

GRANT SUMMARY SHEET

Grant Name: U=U Ambassador Project 22-22

Department: HEALTH DEPARTMENT

Grantor: MUSIC CITY PREP CLINIC

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

Total Award this Action: \$10,000.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: NEW

Program Description:

A grant from the Music City PrEP Clinic to support the U=U Ambassador Project. This grant will fund photoshoots, training, advertising campaigns and stipends to people promoting U=U on social media.

Plan for continuation of services upon grant expiration:

N/A.

B.A. Initials

^{DS}
RW

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input checked="" type="radio"/> Contract Amendment <input type="radio"/>				
Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	
Grant Name:	U=U Ambassador Project 22-22			
Grantor:	MUSIC CITY PREP CLINIC	Other:		
Grant Period From:	01/01/22	(applications only) Anticipated Application Date:		
Grant Period To:	06/30/22	(applications only) Application Deadline:		
Funding Type:	FOUNDATION	Multi-Department Grant <input type="checkbox"/> If yes, list below.		
Pass-Thru:		Outside Consultant Project: <input type="checkbox"/>		
Award Type:	OTHER	Total Award: \$10,000.00		
Status:	NEW	Metro Cash Match: \$0.00		
Metro Category:	New Initiative	Metro In-Kind Match: \$0.00		
CFDA #	N/A	Is Council approval required? <input type="checkbox"/>		
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>			
A grant from the Music City PrEP Clinic to support the U=U Ambassador Project. This grant will fund photoshoots, training, advertising campaigns and stipends to people promoting U=U on social media.				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
How is Match Determined?				
Fixed Amount of \$	or	% of Grant	Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:				
For this Metro FY, how much of the required local Metro cash match:				
Is already in department budget?		Fund	Business Unit	
Is not budgeted?		Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)				
Other:				
Number of FTEs the grant will fund:	0.00	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	24.82%	Indirect Cost of Grant to Metro:	\$2,482.49	
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow. 0%	Ind. Cost Requested from Grantor:	\$0.00	in budget
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)				
Draw down allowable?	<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	FY22			\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,482.49	\$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$0.00	\$0.00	\$10,000.00	\$0.00		\$0.00	\$10,000.00	\$2,482.49	\$0.00
Date Awarded:				02/22/22		\$10,000.00	Contract#:	LETTER		
(or) Date Denied:										
(or) Date Withdrawn:										

Contact: trinity.weathersby@nashville.gov
vaughn.wilson@nashville.gov

GCP RECEIVED 2/22/22

GCP APPROVED 2/23/22

TW



Letter of Intent to Provide Support

January 6, 2022

Governance Committee, U=U Ambassador Project
 Metro Nashville Public Health Department
 2500 Charlotte Avenue
 Nashville, TN 37209

To the Governance Committee of the U=U Ambassador Project,

This Letter of Intent affirms Music City PrEP Clinic's (MCPC) commitment to provide \$10,000 in funding to support the stated implementations of the U=U Ambassador Project. The Metro Health Department has convened this initiative with the stated purpose of ending the HIV epidemic. A cause that MCPC shares and supports.

MCPC will issue a one-time payment of \$10,000 to the Metro Nashville Health Department with the intended purpose of supporting the U=U Ambassador Project in the following ways:

- U=U Ambassador Photoshoot Stipends
- U=U Ambassador Training (Social Media Etiquette/Expectations)
- Photographer Expenses for up to 10 ambassador shoots and rights to the photographs
- Digital Campaign Material (e.g., flyers, social media posts, PowerPoint slides)
- Printed material (e.g., distribution to colleges/universities, AIDS Service Organizations, community based organizations, other healthcare providers, and awareness day/community events).
- Stipends paid to ambassadors for promoting U=U messages on social media
- Digital ads and the promotion of posts on social media sites

The approved submitted proposal allocates these funds as follows:

Item	Quantity	Total
Ambassador Photoshoot Stipend	10 ambassador photoshoots	\$1,000.00
Ambassador training (social media etiquette/expectations)	In-kind from organizational partners	

Photographer	10 photoshoots in diverse Nashville locations	\$3,000.00
Digital campaign materials (e.g., flyers, social media posts, PowerPoint slides)	In-kind partners	
Printed materials	Distribution to colleges/universities, AIDS Service Organizations, community based organizations, other healthcare providers, and awareness day/community events	\$1,000.00
Stipend for messaging	10 ambassadors; min of 3 posts per month per ambassador. \$50 x 10 ambassadors = \$500/month. 6 months x \$500 =	\$3,000.00
Digital ads/promotion of posts		\$2,000.00
TOTAL		\$10,000.00

The following organizations attest the signatories shall strive to reach, to the best of their abilities, the goals and objectives stated in this letter of intent:

Organization Name: Rod Bragg Music City PrEP Clinic

Signer's Name: Steven Ogooue'

Title: Director, Community Relations

Phone: 615-928-2409

Email: Steven.Ogooue@musiccityprep.org

Mailing Address: 901 Woodland Street

City, State, Zip: Nashville, TN, 37206

Signature: 

Date: 1/26/2022

Organization Name: Metro Nashville Public Health Department

Signer's Name: Gill C. Wright, III, MD FAAFP MMM

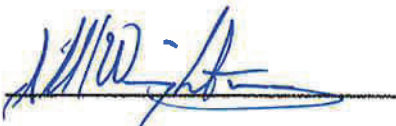
Title: Director of Health

Phone: 615-340-5622

Email: Gill.Wright@nashville.gov

Mailing Address: 2500 Charlotte Avenue

City, State, Zip: Nashville, TN 37209

Signature: 

Date: January 26, 2022

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill Wright/mb
DE075DFF90CE42E...

Director, Metro Public Health Department

2/14/2022

Date

DocuSigned by:
Tiné Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

2/22/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Plannery/mjw

Director, Department of Finance

3/1/2022

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb

Director of Risk Management Services

3/2/2022

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Meki Eke

Metropolitan Attorney

3/2/2022

Date

FILED:

Metropolitan Clerk

Date