
GRANT SUMMARY SHEET

Grant Name: Community Health Workers for Public Health Response and Resilient 21-22 Amend. 1

Department: HEALTH DEPARTMENT

Grantor: CENTERS FOR DISEASE CONTROL AND PREVENTION

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

Total Award this Action: \$1,000,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amendment #1 adds an additional \$1,000,000.00 to the previous amount for a new total of \$2,000,000. Amendment 1 also extends the end date from 08/30/22 to 08/30/23.

Plan for continuation of services upon grant expiration:

Services will end

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:	Community Health Workers for Public Health Response and Resilient 21-22 Amend. 1						
Grantor:	CENTERS FOR DISEASE CONTROL AND PREVENTION	Other:					
Grant Period From:	08/31/21	(applications only) Anticipated Application Date:					
Grant Period To:	08/30/23	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant <input type="checkbox"/>		If yes, list below.			
Pass-Thru:	Select Pass-Thru --- >	Outside Consultant Project: <input type="checkbox"/>					
Award Type:	COMPETITIVE	Total Award:		\$1,000,000.00			
Status:	AMENDMENT	Metro Cash Match:					
Metro Category:	Est. Prior.	Metro In-Kind Match:					
CFDA #	93.495	Is Council approval required? <input type="checkbox"/>					
Project Description:	Applic. Submitted Electronically? <input checked="" type="checkbox"/>						
<p>The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. Amendment #1 adds an additional \$1,000,000.00 to the previous amount for a new total of \$2,000,000. Amendment 1 also extends the end date from 08/30/22 to 08/30/23.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will end							
How is Match Determined?							
Fixed Amount of \$		or	% of Grant	Other: <input type="checkbox"/>			
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the required local Metro cash match:							
Is already in department budget?		Fund	Business Unit				
Is not budgeted?		Proposed Source of Match:					
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)							
Other:							
Number of FTEs the grant will fund:	1.50	Actual number of positions added:		2.00			
Departmental Indirect Cost Rate	24.82%	Indirect Cost of Grant to Metro:		\$496,498.00			
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow. 3.76%	Ind. Cost Requested from Grantor:		\$75,108.00	in budget		
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?	<input type="checkbox"/>						
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	\$833,333.33						\$833,333.33	\$206,874.17	\$62,590.00
Yr 2	FY23	\$1,166,666.67						\$1,166,666.67	\$289,623.83	\$12,518.00
Yr 3	FY24							\$0.00	\$0.00	
Yr 4	FY							\$0.00	\$0.00	
Yr 5	FY							\$0.00	\$0.00	
Total		\$2,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,000,000.00	\$496,498.00	\$75,108.00
Date Awarded:		12/16/22			Tot. Awarded:	\$1,000,000.00	Contract#:	NU58DP006999-02-00		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

Received 01/06/2023

Approved 01/09/2023



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU58DP006999-02-00

FAIN# NU58DP006999

Federal Award Date: 07/13/2022

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Dr. Fonda Harris
fonda.harris@nashville.gov
6153400407

8. Authorized Official

Celia Larson
Director of Strategic Planning, Performance and
Education
celia.larson@nashville.gov
615-340-8598

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006999-02-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2022	- End Date	08/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$1,000,000.00
20a. Direct Cost Amount			\$924,892.00
20b. Indirect Cost Amount			\$75,108.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,000,000.00
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU58DP006999-02-00

FAIN# NU58DP006999

Federal Award Date: 07/13/2022

Recipient Information**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient

05

Payment Account Number and Type

1620694743A2

Employer Identification Number (EIN) Data

620694743

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$96,185.00
b. Fringe Benefits	\$40,598.00
c. Total Personnel Costs	\$136,783.00
d. Equipment	\$0.00
e. Supplies	\$4,870.00
f. Travel	\$902.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$782,337.00
j. TOTAL DIRECT COSTS	\$924,892.00
k. INDIRECT COSTS	\$75,108.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

5 NU58DP006999-02-
00

1. Terms and Conditions

DP21-2109 - Metropolitan Government of Nashville & Davidson County - NU58DP006999

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated April 20, 2022 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,000,000 is approved for the Year 2 budget period, which is **August 31, 2022, through August 30, 2023**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$1,000,000
Component B	-
Component C	-

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of

and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: Contracts: Once selected, the TBD Contractual cost noted below, must be submitted to and approved in writing by the Grants Management Specialist/Grants Management Officer (GMS/GMO) before cost can be expended with the six elements to the level of detail described in the [CDC Budget Preparation Guidance](#).

- Contract A: Evaluation Contractor (10% or \$100,000/year)
- Telephone Hotline (TBD)

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal

award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Nadirah Watson, Grants Management Officer/Specialist
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Email: kog8@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

Director, Metro Public Health Department

12/9/2022

Date

DocuSigned by:
Tiné Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

12/9/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kelly Flannery/mfw

Director, Department of Finance

1/13/2023 | 4:01 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb

Director of Risk Management Services

1/19/2023 | 12:55 PM CST

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

1/17/2023 | 12:39 PM PST

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date


Certificate Of Completion

Envelope Id: E736588D81BD42C78E534F3B2A3DDD94	Status: Completed
Subject: Complete with DocuSign: Community Health Workers 21-22 Amendment1 - for Council Meeting 02/07/2023	
Source Envelope:	
Document Pages: 11	Signatures: 6
Certificate Pages: 15	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Juanita Paulson
Time Zone: (UTC-06:00) Central Time (US & Canada)	730 2nd Ave. South 1st Floor
	Nashville, TN 37219
	Juanita.Paulsen@nashville.gov
	IP Address: 170.190.198.190


Record Tracking

Status: Original	Holder: Juanita Paulson	Location: DocuSign
1/12/2023 11:39:29 AM	Juanita.Paulsen@nashville.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Metropolitan Government of Nashville and Davidson County	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Brittany Bryant		Sent: 1/12/2023 11:50:40 AM
brittany.bryant@nashville.gov		Viewed: 1/13/2023 2:51:25 PM
Security Level: Email, Account Authentication (None)		Signed: 1/13/2023 2:53:35 PM
		Signature Adoption: Pre-selected Style
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
 Accepted: 1/13/2023 2:51:25 PM
 ID: a9c33e64-f394-4915-bc4f-48c9fa221bbd


Tom Eddlemon		Sent: 1/13/2023 2:53:39 PM
Tom.eddlemon@nashville.gov		Viewed: 1/13/2023 3:18:51 PM
Director of Finance		Signed: 1/13/2023 3:19:41 PM
Security Level: Email, Account Authentication (None)		Signature Adoption: Pre-selected Style
	Using IP Address: 174.212.107.19	
	Signed using mobile	

Electronic Record and Signature Disclosure:
 Accepted: 1/13/2023 3:18:51 PM
 ID: e42ce85a-f473-487c-bc12-9715b3f895b7

Kelly Flannery/mjw		Sent: 1/13/2023 3:19:46 PM
MaryJo.Wiggins@nashville.gov		Viewed: 1/13/2023 3:59:28 PM
Security Level: Email, Account Authentication (None)		Signed: 1/13/2023 4:01:01 PM
		Signature Adoption: Pre-selected Style
	Using IP Address: 170.190.198.185	

Electronic Record and Signature Disclosure:
 Accepted: 1/13/2023 3:59:28 PM
 ID: 37960de6-3a05-4f2f-bd84-2bc634f51fe4

Courtney Mohan		Sent: 1/13/2023 4:01:04 PM
Courtney.Mohan@nashville.gov		Viewed: 1/13/2023 4:01:37 PM
Security Level: Email, Account Authentication (None)		Signed: 1/17/2023 2:39:20 PM
		Signature Adoption: Pre-selected Style
	Using IP Address: 170.190.198.185	

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 1/13/2023 4:01:37 PM ID: 62ac8d18-844d-436a-a7a3-94c793100e84 Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 1/17/2023 2:39:24 PM Resent: 1/18/2023 9:39:17 AM Viewed: 1/19/2023 12:55:35 PM Signed: 1/19/2023 12:55:43 PM

Electronic Record and Signature Disclosure:
 Accepted: 1/19/2023 12:55:35 PM
 ID: 3c78a0a6-c53b-41b3-ade0-610f1a40fe4d

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue;">COPIED</div>	Sent: 1/19/2023 12:55:47 PM Viewed: 1/19/2023 1:03:18 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue;">COPIED</div>	Sent: 1/19/2023 12:55:49 PM
Electronic Record and Signature Disclosure: Accepted: 1/19/2023 8:09:45 AM ID: c38a9ee2-b7d2-4364-8835-138cc1f1d70b		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/12/2023 11:50:40 AM
Certified Delivered	Security Checked	1/19/2023 12:55:35 PM
Signing Complete	Security Checked	1/19/2023 12:55:43 PM
Completed	Security Checked	1/19/2023 12:55:49 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		