

GRANT SUMMARY SHEET

Grant Name: Nashville Coordinated Entry Collaboration 22 Amend. 1

Department: SOCIAL SERVICES

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

**Pass-Through Grantor
(If applicable):** SAFE HAVEN FAMILY SHELTER

Total Award this Action: \$128,000.00

Cash Match \$0.00

Department Contact: Andrew Sullivan
862-6406

Status: AMENDMENT

Program Description:

Utilize grant funds to support staff that will strengthen and improve the effectiveness of the Coordinated Entry program in Nashville. Amendment 1 adds an additional \$128,000 to the previous amount of \$128,000 for a new total of \$256,000.

Plan for continuation of services upon grant expiration:

None

Grants Tracking Form

Part One							
Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact		Phone	Fax		
SOCIAL SERVICES	37	Andrew Sullivan		862-6406	862-6404		
Grant Name:	Nashville Coordinated Entry Collaboration (TN0269L4J042004) 22 Amend. 1						
Grantor:	U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT			Other:			
Grant Period From:	07/01/21	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/22	(applications only) Application Deadline:					
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:	SAFE HAVEN FAMILY SHELTER	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	COMPETITIVE	Total Award:		\$128,000.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	14.267	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:			Applic. Submitted Electronically?		<input type="checkbox"/>		
Utilize grant funds to support staff that will strengthen and improve the effectiveness of the Coordinated Entry program in Nashville through the HUD Continuum of Care Program TN0269L4J042004 (\$128,000) Amendment 1 adds an additional \$128,000 to the previous amount of \$128,000 for a new total of \$256,000.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
None							
How is Match Determined?							
Fixed Amount of \$		or		0.0%		% 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:		1.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		31.38%		Indirect Cost of Grant to Metro:		\$80,332.80	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow.		Ind. Cost Requested from Grantor:		\$20,800.00 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	\$256,000.00			\$0.00		\$32,000.00	\$288,000.00	\$80,332.80	\$20,800.00
Yr 2	FY23	\$0.00			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$256,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$288,000.00	\$80,332.80	\$20,800.00
Date Awarded:				08/18/21	Tot. Awarded:	\$128,000.00	Contract#:	TN0269L4J042004		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GCP Rec'd
08/31/21

GCP Approved
08/31/21

VW

APPROVED AS TO FORM
AND LEGALITY:

DocuSigned by:

Niki Eke

Assistant Metropolitan Attorney

**Assignment and Assumption
Grant Agreement Amendment**

This agreement is made by and between the United States Department of Housing and Urban Development (HUD), Safe Haven Family Shelter and Metropolitan Government of Nashville and Davidson County.

RECITALS

WHEREAS HUD and Safe Haven Family Shelter entered into the initial Grant Agreement for project number TN0269L4J042004 located in Nashville, Tennessee; and

WHEREAS under the terms of the renewal Grant Agreement, Safe Haven Family Shelter received a grant from HUD, in the amount of, \$128,000 to be used to carry out the project described in the original grant application over a one-year period. The grant agreement was executed, on July 15, 2021. The term of the grant is October 1, 2021 to September 30, 2022.

WHEREAS Safe Haven Family Shelter wishes to be released from Grant Number TN00269L4J042004; and

WHEREAS Metropolitan Government of Nashville and Davidson County, desires to assume the obligations of Safe Haven Family Shelter under the Agreement, attached; and

WHEREAS HUD has reviewed the request and approves the grant to be transferred to Metropolitan Government of Nashville and Davidson County; and

NOW, THEREFORE, in consideration of the premises the parties agree as follows:

1. Safe Haven Family Shelter hereby assigns all of its rights and interest in the Grant Agreement for grant number TN0269L4J042004 to Metropolitan Government of Nashville and Davidson County who hereunder accepts assignment and assumes all the duties and obligations of the grantee under the Grant Agreement effective July 16, 2021.
2. This Agreement shall be effective as of July 16, 2021. Notwithstanding the transfer of the rights and obligations under the Grant Agreement to the Assignee, the Assignor shall remain responsible for any noncompliance issues that occurred prior to the assignment of this grant, if any;


This Assignment and Assumption Agreement constitutes the entire agreement of the parties, witnessed by the signatures of both parties where indicated below. The terms of the Grant Agreement (attached) except as herein modified are unamended and remain in force and effect.

Based on the above:

1. The Grant Agreement is hereby changed by appointing the Metropolitan Government of Nashville and Davidson County, as the Grantee for the remainder of the term of project number TN0269L4J042004.
2. The effective date of this change is July 16, 2021.
3. All other provisions of the original grant remain unamended.

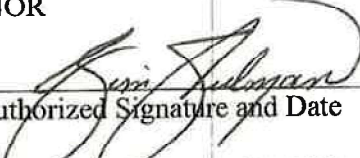
This Agreement is hereby executed on behalf of the parties as follows:

THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT OF THE UNITED STATES OF AMERICA,
 By the Secretary of Housing and Urban Development

BY: 
 Erik Hoglund, Director
 Office of Community Planning and Development

DATE: August 13, 2021

ASSIGNOR

BY:  August 16, 2021
 Authorized Signature and Date

Jim Shulman, Chief Executive Officer, Executive Director of Safe Haven Family Shelter
 Typed name of signatory and Title

ASSIGNEE

BY:  8/18/21
 Authorized Signature and Date

Renee Pratt, Executive Director, Metropolitan Social Services
 Typed name of signatory and Title

BY: _____
 Authorized Signature and Date

John Cooper, Mayor, Metropolitan Government of Nashville and Davidson County
 Typed name of signatory and Title

**SIGNATURE PAGE
FOR
GRANT NO. Nashville Coordinated Entry Collaboration 22 Amend. 1**

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

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**

"See Previous Page"

Renee Pratt, Executive Director
Metro Social Services

Date

**APPROVED AS TO AVAILABILITY
OF FUNDS:**

DocuSigned by:

Saul Solomon/mjw

Finance Director
Department of Finance

9/9/2021

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

Balogun Cobb

Director of Insurance

9/9/2021

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Niki Eke

Metropolitan Attorney

9/9/2021

Date

"See Previous Page"

John Cooper
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



U. S. Department of Housing and Urban Development

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

June 29, 2021

Jim Shulman, Chief Executive Officer
Safe Haven Family Shelter
1234 3rd Avenue South
Nashville, TN 37210

Dear Mr. Shulman,

SUBJECT: Transmittal of Grant Agreement for FY2020 Continuum of Care Program
Project Number: TN0192L4J042007 & TN0269L4J042004

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

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

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

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

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

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

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

Very sincerely yours,

/s/ *Erik Hoglund*

Erik Hoglund, Director
Office of Community Planning
and Development

Enclosures



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

Grant Number (FAIN): Multiple Projects
Tax ID Number: 62-1807653
DUNS Number: 830725032

CONTINUUM OF CARE PROGRAM (CDFA# 14.267)
GRANT AGREEMENT

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Safe Haven Family Shelter (the “Recipient”).

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

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

Project No.	Grant Term	Budget Period/Performance Period	Total Amount
TN0192L4J042007	12	02/01/2021-01/31/2022	\$238,704

allocated between budget line items as follows:

a. Continuum of Care planning activities	\$0
b. Leasing	\$0
c. Rental assistance	\$231,204
d. Supportive Services	\$5,640
e. Operating costs	\$0
f. Homeless Management Information System	\$0
g. Administrative costs	\$1,860
h. Relocation costs	\$0
i. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$0
Short-term and medium term rental assistance	\$0

Project No.	Grant Term	Budget Period/Performance Period	Total Amount
TN0269L4J042004	12	07/01/21-06/30/2022	\$128,000

allocated between budget line items as follows:

a. Continuum of Care planning activities	\$0
b. Leasing	\$0
c. Rental assistance	\$0
d. Supportive Services	\$120,000
e. Operating costs	\$0
f. Homeless Management Information System	\$0
g. Administrative costs	\$8,000
h. Relocation costs	\$0
i. HPC homelessness prevention activities:	
Housing relocation and stabilization services	\$0
Short-term and medium term rental assistance	\$0

Pre-award Costs for Continuum of Care Planning

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

These provisions apply to all Recipients:

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

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

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

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

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

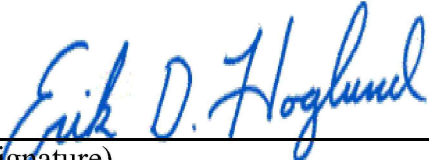
The Agreement constitutes the entire agreement between the parties and may be amended only in writing executed by HUD and the Recipient.

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

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

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

By:



(Signature)

Erik D. Hoglund, Director

(Typed Name and Title)

June 22, 2021

(Date)

RECIPIENT

Safe Haven Family Shelter

(Name of Organization)

By:

(Signature of Authorized Official)

Jennifer Reason, Program Director

(Typed Name and Title of Authorized Official)

(Date)

INDIRECT COST RATE SCHEDULE

Agency/Dept./Major Function	Indirect cost rate	Direct Cost Base
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

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

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

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

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

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