

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 03/17/26

Resolution Ordinance

Contact/Prepared By: Brad Thompson

Date Prepared: 02/09/26

Title (Caption): TB Control & Prevention amendment 1

Amendment 1 – adds additional funds of \$22,000.00 to the previous amount of \$1,540,900.00 for a new total of \$1,562,900.00.

Grant Contract Section C.1. is deleted and replaced.

7/25 - 6/26 new total \$1,562,900

Submitted to Planning Commission? N/A Yes-Date: _____ Proposal No: _____

Proposing Department: Health Requested By: Health

Affected Department(s): Health Affected Council District(s): all

Legislative Category (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Contract Approval | <input type="checkbox"/> Intergovernmental Agreement |
| <input type="checkbox"/> Budget - Pay Plan | <input type="checkbox"/> Donation | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Budget - 4% | <input type="checkbox"/> Easement Abandonment | <input type="checkbox"/> Maps |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Easement Accept/Acquisition | <input type="checkbox"/> Master List A&E |
| <input type="checkbox"/> Capital Outlay Notes | <input checked="" type="checkbox"/> Grant | <input type="checkbox"/> Settlement of Claims/Lawsuits |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Grant Application | <input type="checkbox"/> Street/Highway Improvements |
| <input type="checkbox"/> Condemnation | <input type="checkbox"/> Improvement Acc. | <input type="checkbox"/> Other: _____ |

FINANCE Amount +/-: \$ <u>\$ 22,000.00</u> Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources	Match: \$ <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: _____ Date to Finance Director's Office: _____ APPROVED BY FINANCE DIRECTOR'S OFFICE: _____
Approved by OMB: <u>Aaron Pratt</u> BN Approved by Finance/Accounts: _____ Approved by Div Grants Coordination: <u>Juanita Paulsen</u>	

ADMINISTRATION	
Council District Member Sponsors:	_____
Council Committee Chair Sponsors:	_____
Approved by Administration:	Date: _____

DEPARTMENT OF LAW	
Date to Dept. of Law: _____	Approved by Department of Law: _____
Settlement Resolution/Memorandum Approved by: _____	
Date to Council: _____	For Council Meeting: _____ <input type="checkbox"/> E-mailed Clerk
<input type="checkbox"/> All Dept. Signatures <input type="checkbox"/> Copies <input type="checkbox"/> Backing <input type="checkbox"/> Legislative Summary <input type="checkbox"/> Settlement Memo <input type="checkbox"/> Clerk Letter <input type="checkbox"/> Ready to File	

GRANT SUMMARY SHEET

Grant Name: TB Control & Prevention 26 Amend 1

Department: HEALTH DEPARTMENT

Grantor: CENTER FOR DISEASE CONTROL AND PREVENTION

**Pass-Through Grantor
(If applicable):** TENN. DEPT. OF HEALTH

Total Award this Action: \$22,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

Provide tuberculosis control, prevention and outreach services by providing services through the provision of direct patient care, contract investigation, and management and tracking of patient and contract treatment, compliance and outcomes. Amendment 1 – adds additional funds of \$22,000.00 to the previous amount of \$1,540,900.00 for a new total of \$1,562,900.00. Grant Contract Section C.1. is deleted and replaced.

Plan for continuation of services upon grant expiration:

The services would 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:	TB Control & Prevention 26 Amend 1						
Grantor:	CENTER FOR DISEASE CONTROL AND PREVENTION				Other:		
Grant Period From:	07/01/25	(applications only) Anticipated Application Date:					
Grant Period To:	06/30/26	(applications only) Application Deadline:					
Funding Type:	FED PASS THRU	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:	TENN. DEPT. OF HEALTH	Outside Consultant Project:		<input checked="" type="checkbox"/>			
Award Type:	FORMULA	Total Award:		\$22,000			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.116	Is Council approval required?		<input checked="" type="checkbox"/>			
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>						
Provide tuberculosis control, prevention and outreach services by providing services through the provision of direct patient care, contract investigation, and management and tracking of patient and contract treatment, compliance and outcomes. Amendment 1 – adds additional funds of \$22,000.00 to the previous amount of \$1,540,900.00 for a new total of \$1,562,900.00. Grant Contract Section C.1. is deleted and replaced.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
The services would 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:	13.35	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	22.89%	Indirect Cost of Grant to Metro:		\$357,747.81			
*Indirect Costs allowed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	2.25%	Ind. Cost Requested from Grantor:	\$35,200.00	in budget	
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable?	<input type="checkbox"/>						
Metro or Community-based Partners:							

Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	26	\$211,000.00	\$1,351,900.00					\$1,562,900.00	\$357,747.81	\$35,200.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		\$211,000.00	\$1,351,900.00	\$0.00	\$0.00		\$0.00	\$1,562,900.00	\$357,747.81	\$35,200.00
Date Awarded:				02/17/26	Tot. Awarded:		\$22,000.00	Contract#:		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

Rev. 5/13/13
6175

GCP Received 02/18/26



GCP Approved 02/18/26

Resolution No. _____

A resolution approving amendment one to a grant from the Tennessee Department of Health to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to achieve sustained control and enhanced prevention to eventually eliminate tuberculosis as a public health threat in Tennessee.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the Tennessee Department of Health to achieve sustained control and enhanced prevention to eventually eliminate tuberculosis as a public health threat in Tennessee approved by RS2025-1434; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$22,000 from \$1,540,900 to \$1,562,900, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be approved.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the grant by and between the Tennessee Department of Health and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to achieve sustained control and enhanced prevention to eventually eliminate tuberculosis as a public health threat in Tennessee, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED AS TO AVAILABILITY OF FUNDS:

INTRODUCED BY:

Jenneen Reed/mjr
Jenneen Reed, Director of Finance

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney

Member(s) of Council



GRANT AMENDMENT

Agency Tracking # 34349-55326	Edison ID 88322	Contract # GG-26-88322-00	Amendment # 1		
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4		
Amendment Purpose & Effect(s) Increase awarded amount of federal funds for NDR TB Program					
Amendment Changes Contract End Date: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		End Date: 6/30/2026			
TOTAL Contract Amount INCREASE per this Amendment (zero if N/A):			\$22,000.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2026	\$1,351,900.00	\$211,000.00	0	0	\$1,562,900.00
TOTAL:	\$1,351,900.00	\$211,000.00	0	0	\$1,562,900.00
<p>Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p>			<p><i>CPO USE</i></p>		
Speed Chart (optional)		Account Code (optional)			
HL00006847					
HL00006848		71301000			

**AMENDMENT 1
OF GRANT CONTRACT 34349-55326**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Tennessee Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract section C.1. is deleted in its entirety and replaced with the following:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Million, Five Hundred and Sixty-Two Thousand, Nine Hundred Dollars (\$1,562,900.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
2. Grant Contract Attachment 1 (Federal Award Identification Worksheet) is deleted in its entirety and replaced with the new attachment 1 attached hereto.
3. Grant Contract Attachment 2 (budget) is deleted in its entirety and replaced with the new attachment 2 attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all final approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Sanni Areola
0672293CD61A4B1...
Director, Metro Public Health Department

2/17/2026
Date

Signed by:
Tené Hamilton Franklin
BEBF08BF14D14B0...
Chair, Board of Health

2/17/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Director, Department of Finance

2/26/2026 | 1:19 PM CST
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services

2/27/2026 | 8:18 AM CST
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney

2/27/2026 | 8:17 AM CST
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Dr. John R. Dunn
Interim Commissioner

Date

ATTACHMENT 1**Federal Award Identification Worksheet**

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Metropolitan Government of Nashville and Davidson County
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU52PS910295
Federal award date	9/24/2025
Subaward Period of Performance Start and End Date	7/1/2025 – 6/30/2026
Subaward Budget Period Start and End Date	1/01/2025 - 12/31/2025
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.116, Project Grants and Cooperative Agreements for Tuberculosis Control Programs.
Grant contract's begin date	7/01/2025
Grant contract's end date	6/30/2026
Amount of federal funds obligated by this grant contract	\$211,000.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$943,309.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Tuberculosis Elimination in Tennessee
Name of federal awarding agency	Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Mr. Anthony Fultz Grants Management Specialist Centers for Disease Control & Prevention Infectious Disease Services Branch District Chamblee, Bldg. 2900 TCU-3 Atlanta, GA 30341 404-498-4033 qjj7@cdc.gov
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Chuck Owen Tennessee Department of Health TB Elimination 710 James Robertson Parkway Nashville, TN 37243 615-253-1367 chuck.owen@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.332 for information on type of indirect cost rate)	14.7%

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County				
TB Control & Prevention				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period:				
BEGIN: 7/1/2025		END: 6/30/2026		
	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
	Salaries ²	\$1,035,100.00	\$0.00	\$1,035,100.00
	Benefits & Taxes	\$403,600.00	\$0.00	\$403,600.00
	Professional Fee, Grant & Award ²	\$25,600.00	\$0.00	\$25,600.00
	Supplies	\$10,000.00	\$0.00	\$10,000.00
	Telephone	\$8,000.00	\$0.00	\$8,000.00
	Postage & Shipping	\$500.00	\$0.00	\$500.00
	Occupancy	\$0.00	\$0.00	\$0.00
	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
	Printing & Publications	\$0.00	\$0.00	\$0.00
	Travel, Conferences & Meetings ²	\$36,000.00	\$0.00	\$36,000.00
	Interest ²	\$0.00	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00	\$0.00
	Specific Assistance To Individuals ²	\$8,900.00	\$0.00	\$8,900.00
	Depreciation ²	\$0.00	\$0.00	\$0.00
	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
	Capital Purchase ²	\$0.00	\$0.00	\$0.00
	Indirect Cost (2.305% of total costs, rounded)	\$35,200.00	\$0.00	\$35,200.00
	In-Kind Expense	\$0.00	\$0.00	\$0.00
	GRAND TOTAL	\$1,562,900.00	\$0.00	\$1,562,900.00

1 Each expense object line-item shall be defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html>).

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