# **GRANT SUMMARY SHEET**

**Grant Name:** HIV Emergency Relief 22-25 Amend 3

**Department:** HEALTH DEPARTMENT

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

**Pass-Through Grantor** 

(If applicable):

**Total Award this Action:** \$1,060,039.00

Cash Match Amount \$0.00

**Department Contact:** Brad Thompson

340-0407

**Status:** AMENDMENT

# **Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates funding for the current grant cycle. Amendment 3 authorizes the carryover of an unobligated balance in the amount of \$1,060,039 from budget period 3/1/2021 - 2/28/2022 into the current budget period.

# Plan for continuation of services upon grant expiration:

Services will be discontinued

Thursday, October 27, 2022 Page 1 of 1

#### **Grants Tracking Form**

| Part One   |  |  |  |   |  |  |  |  |  |   |
|--|--|--|--|---|--|--|--|--|--|---|
| Pre-Appli  | cation   | 0  | Application  |   | Award Acceptant  | ce O   | Contract Amendme   | ent 💿  |  |   |
|  | Depart   | tment  | Dept. No.  |   |  | Contact  |  |  | Phone  | Fax   |
| HEALTH DE  | PARTMEN  | Τ ▼  | 038  | Brad Thompson   |  |  |  |  | 340-0407   |   |
| Grant Na   | me:  |  | HIV Emergency Re   | lief 22-25 Amend 3  |  |  |  |  |  |   |
| Grantor:   |  |  | U.S. DEPARTMENT OF   | HEALTH AND HUMAI  | N SERVICES   |  | ▼ Other:   |  |  |   |
| Grant Per  | riod Fron  | n:   | 03/01/22   |   | (applications only)  | Anticipated Applic   | cation Date:   |  |  |   |
| Grant Per  | riod To:   |  | 02/28/25   |   | (applications only)  | Application Dead   | line:  |  |  |   |
| Funding '  | Туре:  |  | FED DIRECT   | •   |  | Multi-Department   | t Grant  |  | → If yes, list be  | low.  |
| Pass-Thru  | ı:   |  |  | •   |  | Outside Consulta   | nt Project:  |  |  |   |
| Award Ty   | pe:  |  | FORMULA  | ▼   |  | Total Award:   |  | \$1,060,039.0                                  | 0  |   |
| Status:  |  |  | AMENDMENT  | ▼   |  | Metro Cash Matc  | h:   | \$0.00   |  |   |
| Metro Car  | tegory:  |  | Est. Prior.  | ▼   |  | Metro In-Kind Ma   | tch:   | \$0.00   |  |   |
| CFDA#  |  |  | 93.914   |   |  | Is Council appro   | val required?  | V  |  |   |
| Project D  |  |  |  |   |  | Applic. Submitted  | I Electronically?  agnosis, and treatment  |  |  |   |
| <b>Plan for c</b><br>Services w  |  |  | er expiration of gra   | nt/Budgetary <b>i</b> mpa   | ict:   |  |  |  |  |   |
| How is M   | atch Dete  | ermined?   |  |   |  |  |  |  |  |   |
|  |  |  |  |   |  |  |  |  |  |   |
|  |  |  |  | or  |  | % of Grant   |  | Other:   |  |   |
| Exp <b>l</b> anati   | ion for "C   | Other" means of d  | letermining match:   |   |  | % of Grant   |  | Other:   |  |   |
| Explanati  | ion for "C   | Other" means of d  | ·  |   |  | % of Grant   | nd   | Other:   | Init   |   |
| Explanati  | ion for "C<br>Metro FY,<br>/ in depa   | Other" means of d  | ·  |   |  | Fu   | nd<br>posed Source of Mato   | Business U                                     | Init   |   |
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| For this N Is already Is not but (Indicate N Other: Number of Department of Metro or There are   | Metro FY, v in depa dgeted? Match An of FTEs ti ental Indi Costs all please at vn allowa Commun 7 organiz  Metro Fiscal                          | how much of the rtment budget?  nount & Source for the grant will fund trect Cost Rate lowed?  ttach documentate able?  nity-based Partner actions that will provided that will provided the content of the cost o | e required local Met<br>or Remaining Grant<br>l:      Yes  No<br>ion from the grant<br>rs: vide services in the o  | "Allow. or that indirect cos                                      | 5.80 24.42% 2.51% its are not allowab all are considered s Part Tw G Local Match                   | Actual number of Indirect Cost of G Ind. Cost Requestole. See Instruction subgrantees. | f positions added: frant to Metro: ted from Grantor: ens)                          | Business Uh:  Total Grant Ea                   | 0.00<br>\$1,393,098.24<br>\$37,157.00<br>Ch Indirect Cost<br>to Metro                        | Ind. Cost Neg.                                |
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| For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect ( '(If "No", p Draw dov Metro or ( There are  Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5  | Metro FY, v in depa dgeted? Match An of FTEs t ental Indi Costs all please at vn allowa Commun 7 organiz  Metro Fiscal Year FY23 FY FY FY FY ral | how much of the rtment budget?  nount & Source for the grant will fund frect Cost Rate lowed?  ttach documentate able?  nity-based Partner actions that will provide the provided of the company of the c | e required local Meters or Remaining Grant  i:   Yes No ion from the grant rs: vide services in the constant or se | % Allow. Or that indirect costontinuum of care. A                 | 5,80 24,42% 2,51%  Its are not allowate  All are considered s  Part Tw  G  Local Match Cash \$0.00 | Actual number of Indirect Cost of G Ind. Cost Requestole. See Instruction subgrantees. | f positions added: irant to Metro: ted from Grantor: ins)  Local Match In-Kind     | Business Uh:  Total Grant Ea Year \$5,704,743  | 0.00<br>\$1,393,098.24<br>\$37,157.00<br><b>ch Indirect Cost to Metro</b> .00 \$1,393,098.24 | Ind. Cost Neg.<br>from Grantor<br>\$37,157.00 |

Contact:

vaughn.wilson@nashville.gov

(or) Date Withdrawn:

Rev. 5/13/13 5539 GCP Rec'd 10/27/22

GCP Approved 10/27/22

VW

# **GRANT SUMMARY SHEET**

**Grant Name:** HIV Emergency Relief 22-25 Amend 2

**Department:** HEALTH DEPARTMENT

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

**Pass-Through Grantor** 

(If applicable):

**Total Award this Action:** \$0.00 **Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson

340-0407

Status: AMENDMENT

# **Program Description:**

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates funding for the current grant cycle. Amendment 2 updates grant specific reporting terms. All prior terms and conditions remain in effect.

# Plan for continuation of services upon grant expiration:

Services will be discontinued

Thursday, October 27, 2022 Page 1 of 1

#### **Grants Tracking Form**

|  | Part One                |  |                      |                                |   |                          |   |                                       |   |                                |
|--|-------------------------|--|----------------------|--------------------------------|---|--------------------------|---|---------------------------------------|---|--------------------------------|
| Pre-Appli  | cation                  | 0                                      | Application          | 0                              | Award Acceptance                                    | e O                      | Contract Amendme                                | ent 💿                                 |   |                                |
|  | Depar                   | tment                                  | Dept. No.            |                                |   | Contact                  |   |                                       | Phone                                   | Fax                            |
| HEALTH DE  | PARTMEN                 | Τ ▼                                    | 038                  | Brad Thompson                  |   |                          |   |                                       | 340-0407                                |                                |
| Grant Na   | me:                     |  | HIV Emergency Re     | lief 22-25 Amend 2             |   |                          |   |                                       |   |                                |
| Grantor:   |                         |  | U.S. DEPARTMENT OF   | F HEALTH AND HUMAI             | N SERVICES  |                          | ▼ Other:  |                                       |   |                                |
| Grant Per  | riod Fron               | n:                                     | 03/01/22             |                                | (applications only)                                 | Anticipated Applica      | ition Date:                                     |                                       |   |                                |
| Grant Per  | riod To:                |  | 02/28/25             | _                              | (applications only)                                 | Application Deadlin      |   |                                       |   |                                |
| Funding <sup>1</sup>   | Type:                   |  | FED DIRECT           | _                              | 77  | Multi-Department (       |   |                                       | ► If yes, list be                       | ow.                            |
| Pass-Thru  |                         |  |                      | _                              |   | Outside Consultant       |   |                                       | , |                                |
| Award Ty   |                         |  | FORMULA              | ▼                              |   | Total Award:             | <b>-</b>  | \$0.00                                |   |                                |
| Status:  |                         |  | AMENDMENT            | _                              |   | Metro Cash Match:        | <u> </u>  | \$0.00                                |   |                                |
| Metro Ca   | tegory:                 |  | Est. Prior.          | _                              |   | Metro In-Kind Mate       | ch:   | \$0.00                                |   |                                |
| CFDA#  | 97-                     |  | 93.914               |                                |   | Is Council approva       |   | <b>₹</b>                              |   |                                |
| Project D  | escriptio               | on:                                    | 00.014               |                                |   | Applic. Submitted E      | · · · · · · · · · · · · · · · · · · ·           |                                       |   |                                |
| Minority A <b>I</b><br>terms. AII  | DS Initiat<br>prior ter | ive program. This<br>ms and condition  |                      | e the "payer of <b>l</b> ast r | esort." This action c                               |                          | osis, and treatment of the current grant cycle. |                                       |   |                                |
| Services w   |                         |  |                      |                                |   |                          |   |                                       |   |                                |
|  |                         | ermined?                               |                      |                                |   |                          |   |                                       |   |                                |
| Fixed Am   |                         | <u> </u>                               | letermining match:   | or                             |   | % of Grant               |   | Other:                                |   |                                |
| For this N   | Metro FY                | , how much of the                      | e required local Met | ro cash match:                 |   |                          |   |                                       |   |                                |
|  |                         | rtment budget?                         |                      |                                |   | Fun                      | d   | Business Unit                         |   |                                |
| Is not but   |                         |  |                      |                                |   | Propo                    | sed Source of Match                             |                                       |   |                                |
|  | _                       | nount & Source f                       | or Remaining Grant   | : Years in Budget B            | elow)   |                          |   |                                       |   |                                |
| Number o   | of FTEs t               | he grant will fund                     | l:                   |                                | 5.80  | Actual number of p       | positions added:                                |                                       | 0.00                                    |                                |
| Departme   | ental Indi              | rect Cost Rate                         |                      |                                | 24.42%  | Indirect Cost of Gra     | ant to Metro:                                   |                                       | \$1,134,236.72                          |                                |
| *Indirect  | Costs all               | owed?                                  | Yes   No             | % Allow.                       | 2.51% Ind. Cost Requested from Grantor: \$37,157.00 |                          |   | \$37,157.00                           | in budget                               |                                |
| *(lf "No", ı   | please at               | tach documentat                        | ion from the granto  | or that indirect cost          | ts are not allowabl                                 | e. See Instructions      | )   |                                       |   |                                |
| Draw down allowable?  Metro or Community-based Partners:  There are 7 organizations that will provide services in the continuum of care. All are considered subgrantees. |                         |  |                      |                                |   |                          |   |                                       |   |                                |
|  |                         |  |                      |                                | Part Tw   | 0                        |   |                                       |   |                                |
|  |                         |  |                      |                                | G   | rant Budget              |   |                                       |   |                                |
| Budget<br>Year   | Metro<br>Fiscal<br>Year | Federal Grantor                        | State Grantor        | Other Grantor                  | Local Match<br>Cash                                 | Match Source (Fun<br>BU) | nd, Local Match<br>In-Kind                      | Total Grant Each<br>Year              | Indirect Cost<br>to Metro               | Ind. Cost Neg.<br>from Grantor |
| Yr 1   | FY23                    | \$4,644,704.00                         |                      |                                | \$0.00  |                          | \$0.00  | \$4,644,704.00                        | \$1,134,236.72                          | \$37,157.00                    |
| Yr 2   | FY                      |  |                      |                                |   |                          |   |                                       |   |                                |
| Yr 3<br>Yr 4   |                         |  |                      |                                |   |                          |   |                                       |   |                                |
|  | FY<br>FY                |  |                      |                                |   |                          |   |                                       |   |                                |
| Yr 5   | FY<br>FY                |  |                      |                                |   |                          |   |                                       |   |                                |
|  | FY<br>FY                | \$4,644,704.00                         | \$0.00               | \$0.00                         | \$0.00  |                          | \$0.00  | \$4,644,704.00                        | \$1,134,236.72                          | \$37,157.00                    |
| Yr 5   | FY<br>FY                | \$4,644,704 <b>.</b> 00<br>te Awarded: | \$0.00               | \$0.00<br>10/19/22             | \$0.00  | \$0.00                   | \$0.00<br>Contract#:                            | \$4,644,704 <b>.</b> 00<br>2 H89HA114 |   | <b>\$</b> 37,157 <b>.</b> 00   |
| Yr 5   | FY<br>FY<br>al Da       |  | \$0.00               |                                | \$0.00  | \$0.00                   |   | 1 / /                                 |   | \$37,157.00                    |

Contact:

vaughn.wilson@nashville.gov

Rev. 5/13/13 5538

GCP Rec'd 10/27/22

GCP Approved 10/27/22

VW



# **Department of Health and Human Services**

**Health Resources and Services Administration** 

Notice of Award FAIN# H8911433 Federal Award Date: 09/12/2022

#### **Recipient Information**

1. Recipient Name

Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave

Nashville, TN 37209-4129

2. Congressional District of Recipient

- 3. Payment System Identifier (ID) 1620694743A7
- 4. Employer Identification Number (EIN) 620694743
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier LGZLHP6ZHM55
- 7. Project Director or Principal Investigator Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605
- 8. Authorized Official

Tina Lester **Bureau Director** tina.lester@nashville.gov (615)340-5687

#### **Federal Agency Information**

9. Awarding Agency Contact Information Marie E Mehaffey **Grants Management Specialist** 

Office of Federal Assistance Management (OFAM)

Division of Grants Management Office (DGMO)

MMehaffey@hrsa.gov (301) 945-3934

10. Program Official Contact Information

Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251

#### **Federal Award Information**

11. Award Number

6 H89HA11433-14-03

- 12. Unique Federal Award Identification Number (FAIN) H8911433
- 13. Statutory Authority 42 U.S.C. § 300ff-11-20 and § 300ff-121
- 14. Federal Award Project Title Ryan White Part A HIV Emergency Relief Grant Program
- 15. Assistance Listing Number
- 16. Assistance Listing Program Title **HIV Emergency Relief Project Grants**
- 17. Award Action Type Administrative
- 18. Is the Award R&D? No

| Summary Federal Award Financial Infor   | mation         |
|---|----------------|
| 19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023   |                |
| 20. Total Amount of Federal Funds Obligated by this Action  | \$1,060,039.00 |
| 20a. Direct Cost Amount   |                |
| 20b. Indirect Cost Amount   |                |
| 21. Authorized Carryover  | \$0.00         |
| 22. Offset  | \$0.00         |
| 23. Total Amount of Federal Funds Obligated this budget period  | \$5,704,743.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable   | \$0.00         |
| 25. Total Federal and Non-Federal Approved this Budget Period   | \$5,704,743.00 |
| 26. Project Period Start Date 03/01/2022 - End Date 02/28/2025  |                |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$5,704,743.00 |
|   |                |

- 28. Authorized Treatment of Program Income
- 29. Grants Management Officer Signature Brad Barney on 09/12/2022

#### 30. Remarks

Prior Approval Request Tracking Number PA-00109584. Prior Approval Request Type: Carryover



HIV/AIDS Bureau (HAB)

Notice of Award

Date Issued: 9/12/2022 9:44:47 AM

Award Number: 6 H89HA11433-14-03

Award Number: 6 H89HA11433-14-03 Federal Award Date: 09/12/2022

33. RECOMMENDED FUTURE SUPPORT:

| (Subject to the availability of funds and satisfactory progress of project) |                                      |        |  |  |  |
|---|--------------------------------------|--------|--|--|--|
| YEAR TOTAL COSTS  |                                      |        |  |  |  |
| 15  | 15 \$4,644,704.00                    |        |  |  |  |
| 16  | 16 \$4,644,704.00                    |        |  |  |  |
| 34. APPROVED DIRECT   | ASSISTANCE BUDGET: (In lieu of cash) |        |  |  |  |
| a. Amount of Direct Assistance \$0.00                                       |                                      |        |  |  |  |
| b. Less Unawarded Ba  | lance 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<br>41.15   |                                      |        |  |  |  |
| 37. BHCMIS#   |                                      |        |  |  |  |

| 31. APPROVED BUDGET: (Excludes Direct Assistance)  [X] Grant Funds Only |                    |
|---|--------------------|
| ,   | -1-1               |
| [ ] Total project costs including grant funds and all other finan       | cial participation |
| a. Salaries and Wages:  | \$0.00             |
| b. Fringe Benefits:   | \$0.00             |
| c. Total Personnel Costs:   | \$0.00             |
| d. Consultant Costs:  | \$0.00             |
| e. Equipment:   | \$0.00             |
| f. Supplies:  | \$0.00             |
| g. Travel:  | \$0.00             |
| h. Construction/Alteration and Renovation:                              | \$0.00             |
| i. Other:   | \$0.00             |
| j. Consortium/Contractual Costs:  | \$0.00             |
| k. Trainee Related Expenses:  | \$0.00             |
| I. Trainee Stipends:  | \$0.00             |
| m. Trainee Tuition and Fees:  | \$0.00             |
| n. Trainee Travel:  | \$0.00             |
| o. TOTAL DIRECT COSTS:  | \$5,704,743.00     |
| p. INDIRECT COSTS (Rate: % of S&W/TADC):                                | \$0.00             |
| q. TOTAL APPROVED BUDGET:   | \$5,704,743.00     |
| i. Less Non-Federal Share:  | \$0.00             |
| ii. Federal Share:  | \$5,704,743.00     |
| 32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:                         |                    |
| a. Authorized Financial Assistance This Period                          | \$5,704,743.00     |
| 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                    | \$4,644,704.00     |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION                           | \$1,060,039.00     |
|   |                    |

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 statue 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<br>NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------------|-----------------|-----------------|------------------|------------------|
| 21 - 3772306 | 93.914 | 22H89HA11433       | \$970,560.00    | \$0.00          | FRML             | 22H89HA11433     |
| 21 - 3772305 | 93.914 | 22H89HA11433       | \$89,479.00     | \$0.00          | MAI              | 22H89HA11433     |

Date Issued: 9/12/2022 9:44:47 AM Award Number: 6 H89HA11433-14-03

# 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. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$1,060,039 from budget period 3/1/2021 - 2/28/2022 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

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

#### Contacts

## NoA Email Address(es):

| Name                  | Role                 | Email                               |  |
|-----------------------|----------------------|-------------------------------------|--|
| Beverly Glaze-Johnson | Program Director     | beverly.glaze-johnson@nashville.gov |  |
| Emily Bradberry       | Business Official    | emily.bradberry@nashville.gov       |  |
| Tina Lester           | Authorizing Official | tina.lester@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:                           |             |
|--|-------------|
| Gill ( Wright III, MD)                   | 10/19/2022  |
| Director, Metro Public Health Department | Date        |
| DocuSigned by:                           |             |
| Tené Hamilton Franklin                   | 10/20/2022  |
| Chair, Board of Health                   | Date        |
| APPROVED AS TO AVAILABILITY OF FUNDS:    |             |
| DocuSigned by:                           | 11/3/2022   |
| Director, Department of Finance          | Date        |
| APPROVED AS TO RISK AND INSURANCE:       |             |
| DocuSigned by:                           |             |
| Balogun Cobb                             | 11/4/2022   |
| —®irector⁴তf Risk Management Services    | Date        |
| APPROVED AS TO FORM AND LEGALITY:        |             |
| DocuSigned by:                           | 11 /2 /2022 |
| Courtney Molian.                         | 11/3/2022   |
| Metropolitan Attorney                    | Date        |
|  |             |
| Metropolitan Mayor                       | Date        |
| ATTEST:                                  |             |
|  |             |
| Metropolitan Clerk                       | Date        |



# **Department of Health and Human Services**

**Health Resources and Services Administration** 

Notice of Award FAIN# H8911433 Federal Award Date: 06/14/2022

#### **Recipient Information**

1. Recipient Name

Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129

2. Congressional District of Recipient

3. Payment System Identifier (ID)

1620694743A7

4. Employer Identification Number (EIN) 620694743

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier LGZLHP6ZHM55

7. Project Director or Principal Investigator

Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov

(615)340-8605 8. Authorized Official

Tina Lester **Bureau Director** tina.lester@nashville.gov (615)340-5687

#### **Federal Agency Information**

9. Awarding Agency Contact Information

Marie E Mehaffey

**Grants Management Specialist** 

Office of Federal Assistance Management (OFAM)

Division of Grants Management Office (DGMO)

MMehaffey@hrsa.gov

(301) 945-3934

10. Program Official Contact Information

Jonathon Fenner

HIV/AIDS Bureau (HAB)

jfenner@hrsa.gov (301) 443-4251

#### **Federal Award Information**

11. Award Number

6 H89HA11433-14-02

12. Unique Federal Award Identification Number (FAIN) H8911433

13. Statutory Authority

42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title

Ryan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number

16. Assistance Listing Program Title

**HIV Emergency Relief Project Grants** 

17. Award Action Type

Administrative

18. Is the Award R&D?

No

#### **Summary Federal Award Financial Information** 19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023 20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount 20b. Indirect Cost Amount 21. Authorized Carryover

\$0.00 \$0.00

22. Offset 23. Total Amount of Federal Funds Obligated this budget period

\$4,644,704.00

24. Total Approved Cost Sharing or Matching, where applicable 25. Total Federal and Non-Federal Approved this Budget Period \$0.00 \$4,644,704.00

26. Project Period Start Date 03/01/2022 - End Date 02/28/2025

27. Total Amount of the Federal Award including Approved

\$4,644,704.00

Cost Sharing or Matching this Project Period 28. Authorized Treatment of Program Income

29. Grants Management Officer - Signature Karen Mayo on 06/14/2022

#### 30. Remarks

GA Admin Batch Tracking Number 000148.



HIV/AIDS Bureau (HAB)

Notice of Award

Date Issued: 6/14/2022 11:54:51 AM

Award Number: 6 H89HA11433-14-02

Award Number: 6 H89HA11433-14-02 Federal Award Date: 06/14/2022

|               | (Subject to the availabi   | lity of funds and satisfactory progress of proj | ect)   |  |  |  |
|---------------|--|---|--------|--|--|--|
| participation | YEAR   | TOTAL COSTS                                     |        |  |  |  |
| \$0.00        | 15   | \$4,644,704.00                                  |        |  |  |  |
| \$0.00        | 16   | \$4,644,704.00                                  |        |  |  |  |
| \$0.00        | 34. APPROVED DIRECT  | ASSISTANCE BUDGET: (In lieu of cash)            |        |  |  |  |
| \$0.00        | a. Amount of Direct A  | ssistance                                       | \$0.00 |  |  |  |
| \$0.00        | b. Less Unawarded Balance of Current Year's Funds c. Less Cumulative Prior Award(s) This Budget Period |   |        |  |  |  |
| \$0.00        |  |   |        |  |  |  |
| \$0.00        | d. Amount of direct assistance this action   |   |        |  |  |  |
| \$0.00        | 35. FORMER GRANT NUMBER  |   |        |  |  |  |
| \$0.00        | 36. OBJECT CLASS   |   |        |  |  |  |
| \$0.00        | 41.15  |   |        |  |  |  |
| \$0.00        | 37. BHCMIS#  |   |        |  |  |  |
| \$0.00        |  |   |        |  |  |  |

33. RECOMMENDED FUTURE SUPPORT:

|     | 31. APPROVED BUDGET: (Excludes Direct Assistance)  [X] Grant Funds Only             |                |  |  |  |  |
|-----|---|----------------|--|--|--|--|
| -   | [ ] Total project costs including grant funds and all other financial participation |                |  |  |  |  |
|     | 1 Total project costs including grant failed and an other infailed part             | <u> </u>       |  |  |  |  |
| a.  | Salaries and Wages:   | \$0.00         |  |  |  |  |
| b.  | Fringe Benefits:  | \$0.00         |  |  |  |  |
| c.  | Total Personnel Costs:  | \$0.00         |  |  |  |  |
| d.  | Consultant Costs:   | \$0.00         |  |  |  |  |
| e.  | Equipment:  | \$0.00         |  |  |  |  |
| f.  | Supplies:   | \$0.00         |  |  |  |  |
| g.  | Travel:   | \$0.00         |  |  |  |  |
| h.  | Construction/Alteration and Renovation:   | \$0.00         |  |  |  |  |
| i.  | Other:  | \$0.00         |  |  |  |  |
| j.  | Consortium/Contractual Costs:   | \$0.00         |  |  |  |  |
| k.  | Trainee Related Expenses:   | \$0.00         |  |  |  |  |
| I.  | Trainee Stipends:   | \$0.00         |  |  |  |  |
| m.  | Trainee Tuition and Fees:   | \$0.00         |  |  |  |  |
| n.  | Trainee Travel:   | \$0.00         |  |  |  |  |
| о.  | TOTAL DIRECT COSTS:   | \$4,644,704.00 |  |  |  |  |
| p.  | INDIRECT COSTS (Rate: % of S&W/TADC):   | \$0.00         |  |  |  |  |
| q.  | TOTAL APPROVED BUDGET:  | \$4,644,704.00 |  |  |  |  |
|     | i. Less Non-Federal Share:  | \$0.00         |  |  |  |  |
|     | ii. Federal Share:  | \$4,644,704.00 |  |  |  |  |
| 32. | AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:   |                |  |  |  |  |
| a.  | Authorized Financial Assistance This Period   | \$4,644,704.00 |  |  |  |  |
| 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                                   | \$4,644,704.00 |  |  |  |  |
| e.  | AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION  | \$0.00         |  |  |  |  |

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 statue 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<br>NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------------|-----------------|-----------------|------------------|------------------|
| 22 - 3771356 | 93.914 | 22H89HA11433       | \$0.00          | \$0.00          | FRML             | 22H89HA11433     |
| 22 - 3771357 | 93.914 | 22H89HA11433       | \$0.00          | \$0.00          | SUPPL            | 22H89HA11433     |
| 22 - 3771355 | 93.914 | 22H89HA11433       | \$0.00          | \$0.00          | MAI              | 22H89HA11433     |

Date Issued: 6/14/2022 11:54:51 AM Award Number: 6 H89HA11433-14-02

# 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. The recipient must submit a FY 2022 Program Terms Report consistent with reporting guidelines, instructions, and/or reporting templates provided in EHBs. Submission deadline: 8/13/2022.

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

#### Contacts

# NoA Email Address(es):

| Name                  | Role                 | Email                               |  |
|-----------------------|----------------------|-------------------------------------|--|
| Tina Lester           | Authorizing Official | tina.lester@nashville.gov           |  |
| Beverly Glaze-Johnson | Program Director     | beverly.glaze-johnson@nashville.gov |  |
| Emily Bradberry       | Business Official    | emily.bradberry@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:                                 |             |
|--|-------------|
| Gill ( Wright III, MD                          | 10/19/2022  |
| Director, Metro Public Health Department       | Date        |
| DocuSigned by:                                 |             |
| Tené Hamilton Franklin                         | 10/20/2022  |
| Chair, Board of Health                         | Date        |
| APPROVED AS TO AVAILABILITY OF FUNDS:          |             |
| DocuSigned by:                                 | 11/3/2022   |
| Lelly Flannery Director, Department of Finance | Date        |
| APPROVED AS TO RISK AND INSURANCE:             |             |
| DocuSigned by:                                 |             |
| Balogun (obb                                   | 11/4/2022   |
| —®irector⁴of Risk Management Services          | Date        |
| APPROVED AS TO FORM AND LEGALITY:              |             |
| DocuSigned by:                                 | 11 /2 /2022 |
| Courtney Molian                                | 11/3/2022   |
| ─Metropolitan Attorney                         | Date        |
|  |             |
| Metropolitan Mayor                             | Date        |
| ATTEST:  |             |
| ATTEOT.  |             |
| Metropolitan Clerk                             | <br>Date    |