

## GRANT SUMMARY SHEET

**Grant** HIV Emergency Relief COVID19 20-21 Amend. 1

**Department:** HEALTH DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor**

**Total Award this** \$0.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** AMENDMENT

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients. Amendment 1 updates the terms and conditions; no additional funding.

**Plan for continuation of services upon**

Services would be discontinued.

## Grants Tracking Form

### Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input checked="" type="radio"/>				
Department	Dept. No.	Contact			Phone	Fax				
HEALTH DEPARTMENT	038	Brad Thompson			340-0407					
<b>Grant Name:</b>	HIV Emergency Relief COVID19 20-21 Amend. 1									
<b>Grantor:</b>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				<b>Other:</b>					
<b>Grant Period From:</b>	04/01/20	(applications only) Anticipated Application Date:								
<b>Grant Period To:</b>	03/31/21	(applications only) Application Deadline:								
<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>				\$0.00				
<b>Status:</b>	AMENDMENT	<b>Metro Cash Match:</b>				\$0.00				
<b>Metro Category:</b>	Est. Prior.	<b>Metro In-Kind Match:</b>				\$0.00				
<b>CFDA #</b>	93.914	<b>Is Council approval required?</b>				<input checked="" type="checkbox"/>				
<b>Project Description:</b>					<b>Applic. Submitted Electronically?</b> <input type="checkbox"/>					
<p>This is a grant from the Health Resources &amp; Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients. <b>Amendment 1 updates the terms and conditions; no additional funding.</b></p>										
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>										
Services would be discontinued.										
<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>						<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>				0.00		<b>Actual number of positions added:</b>				0.00
<b>Departmental Indirect Cost Rate</b>				22.98%		<b>Indirect Cost of Grant to Metro:</b>				\$210,246.88
<b>*Indirect Costs allowed?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No		<b>% Allow.</b>		0.00%		<b>Ind. Cost Requested from Grantor:</b>		\$0.00
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>										
<b>Draw down allowable?</b> <input checked="" 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 to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$229,441.00			\$0.00		\$0.00	\$229,441.00	\$52,561.72	\$0.00
Yr 2	FY21	\$688,323.00			\$0.00		\$0.00	\$688,323.00	\$157,685.16	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$917,764.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$917,764.00</b>	<b>\$210,246.88</b>	<b>\$0.00</b>
<b>Date Awarded:</b>				05/14/20	<b>Tot. Awarded:</b>		\$0.00	<b>Contract#:</b>		H9AHA36913-01-00-1
<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)

<b>1. DATE ISSUED:</b> 05/19/2020	<b>2. PROGRAM CFDA:</b> 93.914	 <p><b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>																																																				
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 04/10/2020 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																						
<b>4a. AWARD NO.:</b> 6 H9AHA36913-01-01	<b>4b. GRANT NO.:</b> H9AHA36913		<b>5. FORMER GRANT NO.:</b>																																																			
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/2020 <b>THROUGH:</b> 03/31/2021																																																						
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2020 <b>THROUGH:</b> 03/31/2021																																																						
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Ryan White HIV/AIDS Program Part A COVID-19 Response																																																						
<b>9. GRANTEE NAME AND ADDRESS:</b> NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 2500 Charlotte Ave Nashville, TN 37209-4129 <b>DUNS NUMBER:</b> 078217668		<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Rajeev Mavath NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF MailStop Code: 2500 Charlotte Avenue Division Line: Ryan White Program 2500 Charlotte Ave Nashville, TN 37209-4129																																																				
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																				
<table style="width:100%; border-collapse: collapse;"> <tr><td>a . Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b . Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c . Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d . Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e . Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f . Supplies :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g . Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h . Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i . Other :</td><td style="text-align: right;">\$917,764.00</td></tr> <tr><td>j . Consortium/Contractual Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k . Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l . Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n . Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o . TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$917,764.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$917,764.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$917,764.00</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 :	\$917,764.00	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 :	\$917,764.00	p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q . TOTAL APPROVED BUDGET :	\$917,764.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$917,764.00	<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$917,764.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$917,764.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>	a. Authorized Financial Assistance This Period	<b>\$917,764.00</b>	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$917,764.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>
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 :	\$917,764.00																																																					
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 :	\$917,764.00																																																					
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00																																																					
q . TOTAL APPROVED BUDGET :	\$917,764.00																																																					
i. Less Non-Federal Share:	\$0.00																																																					
ii. Federal Share:	\$917,764.00																																																					
a. Authorized Financial Assistance This Period	<b>\$917,764.00</b>																																																					
b. Less Unobligated Balance from Prior Budget Periods																																																						
i. Additional Authority	\$0.00																																																					
ii. Offset	\$0.00																																																					
c. Unawarded Balance of Current Year's Funds	\$0.00																																																					
d. Less Cumulative Prior Awards(s) This Budget Period	\$917,764.00																																																					
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>																																																					
		<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																				
		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr><th style="width:30%;">YEAR</th><th>TOTAL COSTS</th></tr> </thead> <tbody> <tr><td colspan="2">Not applicable</td></tr> </tbody> </table>	YEAR	TOTAL COSTS	Not applicable																																																	
YEAR	TOTAL COSTS																																																					
Not applicable																																																						
		<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)																																																				
		<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>																																												
a. Amount of Direct Assistance	\$0.00																																																					
b. Less Unawarded Balance of Current Year's Funds	\$0.00																																																					
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00																																																					
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>																																																					
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>																																																						
<b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b>		<b>[A]</b>																																																				
Estimated Program Income: \$0.00																																																						
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>																																																						
<small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>																																																						
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) GA Admin Batch Tracking Number 000036. This revised Notice of Award is being issued to update the previously conveyed terms and/or reporting requirements. Please refer to page 2 for specific details regarding these updates.																																																						
<b>Electronically signed by Brad Barney , Grants Management Officer on :</b> 05/19/2020																																																						
<b>17. OBJ. CLASS:</b> 41.15	<b>18. CRS-EIN:</b> 1620694743A7	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00																																																				

<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>
20 - 377CVDA	93.914	20H9AHA36913C3	\$0.00	\$0.00		20-Part A- COVID-19-C3

## 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/WebEPSEExternal/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. This Notice of Award (NoA) is being re-issued to update or remove several of the terms previously documented in the original NoA. This term provides an overview of the requirements that have been changed. However, recipients should carefully read this updated NoA in its entirety to review specific details of the terms and requirements amended for this award. **Please note** summary of changes: (1) The following RWHAP requirements have been **waived** for the Part A CARES Act awards: Minimum Allocation for Women, Infants, Children and Youth, Planning Council Duties, Unobligated Balances Penalty, 75 percent Core Medical Services, Imposition of Charges, Integrated HIV Prevention and Care Plan, and Maintenance of Effort (MOE). The previously issued term(s) for these requirements have been updated accordingly to note that the provisions have been waived and therefore do not apply to the CARES awards; (2) The term previously issued for Cost Caps has been updated to note a correction; (3) A term has been added to convey that CARES funds may be used to support COVID-19 testing and personal protective equipment for household members of people with HIV; (4) The Funding Pharmaceuticals term was removed, as it does not apply to CARES funding; and (5) The name and initial due date for the *HAB COVID-19 Monthly Activity Report* were updated. The report's **new** name is **COVID-19 Data Report** and the **new** initial due date is **June 15<sup>th</sup>**. All previously conveyed terms and conditions remain in effect unless specifically removed.

### Program Specific Term(s)

1. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

In addition, funds may not be used for the following purposes:

- Cash payment to intended recipients of services.
- Clinical research.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>
- Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication. [https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216\\_0.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216_0.pdf)

2. If applicable, recipients must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
3. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://protect2.fireeye.com/url?k=f6cc1a8e-aa99139d-f6cc2bb1-0cc47adb5650-c735f8b079c3ff70&u=http://www.hrsa.gov/opa/>.

4. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements (Except Sections 2604 (c), 2612 (b) and 2651 (c), regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
5. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
6. The requirement that the recipient must spend at least 75 percent of the amount remaining after reserving amounts for administration, planning and evaluation and/or clinical quality management on core medical services is **waived** for the COVID-19 CARES Act funding. § 2604(c) of the PHS Act.
7. The recipient must assure HRSA/HAB that the developed items can be used by HRSA/HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
8. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of preventing, preparing for, and responding to COVID-19 for RWHAP clients. For additional information, see 45 CFR § 75.307.
9. This notice of award provides one-time funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COVID-19), as outlined in the [Coronavirus Aid, Relief and Economic Security Act \(P.L. 116-136\)](#). As provided for in Office of Management and Budget Memorandum [M-20-17 - Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\)](#), HRSA authorizes the recipient to incur pre-award costs prior to the effective date of a Federal award dating back to January 20, 2020.
10. Planning councils are charged with determining the size and demographics of the population, determining the needs of the population, establishing priorities, developing comprehensive plans, assessing the efficiency of administrative mechanisms, participating in the development of the statewide coordinated statement of need, establishing methods of obtaining input, and coordinating with Federal grant recipients that provide HIV-related services. Planning council responsibilities with regard to the COVID-19 CARES Act funding are **waived**. § 2602(b)(4) of the PHS Act.
11. You are encouraged to utilize available technical assistance resources, such as those available from the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. and HAB's COVID-19 TA Webpage: <https://hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response>
12. Unless otherwise specified, all Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHB).
13. Requirements regarding the timeframe for obligation and expenditure of formula and supplemental funds are **waived** and do not apply to the COVID-19 CARES Act funding. § 2603(c) of the PHS Act.
14. Recipient costs for grant administration may not exceed ten (10) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards. If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.  
See Policy 15-01 for additional information on the 10% administrative cap.
15. All recipients who are providing services under Ryan White that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
16. The requirement that the recipient must maintain expenditures for HIV-related activities (EIS for Part C) at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant is **waived** for the COVID-19 CARES Act funding. § 2605(a)(1)(B) of the PHS Act.
17. This funding may support COVID-19 testing and the provision of personal protective equipment for household members living with eligible Ryan White HIV/AIDS Program clients. § 2683 of the Public Health Service (PHS) Act.
18. The requirement that the recipient impose at least a nominal charge for services for clients with an individual income of over 100 percent of the FPL is **waived** for the COVID-19 CARES Act funding. § 2605(e) of the PHS Act.

19. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
20. RWHAP recipients are required to use a minimum amount/percentage to provide services to women, infants, children and youth (WICY) living with HIV. The minimum set-aside amounts/percentages must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV within the EMA/TGA. The WICY allocation requirement for the COVID-19 CARES Act funding is **waived**. § 2604(f) of the PHS Act.
21. This funding should be used for preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program (RWHAP) recipients. Several standard RWHAP requirements have been waived for the CARES awards to assist recipients with expediting their response to the COVID-19 public health emergency. Funding may support a wide range of in-scope (allowable RWHAP) activities including, but not limited to: client education, COVID-19 screening, testing for (including temporary drive-or-walk-up testing) and laboratory services for RWHAP clients, adding providers and other personnel, training, purchase of vehicles to transport patients or clinic/program personnel, supplies (e.g., personal protective equipment, infection control supplies), equipment (e.g., telehealth equipment), and health information technology (e.g., technology to support tracking, sharing, and reporting capacity). As provided for in the OMB Memorandum [M-20-17 - Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\)](#), the recipient is authorized to waive the procurement requirements contained in 45 CFR § 75.328(b) regarding geographical preferences and 45 CFR 75.330 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. This authority is only valid for the period formally declared by the Department of Health and Human Services through the 90-Day Public Health Emergency Declaration (Public Health Emergency Period).
22. In accordance with the RWHAP client eligibility determination and recertification requirements (HRSA HAB PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort. See <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf>
23. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
24. COVID-19 funds may not be used to make cash payments to intended clients of COVID-19-funded services. This prohibition includes cash incentives and cash intended as payment for services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
25. The requirement that RWHAP Part recipients develop the Statewide Coordinated Statement of Need is **waived** for the COVID-19 CARES Act funding; therefore Part A recipients do not need to contribute to the SCSN for these funds. §§ 2605(a)(8) of the PHS Act.

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Tina Lester	Business Official	tina.lester@nashville.gov
Wendy Long	Authorizing Official	wendy.long@nashville.gov
Rajeev Mavath	Point of Contact, Program Director	rajeev.mavath@nashville.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Michael Carrigan at:  
5600 Fishers Ln  
Rockville, MD, 20857-  
Email: [MCarrigan@hrsa.gov](mailto:MCarrigan@hrsa.gov)  
Phone: (301) 945-9846

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Olusola Dada at:

5600 Fishers Ln Rm 10NWH04

Rockville, MD, 20857-

Email: ODada@hrsa.gov

Phone: (301) 443-0195

Fax: (301) 443-9810

---



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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
*Tina Lester*  
5EE94599A8D6403...  
\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

2/12/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Alex Jahanqir*  
7F973F40A66A4DF...  
\_\_\_\_\_  
Chair, Board of Health

2/12/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date

## GRANT SUMMARY SHEET

**Grant** HIV Emergency Relief COVID19 20-21 Amend. 2

**Department:** HEALTH DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through Grantor**

**Total Award this** \$0.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** AMENDMENT

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients. Amendment 2 updates the terms and conditions; no additional funding.

**Plan for continuation of services upon**

Services would be discontinued.

## Grants Tracking Form

### Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input type="radio"/>		<b>Contract Amendment</b> <input checked="" type="radio"/>	
Department	Dept. No.	Contact			Phone	Fax	
HEALTH DEPARTMENT	038	Brad Thompson			340-0407		
<b>Grant Name:</b>	HIV Emergency Relief COVID19 20-21 Amend. 2						
<b>Grantor:</b>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				<b>Other:</b>		
<b>Grant Period From:</b>	04/01/20	(applications only) Anticipated Application Date:					
<b>Grant Period To:</b>	03/31/21	(applications only) Application Deadline:					
<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>		\$0.00			
<b>Status:</b>	AMENDMENT	<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>	Est. Prior.	<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>	93.914	<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>			
<b>Project Description:</b>	Applic. Submitted Electronically?		<input type="checkbox"/>				
<p>This is a grant from the Health Resources &amp; Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients. <b>Amendment 2 updates the terms and conditions; no additional funding.</b></p>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
Services would be discontinued.							
<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>				<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>		0.00		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		22.98%		<b>Indirect Cost of Grant to Metro:</b>		\$210,246.88	
<b>*Indirect Costs allowed?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<b>% Allow.</b>	0.00%	<b>Ind. Cost Requested from Grantor:</b>		\$0.00	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
<b>Draw down allowable?</b> <input checked="" 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 to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$229,441.00			\$0.00		\$0.00	\$229,441.00	\$52,561.72	\$0.00
Yr 2	FY21	\$688,323.00			\$0.00		\$0.00	\$688,323.00	\$157,685.16	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$917,764.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$917,764.00</b>	<b>\$210,246.88</b>	<b>\$0.00</b>
<b>Date Awarded:</b>				05/14/20	<b>Tot. Awarded:</b>		\$0.00	<b>Contract#:</b> H9AHA36913-01-00-2		
<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)

*VW*



**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H9A36913  
Federal Award Date: 10/30/2020

### Recipient Information

- 1. Recipient Name**  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
2500 Charlotte Ave  
Nashville, TN 37209-4129
- 2. Congressional District of Recipient**  
05
- 3. Payment System Identifier (ID)**  
1620694743A7
- 4. Employer Identification Number (EIN)**  
620694743
- 5. Data Universal Numbering System (DUNS)**  
078217668
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
Rajeev Mavath  
Rajeev.Mavath@nashville.gov  
(615)340-5671
- 8. Authorized Official**  
Wendy Long  
Wendy.Long@nashville.gov

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
Olusola Dada  
Health Resources and Services Administration  
ODada@hrsa.gov  
(301) 443-0195
- 10. Program Official Contact Information**  
Emerson B Evans  
Project Officer  
Health Resources and Services Administration  
eevans@hrsa.gov  
(301) 443-1584

### Federal Award Information

- 11. Award Number**  
6 H9AHA36913-01-02
- 12. Unique Federal Award Identification Number (FAIN)**  
H9A36913
- 13. Statutory Authority**  
Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  
42 USC § 300ff-11–20; Pub. L. 116-136
- 14. Federal Award Project Title**  
Ryan White HIV/AIDS Program Part A COVID-19 Response
- 15. Assistance Listing Number**  
93.914
- 16. Assistance Listing Program Title**  
HIV Emergency Relief Project Grants
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

### Summary Federal Award Financial Information

<b>19. Budget Period Start Date 04/01/2020 - End Date 03/31/2021</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$0.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$917,764.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$917,764.00</b>
<b>26. Project Period Start Date 04/01/2020 - End Date 03/31/2021</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$917,764.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Brad Barney on 10/30/2020

### 30. Remarks

GA Admin Batch Tracking Number 000083.



Notice of Award  
Award Number: 6 H9AHA36913-01-02  
Federal Award Date: 10/30/2020

### Health Resources and Services Administration

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td>Not applicable</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS		Not applicable																																										
YEAR	TOTAL COSTS																																																
	Not applicable																																																
<table border="1"> <tbody> <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>\$917,764.00</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>\$917,764.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC):</td><td>\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$917,764.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td>\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td>\$917,764.00</td></tr> </tbody> </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:	\$917,764.00	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:	\$917,764.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$917,764.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$917,764.00	<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b> <table border="1"> <tbody> <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> </tbody> </table>		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:	\$917,764.00																																																
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:	\$917,764.00																																																
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00																																																
q. TOTAL APPROVED BUDGET:	\$917,764.00																																																
i. Less Non-Federal Share:	\$0.00																																																
ii. Federal Share:	\$917,764.00																																																
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																																																
		<b>35. FORMER GRANT NUMBER</b>																																															
		<b>36. OBJECT CLASS</b> 41.15																																															
		<b>37. BHCNIS#</b>																																															
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																	
<table border="1"> <tbody> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$917,764.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td>\$0.00</td></tr> <tr><td>    ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$917,764.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr> </tbody> </table>		a. Authorized Financial Assistance This Period	\$917,764.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$917,764.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																		
a. Authorized Financial Assistance This Period	\$917,764.00																																																
b. Less Unobligated Balance from Prior Budget Periods																																																	
i. Additional Authority	\$0.00																																																
ii. Offset	\$0.00																																																
c. Unawarded Balance of Current Year's Funds	\$0.00																																																
d. Less Cumulative Prior Award(s) This Budget Period	\$917,764.00																																																
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																																
<b>38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																																																	
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NO.</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>20 - 377CVDA</td> <td>93.914</td> <td>20H9AHA36913C3</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>20-Part A-COVID-19-C3</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	20 - 377CVDA	93.914	20H9AHA36913C3	\$0.00	\$0.00		20-Part A-COVID-19-C3																																
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																											
20 - 377CVDA	93.914	20H9AHA36913C3	\$0.00	\$0.00		20-Part A-COVID-19-C3																																											

## 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/WebEPSEExternal/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. This revised Notice of Award reflects the removal of the previously issued term:

*Not later than 10 days after the end of each calendar quarter, any Recipient that is an entity receiving more than \$150,000 total in funds under the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136), the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123), the Families First Coronavirus Response Act (P.L. 116-127), or any other Act primarily making appropriations for the coronavirus response and related activities, shall submit to the Secretary and the Pandemic Response Accountability Committee a report. This report shall contain: the total amount of funds received from HHS under one of the foregoing enumerated Acts; the amount of funds received that were expended or obligated for each project or activity; a detailed list of all projects or activities for which large covered funds were expended or obligated, including: the name and description of the project or activity, and the estimated number of jobs created or retained by the project or activity, where applicable; and detailed information on any level of sub-contracts or subgrants awarded by the covered recipient or its subcontractors or subgrantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.*

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Wendy Long	Authorizing Official	wendy.long@nashville.gov
Rajeev Mavath	Program Director, Point of Contact	rajeev.mavath@nashville.gov
Tina Lester	Business Official	tina.lester@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:  
*Tina Lester*  
5EE94599A8D6403...  
\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

2/12/2021  
\_\_\_\_\_  
Date

DocuSigned by:  
*Alex Jahangir*  
7F973F49A06A4DF...  
\_\_\_\_\_  
Chair, Board of Health

2/12/2021  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date

Resolution No. RS2020 - 375

A resolution accepting a grant from the U.S. Department of Health and Human Services to the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare, prevent, and respond to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS program recipients.

WHEREAS, the U.S. Department of Health and Human Services has awarded a grant in an amount not to exceed \$917,764.00 with no cash match required to the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare, prevent, and respond to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS program recipients; 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 U.S. Department of Health and Human Services, in an amount not to exceed \$917,764.00, to the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to prepare, prevent, and respond to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS program recipients, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Board of Health 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:

DocuSigned by:  
Kevin Grumbo  
Kevin Grumbo, Director  
Department of Finance

INTRODUCED BY:

Bob Mercedes  
Sharon W. Hurt  
Nancy Hillman  
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
Nicki Elu  
Assistant Metropolitan Attorney

Zulfat Suara  
Jerry Wild  
Brett A. Withers  
Russ Bradford  
Kymberl Johnson  
Zach Young  
Emily Burrell



## GRANT SUMMARY SHEET

**Grant** HIV Emergency Relief COVID19 20-21  
**Department:** HEALTH DEPARTMENT  
**Grantor:** U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Pass-Through  
Grantor**

**Total Award this** \$917,764.00

**Cash Match** \$0.00

**Department** Brad Thompson  
340-0407

**Status** NEW

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients.

**Plan for continuation of services**

Services would be discontinued.

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: HEALTH DEPARTMENT		Dept. No.: 038	Contact: Brad Thompson			Phone: 340-0407	Fax:
Grant Name: HIV Emergency Relief COVID19 20-21		Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES		Other:			
Grant Period From: 04/01/20		(applications only) Anticipated Application Date:					
Grant Period To: 03/31/21		(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: \$917,764.00						
Status: NEW	Metro Cash Match: \$0.00						
Metro Category: New Initiative	Metro In-Kind Match: \$0.00						
CFDA #: 93.914	Is Council approval required? <input type="checkbox"/>						
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
<p>This is a grant from the Health Resources &amp; Services Administration for the provision of preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program recipients.</p>							
<p><b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>                  Services would be discontinued.</p>							
<p><b>How is Match Determined?</b>                  Fixed Amount of \$ _____ or % of Grant _____ Other: <input type="checkbox"/></p>							
<p>Explanation for "Other" means of determining match: _____</p>							
<p><b>For this Metro FY, how much of the required local Metro cash match:</b></p>							
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: 0.00					
Departmental Indirect Cost Rate: 22.98%		Indirect Cost of Grant to Metro: \$210,246.88					
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input 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:							

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	FY20	\$229,441.00			\$0.00		\$0.00	\$229,441.00	\$52,561.72	\$0.00
Yr 2	FY21	\$688,323.00			\$0.00		\$0.00	\$688,323.00	\$157,685.16	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		<b>\$917,764.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$917,764.00</b>	<b>\$210,246.88</b>	<b>\$0.00</b>
<b>Date Awarded:</b>			05/14/20		<b>Tot. Awarded:</b> \$917,764.00		<b>Contract#:</b> H9AHA36913-01-00			
(or) <b>Date Denied:</b>					<b>Reason:</b>					
(or) <b>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)

RECEIVED

APPROVED

JUN 01 2020

JUN 02 2020

GCP

GCP

*Vaughn Wilson*

<b>1. DATE ISSUED:</b> 04/10/2020		<b>2. PROGRAM CFDA:</b> 93.914		 U.S. Department of Health and Human Services <b>HRSA</b> Health Resources and Services Administration <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)										
<b>3. SUPERSEDES AWARD NOTICE dated:</b> - except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.														
<b>4a. AWARD NO.:</b> 1 H9AHA36913-01-00		<b>4b. GRANT NO.:</b> H9AHA36913	<b>5. FORMER GRANT NO.:</b>											
<b>6. PROJECT PERIOD:</b> FROM: 04/01/2020 THROUGH: 03/31/2021														
<b>7. BUDGET PERIOD:</b> FROM: 04/01/2020 THROUGH: 03/31/2021														
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Ryan White HIV/AIDS Program Part A COVID-19 Response														
<b>9. GRANTEE NAME AND ADDRESS:</b> NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 2500 Charlotte Ave Nashville, TN 37209-4129 <b>DUNS NUMBER:</b> 078217668				<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Rajeev Mavalath NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF MailStop Code: 2500 Charlotte Avenue Division Line: Ryan White Program 2500 Charlotte Ave Nashville, TN 37209-4129										
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>										
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 : \$917,764.00 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 : \$917,764.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$917,764.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$917,764.00				a. Authorized Financial Assistance This Period <b>\$917,764.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$917,764.00</b>										
				<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not applicable					
YEAR	TOTAL COSTS													
Not applicable														
				<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash) <table style="width:100%; margin-top: 5px;"> <tbody> <tr> <td>a. Amount of Direct Assistance</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>b. Less Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> </tbody> </table>			a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>
a. Amount of Direct Assistance	\$0.00													
b. Less Unawarded Balance of Current Year's Funds	\$0.00													
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00													
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>													
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[A]</span> Estimated Program Income: \$0.00														
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above, b. The grant program regulation cited above, c. This award notice including terms and conditions, if any, noted below under REMARKS, d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.														
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)														
Electronically signed by Brad Barney, Grants Management Officer on : 04/10/2020														
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1620694743A7		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00										
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>								
20 - 377CVDA	93.914	20H9AHA36913C3	\$917,764.00	\$0.00		20-Part A- COVID-19-C3								

## 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/WebEPSEExternal/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 funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
2. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
3. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. The recipient must maintain EMATGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
5. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsrs.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.

### Program Specific Term(s)

1. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
2. The recipient must assure HRSA/HAB that the developed items can be used by HRSA/HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
3. Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed

10 percent of the aggregate amount of all subawards.

If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.

See Policy 15-01 for additional information on the 10% administrative cap.

4. In accordance with the RWHAP client eligibility determination and recertification requirements (HRSA HAB PCN 13-02: Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort. See <https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf>
5. RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.  
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources.
6. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).  
In addition, funds may not be used for the following purposes:
  - ◊ Cash payment to intended recipients of services.
  - ◊ Clinical research.
  - ◊ International travel.
  - ◊ Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
  - ◊ Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>
  - ◊ Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication. [https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216\\_0.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216_0.pdf)
7. Any post-award changes in grant allocations must be submitted to the Project Officer. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application.
8. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements (Except Sections 2604 (c), 2612 (b) and 2651 (c), regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
9. Funds may not be used by recipients or subcontractors for the purchase of vehicles without written approval from HRSA's Division of Grants Management Operations (DGMO).
10. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
11. COVID-19 funds may not be used to make cash payments to intended clients of COVID-19-funded services. This prohibition includes cash incentives and cash intended as payment for services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store

gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.

12. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
13. This notice of award provides one-time funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COVID-19), as outlined in the Coronavirus Aid, Relief and Economic Security Act (P.L. 116-136). As provided for in Office of Management and Budget Memorandum M-20-17 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, HRSA authorizes the recipient to incur pre-award costs prior to the effective date of a Federal award dating back to January 20, 2020.
14. You are encouraged to utilize available technical assistance resources, such as those available from the Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and HAB's COVID-19 TA Webpage: <https://hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response>
15. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of preventing, preparing for, and responding to COVID-19 for RWHAP clients. For additional information, see 45 CFR § 75.307.
16. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
17. All recipients who are providing services under Ryan White that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
18. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://protect2.fireeye.com/url?k=f6cc1a8e-aa99139d-f6cc2bb1-0cc47adb5650-c735f8b079c3ff70&u=http://www.hrsa.gov/opa/>.
19. This funding should be used for preventing, preparing for, and responding to COVID-19, as needs evolve for clients of Ryan White HIV/AIDS Program (RWHAP) recipients. With the exception of the 75 percent core medical services requirement, all other RWHAP provisions governing use of funds and funding limitations still apply. Funding may support a wide range of in-scope (allowable RWHAP) activities including, but not limited to: client education, COVID-19 screening, testing for (including temporary drive-or walk-up testing) and laboratory services for RWHAP clients, adding providers and other personnel, training, purchase of vehicles to transport patients or clinic/program personnel, supplies (e.g., personal protective equipment, infection control supplies), equipment (e.g., telehealth equipment), and health information technology (e.g., technology to support tracking, sharing, and reporting capacity).  
As provided for in the OMB Memorandum M-20-17 - *Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID-19)*, the recipient is authorized to waive the procurement requirements contained in 45 CFR § 75.328(b) regarding geographical preferences and 45 CFR 75.330 regarding contracting small and minority businesses, women's business enterprises, and labor surplus area firms. This authority is only valid for the period formally declared by the Department of Health and Human Services through the 90-Day Public Health Emergency Declaration (Public Health Emergency Period).
20. If applicable, recipients must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
21. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

22. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA. You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.
23. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary
24. Unless otherwise specified, all Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHB).
25. Not later than 10 days after the end of each calendar quarter, any Recipient that is an entity receiving more than \$150,000 total in funds under the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136), the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123), the Families First Coronavirus Response Act (P.L. 116-127), or any other Act primarily making appropriations for the coronavirus response and related activities, shall submit to the Secretary and the Pandemic Response Accountability Committee a report. This report shall contain: the total amount of funds received from HHS under one of the foregoing enumerated Acts, the amount of funds received that were expended or obligated for each project or activity; a detailed list of all projects or activities for which large covered funds were expended or obligated, including: the name and description of the project or activity, and the estimated number of jobs created or retained by the project or activity, where applicable; and detailed information on any level of sub-contracts or subgrants awarded by the covered recipient or its subcontractors or subgrantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget.

### Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."  
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
In addition to the prior approval requirements identified in 45 CFR Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share of the project exceeds the

Simplified Acquisition Threshold and the cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period.

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at HHS Limited English Proficiency (LEP).
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights/for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/SAM/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf)), an



entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Federal Assistance Management  
Division of Grants Management Operations  
5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov  
Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

**Recipient integrity and performance matters.** If the total Federal share of the Federal award is more than \$500,000 over the period of performance, Appendix XII to CFR Part 200 is applicable to this award.

## Reporting Requirement(s)

- Due Date: Monthly (None) Beginning: Budget Start Date Ending: Budget End Date, due 15 days after end of reporting period.**  
Recipients must submit a short data report monthly to capture the RWHAP services provided and the number of clients served (treatment for COVID-19 or to protect against becoming infected with COVID-19). Additional information on reporting format and submission process will be provided by the Project Officer. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system.
- Due Date: Within 30 Days of Award Release Date**  
Within 30 days of award release date, you must submit the following: (1) SF424-A Budget Form, (2) Budget Narrative, (3) Project Overview, and (4) Equipment List Form (if applicable). Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. Instructions to support your submission, as well as details for technical assistance calls to address your submission questions, are available at: <https://hab.hrsa.gov/program-grants-management/coronavirus-covid-19-response>
- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**  
The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period

and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

**4. Due Date: 11/01/2020**

Recipients must submit two progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**5. Due Date: Within 90 Days of Budget Start Date**

The recipient must submit an annual Allocations Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. Reports are due 90 days after the start of the budget period.

**6. Due Date: 05/01/2021**

Recipients must submit two progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**7. Due Date: Within 90 Days of Project End Date**

The recipient must submit an annual Expenditures Report via the Program Terms Report (PTR) Web Application, consistent with reporting guidelines, instructions, and reporting templates provided in PTR Web Application. Reports are due 90 days after the project period.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Tina Lester	Business Official	tina.lester@nashville.gov
Rajeev Mavath	Point of Contact, Program Director	rajeev.mavath@nashville.gov
Wendy Long	Authorizing Official	wendy.long@nashville.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Michael Carrigan at:  
5600 Fishers Ln  
Rockville, MD, 20857-  
Email: MCarrigan@hrsa.gov  
Phone: (301) 945-9846

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:  
5600 Fishers Ln Rm 10NWH04  
Rockville, MD, 20857-  
Email: ODada@hrsa.gov  
Phone: (301) 443-0195  
Fax: (301) 443-9810

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

  
\_\_\_\_\_  
Director, Metro Public Health Department

5/14/2020  
Date

  
\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
\_\_\_\_\_  
Director, Department of Finance

6/4/2020  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
\_\_\_\_\_  
Director of Risk Management Services

6/4/2020  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

6/4/2020  
Date

FILED:

  
\_\_\_\_\_  
Metropolitan Clerk **RS2020-375**

6-17-20  
Date

# ORIGINAL

*METROPOLITAN COUNTY COUNCIL*

Resolution No. RS 2020-375

**HIV COVID-19 Relief**  
**A resolution accepting a**  
**grant from the U.S.**  
**Department of Health and**  
**Human Services to the**  
**Metropolitan Government**  
**of Nashville and Davidson**  
**County, acting by and**  
**through the Metropolitan**  
**Board of Health, to prepare,**  
**prevent, and respond to**  
**COVID-19, as needs evolve**  
**for clients of Ryan White**  
**HIV/AIDS program**  
**recipients.**

11:40 am, Jun 09 2020

FILED METROPOLITAN CLERK

*Introduced* JUN 16 2020

*Amended* \_\_\_\_\_

*Adopted* JUN 16 2020

*Approved* JUN 17 2020

By   
*Metropolitan Mayor*