
GRANT SUMMARY SHEET

Grant Name: Childcare Agency Immunization Audits 21-22 Amend 2

Department: HEALTH DEPARTMENT

Grantor: TN Dept. of Human Services

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

Total Award this Action: \$198,052.80

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

To audit the immunization records of child care attendees in each child care facility in Davidson County. This was a component of the Immunization Services contract with the Department of Health. Now, the audits are funded by Department of Human Services. Amendment #1 adds one year from 9/30/2022 to 9/30/2023, changes payment method to a per establishment fee and adds an additional amount of \$198,052.80 to a total of \$378,852.80. Amendment #2 extends the contract one year from 9/30/23 to 9/30/24 and adds an additional amount of \$198,052.80 to a grand total of \$576,905.60.

Plan for continuation of services upon grant expiration:

Services will end

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:		Childcare Agency Immunization Audits 21-22 Amend 2					
Grantor:		TN Dept. of Human Services				Other:	
Grant Period From:		10/01/21	(applications only) Anticipated Application Date:				
Grant Period To:		09/30/24	(applications only) Application Deadline:				
Funding Type:	STATE	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$198,052.80			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	NA	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?		<input type="checkbox"/>			
<p>To audit the immunization records of child care attendees in each child care facility in Davidson County. This was a component of the Immunization Services contract with the Department of Health. Now, the audits are funded by Department of Human Services. Amendment #1 adds one year from 9/30/2022 to 9/30/2023, changes payment method to a per establishment fee and adds an additional amount of \$198,052.80 to a total of \$378,852.80. Amendment #2 extends the contract one year from 9/30/23 to 9/30/24 and adds an additional amount of \$198,052.80 to a grand total of \$576,905.60.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:		Services will end					
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:		0.30		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		24.82%		Indirect Cost of Grant to Metro:		\$143,187.97	
*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:							

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	\$0.00	\$180,800.00	\$0.00	\$0.00		\$0.00	\$180,800.00	\$44,874.56	\$0.00	
Yr 2	FY23		\$198,052.80					\$198,052.80	\$49,156.70	\$0.00	
Yr 3	FY24		\$198,052.80					\$198,052.80	\$49,156.70	\$0.00	
Yr 4	FY25							\$0.00	\$0.00		
Yr 5	FY							\$0.00	\$0.00		
Total		\$0.00	\$576,905.60	\$0.00	\$0.00		\$0.00	\$576,905.60	\$143,187.97	\$0.00	
Date Awarded:				07/20/23		Tot. Awarded:		\$198,052.80		Contract#:	
(or) Date Denied:						Reason:					
(or) Date Withdrawn:						Reason:					

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



**AMENDMENT TWO
OF CONTRACT 71566**

This Amendment is made and entered by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Contractor." For good and valuable consideration, the sufficiency of which is hereby acknowledged, it is mutually understood and agreed by and between said, undersigned contracting parties that the subject contract is hereby amended as follows:

1. Contract section B.1. is deleted in its entirety and replaced with the following:

B.1. This Contract shall be effective on October 1, 2021 ("Effective Date"), and extend for a period of thirty-six (36) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Contractor prior to the Effective Date.

2. Contract section C.1. is deleted in its entirety and replaced with the following:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed five hundred seventy-six thousand nine hundred five dollars and sixty cents (\$576,905.60). The payment rates in Section C.3 and the Travel Compensation provided in Section C.4 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The payment rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the payment rates detailed in section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

3. Contract section E.2. is deleted in its entirety and replaced with the following:

E.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first-class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by EMAIL or facsimile transmission with recipient confirmation. Any such communications, regardless of method of transmission, shall be addressed to the respective party at the appropriate mailing address, facsimile number, or EMAIL address as set forth below or to that of such other party or address, as may be hereafter specified by written notice.

The State:

Gwen Laaser, Director, Child Care Services
Tennessee Department of Human Services
James K. Polk Building, 15th Floor
505 Deaderick St
Nashville, TN 37243
gwen.laaser@tn.gov
Telephone # (615) 313-3893

Administrative Contact:

Chasidy Buchanan, Director of Compliance, Child Care Services

Tennessee Department of Human Services
James K. Polk Building, 15th Floor
505 Deaderick St
Nashville, TN 37243
Chasidy.Buchanan@tn.gov
Telephone # (615) 313-4893
FAX # (615) 524-3003

The Contractor:
Angelina Hooper, Public Health Manager
Metropolitan Government of Nashville & Davidson County
2500 Charlotte Ave.
Nashville, TN 37209
Angelina.hooper@nashville.gov
Telephone # 615-340-8629

Administrative Contact:

Holly Rice, Finance Manager
Metropolitan Government of Nashville & Davidson County
2500 Charlotte Ave.
Nashville, TN 37209
holly.rice@nashville.gov
Telephone # 615-340-8900

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

see next page for signatures

GILL WRIGHT, MD., DIRECTOR OF HEALTH

DATE

DEPARTMENT OF HUMAN SERVICES:

CLARENCE H. CARTER, COMMISSIONER

DATE

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

7/18/2023

Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

7/20/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery

Director, Department of Finance

7/27/2023 | 8:32 AM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

7/27/2023 | 9:42 AM CDT

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

7/27/2023 | 9:38 AM CDT

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date


Certificate Of Completion

Envelope Id: 05E18F8E193B42D5A8634F825CE9FF82	Status: Completed
Subject: Complete with DocuSign: Health - Childcare Agency Immunization Audits 21-22 Amend 2 Ready.pdf	
Source Envelope:	
Document Pages: 7	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.185

Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
7/26/2023 8:02:58 AM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Brittany Bryant		Sent: 7/26/2023 8:09:34 AM
brittany.bryant@nashville.gov		Viewed: 7/27/2023 6:24:57 AM
Security Level: Email, Account Authentication (None)		Signed: 7/27/2023 6:26:30 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
 Accepted: 7/27/2023 6:24:57 AM
 ID: 73e53223-2172-4f9e-8287-c9e904ec6794

Aaron Pratt		Sent: 7/27/2023 6:26:32 AM
Aaron.Pratt@nashville.gov		Viewed: 7/27/2023 6:54:07 AM
Security Level: Email, Account Authentication (None)		Signed: 7/27/2023 6:54:17 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Kelly Flannery		Sent: 7/27/2023 6:54:18 AM
Kelly.Flannery@nashville.gov		Viewed: 7/27/2023 8:31:52 AM
Security Level: Email, Account Authentication (None)		Signed: 7/27/2023 8:32:03 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.100	

Electronic Record and Signature Disclosure:
 Accepted: 7/27/2023 8:31:52 AM
 ID: d6c61146-a7ba-424a-9f8c-0a21b1a245d5

Courtney Mohan		Sent: 7/27/2023 8:32:05 AM
Courtney.Mohan@nashville.gov		Viewed: 7/27/2023 9:32:11 AM
Security Level: Email, Account Authentication (None)		Signed: 7/27/2023 9:38:11 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 7/27/2023 9:32:11 AM
ID: 2de15560-f46e-4727-8116-6e7f1b8fc8b4

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

Balogun Cobb

Sent: 7/27/2023 9:38:13 AM
Viewed: 7/27/2023 9:42:46 AM
Signed: 7/27/2023 9:42:54 AM

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:
Accepted: 7/27/2023 9:42:46 AM
ID: f6dc6e54-9a51-421e-b64e-e91eb0c05d24

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)

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Sent: 7/27/2023 9:42:55 AM
Viewed: 7/27/2023 11:29:20 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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

COPIED

Sent: 7/27/2023 9:42:56 AM

Electronic Record and Signature Disclosure:
Accepted: 7/26/2023 10:17:37 AM
ID: 711f868b-3b51-4f19-9e78-09dc77d288e8

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	7/26/2023 8:09:34 AM
Certified Delivered	Security Checked	7/27/2023 9:42:46 AM
Signing Complete	Security Checked	7/27/2023 9:42:54 AM
Completed	Security Checked	7/27/2023 9:42:56 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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