

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 02/17/26

Resolution Ordinance

Contact/Prepared By: Brad Thompson
Title (Caption): Nashville Strong Babies II 26

Date Prepared: 01/13/26

Amend 3 approves the re-budgeting request submitted on November 26, 2025 and updates the funding allocation as submitted in the revised budget..

April 25 - March 26 new total \$1,100,000 38351045

Submitted to Planning Commission? N/A Yes-Date: _____ Proposal No: _____

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

<input type="checkbox"/> Bonds	<input type="checkbox"/> Contract Approval	<input type="checkbox"/> Intergovernmental Agreement
<input type="checkbox"/> Budget - Pay Plan	<input type="checkbox"/> Donation	<input type="checkbox"/> Lease
<input type="checkbox"/> Budget - 4%	<input type="checkbox"/> Easement Abandonment	<input type="checkbox"/> Maps
<input type="checkbox"/> Capital Improvements	<input type="checkbox"/> Easement Accept/Acquisition	<input type="checkbox"/> Master List A&E
<input type="checkbox"/> Capital Outlay Notes	<input checked="" type="checkbox"/> Grant	<input type="checkbox"/> Settlement of Claims/Lawsuits
<input type="checkbox"/> Code Amendment	<input type="checkbox"/> Grant Application	<input type="checkbox"/> Street/Highway Improvements
<input type="checkbox"/> Condemnation	<input type="checkbox"/> Improvement Acc.	<input type="checkbox"/> Other: _____

FINANCE Amount +/-: \$ \$ 0.00 Match: \$ _____

Funding Source: Capital Improvement Budget
 Capital Outlay Notes
 Departmental/Agency Budget
 Funds to Metro
 General Obligation Bonds
 Grant
 Increased Revenue Sources

Judgments and Losses
 Local Government Investment Project
 Revenue Bonds
 Self-Insured Liability
 Solid Waste Reserve
 Unappropriated Fund Balance
 4% Fund
 Other: _____

Approved by OMB: Aaron Pratt BN
 Approved by Finance/Accounts: _____
 Approved by Div Grants Coordination: VAUGHAN WALSON

Date to Finance Director's Office: _____
APPROVED BY
FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ Date: _____

DEPARTMENT OF LAW Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ E-mailed Clerk

All Dept. Signatures Copies Backing Legislative Summary Settlement Memo Clerk Letter Ready to File

GRANT SUMMARY SHEET

Grant Name: Nashville Strong Babies II 26 Amendment 3

Department: HEALTH DEPARTMENT

Grantor: Human Resource & Services Administration

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

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #3 approves the rebudgeting request submitted on November 26, 2025 and updates the funding allocation as submitted in the revised budget.

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:	Nashville Strong Babies II 26 Amendment 3						
Grantor:	Human Resource & Services Administration	Other:					
Grant Period From:	04/01/25	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/26	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		If yes, list below.			
Pass-Thru:	Select Pass-Thru --- >	Outside Consultant Project:					
Award Type:	COMPETITIVE	Total Award:		\$0.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input checked="" type="checkbox"/>				
A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #3 approves the rebudgeting request submitted on November 26, 2025 and updates the funding allocation as submitted in the revised budget.							
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:	8.25	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	21.47%	Indirect Cost of Grant to Metro:		\$236,170.00			
*Indirect Costs allowed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	9.99%	Ind. Cost Requested from Grantor:	\$109,901.00	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	26	\$1,100,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,100,000.00	\$236,170.00	\$109,901.00
Yr 2								\$0.00	\$0.00	\$0.00
Yr 3	FY							\$0.00	\$0.00	\$0.00
Yr 4	FY							\$0.00	\$0.00	\$0.00
Yr 5	FY							\$0.00	\$0.00	\$0.00
Total		\$1,100,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,100,000.00	\$236,170.00	\$109,901.00
Date Awarded:		01/15/26			Tot. Awarded:	\$0.00	Contract#:	6 H49MC32719-07-03		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GC Rec'd
01/21/26

GC Approved
01/21/26

VW

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/07/25

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 09/08/25

Title (Caption): Nashville Strong Babies II 26 amendment 2 provides final funding for the year, adds an additional \$312,324.00 to previous amount of \$ 787,676.00 for a new total of \$1,100,000.00. This amendment also updates various terms

RS2025-1268

April 25 - March 26 new total \$1,100,000 38351045

Submitted to Planning Commission? N/A Yes-Date: _____ Proposal No: _____

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE Amount +/-: \$ <u>\$ 312,324.00</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	Match: \$ _____ Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____ Date to Finance Director's Office: _____
Approved by OMB: <u>Aaron Pratt</u> Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Quanita Paulsen</u>	BN APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
Approved by Administration: _____	Date: _____

DEPARTMENT OF LAW	
Date to Dept. of Law: _____	Approved by Department of Law: _____
Settlement Resolution/Memorandum Approved by: _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

GRANT SUMMARY SHEET

Grant Name: Nashville Strong Babies II 26 Amendment 2

Department: HEALTH DEPARTMENT

Grantor: Human Resource & Services Administration

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

Total Award this Action: \$312,324.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

Program Description:

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #2 provides final funding for the year, adds an additional \$312,324.00 to previous amount of \$ \$787,676.00 for a new total of \$1,100,000.00. This amendment also updates various terms

Plan for continuation of services upon grant expiration:

Service 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:	Nashville Strong Babies II 26 Amendment 2						
Grantor:	Human Resource & Services Administration	Other:					
Grant Period From:	04/01/25	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/26	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
Award Type:	COMPETITIVE	Total Award:		\$312,324.00			
Status:	CONTINUATION	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input checked="" type="checkbox"/>				
<p>A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #2 provides final funding for the year, adds an additional \$312,324.00 to previous amount of \$ 787,676.00 for a new total of \$1,100,000.00. This amendment also updates various terms</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Service 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:	8.25	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	21.47%	Indirect Cost of Grant to Metro:		\$236,170.00			
*Indirect Costs allowed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	9.99%	Ind. Cost Requested from Grantor:		\$109,901.00 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	26	\$1,100,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,100,000.00	\$236,170.00	\$109,901.00
Yr 2								\$0.00	\$0.00	\$0.00
Yr 3	FY							\$0.00	\$0.00	\$0.00
Yr 4	FY							\$0.00	\$0.00	\$0.00
Yr 5	FY							\$0.00	\$0.00	\$0.00
Total		\$1,100,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,100,000.00	\$236,170.00	\$109,901.00
Date Awarded:				01/15/26	Tot. Awarded:		\$312,324.00	Contract#: 6 H49MC32719-07-02		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/07/25

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 08/21/25

Title (Caption): Nashville Strong Babies II 26 amendment 1 - provides additional partial funding for the year and updates various terms.

Amendment 1 adds an additional \$290,476 to the previous amount of \$497,200 for a new total of \$\$787,676.00.

RS2025-1268

April 25 - March 26 new total \$787,676 38351045

Submitted to Planning Commission? N/A Yes-Date: _____ Proposal No: _____

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE Amount +/-: \$ <u>\$ 290,476.00</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	Match: \$ <u>0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____ Date to Finance Director's Office: _____ APPROVED BY FINANCE DIRECTOR'S OFFICE: _____
Approved by OMB: <u>Aaron Pratt</u> Approved by Finance/Accounts: _____ <i>BN</i> Approved by Div Grants Coordination: <u>Quanita Paulsen</u>	

ADMINISTRATION	
Council District Member Sponsors: _____	
Council Committee Chair Sponsors: _____	
Approved by Administration: _____	Date: _____

DEPARTMENT OF LAW	
Date to Dept. of Law: _____	Approved by Department of Law: _____
Settlement Resolution/Memorandum Approved by: _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

GRANT SUMMARY SHEET

Grant Name: Nashville Strong Babies II 26 Amend 1

Department: HEALTH DEPARTMENT

Grantor: HUMAN RESOURCES AND SERVICES ADMINISTRATION

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

Total Award this Action: \$290,476.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #1 provides additional funding of \$290,476.00 for a new total of \$787,676.00 and updates various terms.

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:	Nashville Strong Babies II 26 Amend 1						
Grantor:	HUMAN RESOURCES AND SERVICES ADMINISTRATION	Other:					
Grant Period From:	04/01/25	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/26	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		If yes, list below.			
Pass-Thru:		Outside Consultant Project:					
Award Type:	COMPETITIVE	Total Award:		\$290,476.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93,926	Is Council approval required?		<input type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input checked="" type="checkbox"/>				
<p>A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Amendment #1 provides additional funding of \$290,476.00 for a new total of \$787,676.00 and updates various terms.</p>							
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:	8.25	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	21.47%	Indirect Cost of Grant to Metro:		\$169,114.04			
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	9.99%	Ind. Cost Requested from Grantor:		\$78,697.00 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	26	\$787,676.00						\$787,676.00	\$169,114.04	\$78,697.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$787,676.00	\$0.00	\$0.00	\$0.00		\$0.00	\$787,676.00	\$169,114.04	\$78,697.00
Date Awarded:		01/15/26		Tot. Awarded:		\$290,476.00	Contract#:		6H49MC32719-07-01	
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

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

RESOLUTION NO. _____

A resolution approving amendments one, two, and three to the Healthy Start Initiative Grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration, to provide a variety of services in reducing infant mortality for pregnant and parenting women approved by RS2025-1268; and,

WHEREAS, amendment one to the grant agreement increases the amount of the grant by \$290,476 from \$497,200 to \$787,676 and updates various terms and conditions; and,

WHEREAS, amendment two to the grant agreement increases the amount of the grant by \$312,324 from \$787,676 to \$1,100,000 and updates various terms and conditions; and,

WHEREAS, amendment three to the grant agreement approves a departmental rebudgeting request (PA-0014126) reallocating \$67,311 from personnel and fringe benefits and \$16,000 from Doula services in order to reflect current program operations and updates the funding allocation as submitted in the revised budget; and

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

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

Section 1. That amendments one, two, and three to the Healthy Start Initiative Grant by and between the U.S. Department of Health Services, Health Resources and Services Administration, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women, a copy of which amendments one, two, and three are attached hereto and incorporated herein, are hereby approved, and the Metropolitan Mayor is hereby 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:

Jenneen Reed/impw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Assistant Metropolitan Attorney

Member(s) of Council



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H4932719
 Federal Award Date: 12/16/2025

Recipient Information
1. Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF PO BOX 196300 Nashville, TN 37219-6300
2. Congressional District of Recipient 07
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 D'Yuanna Allen-Robb Assistant Bureau Director, Population Health dyuanna.allen-robb@nashville.gov (615)340-0487 Ext. 0487
8. Authorized Official

Federal Award Information
11. Award Number 6 H49MC32719-07-03
12. Unique Federal Award Identification Number (FAIN) H4932719
13. Statutory Authority 42 U.S.C. § 254c-8
14. Federal Award Project Title Healthy Start Initiative
15. Assistance Listing Number 93.926
16. Assistance Listing Program Title Healthy Start Initiative
17. Award Action Type Administrative
18. Is the Award R&D? No

Summary Federal Award Financial Information	
19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$123,743.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,100,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,100,000.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,358,333.00

Federal Agency Information
9. Awarding Agency Contact Information Tya T Renwick Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) trenwick@hrsa.gov (301) 594-0227
10. Program Official Contact Information Shontelle Dixon Project Officer Maternal and Child Health Bureau (MCHB) sdixon@hrsa.gov (301) 443-0543

28. Authorized Treatment of Program Income
 Addition

29. Grants Management Officer – Signature
 Tya Renwick on 12/16/2025

30. Remarks

Prior Approval Request Tracking Number PA-00146126. Prior Approval Request Type: Rebudgeting



Notice of Award
Award Number: 6 H49MC32719-07-03
Federal Award Date: 12/16/2025

Maternal and Child Health Bureau (MCHB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table border="0"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$472,286.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$200,919.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$673,205.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$43,550.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$10,502.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$12,000.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$237,000.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$976,257.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$123,743.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$123,743.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$1,100,000.00</td></tr> </table>	a. Salaries and Wages:	\$472,286.00	b. Fringe Benefits:	\$200,919.00	c. Total Personnel Costs:	\$673,205.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$43,550.00	g. Travel:	\$10,502.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$12,000.00	j. Consortium/Contractual Costs:	\$237,000.00	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:	\$976,257.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$123,743.00	i. Indirect Cost Federal Share:	\$123,743.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$1,100,000.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,100,000.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td>08</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>09</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>10</td><td style="text-align: right;">\$1,100,000.00</td></tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table border="0"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	08	\$1,100,000.00	09	\$1,100,000.00	10	\$1,100,000.00	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	\$0.00
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<p>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</p> <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table>		a. Authorized Financial Assistance This Period	\$1,100,000.00	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	\$1,100,000.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00																																												
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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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3898020	93.926	24H49MC32719	\$0.00	\$0.00	N/A	24H49MC32719

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/WebEPSExternal/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.

Grant Specific Term(s)

1. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. Applicable Regulations – Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024, in Federal Register Notice 89 FR 80055. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.
3. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part **86**); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
4. Any term or condition in this NOA, including those incorporated by reference, that HHS is enjoined by court order from imposing or enforcing shall not apply or be enforced as to any recipient or subrecipient to which that court order applies and while that court order is in effect.
5. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
6. Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and to the extent authorized by law, a decision by the agency that the award continues to effectuate program goals or agency priorities.
7. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d *et seq.*, and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go to the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for

funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.

- Recipient acknowledges that this certification reflects a change in the government’s position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient’s compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

8. This revised Notice of Award is issued to approve the rebudgeting request submitted on November 26, 2025 by D’Yuanna Allen-Robb and updates the funding allocation as submitted in the revised budget.

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

Contacts

NoA Email Address(es):

Name	Role	Email
D’yuanna Allen-Robb	Program Director	dyuanna.allen-robb@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

Signed by:
Sanmi Areda
08722956D81A4B1...
Director, Metro Public Health Department

1/15/2026
Date

Signed by:
Tené Hamilton Franklin
BEBF0BBE14D14B0
Chair, Board of Health

1/15/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennreen Reed/mjr
Director, Department of Finance

2/18/2026 | 11:36 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balaqun Cobb
Director of Risk Management Services

2/19/2026 | 9:05 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Metropolitan Attorney

2/19/2026 | 8:51 AM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



Metro Public Health Dept
 Nashville / Davidson County
 Protecting, Improving, and Sustaining Health

Freddie O'Connell, Mayor

Sanmi Areola, Ph.D.
 Director of Health

Board of Health

Tené Hamilton Franklin MS, Chair
 Marie R. Griffin MD MPH, Vice-Chair
 Carol C. Ziegler APRN DNP NP-C APHN-BC
 Rebecca Anne Whitehead (Munn) MBA
 Morgan McDonald MD FACP FAAP
 Heather Corum Powell
 Jeffrey Stoval MD

November 26, 2025

Health Resources and Services Administration
 Office of Finance and Management, Division of Grants Management Operations
 5600 Fishers Lane
 Rockville, MD 20857

Re: Grant Number H49MC32719_Metro Public Health Department, Nashville Strong Babies, **Budget Revision**

To Whom It May Concern:

The Metro Public Health Department respectfully requests prior approval for a **Budget Revision (PA-0014126)** for the healthy start project, Nashville Strong Babies (grant number H49MC32719). The requested revision re-budgets a total of **\$83,311 for year 2**, reallocating \$67,311 from personnel and fringe benefits and \$16,000 within contractual as follows:

- **Eliminates the Contractual cost line for Doula Services (-\$16,000)**
 - Creates **new** Contractual cost line, Staff training (\$6,000)
 - Increases existing Contractual cost line, Transportation (+\$10,000)

- **Eliminates the associated personnel and fringe costs for the Care Coordinator position (-\$67,311)**
 - Creates **new** Contractual cost line, Medical Interpretation (\$1,000)
 - Creates **new** Contractual cost line, Parent training (\$3,000)
 - Creates **new** Contractual cost line, Software (\$12,000)
 - Creates **new** Other cost line, Outreach (\$12,000)
 - Creates **new** Group Education Supplies (\$5,000)
 - Increases existing Supplies cost lines for Office and staff supplies (+\$2,400), Educational Supplies (+\$600) and Participant supplies (+\$23,450)
 - Increases Indirect costs (+\$7,861)

This request seeks approval to establish new cost categories to reflect current program operations. The grantee successfully acquired non-grant funds to support doula services for enrolled participants. Transportation to/from medical appointments remains the most requested resource to support engagement in a usual source of care for case managed families. Since the service area represents the entire county, there is an increase in medical interpretation requests. Due to initial challenges using CAREWare, ChallengerSoft software will be used for required data collection and HSMED II reporting. Additionally, the grantee seeks to strengthen staff and community consortium competencies, offering additional training focused on the performance benchmarks as well as engagement of individuals with lived experience.

Thank you for your attention and full consideration. If you have questions regarding this request, please contact D'Yuanna Allen-Robb, MPH, Project Director (H49MC32719), dyuanna.allen-robb@nashville.gov or 615-340-0487.

Melva Black, EdD
 Authorizing Official
 Melva.black@nashville.gov

Sanmi Areola, PhD
 Director of Health
 Sanmi.areola@nashville.gov

H49MC32719_Prior Approval Budget Revision Justification Narrative | EHB Task #PA-00146126

(All figures are rounded unless otherwise indicated)

The Metro Public Health Department proposes to re-budget a total of **\$83,311 for year 2**, reallocating \$67,311 from personnel and fringe benefits and \$16,000 within contractual. The re-budget request:

- Eliminates the Contractual cost category for Doula Services (-\$16,000) and redistributes the funds a **new cost category**, Staff training (\$6,000), and increases Transportation (+\$10,000).
- Eliminates the associated personnel and fringe costs for the Care Coordinator position (-\$67,311) and redistributes the funds to **new cost categories: Contractual** – Medical Interpretation (\$1,000), Parent training (\$3,000) and Software (\$12,000); **Other** – Outreach (\$12,000); **Supplies** – Group Education Supplies (\$5,000) as well as **existing cost categories**: Increases office and staff supplies (+\$2,400); Increases educational supplies (+600); Increases participant supplies (+\$23,450); Increases indirect (+\$7,861).

<i>Table 1. Revised Federal Project Budget</i>	<i>Initial Year 2</i>	<i>Requested Changes</i>	<i>Proposed Year 2</i>
a. Personnel	\$516,160	(\$43,874)	\$472,286
b. Fringe Benefits (45.0%)	\$224,356	(\$23,437)	\$200,919
c. Travel	\$10,502	\$0	\$10,502
d. Equipment	\$0	\$0	\$0
e. Supplies	\$12,100	+\$31,450	\$43,550
f. Contractual	\$221,000	+\$16,000	\$237,000
g. Construction	\$0	\$0	\$0
h. Other	\$0	+\$12,000	\$12,000
i. Total Direct Charges (a-h)	\$984,118	(\$7,861)	\$976,257
j. Indirect Charges (21.47%)	\$115,882	+7,861	\$123,743
k. TOTALS (i. + j.)	\$1,100,000	\$0	\$1,100,000

KEY PERSONNEL & ALL GRANT FUNDED POSITIONS (Year Two)				
1. NAME AND POSITION TITLE	2. ANNUAL SALARY	3. NO. MONTHS BUDGET	4. % TIME	5. TOTAL \$ SALARY
Finance Officer - J. Avedisian	\$18,977	12	25%	\$18,977
Nurse Manager - A. Boffah	\$90,433	12	100%	\$90,433
Program Manager - A. Williams	\$84,999	12	100%	\$84,999
Care Manager - Z. Jones	\$53,860	12	100%	\$53,860
Care Manager - L. Ensley	\$57,210	12	100%	\$57,210
Care Manager – VACANT	\$59,698	12	100%	\$59,698
Care Manager - D. Jean-Jumeau	\$53,958	12	100%	\$53,958
Care Manager – R. Truelove	\$47,766	12	100%	\$53,150
Care Coordinator - Eliminated	(\$43,874)	0	0%	0
Total Federal Salaries				\$472,286
FRINGE BENEFIT (45.0%)				\$200,919
TOTAL FEDERAL PERSONNEL				\$673,205

a. Personnel **Decrease \$43,874** **\$472,286**
Salaries decreased from \$516,160 to \$472,286 due to elimination of 1.0 FTE Care Coordinator 12-month position. Outreach and low risk care coordination functions shift to remaining care manager positions. Years 3-5 reflect eliminated position and subsequent 2% salary increase that is most often realized by MPH staff.

H49MC32719_Prior Approval Budget Revision Justification Narrative | EHB Task #PA-00146126
(All figures are rounded unless otherwise indicated)

Budget Changes: Year 3 - Year 5 Justification

a. Personnel: No Change. Previously noted annual 2% increases following Metro government rules.

b. Fringe Benefits: No Change. Previously noted annual increases of 1.5% following Metro government rules.

c. Travel: No Change

f. Supplies: Quarterly supply distribution remains the same. Year 2 cost remain constant in years 3 – 5.

i. Other: Year 2 costs remain constant years in 3 – 5.

f. Contractual: Year 2 costs remain constant in years 3 – 5.

j. Indirect: The Indirect Amount, 21.47%, is applied to direct costs (Total Personnel, Supplies, Travel and Other). The Indirect Amount for Years 3-5 is reduced to not exceed the maximum award amount:

▪ Year 3: **\$110,809**

[Direct charges \$752,191 x 21.47% = \$161,495] - **\$50,686**

▪ Year 4: **\$97,624**

[Direct charges \$765,376 x 21.47% = \$164,326] - **\$66,702**

▪ Year 5: **\$84,183**

[Direct charges \$778,817 x 21.47% = \$167,212] - **\$83,029**



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H4932719
 Federal Award Date: 08/21/2025

Recipient Information
1. Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF PO BOX 196300 Nashville, TN 37219-6300
2. Congressional District of Recipient 07
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 D'Yuanna Allen-Robb Assistant Bureau Director, Population Health dyuanna.allen-robb@nashville.gov (615)340-0487 Ext. 0487
8. Authorized Official

Federal Award Information
11. Award Number 6 H49MC32719-07-02
12. Unique Federal Award Identification Number (FAIN) H4932719
13. Statutory Authority 42 U.S.C. § 254c-8
14. Federal Award Project Title Healthy Start Initiative
15. Assistance Listing Number 93.926
16. Assistance Listing Program Title Healthy Start Initiative
17. Award Action Type Administrative
18. Is the Award R&D? No

Summary Federal Award Financial Information	
19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$312,324.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$109,901.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,100,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,100,000.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,358,333.00

Federal Agency Information
9. Awarding Agency Contact Information Tya T Renwick Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) trenwick@hrsa.gov (301) 594-0227
10. Program Official Contact Information Shontelle Dixon Project Officer Maternal and Child Health Bureau (MCHB) sdixon@hrsa.gov (301) 443-0543

28. Authorized Treatment of Program Income
 Addition

29. Grants Management Officer – Signature
 Tya Renwick on 08/21/2025

30. Remarks



Notice of Award
Award Number: 6 H49MC32719-07-02
Federal Award Date: 08/21/2025

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<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:	\$521,140.00
b. Fringe Benefits:	\$225,357.00
c. Total Personnel Costs:	\$746,497.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$12,100.00
g. Travel:	\$10,502.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$221,000.00
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:	\$990,099.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$109,901.00
i. Indirect Cost Federal Share:	\$109,901.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,100,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,100,000.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$1,100,000.00
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	\$787,676.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$312,324.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
08	\$1,100,000.00
09	\$1,100,000.00
10	\$1,100,000.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
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	\$0.00
35. FORMER GRANT NUMBER	
36. OBJECT CLASS 41.51	
37. BHCNIS#	

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.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3898020	93.926	24H49MC32719	\$312,324.00	\$0.00	N/A	24H49MC32719

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.

Grant Specific Term(s)

1. This Notice of Award provides the balance of FY25 funding for the HRSA-24-033 grantees.
2. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
3. Applicable Regulations – Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).
4. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
5. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.

This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
6. Prior to October 1, 2025, this award is subject to the termination provisions at 45 C.F.R. 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 C.F.R. 200.340. Pursuant to 2 C.F.R. 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.
7. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d *et seq.*, and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.

- Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
- Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
- Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@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

Signed by:
Sanni Areda
0872295CD81A4B1...
Director, Metro Public Health Department

1/15/2026
Date

Signed by:
Tené Hamilton Franklin
BEBF08BF14D1480...
Chair, Board of Health

1/15/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jessie Reed/mjr
Director, Department of Finance

2/18/2026 | 11:36 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

2/19/2026 | 9:05 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Metropolitan Attorney

2/19/2026 | 8:51 AM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# H4932719
 Federal Award Date: 07/24/2025

Recipient Information
1. Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF PO BOX 196300 Nashville, TN 37219-6300
2. Congressional District of Recipient 07
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 D'Yuanna Allen-Robb Project Director dyuanna.allen-robb@nashville.gov (615)340-0487 Ext. 0487
8. Authorized Official

Federal Award Information
11. Award Number 6 H49MC32719-07-01
12. Unique Federal Award Identification Number (FAIN) H4932719
13. Statutory Authority 42 U.S.C. § 254c-8
14. Federal Award Project Title Healthy Start Initiative
15. Assistance Listing Number 93.926
16. Assistance Listing Program Title Healthy Start Initiative
17. Award Action Type Administrative
18. Is the Award R&D? No

Summary Federal Award Financial Information	
19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026	
20. Total Amount of Federal Funds Obligated by this Action	\$290,476.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$78,697.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$787,676.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$787,676.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,046,009.00

Federal Agency Information
9. Awarding Agency Contact Information Tya T Renwick Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) trenwick@hrsa.gov (301) 594-0227
10. Program Official Contact Information Shontelle Dixon Project Officer Maternal and Child Health Bureau (MCHB) sdixon@hrsa.gov (301) 443-0543

28. Authorized Treatment of Program Income
 Addition

29. Grants Management Officer – Signature
 Tya Renwick on 07/24/2025

30. Remarks



Notice of Award
Award Number: 6 H49MC32719-07-01
Federal Award Date: 07/24/2025

Maternal and Child Health Bureau (MCHB)

<p>31. APPROVED BUDGET: (Excludes Direct Assistance)</p> <p><input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation</p> <table border="0"> <tr><td>a. Salaries and Wages:</td><td style="text-align: right;">\$373,172.00</td></tr> <tr><td>b. Fringe Benefits:</td><td style="text-align: right;">\$161,371.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td style="text-align: right;">\$534,543.00</td></tr> <tr><td>d. Consultant Costs:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies:</td><td style="text-align: right;">\$8,665.00</td></tr> <tr><td>g. Travel:</td><td style="text-align: right;">\$7,520.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td style="text-align: right;">\$158,251.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td style="text-align: right;">\$708,979.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td style="text-align: right;">\$78,697.00</td></tr> <tr><td> i. Indirect Cost Federal Share:</td><td style="text-align: right;">\$78,697.00</td></tr> <tr><td> ii. Indirect Cost Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td style="text-align: right;">\$787,676.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$787,676.00</td></tr> </table>	a. Salaries and Wages:	\$373,172.00	b. Fringe Benefits:	\$161,371.00	c. Total Personnel Costs:	\$534,543.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$8,665.00	g. Travel:	\$7,520.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$158,251.00	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:	\$708,979.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$78,697.00	i. Indirect Cost Federal Share:	\$78,697.00	ii. Indirect Cost Non-Federal Share:	\$0.00	q. TOTAL APPROVED BUDGET:	\$787,676.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$787,676.00	<p>33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</p> <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td>08</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>09</td><td style="text-align: right;">\$1,100,000.00</td></tr> <tr><td>10</td><td style="text-align: right;">\$1,100,000.00</td></tr> </tbody> </table> <p>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</p> <table border="0"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> <p>35. FORMER GRANT NUMBER</p> <p>36. OBJECT CLASS 41.51</p> <p>37. BHCNIS#</p>	YEAR	TOTAL COSTS	08	\$1,100,000.00	09	\$1,100,000.00	10	\$1,100,000.00	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	\$0.00
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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.

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FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
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Terms and Conditions

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Grant Specific Term(s)

1. This revised Notice of Award provides partial funding for FY 2025. Funds have been proportionally adjusted across approved budget categories. Up to 25% of the currently awarded amount may be reallocated within the approved budget categories without prior approval. A revised award providing the remaining FY 2025 funding will be issued pending the availability of Federal funds.
2. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part **86**); The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 *et seq.*), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
3. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
 - Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d *et seq.*, and Recipient will remain compliant for the duration of the Agreement.
 - The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
 - Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
 - Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
 - Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.
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This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.

Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).

- 6. Applicable Regulations – Prior to October 1, 2025, the recipient agrees this award will be subject to 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), with the exception of eight flexibilities HHS adopted on October 1, 2024, from 2 C.F.R. Part 200. See 2 C.F.R. § 300.1 (Adoption of 2 C.F.R. Part 200). After October 1, 2025, this award will be subject to all applicable provisions of 2 C.F.R. Parts 200 and 300 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards).

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@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

Signed by:
Sanni Areda
0872295CD81A4B1...
Director, Metro Public Health Department

1/15/2026
Date

Signed by:
Tiné Hamilton Franklin
BEBF08BF14B14B0...
Chair, Board of Health

1/15/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jessie Reed/MSW
Director, Department of Finance

2/18/2026 | 11:36 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balagun Cobb
Director of Risk Management Services

2/19/2026 | 9:05 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Metropolitan Attorney

2/19/2026 | 8:51 AM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: CBBB209B-8790-4D04-A0D4-3C05E7D1F7D7

Status: Completed

Subject: Complete with Docusign: Nashville Strong Babies II 26 Amend3, Amend 2 & Amend 1 Ready.pdf

Source Envelope:

Document Pages: 30

Signatures: 14

Envelope Originator:

Certificate Pages: 15

Initials: 3

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld 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

2/18/2026 12:24:10 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

Bethany Nunley

BN

Sent: 2/18/2026 12:34:04 PM

Bethany.Nunley@nashville.gov

Viewed: 2/18/2026 12:57:03 PM

Security Level: Email, Account Authentication (None)

Signed: 2/18/2026 12:58:08 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Aaron Pratt

Aaron Pratt

Sent: 2/18/2026 12:58:12 PM

Aaron.Pratt@nashville.gov

Viewed: 2/18/2026 1:02:25 PM

Security Level: Email, Account Authentication (None)

Signed: 2/18/2026 1:02:37 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 2/18/2026 1:02:25 PM

ID: 88e6c8f7-cc17-4912-81d2-28a92fb686c7

Jenneen Reed/mjw

Jenneen Reed/mjw

Sent: 2/18/2026 1:02:42 PM

MaryJo.Wiggins@nashville.gov

Viewed: 2/18/2026 11:30:07 PM

Security Level: Email, Account Authentication (None)

Signed: 2/18/2026 11:36:18 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 2/18/2026 11:30:07 PM

ID: cab8bad9-ca6d-43ea-bde5-a683bcd76d41

Abby Greer

Abby Greer

Sent: 2/18/2026 11:36:22 PM

Abby.Greer@nashville.gov

Resent: 2/19/2026 8:17:00 AM

Security Level: Email, Account Authentication (None)

Viewed: 2/19/2026 8:51:31 AM

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: 2/19/2026 8:51:31 AM
ID: 9295ac84-e9da-4702-9851-abdbe7629d40

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

Balogun Cobb

Signature Adoption: Pre-selected Style
Using IP Address: 2600:387:c:7118::2
Signed using mobile

Sent: 2/19/2026 8:51:51 AM
Viewed: 2/19/2026 9:05:23 AM
Signed: 2/19/2026 9:05:32 AM

Electronic Record and Signature Disclosure:
Accepted: 2/19/2026 9:05:23 AM
ID: 93583ec4-fd4b-41f9-aa12-85747a009c99

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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Karina Valdez
karina.valdez@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 2/19/2026 9:05:37 AM

Electronic Record and Signature Disclosure:
Accepted: 11/16/2025 6:49:23 PM
ID: c652476a-ea38-42b5-b2ed-c7df7cedf24f

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

COPIED

Sent: 2/19/2026 9:05:38 AM
Viewed: 2/19/2026 10:26:51 AM

Electronic Record and Signature Disclosure:
Accepted: 2/19/2026 8:02:44 AM
ID: d0337f74-9c46-4771-b08d-b8780675ab37

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	2/18/2026 12:34:04 PM
Certified Delivered	Security Checked	2/19/2026 9:05:23 AM
Signing Complete	Security Checked	2/19/2026 9:05:32 AM
Completed	Security Checked	2/19/2026 9:05:38 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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1. ACCEPTANCE OF TERMS AND CONDITIONS These Terms and Conditions govern your ("Subscriber" or "you") use of DocuSign's on-demand electronic signature service (the "Subscription Service"), as accessed either directly through DocuSign.com, DocuSign.net, or through a DocuSign affiliate's™ web page offering a Service Plan (collectively, the "Site"). By depositing any document into the System (as defined below), you accept these Terms and Conditions (including your corresponding Service Plan, the DocuSign.com Terms of Use, and all policies and guidelines referenced and hereby incorporated into these Terms and Conditions) and any modifications that may be made to the Terms and Conditions from time to time. If you do not agree to these Terms and Conditions, you should not use the Subscription Service or visit or browse the Site. These Terms and Conditions constitute a binding legal agreement between you and DocuSign, Inc. ("DocuSign," "we," "us," and "our"). Please read them carefully and print a copy for your future reference.

2. MODIFICATION OF TERMS AND CONDITIONS We reserve the right to modify these Terms and Conditions at any time and in any manner at our sole discretion by: (a) posting a revision on the Site; or (b) sending information regarding the amendment to the email address you provide to us. **YOU ARE RESPONSIBLE FOR REGULARLY REVIEWING THE SITE TO OBTAIN TIMELY NOTICE OF ANY AMENDMENTS. YOU SHALL BE DEEMED TO HAVE ACCEPTED SUCH AMENDMENTS BY CONTINUING TO USE THE SUBSCRIPTION SERVICE FOR MORE THAN 20 DAYS AFTER SUCH AMENDMENTS HAVE BEEN POSTED OR INFORMATION REGARDING SUCH AMENDMENTS HAS BEEN SENT TO YOU.** You agree that we shall not be liable to you or to any third party for any modification of the Terms and Conditions.

3. DEFINITIONS

- "Account" means a unique account established by Subscriber to enable its Authorized Users to access and use the Subscription Service.
- "Authorized User" means any employee or agent of Subscriber, identified by a unique email address and user name, who is registered under the Account, provided that no two persons may register, access or use the Subscription Service as the same Authorized User.
- "Contract" refers to a contract, notice, disclosure, or other record or document deposited into the System by Subscriber for processing using the Subscription Service.
- "Envelope" means an electronic record containing one or more eContracts consisting of a single page or a group of pages of data uploaded to the System.
- "Seat" means an active Authorized User listed in the membership of an Account at any one time. No two individuals may log onto or use the Subscription Service as the same Authorized User, but Subscriber may unregister or deactivate Authorized Users and replace them with other Authorized Users without penalty, so long as the number of active Authorized Users registered at any one time is equal to or less than the number of Seats purchased.
- "Service Plan" means the right to access and use the Subscription Service for a specified period in exchange for a periodic fee, subject to the Service Plan restrictions and requirements that are used to describe the selected Service Plan on the Site. Restrictions and requirements may include any or all of the following: (a) number of Seats and/or Envelopes that a Subscriber may use in a month or year for a fee; (b) fee for sent Envelopes in excess of the number of Envelopes allocated to Subscriber under the Service Plan; (c) per-seat or per-user restrictions; (d) the license to use DocuSign software products such as DocuSign Connect Express in connection with the Subscription Service; and (e) per use fees.
- "Specifications" means the technical specifications set forth in the "Subscription Service Specifications" available at <http://docusign.com/company/specifications>.
- "Subscription Service" means DocuSign's™ on-demand electronic signature service, as updated from time

to time, which provides on-line display, certified delivery, acknowledgement, electronic signature, and storage services for eContracts via the Internet. "System" refers to the software systems and programs, communication and network facilities, and hardware and equipment used by DocuSign or its agents to provide the Subscription Service. "Term" means the period of effectiveness of these Terms and Conditions, as specified in Section 12 below. "Transaction Data" means the metadata associated with an Envelope (such as transaction history, image hash value, method and time of Envelope deletion, sender and recipient names, email addresses and signature IDs) and maintained by DocuSign in order to establish the digital audit trail required by the Subscription Service.

4. SUBSCRIPTION SERVICE

During the term of the Service Plan and subject to these Terms and Conditions, Subscriber will have the right to obtain an Account and register its Authorized Users, who may access and use the Subscription Service, and DocuSign will provide the Subscription Service in material conformance with the Specifications. You must be 18 years of age or older to register for an Account and use the Subscription Service. Subscriber's right to use the Subscription Service is limited to its Authorized Users, and Subscriber agrees not to resell or otherwise provide or assist with the provision of the Subscription Service to any third party. In addition, DocuSign's provision of the Subscription Service is conditioned on Subscriber's acknowledgement and agreement to the following: (a) The Subscription Service facilitates the execution of eContracts between the parties to those eContracts. Nothing in these Terms and Conditions may be construed to make DocuSign a party to any eContract processed through the Subscription Service, and DocuSign makes no representation or warranty regarding the transactions sought to be effected by any eContract; (b) Between DocuSign and Subscriber, Subscriber has exclusive control over and responsibility for the content, quality, and format of any eContract. All eContracts stored by DocuSign are maintained in an encrypted form, and DocuSign has no control of or access to their contents; (c) If Subscriber elects to use one or more of the optional features designed to verify the identity of the intended recipient of an eContract that DocuSign makes available to its subscribers ("Authentication Measures"), DocuSign will apply only those Authentication Measures selected by the Subscriber, but makes no representations or warranties about the appropriateness of any Authentication Measure. Further, DocuSign assumes no liability for: (A) the inability or failure by the intended recipient or other party to satisfy the Authentication Measure; or (B) the circumvention by any person (other than DocuSign) of any Authentication Measure; (d) Certain types of agreements and documents may be exempted from electronic signature laws (e.g. wills and agreements pertaining to family law), or may be subject to specific regulations promulgated by various government agencies regarding electronic signatures and electronic records. DocuSign is not responsible or liable to determine whether any particular eContract is subject to an exception to applicable electronic signature laws, or whether it is subject to any particular agency promulgations, or whether it can be legally formed by electronic signatures; (e) DocuSign is not responsible for determining how long any d to be retained or stored under any applicable laws, regulations, or legal or administrative agency processes. Further, DocuSign is not responsible for or liable to produce any of Subscriber's eContracts or other documents to any third parties; (f) Certain consumer protection or similar laws or regulations may impose special requirements with respect to electronic transactions involving one or more "consumers," such as (among others) requirements that the consumer consent to the method of contracting and/or that the consumer be provided with a copy, or access to a copy, of a paper or other non-electronic, written record of the transaction. DocuSign does not and is not responsible to: (A) determine whether any

particular transaction involves a “consumer”; (B) furnish or obtain any such consents or determine if any such consents have been withdrawn; (C) provide any information or disclosures in connection with any attempt to obtain any such consents; (D) provide legal review of, or update or correct any information or disclosures currently or previously given; (E) provide any such copies or access, except as expressly provided in the Specifications for all transactions, consumer or otherwise; or (F) otherwise to comply with any such special requirements; and (g) Subscriber undertakes to determine whether any “consumer” is involved in any eContract presented by Subscriber or its Authorized Users for processing, and, if so, to comply with all requirements imposed by law on such eContracts or their formation. (h) If the domain of the primary email address associated with the Account is owned by an organization and was assigned to Subscriber as an employee, contractor or member of such organization, and that organization wishes to establish a commercial relationship with DocuSign and add the Account to such relationship, then, if Subscriber does not change the email address associated with the Account, the Account may become subject to the commercial relationship between DocuSign and such organization and controlled by such organization.

5. RESPONSIBILITY FOR CONTENT OF COMMUNICATIONS As between Subscriber and DocuSign, Subscriber is solely responsible for the nature and content of all materials, works, data, statements, and other visual, graphical, video, and written or audible communications submitted by any Authorized User or otherwise processed through its Account, the Subscription Service, or under any Service Plan. Accordingly: (a) Subscriber will not use or permit the use of the Subscription Service to send unsolicited mass mailings outside its organization. The term “unsolicited mass mailings” includes all statutory or common definitions or understanding of those terms in the applicable jurisdiction, such as those set forth for “Commercial Electronic Mail Messages” under the U.S. CAN-SPAM Act, as an example only; and (b) Subscriber will not use or permit the use of the Subscription Service: (i) to communicate any message or material that is defamatory, harassing, libelous, threatening, or obscene; (ii) in a way that violates or infringes upon the intellectual property rights or the privacy or publicity rights of any person or entity or that may otherwise be unlawful or give rise to civil or criminal liability (other than contractual liability of the parties under eContracts processed through the Subscription Service); (iii) in any manner that is likely to damage, disable, overburden, or impair the System or the Subscription Service or interfere with the use or enjoyment of the Subscription Service by others; or (iv) in any way that constitutes or encourages conduct that could constitute a criminal offense. DocuSign does not monitor the content processed through the Subscription Service, but in accordance with DMCA (Digital Millennium Copyright Act) safe harbors, it may suspend any use of the Subscription Service, or remove or disable any content that DocuSign reasonably and in good faith believes violates this Agreement or applicable laws or regulations. DocuSign will use commercially reasonable efforts to notify Subscriber prior to any such suspension or disablement, unless DocuSign reasonably believes that: (A) it is prohibited from doing so under applicable law or under legal process, such as court or government administrative agency processes, orders, mandates, and the like; or (B) it is necessary to delay notice in order to prevent imminent harm to the System, Subscription Service, or a third party. Under circumstances where notice is delayed, DocuSign will provide the notice if and when the related restrictions in the previous sentence no longer apply.

6. PRICING AND PER USE PURCHASES The prices, features, and options of the Subscription Service available for an Account depend on the Service Plan selected by Subscriber. Subscriber may also purchase optional services on a periodic or per-use basis. DocuSign may add or change the prices, features or options available with a

Service Plan without notice. Subscriber's usage under a Service Plan is measured based on the actual number of Seats as described in the Service Plan on the Site. Once a per-Seat Service Plan is established, the right of the named Authorized User to access and use the Subscription Service is not transferable; any additional or differently named Authorized Users must purchase per-Seat Service Plans to send Envelopes. Extra seats, users and/or per use fees will be charged as set forth in Subscriber's Service Plan if allowed by such Service Plan. If a Services Plan defines a monthly Envelope Allowance (i.e. # Envelopes per month allowed to be sent), all Envelopes sent in excess of the Envelope Allowance will incur a per-Envelope charge. Any unused Envelope Allowances will expire and not carry over from one billing period to another under a Service Plan. Subscriber's Account will be deemed to have consumed an Envelope at the time the Envelope is sent by Subscriber, regardless of whether Envelopes were received by recipients, or whether recipients have performed any actions upon any eContract in the Envelope. Powerforms are considered Envelopes within an Envelope Allowance Service Plan, and will be deemed consumed at the time they are "clicked" by any end user regardless of whether or not any actions are subsequently performed upon such Envelope. For Service Plans that specify the Envelope Allowance is "Unlimited," Subscriber is allowed to send a reasonable number of Envelopes from the number of Seats purchased. If DocuSign suspects that the number of Envelopes sent from a particular Seat or a group of Seats is abusive and/or unduly burdensome, DocuSign will promptly notify Subscriber, discuss the use-case scenario with Subscriber and any continued monitoring, additional discussions and/or information required to make a final determination on the course of action based on such information. In the event Subscriber exceeds, in DocuSign's sole discretion, reasonable use restrictions under a Service Plan, DocuSign reserves the right to transfer Subscriber into a higher-tier Service Plan without notice. If you misrepresent your eligibility for any Service Plan, you agree to pay us the additional amount you would have been charged under the most favorable pricing structure for which you are eligible. DocuSign may discontinue a Service Plan at any time, and with prior notice to you, may migrate your Account to a similar Service Plan that may carry a different fee. You agree to allow us to charge your credit card for the fees associated with a substitute Service Plan, even if those fees are higher than those you agreed to when you registered your Account. Optional asures, are measured at the time of use, and such charges are specific to the number of units of the service(s) used during the billing period. Optional services subject to periodic charges, such as additional secure storage, are charged on the same periodic basis as the Service Plan fees for the Subscription Service.

7. SUBSCRIBER SUPPORT DocuSign will provide Subscriber support to Subscriber as specified in the Service Plan selected by Subscriber, and that is further detailed on DocuSign's website.

8. STORAGE DocuSign will store eContracts per the terms of the Service Plan selected by Subscriber. For Service Plans that specify the Envelope storage amount is "Unlimited," DocuSign will store an amount of Envelopes that is not abusive and/or unduly burdensome, in DocuSign's sole discretion. Subscriber may retrieve and store copies of eContracts for storage outside of the System at any time during the Term of the Service Plan when Subscriber is in good financial standing under these Terms and Conditions, and may delete or purge eContracts from the System at its own discretion. DocuSign may, at its sole discretion, delete an uncompleted eContract from the System immediately and without notice upon earlier of: (i) expiration of the Envelope (where Subscriber has established an expiration for such Envelope, not to exceed 365 days); or (ii) expiration of the Term. DocuSign assumes no liability or responsibility for a party's failure or inability to electronically sign any eContract within such a period of time. DocuSign may retain Transaction Data for as long as it has a

business purpose to do so. 9. BUSINESS AGREEMENT BENEFITS You may receive or be eligible for certain pricing structures, discounts, features, promotions, and other benefits (collectively, "Benefits") through a business or government Subscriber's agreement with us (a "Business Agreement"). Any and all such Benefits are provided to you solely as a result of the corresponding Business Agreement and such Benefits may be modified or terminated without notice. If you use the Subscription Service where a business or government entity pays your charges or is otherwise liable for the charges, you authorize us to share your account information with that entity and/or its authorized agents. If you are enrolled in a Service Plan or receive certain Benefits tied to a Business Agreement with us, but you are liable for your own charges, then you authorize us to share enough account information with that entity and its authorized agents to verify your continuing eligibility for those Benefits and the Service Plan. 10. FEES AND PAYMENT TERMS The Service Plan rates, charges, and other conditions for use are set forth in the Site. Subscriber will pay DocuSign the applicable charges for the Services Plan as set forth on the Site. If you add more Authorized Users than the number of Seats you purchased, we will add those Authorized Users to your Account and impose additional charges for such additional Seats on an ongoing basis. Charges for pre-paid Service Plans will be billed to Subscriber in advance. Charges for per use purchases and standard Service Plan charges will be billed in arrears. When you register for an Account, you will be required to provide DocuSign with accurate, complete, and current credit card information for a valid credit card that you are authorized to use. You must promptly notify us of any change in your invoicing address or changes related to the credit card used for payment. By completing your registration for the Services Plan, you authorize DocuSign or its agent to bill your credit card the applicable Service Plan charges, any and all applicable taxes, and any other charges you may incur in connection with your use of the Subscription Service, all of which will be charged to your credit card. Each time you use the Subscription Service, or allow or cause the Subscription Service to be used, you reaffirm that we are authorized to charge your credit card. You may terminate your Account and revoke your credit card authorization as set forth in the Term and Termination section of these Terms and Conditions. We will provide you with one invoice in a format we choose, which may change from time to time, for all Subscription Service associated with each Account and any charges of a third party on whose behalf we bill. Payment of all charges is due and will be charged to your credit card upon your receipt of an invoice. Billing cycle end dates may change from time to time. When a billing cycle covers less than or more than a full month, we may make reasonable adjustments and/or prorations. If your Account is a qualified business account and is approved by us in writing for corporate billing, charges will be accumulated, identified by Account identification number, and invoiced on a monthly basis. You agree that we may (at our option) accumulate charges incurred during your monthly billing cycle and submit them as one or more aggregate charges during or at the end of each cycle, and that we may delay obtaining authorization from your credit card issuer until submission of the accumulated charge(s). This means that accumulated charges may appear on the statement you receive from your credit card issuer. If DocuSign does not receive payment from your credit card provider, you agree to pay all amounts due upon demand. DocuSign reserves the right to correct any errors or mistakes that it makes even if it has already requested or received payment. Your credit card issuer's agreement governs your use of your credit card in connection with the Subscription Service, and you must refer to such agreement (not these Terms and Conditions) with respect to your rights and liabilities as a cardholder. You are solely responsible for any and all fees charged to your credit card by the issuer, bank, or financial institution including, but not limited to, membership,

overdraft, insufficient funds, and over the credit limit fees. You agree to notify us about any billing problems or discrepancies within 20 days after they first appear on your invoice. If you do not bring them to our attention within 20 days, you agree that you waive your right to dispute such problems or discrepancies. We may modify the price, content, or nature of the Subscription Service and/or your Service Plan at any time. If we modify any of the foregoing terms, you may cancel your use of the Subscription Service. We may provide notice of any such changes by e-mail, notice to you upon log-in, or by publishing them on the Site. Your payment obligations survive any termination of your use of the Subscription Service before the end of the billing cycle. Any amount not paid when due will be subject to finance charges equal to 1.5% of the unpaid balance per month or the highest rate permitted by applicable usury law, whichever is less, determined and compounded daily from the date due until the date paid. Subscriber will reimburse any costs or expenses (including, but not limited to, reasonable attorneys' fees) incurred by DocuSign to collect any amount that is not paid when due. DocuSign may accept any check or payment in any amount without prejudice to DocuSign's right to recover the balance of the amount due or to pursue any other right or remedy. Amounts due to DocuSign under these Terms and Conditions may not be withheld or offset by Subscriber for any reason against amounts due or asserted to be due to Subscriber from DocuSign. Unless otherwise noted and Conditions are denominated in United States dollars, and Subscriber will pay all such amounts in United States dollars. Other than federal and state net income taxes imposed on DocuSign by the United States, Subscriber will bear all taxes, duties, VAT and other governmental charges (collectively, "taxes") resulting from these Terms and Conditions or transactions conducted in relation to these Terms and Conditions. Subscriber will pay any additional taxes as are necessary to ensure that the net amounts received and retained by DocuSign after all such taxes are paid are equal to the amounts that DocuSign would have been entitled to in accordance with these Terms and Conditions as if the taxes did not exist. 11. DEPOSITS, SERVICE LIMITS, CREDIT REPORTS, AND RETURN OF BALANCES You authorize us to ask consumer reporting agencies or trade references to furnish us with employment and credit information, and you consent to our rechecking and reporting personal and/or business payment and credit history if, in our sole discretion, we so choose. If you believe that we have reported inaccurate information about your account to a consumer reporting agency, you may send a written notice describing the specific inaccuracy to the address provided in the Notices section below. For you to use the Subscription Service, we may require a deposit or set a service limit. The deposit will be held as a partial guarantee of payment. It cannot be used by you to pay your invoice or delayed payment. Unless otherwise required by law, deposits may be mixed with other funds and will not earn interest. We reserve the right to increase your deposit if we deem appropriate. You may request that we reevaluate your deposit on an annual basis, which may result in a partial or total refund of the deposit to you or credit to your account. If you default or these Terms and Conditions are terminated, we may, without notice to you, apply any deposit towards payment of any amounts you owe to us. After approximately 90 days following termination of these Terms and Conditions, any remaining deposit or other credit balance in excess of amounts owed will be returned without interest, unless otherwise required by law, to you at your last known address. You agree that any amounts under \$15 will not be refunded to cover our costs of closing your account. If the deposit balance is undeliverable and returned to us, we will hold it for you for one year from the date of return and, during that period, we may charge a service fee against the deposit balance. You hereby grant us a security interest in any deposit we require to secure the performance of your obligations under these Terms and

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