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## GRANT SUMMARY SHEET

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**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

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:	HIV Emergency Relief 22-25 Amend 3						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:	03/01/22	(applications only) Anticipated Application Date:					
Grant Period To:	02/28/25	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$1,060,039.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93,914	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						

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 service after expiration of grant/Budgetary Impact:**  
 Services will be discontinued

**How is Match Determined?**  
 Fixed Amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of Grant \_\_\_\_\_ Other:

Explanation for "Other" means of determining match: \_\_\_\_\_

**For this Metro FY, how much of the required local Metro cash match:**

Is already in department budget?		Fund	Business Unit
Is not budgeted?		Proposed Source of Match:	

(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)  
 Other: \_\_\_\_\_

Number of FTEs the grant will fund:	5,80	Actual number of positions added:	0,00
Departmental Indirect Cost Rate	24,42%	Indirect Cost of Grant to Metro:	\$1,393,098.24
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow. 2,51%	Ind. Cost Requested from Grantor:	\$37,157.00 in budget

\*(If "No", please attach documentation from the grantor that indirect costs are not allowable. 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 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	FY23	\$5,704,743.00			\$0.00		\$0.00	\$5,704,743.00	\$1,393,098.24	\$37,157.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$5,704,743.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,704,743.00	\$1,393,098.24	\$37,157.00
<b>Date Awarded:</b>				10/19/22		\$1,060,039.00	<b>Contract#:</b>	2 H89HA11433-14-03		
<b>(or) Date Denied:</b>										
<b>(or) Date Withdrawn:</b>										

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

GCP Rec'd  
10/27/22

GCP Approved  
10/27/22

*VW*

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## GRANT SUMMARY SHEET

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**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

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:	HIV Emergency Relief 22-25 Amend 2						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:		
Grant Period From:	03/01/22	(applications only) Anticipated Application Date:					
Grant Period To:	02/28/25	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.914	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically?		<input type="checkbox"/>				
<p>This is a grant from the Health Resources &amp; 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.</p>							
<p>Plan for continuation of service after expiration of grant/Budgetary Impact:</p> <p>Services will be discontinued</p>							
<p>How is Match Determined?</p> <p>Fixed Amount of \$ _____ or % of Grant _____ Other: <input type="checkbox"/></p> <p>Explanation for "Other" means of determining match:</p>							
<p>For this Metro FY, how much of the required local Metro cash match:</p> <p>Is already in department budget? _____ Fund _____ Business Unit _____</p> <p>Is not budgeted? _____ Proposed Source of Match: _____</p> <p>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</p> <p>Other:</p>							
Number of FTEs the grant will fund:		5.80	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		24.42%	Indirect Cost of Grant to Metro:		\$1,134,236.72		
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 2.51%	Ind. Cost Requested from Grantor:		\$37,157.00	in budget	
<p>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</p> <p>Draw down allowable? <input type="checkbox"/></p> <p>Metro or Community-based Partners:</p> <p>There are 7 organizations that will provide services in the continuum of care. All are considered subgrantees.</p>							

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	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	FY									
Yr 4	FY									
Yr 5	FY									
<b>Total</b>		\$4,644,704.00	\$0.00	\$0.00	\$0.00		\$0.00	\$4,644,704.00	\$1,134,236.72	\$37,157.00
Date Awarded:					10/19/22	\$0.00	Contract#:	2 H89HA11433-14-02		
(or) Date Denied:										
(or) Date Withdrawn:										

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

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**  
05
- 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**  
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**  
93.914
- 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** \$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**  
Addition

**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



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

**HIV/AIDS Bureau (HAB)**

<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		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																						
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>15</td> <td>\$4,644,704.00</td> </tr> <tr> <td>16</td> <td>\$4,644,704.00</td> </tr> </tbody> </table>		YEAR	TOTAL COSTS	15	\$4,644,704.00	16	\$4,644,704.00															
YEAR	TOTAL COSTS																							
15	\$4,644,704.00																							
16	\$4,644,704.00																							
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 l. 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		<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>																						
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$5,704,743.00</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 \$4,644,704.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$1,060,039.00</b>		<b>35. FORMER GRANT NUMBER</b> <b>36. OBJECT CLASS</b> 41.15 <b>37. BHCNIS#</b>																						
<b>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:</b> 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.																								
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																								
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>21 - 3772306</td> <td>93.914</td> <td>22H89HA11433</td> <td>\$970,560.00</td> <td>\$0.00</td> <td>FRML</td> <td>22H89HA11433</td> </tr> <tr> <td>21 - 3772305</td> <td>93.914</td> <td>22H89HA11433</td> <td>\$89,479.00</td> <td>\$0.00</td> <td>MAI</td> <td>22H89HA11433</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT 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
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																		
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21 - 3772305	93.914	22H89HA11433	\$89,479.00	\$0.00	MAI	22H89HA11433																		

## 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 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 C Wright III, MD  
0468AC24E4CC488...  
Director, Metro Public Health Department

10/19/2022  
Date

DocuSigned by:  
Tené Hamilton Franklin  
DEBF08BF44D1480...  
Chair, Board of Health

10/20/2022  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
Kelly Plannery  
C1313D4B905F4ED...  
Director, Department of Finance

11/3/2022  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
Balagun Cobb  
Director of Risk Management Services

11/4/2022  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
Courtney Mohan  
Metropolitan Attorney

11/3/2022  
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	
<b>1. Recipient Name</b>	Metro Public Health Department of Nashville/Davidson County 2500 Charlotte Ave Nashville, TN 37209-4129
<b>2. Congressional District of Recipient</b>	05
<b>3. Payment System Identifier (ID)</b>	1620694743A7
<b>4. Employer Identification Number (EIN)</b>	620694743
<b>5. Data Universal Numbering System (DUNS)</b>	078217668
<b>6. Recipient's Unique Entity Identifier</b>	LGZLHP6ZHM55
<b>7. Project Director or Principal Investigator</b>	Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov (615)340-8605
<b>8. Authorized Official</b>	Tina Lester Bureau Director tina.lester@nashville.gov (615)340-5687

Federal Agency Information	
<b>9. Awarding Agency Contact Information</b>	Marie E Mehaffey Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) MMehaffey@hrsa.gov (301) 945-3934
<b>10. Program Official Contact Information</b>	Jonathon Fenner HIV/AIDS Bureau (HAB) jfenner@hrsa.gov (301) 443-4251

Federal Award Information	
<b>11. Award Number</b>	6 H89HA11433-14-02
<b>12. Unique Federal Award Identification Number (FAIN)</b>	H8911433
<b>13. Statutory Authority</b>	42 U.S.C. § 300ff-11-20 and § 300ff-121
<b>14. Federal Award Project Title</b>	Ryan White Part A HIV Emergency Relief Grant Program
<b>15. Assistance Listing Number</b>	93.914
<b>16. Assistance Listing Program Title</b>	HIV Emergency Relief Project Grants
<b>17. Award Action Type</b>	Administrative
<b>18. Is the Award R&amp;D?</b>	No

Summary Federal Award Financial Information	
<b>19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
<b>21. Authorized Carryover</b>	\$0.00
<b>22. Offset</b>	\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$4,644,704.00
<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>	\$4,644,704.00
<b>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</b>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$4,644,704.00

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

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

**30. Remarks**

GA Admin Batch Tracking Number 000148.



## Notice of Award

Award Number: 6 H89HA11433-14-02

Federal Award Date: 06/14/2022

## HIV/AIDS Bureau (HAB)

<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		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																													
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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 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. 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		<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>																													
<b>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$4,644,704.00</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 \$4,644,704.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$0.00</b>		<b>35. FORMER GRANT NUMBER</b> <b>36. OBJECT CLASS</b> 41.15 <b>37. BHCNIS#</b>																													
<b>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:</b> 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.																															
<b>39. ACCOUNTING CLASSIFICATION CODES</b>																															
<table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3771356</td> <td>93.914</td> <td>22H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>FRML</td> <td>22H89HA11433</td> </tr> <tr> <td>22 - 3771357</td> <td>93.914</td> <td>22H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>SUPPL</td> <td>22H89HA11433</td> </tr> <tr> <td>22 - 3771355</td> <td>93.914</td> <td>22H89HA11433</td> <td>\$0.00</td> <td>\$0.00</td> <td>MAI</td> <td>22H89HA11433</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT 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
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## 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 C Wright III, MD  
0480AC21E1CC208  
Director, Metro Public Health Department

10/19/2022  
Date

DocuSigned by:  
Tene Hamilton Franklin  
BEP08BF14D1480  
Chair, Board of Health

10/20/2022  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
Kelly Plannery  
Director, Department of Finance

11/3/2022  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
Balagun Cobb  
Director of Risk Management Services

11/4/2022  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
Courtney Mohan  
Metropolitan Attorney

11/3/2022  
Date

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

\_\_\_\_\_  
Date

ATTEST:

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

\_\_\_\_\_  
Date