
GRANT SUMMARY SHEET

Grant Name: A Step Ahead Foundation 22-25 Amend 2

Department: HEALTH DEPARTMENT

Grantor: A STEP AHEAD FOUNDATION

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

This is grant from A Step Ahead Foundation of Middle Tennessee to reimburse MPHD for costs associated with providing long-acting reversible contraception. This grant reimburses fees not covered by other payors (grants, insurance, private pay). There was no application for this grant, they contacted MPHD to set this program up. Amendment #1 adds additional funds of \$222,000.00 for a new total of \$270,000.00 and extends the period from 12/31/2022 to 10/31/2024 adding to the contract 22 months. Amendment #2 adds additional terms and conditions.

Plan for continuation of services upon grant expiration:

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: A Step Ahead Foundation 22-25 Amend 2																			
Grantor: A STEP AHEAD FOUNDATION																			
Grant Period From: 11/17/21			(applications only) Anticipated Application Date:																
Grant Period To: 10/31/24			(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: \$0.00																
Status: AMENDMENT			Metro Cash Match: \$0.00																
Metro Category: Est. Prior.			Metro In-Kind Match: \$0.00																
CFDA #: N/A			Is Council approval required? <input type="checkbox"/>																
Project Description:							Applic. Submitted Electronically? <input type="checkbox"/>												
<p>This is grant from A Step Ahead Foundation of Middle Tennessee to reimburse MPHD for costs associated with providing long-acting reversible contraception. This grant reimburses fees not covered by other payors (grants, insurance, private pay). There was no application for this grant, they contacted MPHD to set this program up. Amendment #1 adds additional funds of \$222,000.00 for a new total of \$270,000.00 and extends the period from 12/31/2022 to 10/31/2024 adding to the contract 22 months. Amendment #2 adds additional terms and conditions.</p>																			
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: \$67,027.23														
*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			\$48,000.00				\$48,000.00	\$11,915.95	\$0.00	
Yr 2	FY23			\$87,000.00				\$87,000.00	\$21,597.66	\$0.00	
Yr 3	FY24			\$87,000.00				\$87,000.00	\$21,597.66	\$0.00	
Yr 4	FY25			\$48,000.00				\$48,000.00	\$11,915.95	\$0.00	
Yr 5	FY										
Total		\$0.00	\$0.00	\$270,000.00	\$0.00		\$0.00	\$270,000.00	\$67,027.23	\$0.00	
Date Awarded:				05/15/23	Match Source (Fund, BU): \$0.00		Contract#:				
(or) Date Denied:											
(or) Date Withdrawn:											

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



**AMENDMENT NO. 2
BETWEEN
THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH
AND A STEP AHEAD FOUNDATION OF MIDDLE TENNESSEE, INC.**

This **Second Amendment** (“**Amendment No. 2**”) entered into by and between the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health (“hereinafter referred to as “MPHD”), a municipal corporation of the State of Tennessee, and A Step Ahead Foundation of Middle TN, Inc. (“Agency”), a Tennessee nonprofit corporation.

WHEREAS, the parties desire to amend the original agreement, which was filed with the Metropolitan Clerk on November 17, 2021, to add additional terms and conditions, in accordance with Section 7.2 of that agreement.

THEREFORE, for the consideration described above and the promises and covenants set forth below, the parties agree as follows:

1. Grant Contract Section 1.1 is deleted in its entirety and replaced with the following:

Agency will be the “payer of last resort,” meaning that Agency will only pay for covered care and services if there are no other sources of payment available. Agency, as a payer of last resort, commits to provide reimbursement to MPHD for certain costs associated with providing long-acting reversible contraception to a MPHD patient under the following conditions:

- A. Patient complete a Client Disclosure Form (Attachment #2)
- B. ASAFMT will pay for patient office visits if
 - i. the patient receives a “covered device”, which is one of the covered types of long-acting reversible contraception: 1) intrauterine device (hereinafter referred to as "IUD") or 2) birth control implant
 - ii. the patient has an appointment through ASAFMT call center, but does not elect to receive a LARC
- C. If a covered device is placed, ASAFMT will pay for Pap tests (when recommended) and pregnancy tests, or other tests routinely associated with placing a covered device.
- D. ASAFMT will pay for STI tests if a patient intends to receive a covered device. Note: ASAFMT will not pay for STD/STI treatment, but once treatment is complete, ASAFMT will pay for the subsequent contraceptive device.
- E. ASAFMT will pay for the insertion of the covered device.
- F. ASAFMT will pay for birth control pills for two months if bleeding with a covered device occurs.
- G. ASAFMT will pay for the following contraceptive devices at the 340(b) rate-ParaGard IUD, Mirena IUD, Kyleena IUD, Skyla IUD, Liletta IUD, and Nexplanon.
 - i. ASAFMT will pay for up to \$500 in fees associated with the removal of the device at any time if ASAFMT paid for the original insertion. Should an ultrasound or additional testing be required, MPHD will give notice to ASAFMT, as ASAFMT does not have unlimited funds. At the discretion of ASAFMT, services will be covered for reimbursement as long as funds are available.
 - ii. ASAFMT will pay for up to \$500 in fees associated with the removal of the device if ASAFMT did not pay for the original insertion, and the patient gets another LARC, even if the new device is paid for by another payor (Private Insurance, etc.). Should an ultrasound or additional testing be required, MPHD shall give notice to ASAFMT, as

- ASAFMT does not have unlimited funds.
- iii. ASAFMT will not pay for the removal of the device if ASAFMT did not pay for the original insertion and the patient does not get another LARC.
- H. ASAFMT does not pay for the treatment of pregnancy, infections, or illnesses discovered as a result of the exam or which might occur with the birth control.

MPHD commits to provide family planning services to eligible service recipients of reproductive age. Services include but are not limited to the following:

- A. Assist individuals in the planning and spacing of their children through the provision of affordable, voluntary family planning services by providing a broad range of acceptable and effective medically approved family planning methods and services.
- B. Provide reproductive health services for persons of reproductive age and able to reproduce who do not have access to services, or do not have the ability to pay for services, or who request confidential services.
- C. Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning.
- D. Provide services in a manner which protects the dignity of the individual.
- E. Billing patient services to ASAFMT monthly for all patients that complete a Client Disclosure Form.

Mutual responsibilities:

- A. The contract will be jointly reviewed annually or more frequently if laws and regulations are amended that will significantly impact this agreement, or whenever a party requests a formal change.
- B. The contract will be jointly reviewed annually or more frequently "as requested" to ensure there is no duplication of processes and verify that services are not duplicated across State funded programs.
- C. Neither party shall provide "assistance" as defined in 45 C.F.R. § 260.31 as part of this contract.
- D. Neither party shall provide services or payment for medical services except for pre-pregnancy family planning services, as allowed by 42 U.S.C. § 608(a)(6) as part of this contract.
- E. Both parties represent that it is familiar with knowledge about US Department of Health & Human Service regulations with regarding allowable cost in the context of the Temporary Assistance for Needy Families program. Notwithstanding any provision to the contrary in Section 1.1 of this contract, the services provided under this contract are consistent with the four purposes of the Temporary Assistance for Needy Families program pursuant to 42 U.S.C. § 601 et seq.

2. The following is added as Grant Contract Section 7.20:

7.20. Conflicts of Interest: MPHD warrants that no part of the total Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to MPHD in connection with any work contemplated or performed relative to this Contract.

3. The following is added as Grant Contract Section 7.21:

7.21. Lobbying: MPHD certifies, to the best of its knowledge and belief, that:

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a

Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

- B. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, MPHD shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- C. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

4. The following is added as Grant Contract Section 7.22:

7.22. Public Accountability: If MPHD is subject to Tenn. Code Ann. § 8-4-401 et seq., or if this Grant Contract involves the provision of services to citizens by MPHD on behalf of the State, MPHD agrees to establish a system through which recipients of services may present grievances about the operation of the service program. MPHD shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from MPHD, provide MPHD with any necessary signs.

5. The following is added as Grant Contract Section 7.23:

7.23. Public Notice: All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by MPHD in relation to this Grant Contract shall include the statement, "This project is funded under a Grant Contract with the State of Tennessee." All notices by MPHD in relation to this Grant Contract shall be approved by the State.

6. The following is added as Grant Contract Section 7.23:

7.24. Records: MPHD and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of MPHD and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained for a period of five (5) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification, Public Company Accounting Oversight Board (PCAOB) Accounting Standards Codification, or Governmental Accounting Standards Board (GASB)

Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's Uniform Administrative Requirements, Audit Requirements, and Cost Principles for Federal Awards.

MPHD shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

MPHD shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. MPHD shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

Except as provided herein, all other terms and conditions of the Agreement are unaltered and remain in full force and effect.

(Signature page to follow)

IN WITNESS THEREOF, the parties hereto have caused this Amendment No. 2 to be executed by their duly authorized representatives.

Contractor: A Step Ahead Foundation of Middle TN, Inc.

By: Jenny Matthews

Sworn to and subscribed to before me, a Notary Public this 5th day of June, 2023, by Jenny Matthews, the Executive Director of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: A Knight

My Commission Expires: May 6, 2024



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...

6/6/2023

Director, Metro Public Health Department

Date

DocuSigned by:

Tené Hamilton Franklin

BEBF0BBF14D14B0...

6/6/2023

Chair, Board of Health

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery

6/7/2023 | 4:26 PM CDT

Director, Department of Finance

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

6/8/2023 | 10:26 AM CDT

Director of Risk Management Services

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

6/8/2023 | 10:12 AM CDT

Metropolitan Attorney

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: F19582A22EF34B6D8339E2A26515393C

Status: Completed

Subject: Complete with DocuSign: Health - A Step Ahead Foundation 22-25 Amend 2 Ready.pdf

Source Envelope:

Document Pages: 10

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Enveloped Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

Record Tracking

Status: Original

Holder: Juanita Paulson

Location: DocuSign

6/6/2023 4:22:13 PM

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**Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication
(None)*BB*

Sent: 6/6/2023 4:28:35 PM

Viewed: 6/7/2023 1:45:17 PM

Signed: 6/7/2023 1:48:49 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 6/7/2023 1:45:17 PM

ID: 7bff5632-dbf0-4671-ba9f-8eb08eff9f5d

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication
(None)*Aaron Pratt*

Sent: 6/7/2023 1:48:51 PM

Viewed: 6/7/2023 4:25:30 PM

Signed: 6/7/2023 4:25:39 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kelly Flannery

Kelly.Flannery@nashville.gov

Security Level: Email, Account Authentication
(None)*Kelly Flannery*

Sent: 6/7/2023 4:25:41 PM

Viewed: 6/7/2023 4:26:23 PM

Signed: 6/7/2023 4:26:35 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.100

Electronic Record and Signature Disclosure:

Accepted: 6/7/2023 4:26:23 PM

ID: c103a6bc-bc23-47fd-9a4c-6691236995ef

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication
(None)*Courtney Mohan*

Sent: 6/7/2023 4:26:37 PM

Viewed: 6/8/2023 9:45:18 AM

Signed: 6/8/2023 10:12:45 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: 6/8/2023 9:45:18 AM
ID: 69b6418d-a9d0-4070-93a3-8c462ef373fa

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

Balogun Cobb

Sent: 6/8/2023 10:12:47 AM
Viewed: 6/8/2023 10:25:59 AM
Signed: 6/8/2023 10:26:33 AM

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

Electronic Record and Signature Disclosure:

Accepted: 6/8/2023 10:25:59 AM
ID: a3541304-906c-46c7-bc91-bc4a00b0ab4d

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: 6/8/2023 10:26:34 AM
Viewed: 6/8/2023 10:36:02 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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

COPIED

Sent: 6/8/2023 10:26:35 AM
Viewed: 6/8/2023 10:34:08 AM

Electronic Record and Signature Disclosure:

Accepted: 6/7/2023 11:59:23 AM
ID: 80cc49f6-cc92-40d9-817d-0662d2050e10

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	6/6/2023 4:28:35 PM
Certified Delivered	Security Checked	6/8/2023 10:25:59 AM
Signing Complete	Security Checked	6/8/2023 10:26:33 AM
Completed	Security Checked	6/8/2023 10:26:35 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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