
GRANT SUMMARY SHEET

Grant Name: HIV Emergency Relief 22-23 Amend 4,5&6

Department: HEALTH DEPARTMENT

Grantor:

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

Total Award this Action: (\$604,847.00)

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 #4 Due within 30 days of the issuance of the Notice of Award a revised SF-424A and Budget Narrative request to move carryover funding from previous year. Amendment #5 - to de-obligate \$604,847 from Document No. 22H89HA11433. \$604,847 will be re-obligated under Document No.23H89HA11433 for the purpose of carryover on the FY 23 award. Amendment #6 - is issued to de-obligate (\$0.96) and close document number 22H89HA11433. Amendment 6 requires Recipients to continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable.

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 22-23 - Amend 4, 5 & 6					
Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Grant Period From: 03/01/22		(applications only) Anticipated Application Date:			
Grant Period To: 02/28/23		(applications only) Application Deadline:			
Funding Type: FED DIRECT	<input type="checkbox"/> Multi-Department Grant → If yes, list below.		<input type="checkbox"/> Outside Consultant Project:		
Pass-Thru:			Total Award: -\$604,847.00		
Award Type: FORMULA			Metro Cash Match: \$0.00		
Status: AMENDMENT			Metro In-Kind Match: \$0.00		
Metro Category: Est. Prior.			Is Council approval required? <input type="checkbox"/>		
CFDA # 93.914			Applic. Submitted Electronically? <input type="checkbox"/>		
Project 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 #4 Due within 30 days of the issuance of the Notice of Award a revised SF-424A and Budget Narrative request to move carryover funding from previous year. Amendment #5 - to de-obligate \$604,847 from Document No. 22H89HA11433. \$604,847 will be re-obligated under Document No. 23H89HA11433 for the purpose of carryover on the FY 23 award. Amendment #6 - is issued to de - obligate (\$0.96) and close document number 22H89HA11433. Amendment 6 requires Recipients to continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable.					
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: <input type="checkbox"/>
Explanation for "Other" means of determining match:					
For this Metro FY, how much of the required local Metro cash match:					
Is already in department budget?			Fund	Business Unit	
Is not budgeted?			Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					
Other:					
Number of FTEs the grant will fund:		5.80	Actual number of positions added:		0.00
Departmental Indirect Cost Rate		24.82%	Indirect Cost of Grant to Metro:		\$1,265,794.19
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 0.73%	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? <input type="checkbox"/>					
Metro or Community-based Partners:					
There are 6 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	\$5,099,896.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,099,896.00	\$1,265,794.19	\$37,157.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$5,099,896.00	\$0.00	\$0.00	\$0.00		\$0.00	\$5,099,896.00	\$1,265,794.19	\$37,157.00
Date Awarded:				10/24/23		Contract#:				
(or) Date Denied:										
(or) Date Withdrawn:										

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





Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 09/26/2022

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**

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 H89HA11433-14-04
- 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	\$0.00
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**
Marie Mehaffey on 09/26/2022

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award
Award Number: 6 H89HA11433-14-04
Federal Award Date: 09/26/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial 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
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

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

YEAR	TOTAL COSTS
15	\$4,644,704.00
16	\$4,644,704.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

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	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

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	\$5,704,743.00
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 statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3772306	93.914	22H89HA11433	\$0.00	\$0.00	FRML	22H89HA11433
21 - 3772305	93.914	22H89HA11433	\$0.00	\$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/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 grant condition stated below on NoA 6 H89HA11433-14-01 is hereby lifted.

Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a revised SF-424A and Budget Narrative per the guidance provided in the Notice of Funding Opportunity.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@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/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 09/14/2023

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**

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 H89HA11433-14-05
- 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	(\$604,847.00)
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	\$5,099,896.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$5,099,896.00
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	\$9,766,088.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 09/14/2023

30. Remarks

Prior Approval Request Tracking Number PA-00121392. Prior Approval Request Type: Carryover



Notice of Award
Award Number: 6 H89HA11433-14-05
Federal Award Date: 09/14/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial 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
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$5,099,896.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$5,099,896.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$5,099,896.00

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

YEAR	TOTAL COSTS
15	\$4,644,704.00
16	\$4,644,704.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

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	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$5,099,896.00
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	\$5,704,743.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	(\$604,847.00)

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 statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3771356	93.914	22H89HA11433	(\$536,987.00)	\$0.00	FRML	22H89HA11433
22 - 3771355	93.914	22H89HA11433	(\$67,860.00)	\$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/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 revision is issued to de-obligate \$604,847 from Document No. 22H89HA11433. \$604,847 will be re-obligated under Document No. 23H89HA11433 for the purpose of carryover on the FY 23 award.

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

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/>).



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 09/21/2023

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**

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 H89HA11433-14-06
- 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	(\$0.96)
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	\$5,099,895.04
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$5,099,895.04
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	\$10,370,934.04

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 09/21/2023

30. Remarks

This Notice of Award is issued to de-obligate (\$0.96) and close document number 22H89HA11433. Please refer to the Grant Specific Term of this notice for record retention instructions. Questions regarding this closeout can be directed to the Awarding Agency Contact listed in block 9.



Notice of Award
Award Number: 6 H89HA11433-14-06
Federal Award Date: 09/21/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/>	Grant Funds Only
<input type="checkbox"/>	Total project costs including grant funds and all other financial participation
a.	Salaries and Wages: \$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: \$5,099,895.04
p.	INDIRECT COSTS (Rate: % of S&W/TADC): \$0.00
q.	TOTAL APPROVED BUDGET: \$5,099,895.04
	i. Less Non-Federal Share: \$0.00
	ii. Federal Share: \$5,099,895.04

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a.	Authorized Financial Assistance This Period \$5,099,895.04
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 \$5,099,896.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION (\$0.96)

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 3771356	93.914	22H89HA11433	(\$0.92)	\$0.00	FRML	22H89HA11433
22 - 3771357	93.914	22H89HA11433	\$0.00	\$0.00	SUPPL	22H89HA11433
22 - 3771355	93.914	22H89HA11433	(\$0.04)	\$0.00	MAI	22H89HA11433

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
15	\$4,644,704.00
16	\$4,644,704.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
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 \$0.00
35. FORMER GRANT NUMBER	
36. OBJECT CLASS 41.15	
37. BHCNIS#	

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)

- The document number referenced has expired and is closed in the Payment Management System. The closeout of this grant does not automatically cancel any requirements for property accountability, record retention, or financial accountability. Recipients must continue to track all equipment and supplies acquired under the award after grant closeout in accordance with the property management requirements of 45 CFR Part 75, as applicable. The recipient must request disposition instructions from HRSA for any property that is no longer needed. Any real property acquired with DHHS grant support may not be conveyed, transferred, assigned, mortgaged, or in any other manner encumbered by the grantee, except as expressly authorized in writing by the DHHS awarding component or its successor organization. The Government's interest in real property acquired under grants is described in 45 CFR Part 75. Following closeout, the recipient remains obligated to return funds due as a result of later refunds, corrections, or other transactions, and the Federal government may recover amounts based on the results of an audit covering any part of the period of grant support. All funds due that are not returned constitute a debt to the Federal government. If the grant is closed based on approved provisional indirect cost rates and negotiated final indirect cost rates are lower than the approved provisional rates, your organization is required to recalculate indirect costs and return all excess indirect costs claimed to HRSA within 45 days of the date of the letter transmitting the final rates. Your final rates may have come from the DHHS or another cognizant Federal agency. The return of excess indirect costs must be accompanied by a revised final Federal Financial Report (FFR). Please keep in mind financial records, programmatic records, supporting documents, and all other grant-related records shall be retained for a period of 3 (three) years calculated from the date the final FFR was submitted. If any litigation, claim, financial management review, or audit is started before expiration of the 3-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final disposition.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@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
0460AC21E1CC408...
Director, Metro Public Health Department

10/24/2023
Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D1480...
Chair, Board of Health

10/24/2023
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumley
Director, Department of Finance

11/17/2023 | 12:23 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

11/17/2023 | 1:14 PM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

11/17/2023 | 1:12 PM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: 0732BF0554444371B19B7F49FC018F37

Status: Completed

Subject: Complete with DocuSign: Health HIV Emergency Relief 23-24 Amend 4,5 &6 Ready.pdf

Source Envelope:

Document Pages: 15

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US & Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.190

Record Tracking

Status: Original

Holder: Juanita Paulson

Location: DocuSign

11/17/2023 11:09:58 AM

Juanita.Paulsen@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and Davidson County

Location: DocuSign

Signer Events**Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/17/2023 11:16:17 AM

Viewed: 11/17/2023 11:37:35 AM

Signed: 11/17/2023 12:05:12 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

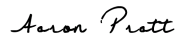
Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 12:05:02 PM

ID: 7685590d-165f-4e3f-b8d5-080f809aae38

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/17/2023 12:05:14 PM

Viewed: 11/17/2023 12:10:27 PM

Signed: 11/17/2023 12:10:34 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/17/2023 12:10:35 PM

Viewed: 11/17/2023 12:22:30 PM

Signed: 11/17/2023 12:23:00 PM

Signature Adoption: Pre-selected Style

Using IP Address: 174.212.105.174

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 12:22:30 PM

ID: 469f7dfa-6211-4b66-87ea-035bd9c77e82

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/17/2023 12:23:01 PM

Viewed: 11/17/2023 1:00:24 PM

Signed: 11/17/2023 1:12:09 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
---------------	-----------	-----------

Accepted: 11/17/2023 1:00:24 PM
ID: 268a49a8-36b0-4930-94dc-02062d22d462

Balogun Cobb
balogun.cobb@nashville.gov
Security Level: Email, Account Authentication (None)

Balogun Cobb

Sent: 11/17/2023 1:12:10 PM
Viewed: 11/17/2023 1:14:05 PM
Signed: 11/17/2023 1:14:19 PM

Signature Adoption: Pre-selected Style
Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 1:14:05 PM
ID: 775eda63-f95f-4815-b4b2-d5bf0f4becd8

In Person Signer Events	Signature	Timestamp
-------------------------	-----------	-----------

Editor Delivery Events	Status	Timestamp
------------------------	--------	-----------

Agent Delivery Events	Status	Timestamp
-----------------------	--------	-----------

Intermediary Delivery Events	Status	Timestamp
------------------------------	--------	-----------

Certified Delivery Events	Status	Timestamp
---------------------------	--------	-----------

Carbon Copy Events	Status	Timestamp
--------------------	--------	-----------

Danielle Godin
Danielle.Godin@nashville.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 11/17/2023 1:14:20 PM
Viewed: 11/17/2023 2:01:40 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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

COPIED

Sent: 11/17/2023 1:14:21 PM

Electronic Record and Signature Disclosure:

Accepted: 11/17/2023 7:57:10 AM
ID: 1be808ae-ccf2-4488-a5af-1dd722020036

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
-------------------------	--------	------------

Envelope Sent	Hashed/Encrypted	11/17/2023 11:16:17 AM
Certified Delivered	Security Checked	11/17/2023 1:14:05 PM
Signing Complete	Security Checked	11/17/2023 1:14:19 PM
Completed	Security Checked	11/17/2023 1:14:21 PM

Payment Events	Status	Timestamps
----------------	--------	------------

Electronic Record and Signature Disclosure