

GRANT SUMMARY SHEET

Grant Name: Immunization 20 Amend. 3

Department: HEALTH DEPARTMENT

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

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: \$5,932,174.00

Cash Match \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

To promote the proper use of all recommended vaccines and respond to vaccine preventable diseases, in collaboration with the CDC and other partners and to ensure that Tennessee meets or exceeds the federal Department of Health and Human Services Healthy People 2020 objectives for immunization coverage. Amendment 3 extends the end date from 6/30/21 to 6/30/22 and increases the award by an additional \$5,932,174.00 to the previous total of \$1,091,200.00 for a new total of \$7,023,374.00 for COVID activities.

Plan for continuation of services upon grant expiration:

The services would be discontinued.

BA

^{DS}
RW

5372

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:		Immunization 20 Amend. 3					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:	07/01/19	<small>(applications only)</small> Anticipated Application Date:					
Grant Period To:	06/30/22	<small>(applications only)</small> Application Deadline:					
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:	TENN. DEPT. OF HEALTH	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$5,932,174.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.268	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?		<input type="checkbox"/>			
<p>To promote the proper use of all recommended vaccines and respond to vaccine preventable diseases, in collaboration with the CDC and other partners and to ensure that Tennessee meets or exceeds the federal Department of Health and Human Services Healthy People 2020 objectives for immunization coverage. Amendment 3 extends the end date from 6/30/21 to 6/30/22 and increases the award by an additional \$5,932,174.00 to the previous total of \$1,091,200.00 for a new total of \$7,023,374.00 for COVID activities.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would 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:		5.20		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		22.91%		Indirect Cost of Grant to Metro:		\$1,608,956.66	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 10.00%		Ind. Cost Requested from Grantor:		\$51,900.00 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	FY20	\$230,000.00	\$75,800.00		\$0.00		\$0.00	\$305,800.00	\$70,054.50	\$3,900.00
Yr 2	FY21	\$398,300.00	\$75,800.00		\$0.00		\$0.00	\$474,100.00	\$108,609.67	\$32,000.00
Yr 3	FY22	\$6,167,674.00	\$75,800.00		\$0.00		\$0.00	\$6,243,474.00	\$1,430,292.48	\$16,000.00
Yr 4	FY									
Yr 5	FY									
Total		\$6,795,974.00	\$227,400.00	\$0.00	\$0.00		\$0.00	\$7,023,374.00	\$1,608,956.65	\$51,900.00
Date Awarded:				01/19/20	Tot. Awarded:		\$5,932,174.00	Contract#:		34360-41220-3
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GCP RECEIVED 11/30/21

GCP APPROVED 12/1/21

TW



GRANT AMENDMENT

Agency Tracking # 34360-41220	Edison ID 65063	Contract # GR-20-65063	Amendment # 3		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Annual Renewal and COVID POD funding					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: June 30, 2022			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			+ \$5,932,174.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020	\$75,800.00	\$230,000.00			\$305,800.00
2021	\$75,800.00	\$398,300.00			\$474,100.00
2022	\$75,800.00	\$6,167,674.00			\$6,243,474.00
TOTAL:	\$227,400.00	\$6,795,974.00			\$7,023,374.00
<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center;"><i>Eric Buchholz</i></p>			<p><i>CPO USE</i></p> <p style="font-size: 24pt; font-weight: bold;">GR-20-65063-03</p>		
Speed Chart (optional)		Account Code (optional)			
HL00017601		71301000			
HL00018528					
HL00016127					

**AMENDMENT 3
OF GRANT CONTRACT GG-20-65063-02**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. The following is added under Contract section A.2. Service Definitions:

- aj. Cold Chain – A temperature-controlled supply chain that includes all vaccine-related equipment and procedures. The cold chain begins with the cold storage unit at the manufacturing plant, extends to the transport and delivery of the vaccine and correct storage at the provider facility, and ends with administration of the vaccine to the patient.
- ak. "COVID-19" – A mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus), is transmitted chiefly by contact with infectious material (as respiratory droplets) or with contact with objects or surfaces contaminated with the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.
- al. "Digital Data Logger (DDL)" – A DDL is an electronic device which automatically monitors and records environmental parameters over time, allowing conditions to be measured, documented, analyzed, and validated. The DDL contains a sensor to receive the information and a computer chip to store it.
- am. "Personal Protective Equipment (PPE)" – Protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.
- an. "Points of Dispensing (POD)" – Points of dispensing (POD) are community locations at which state and local agencies dispense and administer medical countermeasures (MCMs) to the public.

2. The following is added as Contract section A.5.t.:

- t. COVID Immunization Cooperative Agreements Supplemental Funds Activities:
 - i. The Grantee shall operate a COVID-19 POD in accordance with guidelines provided by the State and the Centers for Disease Control and Prevention.
 - (1) The Grantee shall administer vaccines to eligible recipients, as directed by the State and in accordance with county COVID-19 vaccine phases.
 - (2) The Grantee shall administer vaccines through the POD a minimum of five (5) hours each week, with a minimum of three (3) hours of vaccine administration at each event, unless otherwise approved by the State.
 - (3) The Grantee shall be responsible for all aspects of the operation of the POD, including the hiring, supervision, and training of staff.
 - (4) The Grantee shall take every possible measure to ensure that no vaccine doses are wasted and arrange for the appropriate disposal of biohazardous materials.

- (5) The Grantee shall not attempt to bill vaccine recipients or collect money from recipients under any circumstances.
 - (6) The Grantee shall ensure the maintenance of the Cold Chain and the protection of the COVID-19 vaccines entrusted to the POD manager at all times, including continuous monitoring of vaccines by an approved DDL and the immediate reporting of any temperature excursions to State.
 - ii. The Grantee shall ensure the proper use of State property and the return of that property to the State in its original condition and at the time designated by the State.
 - iii. The Grantee shall be compliant with all reporting requirements, including the entry of all administered vaccines into TennIIS within twenty-four (24) hours of administration.
 - (1) The Grantee shall submit to the State a weekly report of the number of vaccines administered at the site no later than Wednesday at 4 p.m. Central Standard Time the following week.
 - (2) The Grantee shall submit monthly expense reports and requests for reimbursement according to State policy.
 - iv. The Grantor State Agency shall provide the following to the Grantee:
 - (1) Provide technical and logistical consultation to the Grantee to ensure success of the POD.
 - (2) Provide training in the appropriate transport, storage and handling of the COVID-19 vaccine to POD managers and key staff.
 - (3) Provide COVID-19 vaccines and administration supplies, including appropriate needles, syringes, alcohol swabs, vaccine record cards, PPE, sharps containers and bandages.
 - (4) Provide login access and training in the use of TennIIS and the appropriate documentation of administered vaccines.
 - (5) Provide reimbursement of appropriate costs as detailed in the budget submitted to the State within thirty (30) days of receipt of request for reimbursement.
3. The following is added as Contract section A.14.:
 - A.14. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance, these items shall govern in order of precedence below:
 - a. this Grant Contract document with any attachments or exhibits; and
 - b. all CDC reporting and guidance for grant recipients of Federal Supplemental Award# 6 NH23IP922617-02-04, Immunization Cooperative Agreements NOA, (Attachment Nine), as may be amended by the CDC throughout the award period.

4. Grant Section B.1 and B.2 are deleted in their entirety and replaced as follows:

- B.1. This Grant Contract shall be effective for the period beginning on July 1, 2019 (“Effective Date”) and ending on June 30, 2022 (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months

5. Grant Section C.1. is deleted in its entirety and replaced as follows.

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Seven Million, Twenty-Three Thousand, Three Hundred Seventy-Four Dollars (\$7,023,374.00) (“Maximum Liability”). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

6. Grant Attachments 1 & 2 are deleted in their entirety and replaced with the new Attachments 1 & 2, attached hereto.

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 on June 30, 2021. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

 0460AC21E1CC408...

 Director, Metro Public Health Department
 11/22/2021

 Date

DocuSigned by:

 BEBF0BBF14D14B0...

 Chair, Board of Health
 11/29/2021

 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:


 Director, Department of Finance
 12/2/2021

 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb

Director of Risk Management Services

12/3/2021

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Macy Amos

Metropolitan Attorney

12/3/2021

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date

ATTACHMENT 1**Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NH23IP922617
Federal award date	7/01/2019
CFDA number and name	93.268 Immunization Cooperative Agreements
Grant contract's begin date	July 1, 2019
Grant contract's end date	June 30, 2022
Amount of federal funds obligated by this grant contract	\$6,795,974.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$141,254,402.00
Name of federal awarding agency	The Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Ackeem Evans Grants Management Specialist Qtq4@cdc.gov 678-475-4564
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	13.1% at the time of this Contract

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services Roll-Up Budget (federal & state total)				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2022				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$742,300.00	\$0.00	\$742,300.00
2	Benefits & Taxes	\$291,500.00	\$0.00	\$291,500.00
4, 15	Professional Fee/ Grant & Award ²	\$5,071,434.00	\$0.00	\$5,071,434.00
5	Supplies	\$160,000.00	\$0.00	\$160,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$247,200.00	\$0.00	\$247,200.00
9	Equipment Rental & Maintenance	\$81,040.00	\$0.00	\$81,040.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$378,000.00	\$0.00	\$378,000.00
22	Indirect Cost	\$51,900.00	\$0.00	\$51,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$7,023,374.00	\$0.00	\$7,023,374.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2

(BUDGET PAGE 2)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - VFC-IQIP				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$80,300.00	\$0.00	\$80,300.00
2	Benefits & Taxes	\$30,800.00	\$0.00	\$30,800.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (3.52% of S&B)	\$3,900.00	\$0.00	\$3,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$115,000.00	\$0.00	\$115,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 3)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT
Patricia Charlemagne, Office Support Representative	\$ 3,109.08	x 12	x 15.00%	+ Longevity	\$5,596.34
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 70.00%	+ Longevity	\$31,522.40
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 5.00%	+ Longevity	\$3,129.00
Haydar Gerdi, Office Support Representative	\$ 3,274.37	x 3.5	x 100.00%	+ Longevity	\$11,460.30
Lily Vazquez, Office Support Representative	\$ 3,480.14	x 8	x 100.00%	+ \$ 743 Longevity	\$28,584.12
TOTAL ROUNDED					\$80,300.00

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

ATTACHMENT 2

(BUDGET PAGE 4)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$91,200.00	\$0.00	\$91,200.00
2	Benefits & Taxes	\$23,800.00	\$0.00	\$23,800.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$115,000.00	\$0.00	\$115,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 5)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 27.00%	+	Longevity	\$16,896.60
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 30.00%	+	Longevity	\$13,509.60
Lisa Fenton, Public Health Nurse	\$ 5,043.77	x 3.5	x 70.00%	+	Longevity	\$12,357.24
Kelly Davidson, Public Health Nurse	\$ 4,603.61	x 2.5	x 70.00%	+	Longevity	\$8,056.32
Jacqueline Shivers-Furline, Office Support Specialist 1	\$ 3,361.52	x 12	x 100.00%	+	\$ - Longevity	\$40,338.24
TOTAL ROUNDED						\$91,200.00

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

ATTACHMENT 2

(BUDGET PAGE 6)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$65,500.00	\$0.00	\$65,500.00
2	Benefits & Taxes	\$10,300.00	\$0.00	\$10,300.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$75,800.00	\$0.00	\$75,800.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 7)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Patricia Charlemagne, Office Support Representative	\$ 3,109.08	x 12	x 85.00%	+	Longevity	\$31,712.62
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 54.00%	+	Longevity	\$33,793.20
TOTAL ROUNDED					\$65,500.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

ATTACHMENT 2

(BUDGET PAGE 8)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$152,900.00	\$0.00	\$152,900.00
2	Benefits & Taxes	\$61,100.00	\$0.00	\$61,100.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$230,000.00	\$0.00	\$230,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 9)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Angelina Hooper, Public Health Manager	\$ 5,364.24	x 12	x 10.00%	+	Longevity	\$6,437.09
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 25.00%	+	Longevity	\$9,363.87
Chelsea Trumbull, Public Health Nurse	\$ 4,754.41	x 12	x 100.00%	+	Longevity	\$57,052.89
Jacqueline Shivers- Furline, Offic Support Specialist 1	\$ 3,297.44	x 12	x 100.00%	+	Longevity	\$39,569.30
Lily Vazquez, Office Support Representative	\$ 3,314.48	x 12	x 100.00%	+	\$ 743 Longevity	\$40,516.76
TOTAL ROUNDED					\$152,900.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

ATTACHMENT 2

(BUDGET PAGE 10)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$91,900.00	\$0.00	\$91,900.00
2	Benefits & Taxes	\$60,400.00	\$0.00	\$60,400.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$168,300.00	\$0.00	\$168,300.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 11)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 27.00%	+	Longevity	\$16,896.60
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 30.00%	+	Longevity	\$13,509.60
Lisa Fenton, Public Health Nurse	\$ 5,043.77	x 3.5	x 70.00%	+	Longevity	\$12,357.24
Kelly Davidson, Public Health Nurse	\$ 4,603.61	x 2.5	x 70.00%	+	Longevity	\$8,056.32
Jacqueline Shivers-Furline, Office Support Specialist 1	\$ 3,361.52	x 12	x 100.00%	+	\$ 743 Longevity	\$41,081.24
TOTAL ROUNDED					\$91,900.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$53,800.00	\$0.00	\$53,800.00
2	Benefits & Taxes	\$22,000.00	\$0.00	\$22,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$75,800.00	\$0.00	\$75,800.00

75,800.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 13)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 75.00%	+	Longevity	\$28,091.62
Angelina Hooper, Public Health Manager	\$ 5,365.03	x 12	x 40.00%	+	Longevity	\$25,752.16
TOTAL ROUNDED					\$53,800.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - Covid Funding -HL00018528				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$5,071,434.00	\$0.00	\$5,071,434.00
5	Supplies	\$160,000.00	\$0.00	\$160,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$247,200.00	\$0.00	\$247,200.00
9	Equipment Rental & Maintenance	\$81,040.00	\$0.00	\$81,040.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$378,000.00	\$0.00	\$378,000.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$5,937,674.00	\$0.00	\$5,937,674.00

5,937,674

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 15)

SALARIES (name and title)	mo	salary	mos	%	of time	Longevity	AMOUNT
	x		12	x	+	Longevity	\$0.00
	x		12	x	+	Longevity	\$0.00
TOTAL ROUNDED							\$0.00

PROFESSIONAL FEES	AMOUNT
Temporary Staffing	\$4,744,950.00
OT for staff/temps	\$75,000.00
Initial Implementation, Licensing, Clearinghouse Selection	\$251,484.00
TOTAL	\$5,071,434.00

CAPITAL PURCHASE	AMOUNT
Mobild Medical Unit	\$178,000.00
Transport Truck	\$100,000.00
Drive Thru POD Equipment	\$100,000.00
TOTAL	\$378,000.00

ATTACHMENT 2

(BUDGET PAGE 16)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$152,900.00	\$0.00	\$152,900.00
2	Benefits & Taxes	\$61,100.00	\$0.00	\$61,100.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$230,000.00	\$0.00	\$230,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 17)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Angelina Hooper, Public Health Manager	\$ 5,364.24	x 12	x 10.00%	+	Longevity	\$6,437.09
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 25.00%	+	Longevity	\$9,363.87
Chelsea Trumbull, Public Health Nurse	\$ 4,754.41	x 12	x 100.00%	+	Longevity	\$57,052.89
Jacqueline Shivers- Furline, Offic Support Specialist 1	\$ 3,297.44	x 12	x 100.00%	+	Longevity	\$39,569.30
Lily Vazquez, Office Support Representative	\$ 3,314.48	x 12	x 100.00%	+	\$ 743 Longevity	\$40,516.76
TOTAL ROUNDED					\$152,900.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

ATTACHMENT 2

(BUDGET PAGE 18)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$53,800.00	\$0.00	\$53,800.00
2	Benefits & Taxes	\$22,000.00	\$0.00	\$22,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$75,800.00	\$0.00	\$75,800.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies*, Appendix A. (posted on the Internet at:

<http://www.tn.gov/finance/topic/fa-policyinfo>

² Applicable detail follows this page if line-item is funded.

ATTACHMENT 2 (continued)
GRANT BUDGET LINE-ITEM DETAIL
 (BUDGET PAGE 19)

SALARIES (name and title)	mo salary	mos	% of time	Longevity	AMOUNT	
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 75.00%	+	Longevity	\$28,091.62
Angelina Hooper, Public Health Manager	\$ 5,365.03	x 12	x 40.00%	+	Longevity	\$25,752.16
TOTAL ROUNDED					\$53,800.00	

TRAVEL / CONFERENCES & MEETINGS (specify)	AMOUNT
TOTAL	\$0.00

Resolution No. RS2019-61

A resolution accepting a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines, and respond to vaccine preventable diseases in collaboration with the CDC and other partners.

WHEREAS, the State of Tennessee, Department of Health, has awarded a grant in an amount not to exceed \$305,800.00 with no cash match required to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

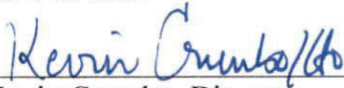
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the grant by and between the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, in an amount not to exceed \$305,800.00, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners, a copy of which grant is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.



Section 2. That the amount of this grant is to be appropriated to the Metropolitan Department of Health based on the revenues estimated to be received and any match to be applied.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

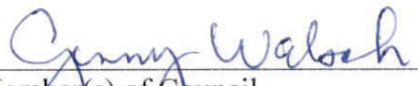
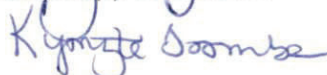


Kevin Crumbo, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND LEGALITY:


Assistant Metropolitan Attorney


Member(s) of Council



Resolution No. RS2020 - 377

A resolution approving amendment one to a grant from the State of Tennessee, Department of Health, to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines, and respond to vaccine preventable diseases in collaboration with the CDC and other partners.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant contract with the State of Tennessee, Department of Health, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners approved by RS2019-61; and,

WHEREAS, the parties wish to amend the grant contract to increase the amount of the grant by \$305,800.00 from \$305,800.00 to \$611,600.00 with no cash match required and to extend the end date of the grant term to June 30, 2021, a copy of which amendment one is attached hereto and incorporated herein; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be approved.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the grant by and between the State of Tennessee, Department of Health, and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kevin Crumbo
C9F3D7E3BB57453... , Director
Department of Finance

INTRODUCED BY:

Bob Mendes

Sharon W. Atwell

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Neki Eke
30EFE061CB15400... etropolitan Attorney

Jimmy Walsh

Member(s) of Council

Resolution No. RS2021-768

A resolution approving amendment two to a grant from the Tennessee Department of Health to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines, and respond to vaccine preventable diseases in collaboration with the CDC and other partners.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant contract with the Tennessee Department of Health, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners approved by RS2019-61; and,

WHEREAS, the parties wish to amend the grant contract to increase the amount of the grant by \$479,600.00 from \$611,600.00 to \$1,091,200.00 with no cash match required to add Section A.5.1. to support COVID-19 vaccine activities, a copy of which amendment two is attached hereto and incorporated herein; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment two be approved.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment two to the grant by and between the Tennessee Department of Health and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to promote the proper use of all recommended vaccines and respond to vaccine preventable diseases in collaboration with the CDC and other partners, a copy of which amendment two is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin Cumber
Kevin Cumber, Director
Department of Finance

INTRODUCED BY:

Kyonte Jones

[Signature]

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Neki Eke
Assistant Metropolitan Attorney

[Signature]
Member(s) of Council

Zulfat Suara

[Signature]