

GRANT APPLICATION SUMMARY SHEET

Grant Name: Tennessee Safe Courts Grant Program 21-21
Department:
Grantor: U.S. DEPARTMENT OF JUSTICE
Pass-Through Grantor (If applicable): TENN. DEPT. OF FIN. & ADMIN.
Total Applied For: \$10,000.00
Metro Cash Match: \$0.00
Department Contact: Diane Lance
Status: NEW

Program Description:

This grant provides funding to update the Jean Crowe Advocacy Center (JCAC) to make it more trauma informed for victims who are waiting for court and meeting with our partners. The JCAC has assisted over 27,000 victims and 2,849 children since opening seven years ago. The grant will update and refresh the space and add much needed storage.

Plan for continuation of services upon grant expiration:

With the grant only being improvements there will be no need to continue the project once the improvements are complete

APPROVED AS TO AVAILABILITY OF FUNDS:

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Kelly Plannery/mjw _____ 11/22/2021
 62377A2A8742469... _____ **Date**

DocuSigned by:
Macy Amos _____ 11/4/2021
 E0A8B010A980468...1 **Attorney** _____ **Date**

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb _____ 11/23/2021
 68804BF12FD741C... _____ **Date**
 Services _____ **Management**

DocuSigned by:
John Cooper _____ 11/4/2021
 F0B3372652D0499... _____ **Mayor** _____ **Date**

(This application is contingent upon approval of the application by the Metropolitan Council.)

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input checked="" type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact		Phone	Fax		
Select a Dept. --- >	51	Diane Lance					
Grant Name:	Tennessee Safe Courts Grant Program 21-22						
Grantor:	U.S. DEPARTMENT OF JUSTICE		Other:				
Grant Period From:	11/01/21	<small>(applications only)</small> Anticipated Application Date:		11/19/21			
Grant Period To:	03/01/22	<small>(applications only)</small> Application Deadline:		11/19/21			
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:	TENN. DEPT. OF FIN. & ADMIN.	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	COMPETITIVE	Total Award:		\$10,000.00			
Status:	NEW	Metro Cash Match:		\$0.00			
Metro Category:	New Initiative	Metro In-Kind Match:		\$2,500.00			
CFDA #	N/A	Is Council approval required?		<input type="checkbox"/>			
Project Description:			Applic. Submitted Electronically? <input type="checkbox"/>				
<p>This grant provides funding to update the Jean Crowe Advocacy Center (JCAC) to make it more trauma informed for victims who are waiting for court and meeting with our partners. The JCAC has assisted over 27,000 victims and 2,849 children since opening seven years ago. The grant will update and refresh the space and add much needed storage.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
How is Match Determined?							
Fixed Amount of \$		or	20.0%	% of Grant		Other: <input type="checkbox"/>	
Explanation for "Other" means of determining match:							
We will be using volunteer time as the match for the grant.							
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:		0.00	Actual number of positions added:		0.00		
Departmental Indirect Cost Rate		29.10%	Indirect Cost of Grant to Metro:		\$2,910.00		
*Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No		% Allow.	0.00%	Ind. Cost Requested from Grantor:			
				\$0.00	in budget		
<small>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</small>							
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	\$10,000.00	\$0.00	\$0.00	\$0.00		\$2,500.00	\$12,500.00	\$2,910.00	\$0.00
Yr 2	FY__									
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$10,000.00	\$0.00	\$0.00	\$0.00		\$2,500.00	\$0.00	\$2,910.00	\$0.00
Date Awarded:				Tot. Awarded:		Contract#:				
(or) Date Denied:				Reason:						
(or) Date Withdrawn:				Reason:						

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

vw



STATE OF TENNESSEE
DEPARTMENT OF REVENUE
ANDREW JACKSON STATE OFFICE BUILDING
NASHVILLE, TENNESSEE 37242

July 23, 2014

Theodore G. Morrissey
Assistant Metropolitan Attorney
Metropolitan Government of Nashville
Department of Law
Metro Courthouse, Suite 108
Nashville, TN 37219-6300

Re: State Contractors/Sales and Use Tax Registration Requirement

Dear Theodore:

Thank you for contacting the Tennessee Department of Revenue regarding the requirement under Tenn. Code Ann. § 12-3-306(a) (2013) (formerly codified at Tenn. Code Ann. § 12-4-120) that any person contracting with a state governmental entity register to collect Tennessee sales and use tax, unless the person does not make sales of tangible personal property or services, which if the sales occurred wholly within Tennessee, would be taxable under the Retailers' Sales Tax Act.

Based on the information you provided, it appears that you do not make any such sales and are accordingly not required to register to collect Tennessee sales and use tax for purposes of Tenn. Code Ann. § 12-3-306(a).

This letter does not constitute a statement of policy, confirmation of exempt status, or a letter or revenue ruling. This letter is provided solely for purposes of compliance with the statutory requirement discussed above and is based entirely on representations made to the Department. If, contrary to such representations, you do in fact make retail sales in Tennessee of taxable services, tangible personal property, or other items, you are required to register, collect, and remit Tennessee sales and use tax. Failure to do so will result in the assessment of taxes due, as well as applicable penalties and interest.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Smith".

Kathy Smith, Director
Taxpayer Services Division

Metro Government of Nashville-Davidson County -Tennessee Safe Courts Grant

PROBLEMS FOR INTERVENTION AND EQUIPMENT NEEDS TO BE IMPROVED

Project costs must be related to the creation/updating/maintenance of a safe space for victims to wait while at court. How will this project enhance the court's ability to process the case and provide a safe, comforting waiting area for victims of crime?

In 2014, Nashville opened a court-based Family Justice Center, the Jean Crowe Advocacy Center (JCAC). Located in the heart of Nashville's criminal courthouse, victims come to the JCAC for a safe place to wait for court, meet with the District Attorney's Office, and receive help from advocates. This trauma-reducing space has assisted over 27,000 victims and 2,849 children since opening seven years ago.

Managed by the Metro Government's Office of Family Safety, a team of advocates work in this space to meet the immediate safety and comfort needs of victims coming to court and/or filing for an ex parte Order of Protection. In addition, advocates assist victims with safety planning, understanding their level of danger, shelter and other resource connection.

As the JCAC's client numbers have significantly grown, so too has the number of staff working within this space. For this reason, original storage space has been converted to client meeting and office space. As a result, the JCAC does not have sufficient storage for the following supplies and donations: food bags, snacks, feminine hygiene products, diapers, toys, office supplies, and other baby items. In addition, OFS grants require maintaining complete client files for a minimum of five years. As a result, OFS needs two storage cabinets and two hanging wall cabinets to adequately store these documents in a secure manner. This will better organize resources and reduce visible clutter.

In addition to the limitations above, OFS's growth in client numbers, including children, has resulted in quicker wear and tear on the facility than was anticipated. This project would allow OFS to refresh the client and child areas of the JCAC by repainting high traffic areas. This will make these areas clean and inviting to our clients and partners.

List any specific issues present in your community that relates to victims of crime waiting areas and/or safe areas:

Nashville is fortunate to have invested in a safe and separate place for victims of interpersonal violence to wait for court and receive helpful and supportive services. In 2018, the JCAC won the Nation Criminal Justice Association's National Criminal Justice Projects Award – South Region for courthouse spaces based upon its innovative design and function.

Issue 1: The original design of the JCAC did not include a children's play area. With 2,849 children served by OFS staff at the JCAC, a room within the JCAC needs to be converted to a child play area that is specifically designed and outfitted for children to feel safe, seen, soothed and secure.

Issue 2: The JCAC needs furniture storage. Without these pieces, JCAC staff must now store overflows of supplies and donations 3 miles away at Nashville's community-based Family Justice Center, the Family Safety Center (FSC). Time and resources are wasted with parking costs and staff time.

Issue 3: The JCAC’s heavy traffic areas include client waiting spaces and transition space. Paint, flooring, and other items in these areas have experienced tremendous wear and tear such as fading, stains, scuffs, and chips.

Issue 4: Because many of the JCAC clients are also FSC clients, OFS wants to emphasize the continuity between the two spaces. Re-painting client spaces in the JCAC not only revives the space, but also allows consistency in color and design between the two centers so they can be recognizable as “sister” sites.

List the victim’s services agencies in your area that you plan to collaborate with in order to develop/design a safe waiting space. Please explain how this process for incorporating their feedback will be integrated into the project.

The entire design of the JCAC was done in collaboration with community partners. During this time, OFS collaborated with the counselors at the Metro Nashville Police Department Family Intervention Program, staff at the two emergency domestic violence shelters, staff from the Mary Parrish Center transitional housing, the District Attorney’s Office, Judges and survivors. These partners assisted OFS in the design layout and the color choices to ensure that the JCAC space was welcoming to survivors and trauma informed. For this improvement grant we will work with the Nashville Children’s Alliance, our child trauma specialist, the District Attorney’s Office, OFS’ Voices Committee, and Metro General Services.

It is noteworthy that partners that work out of the JCAC on a daily or weekly basis include the District Attorney’s Office and Legal Aid Society. Other OFS onsite partners include Agape, YWCA, Sheriff’s Office, MNP, VOICES committee, Juvenile Court, Sexual Assault Center, and the Nashville Children’s Alliance.

ACTIVITIES

Provide a timeline to demonstrate that planned purchases and activities will be completed within the 4-month project period. Specific dates for completion and specific staff responsible for completing each activity are to be included. Add additional lines as needed.

IMPLEMENTATION TIMELINE

ACTIVITY	STAFF TO COMPLETE	COMPLETION DATE
Have first of 3 meetings with OFS staff with children specializations, and Nashville Children’s Alliance (NCA) to finalize design and items to be purchased.	Department Head, Assistant Directors of Client Services, Director of Training, Outreach, and Development, OFS staff with child specializations	Within 1 month of award
Have first of two meetings with VOICES group to inform design request.	Department Head, Assistant Directors of Client Services, Director of Training, Outreach, and Development, OFS staff with child specializations, OFS Voices staff liaisons	Within 1 month of award
Bid for items, storage and design based on estimates included in application.	Metro Nashville General Services Department	2 nd - 4 th month of award

Clean and organize space in preparation for new design elements	Staff and volunteers	Within 3-6 months of award and Ongoing within award period and 1-2 weeks prior to delivery dates"
Initiate and confirmed approved purchases	OFS Financial Officer and Requisitioner staff	Within award period
Receive, Install and implement design of space designated in application	Metro General Services	Within award period

INPUTS

This section should describe the factors your project requires to conduct its activities and to achieve its goals and objectives. Describe agency resources that will be leveraged to enhance complete this initiative.

The Jean Crowe Advocacy center will work cooperatively with Metro General Services staff to get the center prepped for painting. Metro General Services will supervise improvement area. All painting work will be done at night to ensure client services are not disrupted. General services will select and manage the vendor for storage and painting and fulfillment of those contracted obligations. Metro General Services will also handle all purchasing for storage needs. OFS will handle all purchasing for supplies for children

Describe community resources that the agency will leverage for additional support for the project. Prior to the project beginning staff and volunteers will deep clean and organize the center and prepare it for this improvement project. Our VOICES committee will be consulted on color design and assist with this project

Describe the agency's in-kind and cash match that will be used to meet the required 20% match for this grant. Include the source of the match.

Our in-kind match will be the use of office interns and volunteers to clean and organize the space before the work begins. They will also assist in maintain the space and working with clients. Interns are valued at \$20 an hour for their time.

ATTACHMENT A

Page 1

GRANT BUDGET				
AGENCY NAME: Metropolitan Government of Nashville & Davidson County				
FUND SOURCE: Victims of Crime Act (VOCA)				
SOLICITATION IDENTIFICATION TITLE: TN Safe Court Grant Program				
The grant budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: 11/01/2021 END: 03/01/2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes ²	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$0.00	\$0.00	\$0.00
11, 12	Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance ²	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$10,000.00	\$0.00	\$10,000.00
22	Indirect Cost ²	\$0.00	\$0.00	\$0.00
24	In-Kind Expense ²		\$2,500.00	\$2,500.00
25	GRAND TOTAL	\$10,000.00	\$2,500.00	\$12,500.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A.*
(posted on the Internet at: https://www.tn.gov/content/dam/tn/finance/ocip/Appendix_J_Policy_03_Report.xls)

² Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

AGENCY NAME: Metropolitan Government of Nashville & Davidson County

FUND SOURCE: Victims of Crime Act (VOCA)

SOLICITATION IDENTIFICATION TITLE: TN Safe Court Grant Program

SALARIES, BENEFITS & TAXES	AMOUNT
Summary of individual positions that will support project activities. Review Instructions for	\$0.00
TOTAL	\$0.00

Note: Benefits must be calculated at the same or lesser percentage as the salary for each position.

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Occupancy: <i><Please provide description here></i>	\$0.00
Supplies: <i><Please provide description here></i>	\$0.00
Sensitive Minor Equipment: <i><Please provide description here></i>	\$0.00
All Other Items: <i><Please provide description here></i>	\$0.00
Repeat row(s) as Necessary	\$0.00
TOTAL	\$0.00

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel: <i><Please provide description here></i>	\$0.00
Training and Conferences Attended by Agency Staff: <i><Please provide description here></i>	\$0.00
Training and Conferences Implemented by Agency: <i><Please provide description here></i>	\$0.00
Repeat row(s) as Necessary	\$0.00
TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
Description of Capital Purchases: Furniture and Painting	\$10,000.00
TOTAL	\$10,000.00

IN-KIND EXPENSE	AMOUNT
Volunteer Time: 2 Volunteer staff with 20 working hours per week, the average market hourly rate is \$20. total Monthly of \$3,200	\$2,500.00
Repeat row(s) as Necessary - CANNOT BE ANY FORM OF CASH MATCH	\$0.00
TOTAL	\$2,500.00



Tennessee Department of Finance and Administration
Office of Criminal Justice Programs
312 Rosa Parks Ave, Ste. 1800
Nashville, TN 37243-1102

CERTIFICATION OF MATCH SOURCE

I certify that I understand the match obligation for this funding. No federal dollars (including pass through funds from other state departments) will be used to match the funds received.

I also certify that Metro Nashville Office of Family Safety (name of awarded agency recipient) has the following match sources:

Cash (Any cash spent on allowable expenses funded by unrestricted funds)
Source of cash match: _____

In-Kind (i.e., volunteer time, 100% donated space, donated goods given to clients)
Source of in-kind match: intern volunteer time

I further certify that I have read and understand the requirements for cash and in-kind match, including documentation of in-kind, as specified in the online [OCJP Grants Manual](#).

SUBMITTED BY:

DocuSigned by:
Signature: John Cooper
Name: JOHN COOPER
(Authorized Official)

Date: _____
Title: Mayor

11/4/2021

Other Funds – Application Attachment

Agency Name: Metro Nashville Office of Family Safety

Date: 10/07/2021

Other Funds Table Instructions:

Use the table below to list **all** funds (federal, state, local, and private) which are dedicated to the program. This should also include any appropriations received from units of State or local government as well.

Provide the grant funding source name (i.e., TN Department of Finance and Administration), the time period of the funding (start and end date of the funds), the amount of funds, and the purpose of the funds. Add additional lines as needed.

Grant Funding Source	Time Period of Funding	Federal, State, Local, or Private	Amount of Funding	Purpose of Funds
Department of Justice ICJR	10/1/2018 – 9/30/2022	Federal	\$745,325	Enhancing services to high risk intimate partners and trafficking victims
Department of Justice Office for Victims of Crime	10/1/2019 – 9/30/2022	Federal	\$200,000	Enhancing language access for Nashville Family Safety Center
State of Tennessee OCJP STOP	7/1/2020 - 6/30/2023	State	\$300,000	Statewide fatality review coordinator
State of Tennessee OCJP VOCA	7/1/2020 - 6/30/2023	State	\$1,899,000	Family Justice Center enhancement
State of Tennessee OCJP VOCA	2/1/2021 – 6/30/2021	State	\$50,000	Family Justice Center Equipment

CERTIFICATION REGARDING NON-SUPPLANTING

(PAGE 1 of 1)

NON-SUPPLANTING CERTIFICATION

This is to certify that I have read, understand, and agree to ensure that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available or previously budgeted for this project.

Name and Title of Authorized Official: John Cooper, Mayor

Name and Address of Authorizing Agency: John Cooper, Mayor
1 Public Square, Suite 100
Nashville, TN 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

Supplanting defined

Federal funds must be used to supplement existing funds for program activities and must not replace State or local funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

Supplanting and job retention

A grantee may use federal funds to retain jobs that, without the use of the federal money, would be lost. If the grantee is planning on using federal funds to retain jobs, it must be able to substantiate that, without the funds, the jobs would be lost. Substantiation can be, but is not limited to, one of the following forms: an official memorandum, official minutes of a county or municipal board meeting or any documentation, that is usual and customarily produced when making determinations about employment. The documentation must describe the terminated positions and that the termination is because of lack of the availability of State or local funds.

Certification: I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):
(Please click & complete the name, title, & address form field text boxes below, if applicable)

Certifying Designee's Name:
Certifying Designee's Title:
Certifying Designee's Address:
Certifying Designee's Address:

Please complete all certifications, print them, and then sign & date each certification

DocuSigned by:

F0B3372652D0499... Signature of the Applicant Agency:

11/4/2021
Date:



Tennessee Department of Finance and Administration
Office of Criminal Justice Programs
312 Rosa Parks Ave, Ste. 1800
Nashville, TN 37243-1102

High-Risk Designation Certification

The Office of Criminal Justice Programs (OCJP) subrecipients of Department of Justice (DOJ) funds are required to disclose whether the subrecipient is designated "high risk" by a federal grant-making agency. If the subrecipient is designated "high risk" by a federal grant-making agency, currently or at any time during the course of the period of performance under this award, the subrecipient must disclose that fact and certain related information to Office of Criminal Justice Programs (OCJP) by emailing the Program Manager.

For purposes of this disclosure, high risk includes any status under which a federal awarding agency provides additional oversight due to the recipient's past performance, or other programmatic or financial concerns with the recipient. The recipient's disclosure must include the following:

1. The federal awarding agency that currently designates the recipient high risk,
2. The date the recipient was designated high risk,
3. The high-risk point of contact at that federal awarding agency (name, phone number, and email address), and
4. The reasons for the high-risk status, as set out by the federal awarding agency.

The recipient agrees to comply with any additional requirements that may be imposed by the OCJP during the period of performance for this award, if the recipient is designated as "high- risk" for purposes of the DOJ high-risk grantee list.

Name and Title of Authorized Official or Designee:

John Cooper, Mayor

Name and Address of Authorizing Agency:

Metropolitan Government of Nashville-
Davidson County

Office of the Mayor
1 Public Square, Suite 100
Nashville, TN 37201

DocuSigned by:

John Cooper
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Signature of the Applicant Agency or Designee

11/4/2021

Date

CERTIFICATION REGARDING DEBARMENT, ET AL

(PAGE 1 OF 3)

**Instructions for Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-
recipients)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certificate, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participation agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

[Type text]

**CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)
(PAGE 2 OF 3)**

**US DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS
(SUB-RECIPIENTS)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR part 67, section 67.510, and Participants' responsibilities. The regulations were published as part vii of the May 26, 1988 Federal Register (pages 19160-19211)

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PREVIOUS PAGE)

(1) The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

(2) Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Name and Title of Authorized Official: John Cooper, Mayor

**Name and Address of Authorizing Agency: Metropolitan Government of Nashville-Davidson County
Officer of Mayor
1 Public Square, Suite 100
Nashville, TN 37201**

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is considered to be certifying this application, and is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

X Certification: I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

CERTIFICATION REGARDING DEBARMENT, ET AL (CONTINUED)
(PAGE 3 OF 3)

NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):
(Please click & complete the name, title, & address form field text boxes below, if applicable)

Certifying Designee's Name:
Certifying Designee's Title:
Certifying Designee's Address:
Certifying Designee's Address:

Please complete all certifications, print them, and then sign & date each certification

DocuSigned by:

John Cooper

F0B3372652D0499...

Signature of the Applicant Agency:

11/4/2021

Date:

[Type text]

CERTIFICATION REGARDING LOBBYING

(PAGE 1 of 1)

CERTIFICATION REGARDING LOBBYING

In general, as a matter of federal law, federal funds awarded by OJP may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by the recipient, or any subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the recipient is to contact OCJP for guidance, and may not proceed without the express prior written approval of OCJP.

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal grant, or cooperative agreement over \$100,000 as defined at CFR Part 69.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name and Title of Authorized Official: John Cooper, Mayor
Name and Address of Authorizing Agency: Metropolitan Government of Nashville-Davidson County
Officer of Mayor
1 Public Square, Suite 100
Nashville, TN 37201

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

X Certification: I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):
(Please click & complete the name, title, & address form field text boxes below, if applicable)

Certifying Designee's Name:
Certifying Designee's Title:
Certifying Designee's Address:
Certifying Designee's Address:

Please complete all certifications, print them, and then sign & date each certification

DocuSigned by:

John Cooper

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Signature of the Applicant Agency:

11/4/2021

Date:

[Type text]

CERTIFICATION OF CIVIL RIGHTS COMPLIANCE

(PAGE 1 OF 2)

**TENNESSEE CERTIFICATION OF COMPLIANCE
WITH REGULATIONS FROM U. S. DEPARTMENT OF JUSTICE,
OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS
FOR SUBGRANTS ISSUED BY
THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION,
OFFICE OF CRIMINAL JUSTICE PROGRAMS**

INSTRUCTIONS: Complete the identifying information below. Read this form completely, identifying the person responsible for reporting civil rights findings in certification #3. Please obtain the signature of the Authorized Official on page 2, forward a copy of this form to the person identified in #3 and return the original copy of the form to the Office of Criminal Justice Programs, William R. Snodgrass Tennessee Tower, 312 Rosa L Parks Avenue, Suite 1800, Nashville, Tennessee 37243-1102 with your signed contracts.

Agency Name:	Metropolitan Government of Nashville Davidson County	Project Director's Name:	Diane Lance
Agency Address:	Officer of Mayor 1 Public Square, Suite 100 Nashville, TN 37201	Project Director's Phone:	615.880.3173

Grant Project Title: VOCA Victim Service Needs

Grant Start Date: January 1, 2021

Grant End Date: June 30, 2021

Grant Duration: 6 Months

Grant Amount: \$50,000

I. REQUIREMENTS OF SUBGRANTEE RECIPIENTS:

All subgrantee recipients (regardless of type of entity or amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

1. I certify that this agency will maintain data (and submit when required) to ensure that:
 - a. all services provided by our agency are delivered in an equitable manner without discrimination on the basis of race, color, religion, national origin, age, sex or disability, or, if this agency receives funds under the Violence Against Women Act of 1994, as amended, sexual orientation or gender identity to all segments of the service population;
 - b. our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et. Seq.*;
 - c. all projects and activities of our agency will take reasonable steps to provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also* 2000 Executive Order #13166).
 - d. I certify that this agency will register within 60 days of award start date with the Office of Justice Programs, Office for Civil Rights online Equal Employment Opportunity (EEO) Program Reporting Tool to submit the information requested and, if required, create and submit an EEO Utilization Report. The agency can access the tool at: <https://ocr-eeop.ncjrs.gov>.

2. I certify that this agency will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements which may include:
 - a. Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228);
 - b. Victims of Crime Act (34 U.S.C. § 20110(e));
 - c. Juvenile Justice and Delinquency Prevention Act of 2002 (34 U.S.C. § 11182(b));
 - d. Civil Rights Act of 1964 (42 U.S.C. § 2000d);
 - e. Rehabilitation Act of 1973 (29 U.S.C. § 7 94);
 - f. Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34);
 - g. Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the

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- h. Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); and
- i. Ex. Order 13,559 (Partnerships with Faith-Based and Other Neighborhood Organizations)
- j. Violence Against Women Act (VAWA) of 1994, as amended, 34 U.S.C. § 12291(b)(13)

3. I also certify that this agency will report all civil rights complaints and findings of discrimination, if any, to the Tennessee Office of Criminal Justice Programs, within the Department of Finance and Administration, in compliance with Chapter XXII of the Grant's manual, and with 28 CFR 42.202(c). Any such findings will be provided within 45 days of the complaint or finding and/or if the finding occurred **within 3 years prior to the grant award beginning date**, within 45 days of the grant award beginning date. A copy of this Certification will be provided to the person responsible for reporting civil rights complaints and findings of discrimination, as identified below:

Name: LaToya Townsend **Title:** Director of Training, Outreach, and Development **Phone:** 615.862.5159
Address: 610 Murfreesboro Pike **City & State:** Nashville, TN **Zip Code:** 37210

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

X - Certification: I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

Name, Title, and Address of Certifying Designee (IF DIFFERENT FROM AUTHORIZED OFFICIAL):
(Please click & complete the name, title, & address form field text boxes below, if applicable)

Certifying Designee's Name:

Certifying Designee's Title:

Please complete all certifications, print them, and then sign & date each certification

 Authorized Signature of the Applicant Agency:

 Date:

CERTIFICATION REGARDING FFATA

(PAGE 1 of 2)

TRANSPARENCY ACT (FFATA) EXECUTIVE COMPENSATION REPORTING

The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires the Office of Management and Budget (OMB) to maintain a single, searchable database, accessible by the public at no cost, that includes information about where and how federal funds are spent. This includes information on grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance funded with federal funds. That searchable database can be found through the internet. For more information about where and how federal funds are spent, please visit www.USASpending.gov.

Executive Compensation Reporting: FFATA requires you to provide the names and total compensation of your agency's five (5) most highly compensated executives (i.e., Officers, Managing Partners, Executive Directors, or any other highly compensated employee in a management position) if you meet the following criteria:

- 80 percent or more of the Authorizing Agency's annual gross revenues are from Federal procurement contracts and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320; and
- \$25,000,000 or more in annual gross revenues are from Federal procurement contracts, and Federal financial assistance subject to the Transparency Act; and
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

If Executive Compensation Reporting does **NOT** apply to your Grant Project, then please **skip** the Executive Compensation Reporting table below and proceed to page 2 to complete the remainder of the Certification.

If Executive Compensation Reporting **applies** to your Grant Project, then please report the name, title, and compensation of the top five executives of your organization in the table below and then proceed to page 2 to complete the remainder of the Certification.

EXECUTIVE COMPENSATION REPORTING FOR TOP FIVE (5) EXECUTIVES OF THE AUTHORIZING, APPLICANT AGENCY

NAME OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:	TITLE OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:	TOTAL ANNUAL SALARY OF AUTHORIZING AGENCY'S TOP FIVE EXECUTIVES:

[Type text]

CERTIFICATION REGARDING FFATA

(PAGE 2 OF 2)

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

Name and Title of Authorized Official: John Cooper, Mayor

Name and Address of Authorizing Agency: Officer of Mayor
1 Public Square, Suite 100
Nashville, TN 37201

"The Authorized Official certifies that, to the best of his or her knowledge and belief, the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

Certification: I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does apply to this Agency and I am fully cognizant of our duties and responsibilities under this Certification. *(Please click the box to the left)*

Not Applicable: I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does not apply to this Agency as a result of the explanation below: *(Please check the box to the left & provide an explanation below)*
Explanation: *Metro is a government agency and not a non-profit and is therefore not subject to this requirement.*

NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):

(Please click & complete the name, title, & address form field text boxes below, if applicable)

Certifying Designee's Name:
Certifying Designee's Title:
Certifying Designee's Address:
Certifying Designee's Address:

Please complete all certifications, print them, sign & date each certification, and return signed certifications to your OCJP Program Manager by mail.

DocuSigned by:

John Cooper
F0B3372652D0499... Signature of the Applicant Agency:

11/4/2021
Date:

CERTIFICATION REGARDING Personally Identifiable Information (PII)

(PAGE 1 of 1)

**Requirement to report actual or imminent breach of
Personally Identifiable Information (PII)**

The grantee agrees to assist Office of Criminal Justice Programs in complying with OMB Circular A-130.

The recipient (and any "subrecipient" at any tier) must have written procedures in place to respond in the event of an actual or imminent "breach" (OMB M-17-12) if it (or a subrecipient)-- 1) creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of "personally identifiable information (PII)" (2 CFR 200.79) within the scope of an OJP grant-funded program or activity, or 2) uses or operates a "Federal information system" (OMB Circular A-130). The recipient's breach procedures must include a requirement to report actual or imminent breach of PII to an OCJP Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

Name and Title of Authorized Official: John Cooper, Mayor

Name and Address of Authorizing Agency: Officer of Mayor
1 Public Square, Suite 100
Nashville, TN 37201

DocuSigned by:

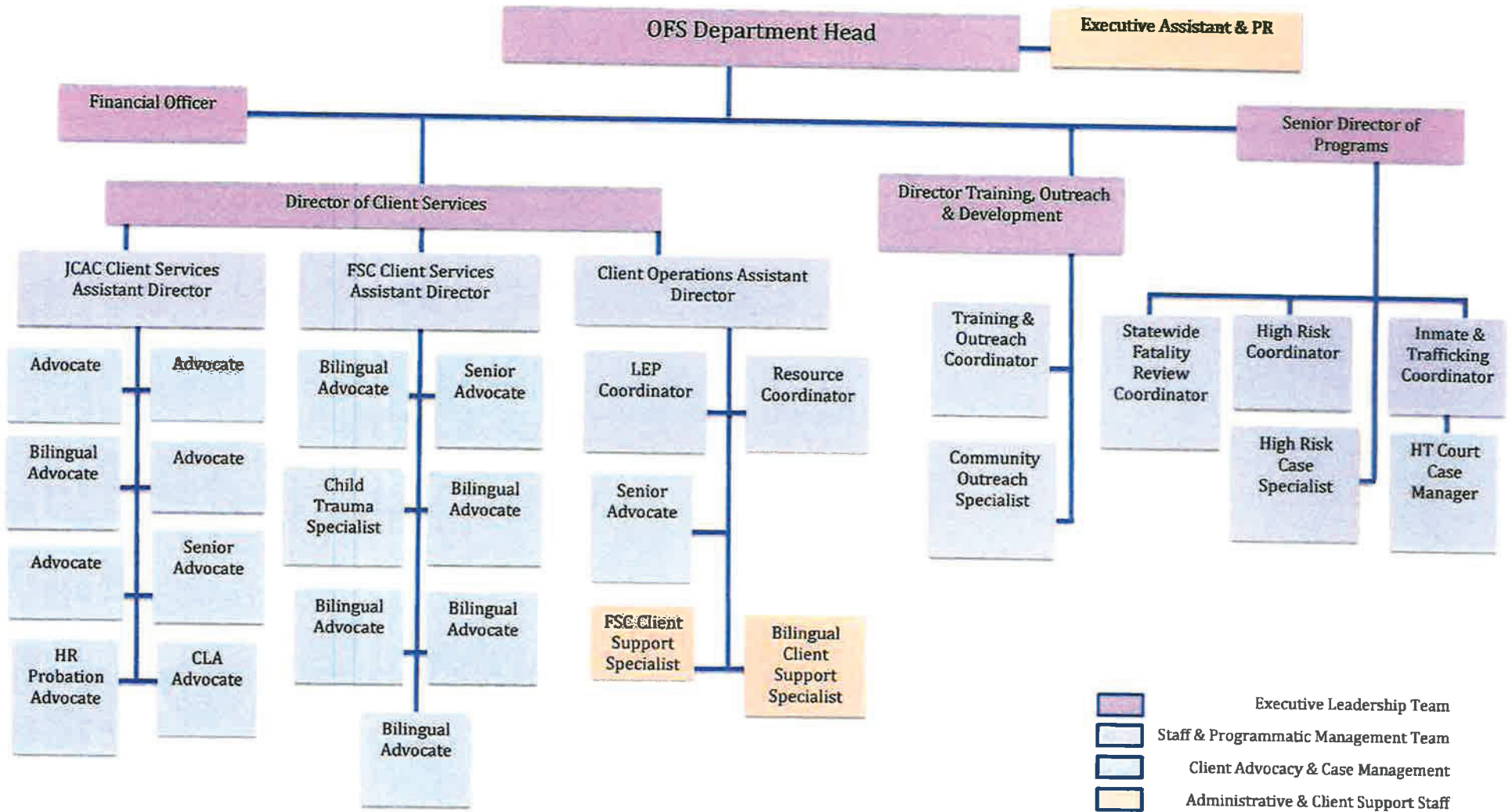
John Cooper

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Signature of the Applicant Agency

11/4/2021

Date



**SIGNATURE PAGE
FOR
GRANT NO. Tennessee Safe Courts Grant Program 21-22**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Diane Lance
Diane Lance, Department Head
Office of Family Safety

09/27/2021
Date