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## GRANT SUMMARY SHEET

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**Grant Name:** Ryan White Part A HIV Emergency Relief 24-25 Amend 1

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** \$3,285,020.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** CONTINUATION

**Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the “payer of last resort.” This action obligates partial funding for the next grant cycle. Amendment 1 provides an increase in funding of \$3,285,020.00 for a new total of \$4,658,066.00 and updates various terms and conditions.

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

Services will be discontinued

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>					Application <input type="radio"/>					Award Acceptance <input type="radio"/>					Contract Amendment <input checked="" type="radio"/>				
Department			Dept. No.			Contact			Phone			Fax							
HEALTH DEPARTMENT			038			Brad Thompson			340-0407										
Grant Name: Ryan White Part A HIV Emergency Relief 24-25 Amend 1																			
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES																			
Grant Period From: 03/01/24 (applications only) Anticipated Application Date:																			
Grant Period To: 02/28/25 (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: \$3,285,020.00														
Status: CONTINUATION					Metro Cash Match: \$0.00														
Metro Category: Est. Prior.					Metro In-Kind Match: \$0.00														
CFDA #: 93.914					Is Council approval required? <input type="checkbox"/>														
Project Description: <b>Applic. Submitted Electronically?</b> <input type="checkbox"/>																			
This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. <b>Amendment 1 provides an increase in funding of \$3,285,020.00 for a new total of \$4,658,066.00 and updates various terms and conditions.</b>																			
Plan for continuation of service after expiration of grant/Budgetary Impact:																			
Services will be discontinued																			
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: 5.80					Actual number of positions added: 0.00														
Departmental Indirect Cost Rate: 21.47%					Indirect Cost of Grant to Metro: \$1,000,086.77														
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" 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:																			
There are up to 6 organizations that will provide services in the continuum of care. All are considered subgrantees.																			

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	FY24	\$1,373,046.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,373,046.00	\$294,792.98	\$0.00	
Yr 2	FY25	\$3,285,020.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,285,020.00	\$705,293.79	\$0.00	
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
<b>Total</b>		\$4,658,066.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,658,066.00	\$1,000,086.77	\$0.00	
Date Awarded:				06/27/24				\$3,285,020.00		Contract#: 6H89HA11433-16-01	
(or) Date Denied:											
(or) Date Withdrawn:											

Contact: [juanita.paulsen@nashville.gov](mailto:juanita.paulsen@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)





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

Notice of Award  
 FAIN# H8911433  
 Federal Award Date: 05/14/2024

**Recipient Information**

- 1. Recipient Name**  
 Metro Public Health Department of Nashville/Davidson County  
 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**  
 LGZLHP6ZHM55
- 7. Project Director or Principal Investigator**  
 Beverly Glaze-Johnson  
 beverly.glaze-johnson@nashville.gov  
 (615)340-8605
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
 Marie E Mehaffey  
 Grants Management Specialist  
 Office of Federal Assistance Management (OFAM)  
 Division of Grants Management Office (DGMO)  
 MMehaffey@hrsa.gov  
 (301) 945-3934
- 10. Program Official Contact Information**  
 Jonathon Fenner  
 HIV/AIDS Bureau (HAB)  
 jfenner@hrsa.gov  
 (301) 443-4251

**Federal Award Information**

- 11. Award Number**  
 6 H89HA11433-16-01
- 12. Unique Federal Award Identification Number (FAIN)**  
 H8911433
- 13. Statutory Authority**  
 42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title**  
 Ryan White Part A HIV Emergency Relief Grant Program
- 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</b> 03/01/2024 - <b>End Date</b> 02/28/2025	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$3,285,020.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$4,658,066.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$4,658,066.00
<b>26. Project Period Start Date</b> 03/01/2022 - <b>End Date</b> 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$15,029,000.04

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Karen Mayo on 05/14/2024

**30. Remarks**

This award consists of the following amounts:

- FY24 FRML - \$2,864,672
- FY24 MAI - \$315,163
- FY24 SUPPL - \$1,478,231
- Total Funding - \$4,658,066**



Notice of Award  
Award Number: 6 H89HA11433-16-01  
Federal Award Date: 05/14/2024

**HIV/AIDS Bureau (HAB)**

<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	
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:	\$0.00
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:	\$4,658,066.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
i. Indirect Cost Federal Share:	\$0.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$4,658,066.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$4,658,066.00
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$4,658,066.00</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 Award(s) This Budget Period	\$1,373,046.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$3,285,020.00</b>

<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
	Not applicable
<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
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	<b>\$0.00</b>
<b>35. FORMER GRANT NUMBER</b>	
<b>36. OBJECT CLASS</b> 41.15	
<b>37. BHCNIS#</b>	

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

<b>39. ACCOUNTING CLASSIFICATION CODES</b>						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
24 - 377RA16	93.914	24H89HA11433	\$1,581,932.00	\$0.00	FRML	24H89HA11433
24 - 377RA17	93.914	24H89HA11433	\$1,478,231.00	\$0.00	SUPPL	24H89HA11433
24 - 377RA15	93.914	24H89HA11433	\$224,857.00	\$0.00	MAI	24H89HA11433

## 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.**

### Program Specific Condition(s)

**1. Due Date: Within 30 Days of Award Issue Date**

Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a current federal or state negotiated indirect cost rate or a central services cost allocation plan. In the absence of a current federal or state negotiated indirect cost rate or a central services cost allocation plan, indirect costs claimed on the application budget will be disallowed, and a revised budget must be submitted substituting unallowable indirect costs for allowable direct costs per PCN 16-02 and PCN 15-01 available online at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>."

### Grant Specific Term(s)

- During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 45 CFR Part 75.474 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.

### Program Specific Term(s)

- This Notice of Award provides the balance of fiscal year 2024 (FY 24) funding based on HRSA's FY 24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

### Reporting Requirement(s)

**1. Due Date: Within 60 Days of Award Release Date**

The recipient must submit a FY 2024 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

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

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@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:  
Gill C Wright III, MD  
0460AC21E1CC408...  
Director, Metro Public Health Department

6/27/2024  
Date

DocuSigned by:  
Tené Hamilton Franklin  
BEBF0BBF14D1480...  
Chair, Board of Health

6/27/2024  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mal  
Director, Department of Finance

7/12/2024 | 2:25 PM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cole  
Director of Risk Management Services

7/15/2024 | 12:52 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

7/15/2024 | 12:48 PM CDT  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date


**Certificate Of Completion**

Envelope Id: C1BE706E12F94E0A9B853F183B452005	Status: Completed
Subject: Complete with DocuSign: Health-Ryan White Part A HIV Emergency Relief 24-25 Amend1 Ready.pdf	
Source Envelope:	
Document Pages: 8	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.190

**Record Tracking**

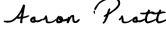
Status: Original	Holder: Juanita Paulson	Location: DocuSign
7/11/2024 11:12:20 AM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

**Signer Events**

Signer Events	Signature	Timestamp
Rose Wood		Sent: 7/11/2024 11:18:52 AM
rose.wood@nashville.gov		Viewed: 7/11/2024 11:20:27 AM
Finance Admin		Signed: 7/11/2024 11:20:35 AM
Metro Finance Dept. OMB	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 170.190.198.190	


**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Aaron Pratt		Sent: 7/11/2024 11:20:36 AM
Aaron.Pratt@nashville.gov		Viewed: 7/11/2024 1:23:12 PM
Security Level: Email, Account Authentication (None)		Signed: 7/11/2024 1:23:38 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**

Accepted: 7/11/2024 1:23:12 PM  
ID: f3daa58d-883d-4831-8909-7ceb4eae6b74

Kevin Crumbo/mal		Sent: 7/11/2024 1:23:40 PM
Michelle.Lane@nashville.gov		Viewed: 7/12/2024 2:25:00 PM
Deputy Director of Finance		Signed: 7/12/2024 2:25:30 PM
Metro	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 170.190.198.185	

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Courtney Mohan		Sent: 7/12/2024 2:25:31 PM
Courtney.Mohan@nashville.gov		Viewed: 7/15/2024 12:36:45 PM
Security Level: Email, Account Authentication (None)		Signed: 7/15/2024 12:48:04 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.144	

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
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Accepted: 7/15/2024 12:36:45 PM  
ID: f218b962-cc0f-48a9-83ad-3fc00f938871

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

*Balogun Cobb*

Sent: 7/15/2024 12:48:06 PM  
Viewed: 7/15/2024 12:52:29 PM  
Signed: 7/15/2024 12:52:36 PM

Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.144

**Electronic Record and Signature Disclosure:**

Accepted: 7/15/2024 12:52:29 PM  
ID: bf69c98e-0a30-4b49-b3f4-e88f4cb91fba

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Danielle Godin  
Danielle.Godin@nashville.gov  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 7/15/2024 12:52:37 PM  
Viewed: 7/15/2024 4:06:14 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

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

**COPIED**

Sent: 7/15/2024 12:52:38 PM

**Electronic Record and Signature Disclosure:**

Accepted: 7/15/2024 7:52:41 AM  
ID: b6968bb1-a4ce-4f29-aa77-765ab5ea3817

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	7/11/2024 11:18:52 AM
Certified Delivered	Security Checked	7/15/2024 12:52:29 PM
Signing Complete	Security Checked	7/15/2024 12:52:36 PM
Completed	Security Checked	7/15/2024 12:52:38 PM

Payment Events	Status	Timestamps
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**Electronic Record and Signature Disclosure**