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## GRANT SUMMARY SHEET

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**Grant Name:** Nashville Strong Babies II 25 Amend 1

**Department:** HEALTH DEPARTMENT

**Grantor:** Health Resources & 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:** 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. This action funds Year 1 of a 5 year project. Amendment 1 - removes the revised SF-424A budget and budget justification grant condition. It also adds an additional condition that states, if applicable to MPH, that the Division of Healthy Start and Perinatal Services will make a determination to see if the type of clinician that may have been proposed in the latest budget submission will align with the intent of the grant funds.

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

Grants Tracking Form

Part One

Pre-Application <input type="radio"/> Application <input type="radio"/> Award Acceptance <input type="radio"/> Contract Amendment <input checked="" type="radio"/>				
Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	
<b>Grant Name:</b>	Nashville Strong Babies II 25 Amend 1			
<b>Grantor:</b>	Health Resources & Services Administration		<b>Other:</b>	
<b>Grant Period From:</b>	05/01/24	<b>(applications only) Anticipated Application Date:</b>		
<b>Grant Period To:</b>	03/31/25	<b>(applications only) Application Deadline:</b>		
<b>Funding Type:</b>	FED DIRECT	Multi-Department Grant <input type="checkbox"/> <b>→ If yes, list below.</b>		
<b>Pass-Thru:</b>		Outside Consultant Project: <input type="checkbox"/>		
<b>Award Type:</b>	COMPETITIVE	Total Award: \$0.00		
<b>Status:</b>	AMENDMENT	Metro Cash Match: \$0.00		
<b>Metro Category:</b>	Est. Prior.	Metro In-Kind Match: \$0.00		
<b>CFDA #</b>	93.926	Is Council approval required? <input type="checkbox"/>		
<b>Project Description:</b>	Applicable 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. This action funds Year 1 of a 5 year project. <b>Amendment 1 - removes the revised SF-424A budget and budget justification grant condition. It also adds an additional condition that states, if applicable to MPHD, that the Division of Healthy Start and Perinatal Services will make a determination to see if the type of clinician that may have been proposed in the latest budget submission will align with the intent of the grant funds.</b>				
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>				
How is Match Determined?				
<b>Fixed Amount of \$</b>		or	<b>% of Grant</b>	<b>Other:</b> <input type="checkbox"/>
<b>Explanation for "Other" means of determining match:</b>				
For this Metro FY, how much of the required local Metro cash match:				
<b>Is already in department budget?</b>			<b>Fund</b>	<b>Business Unit</b>
<b>Is not budgeted?</b>			<b>Proposed Source of Match:</b>	
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>				
<b>Other:</b>				
<b>Number of FTEs the grant will fund:</b>	8.25	<b>Actual number of positions added:</b>	0.00	
<b>Departmental Indirect Cost Rate</b>	24.17%	<b>Indirect Cost of Grant to Metro:</b>	\$243,714.09	
<b>*Indirect Costs allowed?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>% Allow.</b> 7.75%	<b>Ind. Cost Requested from Grantor:</b>	\$78,133.00	<b>in budget</b>
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>				
<b>Draw down allowable?</b> <input type="checkbox"/>				
<b>Metro or Community-based Partners:</b>				

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	FY25	\$1,008,333.00						\$1,008,333.00	\$243,714.09	\$78,133.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$1,008,333.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,008,333.00	\$243,714.09	\$78,133.00
<b>Date Awarded:</b>				11/20/24	<b>Tot. Awarded:</b>		\$0.00	<b>Contract#:</b> 6H49MC32719-06-01		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

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



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

Notice of Award  
 FAIN# H4932719  
 Federal Award Date: 10/08/2024

Recipient Information
<p><b>1. Recipient Name</b>                      NASHVILLE &amp; DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF                      PO BOX 196300                      Nashville, TN 37219-6300</p> <p><b>2. Congressional District of Recipient</b>                      07</p> <p><b>3. Payment System Identifier (ID)</b>                      1620694743A7</p> <p><b>4. Employer Identification Number (EIN)</b>                      620694743</p> <p><b>5. Data Universal Numbering System (DUNS)</b>                      078217668</p> <p><b>6. Recipient's Unique Entity Identifier</b>                      LGZLHP6ZHM55</p> <p><b>7. Project Director or Principal Investigator</b>                      D'Yuanna Allen-Robb                      Project Director                      dyuanna.allen-robb@nashville.gov                      (615)340-0487 Ext. 0487</p> <p><b>8. Authorized Official</b>                      Melva Black                      Deputy Director                      melva.black@nashville.gov                      (615)340-8549</p>
<p><b>Federal Agency Information</b></p> <p><b>9. Awarding Agency Contact Information</b>                      Tya T Renwick                      Grants Management Specialist                      Office of Federal Assistance Management (OFAM)                      Division of Grants Management Office (DGMO)                      trenwick@hrsa.gov                      (301) 594-0227</p> <p><b>10. Program Official Contact Information</b>                      Shontelle Dixon                      Project Officer                      Maternal and Child Health Bureau (MCHB)                      sdixon@hrsa.gov                      (301) 443-0543</p>

Federal Award Information
<p><b>11. Award Number</b>                      6 H49MC32719-06-01</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b>                      H4932719</p> <p><b>13. Statutory Authority</b>                      42 U.S.C. § 254c-8</p> <p><b>14. Federal Award Project Title</b>                      Healthy Start Initiative-Eliminating Racial/Ethnic Disparities</p> <p><b>15. Assistance Listing Number</b>                      93.926</p> <p><b>16. Assistance Listing Program Title</b>                      Healthy Start Initiative</p> <p><b>17. Award Action Type</b>                      Administrative</p> <p><b>18. Is the Award R&amp;D?</b>                      No</p>

Summary Federal Award Financial Information	
<b>19. Budget Period Start Date 05/01/2024 - End Date 03/31/2025</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	\$78,133.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,008,333.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$1,008,333.00
<b>26. Project Period Start Date 05/01/2024 - End Date 03/31/2029</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,008,333.00

**28. Authorized Treatment of Program Income**  
 Addition

**29. Grants Management Officer – Signature**  
 Tya Renwick on 10/08/2024

<b>30. Remarks</b>
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This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award  
Award Number: 6 H49MC32719-06-01  
Federal Award Date: 10/08/2024

**Maternal and Child Health Bureau (MCHB)**

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b>	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$468,345.00
b. Fringe Benefits:	\$212,961.00
c. Total Personnel Costs:	\$681,306.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$11,350.00
g. Travel:	\$10,044.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$227,500.00
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:	\$930,200.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$78,133.00
i. Indirect Cost Federal Share:	\$78,133.00
ii. Indirect Cost Non-Federal Share:	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,008,333.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,008,333.00

<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>	
a. Authorized Financial Assistance This Period	<b>\$1,008,333.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$1,008,333.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**33. RECOMMENDED FUTURE SUPPORT:**  
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
07	\$1,100,000.00
08	\$1,100,000.00
09	\$1,100,000.00
10	\$1,100,000.00

<b>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	<b>\$0.00</b>

**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
24 - 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/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. The grant condition stated below on NoA 2 H49MC32719-06-00 is hereby lifted. Within 60 days of receiving this Notice of Award, recipient shall submit a revised SF-424A budget form and budget justification totaling the federal award amount. Please note, details of the required changes will be transmitted via email upon release of this Notice of Award. Responses to the conditions must be submitted via EHB within 60 days of receiving the award.
2. Note: Healthy Start recipients are required to allocate 12 percent of their award for hiring advance practice providers dedicated to reducing maternal morbidity and mortality. The Division of Healthy Start and Perinatal Services (DHSPS) is reviewing the type of clinician included in the latest budget submission. If DHSPS determines that the clinician proposed does not align with the intent of the grant funds, a "Prior Approval – Other" request may need to be submitted via EHB to change the clinician type."

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

#### Contacts

##### NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Point of Contact, Business Official	dyuanna.allen-robb@nashville.gov
Melva Black	Authorizing Official	melva.black@nashville.gov
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**

DocuSigned by:  
*Joanna Shaw-kai*  
 F0EB3ACD4AFC401...  
 Interim Director, Metro Public Health Department

11/18/2024  
 Date

Signed by:  
*Tené Hamilton Franklin*  
 BEBF0BBF14D14B0...  
 Chair, Board of Health

11/20/2024  
 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Kevin Crumbo/mfw*  
 Director, Department of Finance

12/2/2024 | 12:17 PM CST  
 Date

APPROVED AS TO RISK AND INSURANCE:

*Balaqun Cobb*  
 Director of Risk Management Services

12/2/2024 | 2:33 PM CST  
 Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*  
 Metropolitan Attorney

12/2/2024 | 2:33 PM CST  
 Date

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

\_\_\_\_\_  
 Date

ATTEST:

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

\_\_\_\_\_  
 Date

## Certificate Of Completion

Envelope Id: 83A7465CB84A4A96B4CC117120C887CD

Status: Completed

Subject: Complete with Docusign: Health-Nashville Strong Babies II 25 Amend 1 Ready.pdf

Source Envelope:

Document Pages: 8

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

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

11/26/2024 1:10:32 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

Rose Wood

Sent: 11/26/2024 1:16:28 PM

rose.wood@nashville.gov

Viewed: 11/27/2024 7:08:04 AM

Finance Manager

Signed: 11/27/2024 7:08:12 AM

Metro Finance Dept. OMB

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication (None)

Using IP Address: 170.190.198.185

### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Aaron Pratt

Sent: 11/27/2024 7:08:14 AM

Aaron.Pratt@nashville.gov

Viewed: 11/27/2024 7:33:26 PM

Security Level: Email, Account Authentication (None)

Signed: 11/27/2024 7:33:36 PM

Signature Adoption: Pre-selected Style

Using IP Address: 38.156.10.45

Signed using mobile

### Electronic Record and Signature Disclosure:

Accepted: 11/27/2024 7:33:26 PM

ID: 20c665dc-91a1-46fa-a261-f18abfbc43af

Kevin Crumbo/mjw

Sent: 11/27/2024 7:33:37 PM

MaryJo.Wiggins@nashville.gov

Viewed: 12/2/2024 12:16:56 PM

Security Level: Email, Account Authentication (None)

Signed: 12/2/2024 12:17:40 PM

Signature Adoption: Pre-selected Style

Using IP Address: 174.239.52.114

Signed using mobile

### Electronic Record and Signature Disclosure:

Accepted: 12/2/2024 12:16:56 PM

ID: 74fa57d2-4dac-4b19-95bd-01e4b4b20f92

Courtney Mohan

Sent: 12/2/2024 12:17:42 PM

Courtney.Mohan@nashville.gov

Viewed: 12/2/2024 2:15:10 PM

Security Level: Email, Account Authentication (None)

Signed: 12/2/2024 2:33:21 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

### Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Accepted: 12/2/2024 2:15:10 PM  
ID: 1dc027ad-3fb0-4fc0-be75-e0be4ffaa0f1

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: 170.190.198.185

Sent: 12/2/2024 2:33:24 PM  
Viewed: 12/2/2024 2:33:54 PM  
Signed: 12/2/2024 2:33:59 PM

**Electronic Record and Signature Disclosure:**

Accepted: 12/2/2024 2:33:54 PM  
ID: 0fc0f18a-c5ad-4421-9a63-fab968de6d80

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

**COPIED**

Sent: 12/2/2024 2:34:01 PM  
Viewed: 12/2/2024 2:47:56 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

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

**COPIED**

Sent: 12/2/2024 2:34:02 PM

**Electronic Record and Signature Disclosure:**

Accepted: 11/25/2024 8:27:52 AM  
ID: 1c4985da-0dec-4f04-a8c7-820fbc7a73bb

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	11/26/2024 1:16:28 PM
Certified Delivered	Security Checked	12/2/2024 2:33:54 PM
Signing Complete	Security Checked	12/2/2024 2:33:59 PM
Completed	Security Checked	12/2/2024 2:34:02 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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