUNDED TOTAL | \$177,400.00 |

| TRAVEL/ CONFERENCES & MEETINGS | AMOUNT |
|---|-------------------|
| Local travel | \$1,500.00 |
| ROUNDED TOTAL | \$1,500.00 |

| OTHER NON-PERSONNEL | AMOUNT |
|---|-------------------|
| Substance Use Disorder (SUD) Media Campaign | \$5,000.00 |
| ROUNDED TOTAL | \$5,000.00 |

Certificate Of Completion

| | |
|--|-------------------------------|
| Envelope Id: F19ADE2CE5C44BB8A7703B787B96BDE6 | Status: Completed |
| Subject: Complete with DocuSign: Health Hi Impact Area Substance Misuse Epidemic Response 22-23 A1 Ready.pdf | |
| Source Envelope: | |
| Document Pages: 11 | Signatures: 6 |
| Certificate Pages: 15 | Initials: 1 |
| AutoNav: Enabled | Envelope Originator: |
| Enveloped Stamping: Enabled | Juanita Paulson |
| Time Zone: (UTC-06:00) Central Time (US & Canada) | 730 2nd Ave. South 1st Floor |
| | Nashville, TN 37219 |
| | Juanita.Paulsen@nashville.gov |
| | IP Address: 170.190.198.185 |

Record Tracking

| | | |
|--------------------------------------|--|--------------------|
| Status: Original | Holder: Juanita Paulson | Location: DocuSign |
| 6/5/2023 10:49:17 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

| Signer Events | Signature | Timestamp |
|--|--|------------------------------|
| Brittany Bryant | <i>BB</i> | Sent: 6/5/2023 10:57:37 AM |
| brittany.bryant@nashville.gov | | Viewed: 6/5/2023 11:40:02 AM |
| Security Level: Email, Account Authentication (None) | | Signed: 6/5/2023 11:47:16 AM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:
 Accepted: 6/5/2023 11:40:02 AM
 ID: 54f7d7ef-a358-41ab-bb11-f9616704b584

| | | |
|--|--|-----------------------------|
| Aaron Pratt | <i>Aaron Pratt</i> | Sent: 6/5/2023 11:47:17 AM |
| Aaron.Pratt@nashville.gov | | Viewed: 6/5/2023 1:02:12 PM |
| Security Level: Email, Account Authentication (None) | | Signed: 6/5/2023 1:02:16 PM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

| | | |
|--|--|-----------------------------|
| Kelly Flannery | <i>Kelly Flannery</i> | Sent: 6/5/2023 1:02:17 PM |
| Kelly.Flannery@nashville.gov | | Viewed: 6/5/2023 1:03:29 PM |
| Security Level: Email, Account Authentication (None) | | Signed: 6/5/2023 1:03:39 PM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.100 | |

Electronic Record and Signature Disclosure:
 Accepted: 6/5/2023 1:03:29 PM
 ID: 51d29a59-fd7c-49c2-9e49-8b0a1a9c4ce5

| | | |
|--|--|------------------------------|
| Courtney Mohan | <i>Courtney Mohan</i> | Sent: 6/5/2023 1:03:41 PM |
| Courtney.Mohan@nashville.gov | | Viewed: 6/7/2023 11:31:58 AM |
| Security Level: Email, Account Authentication (None) | | Signed: 6/7/2023 11:48:58 AM |
| | Signature Adoption: Pre-selected Style | |
| | Using IP Address: 170.190.198.185 | |

Electronic Record and Signature Disclosure:

| Signer Events | Signature | Timestamp |
|---------------|-----------|-----------|
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Accepted: 6/7/2023 11:31:58 AM
ID: 72e3d573-e3b0-4995-9bc6-3f0fc97e699f

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

Balogun Cobb

Sent: 6/7/2023 11:49:00 AM
Viewed: 6/7/2023 1:08:31 PM
Signed: 6/7/2023 1:08:43 PM

Signature Adoption: Pre-selected Style
Using IP Address: 172.58.149.144
Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 6/7/2023 1:08:31 PM
ID: ffe4b636-fd97-41f6-95cb-650303d829c5

| In Person Signer Events | Signature | Timestamp |
|-------------------------|-----------|-----------|
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| Editor Delivery Events | Status | Timestamp |
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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 |
|---------------------------|--------|-----------|
|---------------------------|--------|-----------|

| Carbon Copy Events | Status | Timestamp |
|--------------------|--------|-----------|
|--------------------|--------|-----------|

Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 6/7/2023 1:08:44 PM
Viewed: 6/7/2023 1:19:00 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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

COPIED

Sent: 6/7/2023 1:08:45 PM
Viewed: 6/7/2023 1:13:56 PM

Electronic Record and Signature Disclosure:

Accepted: 6/7/2023 11:59:23 AM
ID: 80cc49f6-cc92-40d9-817d-0662d2050e10

| Witness Events | Signature | Timestamp |
|----------------|-----------|-----------|
|----------------|-----------|-----------|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
|-------------------------|--------|------------|

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 6/5/2023 10:57:37 AM |
| Certified Delivered | Security Checked | 6/7/2023 1:08:31 PM |
| Signing Complete | Security Checked | 6/7/2023 1:08:43 PM |
| Completed | Security Checked | 6/7/2023 1:08:45 PM |

| Payment Events | Status | Timestamps |
|----------------|--------|------------|
|----------------|--------|------------|

| Electronic Record and Signature Disclosure |
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|--|