

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 07/01/25

Resolution



Ordinance

Contact/Prepared By: LaToya TownsendDate Prepared: 06/01/25Title (Caption): OFS VOCA VSSG Family Justice Center Grant. 25 Amend 1

Amend 1 Revises Clauses, Revises Budget, Increases Budget by \$309,500.00 for a new total of \$464,250.00 and extends the term by 12 months from

06/30/2025 to 06/30/2026.Submitted to Planning Commission? ☒

N/A



Yes-Date: _____

Proposal No: _____

Proposing Department: Office of Family SafetyRequested By: Office of Family SafetyAffected Department(s): Office of Family SafetyAffected 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 +/-: \$ \$ 309,500.00Match: \$ \$ 0.00

Funding Source: Capital Improvement Budget
 Capital Outlay Notes
 Departmental/Agency Budget
 Funds to Metro
 General Obligation Bonds
 Grant
 Increased Revenue Sources

Judgments and Losses
 Local Government Investment Project
 Revenue Bonds
 Self-Insured Liability
 Solid Waste Reserve
 Unappropriated Fund Balance
 4% Fund
 Other: _____

Approved by OMB: Aaron Pratt

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: Juanita Paulsen

Date to Finance Director's Office: _____

APPROVED BY**FINANCE DIRECTOR'S OFFICE:** _____**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: _____

☐ E-mailed Clerk
☐ All Dept. Signatures
 ☐ Copies
 ☐ Backing
 ☐ Legislative Summary
 ☐ Settlement Memo
 ☐ Clerk Letter
 ☐ Ready to File

Department of Law - White Copy

Administration - Yellow Copy

Finance Department - Pink Copy

GRANT SUMMARY SHEET

Grant Name: OFS VOCA VSSG Family Justice Center Grant 25 Amend 1

Department: OFFICE OF FAMILY SAFETY

Grantor: Tennessee Department of Finance & Administration

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

Total Award this Action: \$309,500.00

Cash Match Amount \$0.00

Department Contact: Diane Lance

Status: AMENDMENT

Program Description:

This grant ensures the continued provision of services in Nashville's Family Safety Centers (JCAC & FSC) by funding 3 advocates. Amendment 1 Revises Clauses,Revises Budget, Increases the budget by \$309,500.00 for a new total of \$464,250.00 and extends the term by 12 months from, 6/30/25 to 6/30/26 .

Plan for continuation of services upon grant expiration:

OFS will request Metro to Fund OCJP funded staff due to consistent reductions in VOCA and state funding.

Grants Tracking Form

Part One

Pre-Application

Application

Award Acceptance

Contract Amendment

Department	Dept. No.	Contact	Phone	Fax
OFFICE OF FAMILY SAFETY	51	Diane Lance		
Grant Name:	OFS VOCA VSSG Family Justice Center Grant 25 Amend 1			
Grantor:	Tennessee Department of Finance & Administration		Other:	
Grant Period From:	01/01/25	(applications only) Anticipated Application Date:		
Grant Period To:	06/30/26	(applications only) Application Deadline:		
Funding Type:	STATE	Multi-Department Grant	<input type="checkbox"/> If yes, list below.	
Pass-Thru:		Outside Consultant Project:	<input type="checkbox"/>	
Award Type:	COMPETITIVE	Total Award:	\$309,500.00	
Status:	AMENDMENT	Metro Cash Match:	\$0.00	
Metro Category:	Est. Prior.	Metro In-Kind Match:	\$0.00	
CFDA #	N/A	Is Council approval required?	<input type="checkbox"/>	
Project Description:	Applic. Submitted Electronically? <input type="checkbox"/>			
This grant ensures the continued provision of services in Nashville's Family Safety Centers (JCAC & FSC) by funding 3 advocates. Amendment 1 Revises Clauses,Revises Budget, Increases the budget by \$309,500.00 for a new total of \$464,250.00 and extends the term by 12 months from, 6/30/25 to 6/30/26 .				
Plan for continuation of service after expiration of grant/Budgetary Impact:				
OFS will request Metro to Fund OCJP funded staff due to consistent reductions in VOCA and state funding.				
How is Match Determined?				
Fixed Amount of \$		or	20.0%	% of Grant
Explanation for "Other" means of determining match:		Other: <input type="checkbox"/>		
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:	4.00	Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	10.50%	Indirect Cost of Grant to Metro:	\$48,746.25	
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	0.00%	Ind. Cost Requested from Grantor:
*(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	FY25	\$0.00	\$154,750.00	\$0.00	\$0.00		\$0.00	\$154,750.00	\$16,248.75	\$0.00
Yr 2	FY26	\$0.00	\$309,500.00	\$0.00	\$0.00		\$0.00	\$309,500.00	\$32,497.50	\$0.00
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
Total		\$0.00	\$464,250.00	\$0.00	\$0.00		\$0.00	\$464,250.00	\$48,746.25	\$0.00
Date Awarded:				06/09/25	Tot. Awarded:		\$309,500.00	Contract#:		57171 Amend 1
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

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

GCP Received 06/10/25

GCP Approved 06/10/25

JP

Resolution No. _____

A resolution approving amendment one to a grant from the Tennessee Department of Finance and Administration to the Metropolitan Government, acting by and through the Office of Family Safety, to fund staffing positions to help manage the multi-disciplinary needs of its clients.

WHEREAS, the Metropolitan Government, acting by and through the Office of Family Safety, previously entered into a grant agreement with the Tennessee Department of Finance and Administration to fund staffing positions to help manage the multi-disciplinary needs of its clients approved by RS2025-1064; and,

WHEREAS, the parties wish to amend the grant agreement to increase the amount of the grant by \$309,500 from \$154,750 to \$464,250, extend the end date to June 30, 2026, and replace Attachment A-1 in its entirety with a new Attachment A-1, 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 Finance and Administration and the Metropolitan Government, acting by and through the Office of Family Safety, to fund staffing positions to help manage the multi-disciplinary needs of its clients, 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:


Jenneen Reed/mjr
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND
LEGALITY:

Courtney Mohan
Assistant Metropolitan Attorney

Member(s) of Council

 <h2 style="text-align: center;">GRANT AMENDMENT</h2>					
Agency Tracking # NA		Edison ID 57171		Contract # 57171	
Amendment # 1					
Contractor Legal Entity Name Metropolitan Government of Nashville and Davidson County					Edison Vendor ID 4
Amendment Purpose & Effect(s) Revises Clauses, Revises Budget, Increases Maximum Liability, and Extends Expiration Date					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				End Date: 6/30/2026	
TOTAL Contract Amount INCREASE or DECREASE <u>per this Amendment</u> (zero if N/A):					+\$309,500.00
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
FY25	\$154,750.00				\$154,750.00
FY26	\$309,500.00				\$309,500.00
TOTAL:	\$464,250.00				\$464,250.00
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.			<i>OCR USE</i>		
Speed Chart		Account Code County - 71301000			

**AMENDMENT 1
OF GRANT CONTRACT 57171**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Office of Criminal Justice Programs, 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 B.1. is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective on 1/1/2025 ("Effective Date") and extend for a period of Eighteen (18) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
2. 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 Four Hundred Sixty Four Thousand Two Hundred Fifty Dollars (\$464,250.00) ("Maximum Liability"). The Grant Budget attached and incorporated as Attachment A-1 for fiscal year 2025 and Attachment A-1 for fiscal year 2026 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.
3. Grant Contract Attachment A-1 is deleted in its entirety and replaced with the new attachment A-1 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 6/30/2025. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

**IN WITNESS WHEREOF,
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

SEE NEXT PAGE

GRANTEE SIGNATURE

DATE

Freddie O' Connell, Mayor

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF FINANCE AND ADMINISTRATION:

JAMES E. BRYSON, COMMISSIONER

DATE

SIGNATURE PAGE
FOR
GRANT NO.OFS VOCA VSSG Family Justice Center25 Amend 1

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

METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY

Signed by:

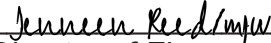
3138D429935C485...

Department Head
Office of Family Safety

6/9/2025

Date

APPROVED AS TO AVAILABILITY
OF FUNDS:



Director of Finance
Department of Finance

6/17/2025 | 9:14 AM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

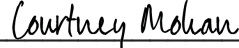


Director of Insurance

6/17/2025 | 11:04 AM CDT

Date

APPROVED AS TO FORM AND
LEGALITY:



Metropolitan Attorney

6/17/2025 | 9:37 AM CDT

Date

Freddie O' Connell
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

ATTACHMENT A-1

Page 1

GRANT BUDGET			
AGENCY NAME: Metro Government of Nashville and Davidson County Family Safety Center			
FUND SOURCE: Victim Service Supplemental Funding (VSSG)			
SOLICITATION IDENTIFICATION TITLE: Family Justice Center			
The grant budget line-item amounts below shall be applicable only to expense incurred during the following			
Applicable Period: BEGIN: 01/01/2025 END: 06/30/2025			
EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
Salaries, Benefits & Taxes ²	\$154,600.00	\$0.00	\$154,600.00
Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$150.00	\$0.00	\$150.00
Travel, Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
Interest ²	\$0.00	\$0.00	\$0.00
Insurance ²	\$0.00	\$0.00	\$0.00
Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
In-Kind Expense ²	\$0.00	\$0.00	\$0.00
GRAND TOTAL	\$154,750.00	\$0.00	\$154,750.00

¹ Each expense object line-item is 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-III/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.

ATTACHMENT A-1

Page 2

GRANT BUDGET LINE-ITEM DETAIL:

AGENCY NAME: Metro Government of Nashville and Davidson County Family Safety Center

FUND SOURCE: Victim Service Supplemental Funding (VSSG)

SOLICITATION IDENTIFICATION TITLE: Family Justice Center

SALARIES, BENEFITS & TAXES	AMOUNT
Position 1: Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project	\$38,650.00
Position 2: Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project	\$38,650.00
Position 3: Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project	\$38,650.00
Position 4: Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project	\$38,650.00
TOTAL	\$154,600.00

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
Supplies: Pens, notebooks, and creation, interpretation, and printing of client materials	\$150.00
TOTAL	\$150.00

ATTACHMENT A-1

Page 1

GRANT BUDGET			
AGENCY NAME: METRO NASHVILLE OFFICE OF FAMILY SAFETY			
FUND SOURCE: STATE VICTIM SERVICES			
SOLICITATION IDENTIFICATION TITLE: FAMILY JUSTICE CENTER			
The grant budget line-item amounts below shall be applicable only to expense incurred during the following			
Applicable Period: BEGIN: 07/01/2025 END: 06/30/2026			
EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
Salaries, Benefits & Taxes ²	\$279,000.00	\$0.00	\$279,000.00
Professional Fee, Grant & Award ²	\$0.00	\$0.00	\$0.00
Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications ²	\$1,000.00	\$0.00	\$1,000.00
Travel, Conferences & Meetings ²	\$29,500.00	\$0.00	\$29,500.00
Interest ²	\$0.00	\$0.00	\$0.00
Insurance ²	\$0.00	\$0.00	\$0.00
Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
In-Kind Expense ²	\$0.00	\$0.00	\$0.00
GRAND TOTAL	\$309,500.00	\$0.00	\$309,500.00

¹ Each expense object line-item is 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.

ATTACHMENT A-1

Page 2

GRANT BUDGET LINE-ITEM DETAIL:

AGENCY NAME: METRO NASHVILLE OFFICE OF FAMILY SAFETY

FUND SOURCE: STATE VICTIM SERVICES

SOLICITATION IDENTIFICATION TITLE: FAMILY JUSTICE CENTER

SALARIES, BENEFITS & TAXES	AMOUNT
Position 1: Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project	\$93,000.00
Position 2: <i>Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project</i>	\$93,000.00
Position 3: <i>Inter Personal Violence Crisis Advocate, 12 month salary and fridge, 100% time on project</i>	\$93,000.00
TOTAL	\$279,000.00

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
Supplies: <i>office supplies as needed, computer accessories, interpretation costs, and printing</i>	\$1,000.00
TOTAL	\$1,000.00

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Training and Conferences Attended by Agency Staff: <i><OFS will provide registration fees and travel expenses for State Victim Services funded staff to attend 1-2 conferences. Prior OCJP approval is required for any out-of-state travel and for travel expenses for personnel not funded by this grant></i>	\$14,500.00
Training and Conferences Attended by Administrative Employees & MDT Partners: <i><OFS will provide registration fees and travel expenses for those who manage the State Victim Services grant and/or State Victim Services-funded staff to attend a 1-4 conference(s), as well as partners of State Victim Services-funded programs to attend 1-2 conferences. Prior OCJP approval is required for any out-of-state travel and for travel expenses for personnel not funded by this grant></i>	\$15,000.00
TOTAL	\$29,500.00

Instructions for Completing the Certification Forms

- Read the Certifications thoroughly prior to completing the certification documents.
- Identify who will complete the certification documents, the Authorized Official or their Designee
 - **NOTE: A Designee is defined as a person who has been designated by the authorized official as responsible for completing the Certifications and has been granted permission by the Authorized Official to sign the documents with the Authorized Official's signature.**
 - When the Designee is completing the Certifications, the sections of the Certifications collecting the Designee's personal information must be completed in full for the Designee.
- The Certifications have check boxes to indicate whether the Agency certifies to the statement or whether it is not applicable. Make sure all appropriate check boxes are marked.
- At times, the Certification requires an explanation of why a Certification is not applicable for an agency. Agencies must then add this information to the Certification form.
- Agencies should review the Certifications to ensure they are completed in full, all appropriate check boxes marked, signatures and dates are present and designee information completed if necessary.
- Agencies should make a copy of the completed Certifications and keep them in their Agency Grant file.
- Completed Certification forms should be returned to OCJP along with the signed Grant Contract.

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.

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:

Name and Address of Authorizing Agency:

"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)."

☐ **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

Authorized Signature of the Applicant Agency:

Date:

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



FREDDIE O'CONNELL
MAYOR

WALLACE W. DIETZ.
DIRECTOR OF LAW

DEPARTMENT OF LAW
METROPOLITAN COURTHOUSE, SUITE 108
P.O. BOX 196300
NASHVILLE, TENNESSEE 37219-6300
(615) 862-6341 • (615) 862-6352 FAX

June 12, 2025

Chelsie Leonard, Program Manager
Department of Finance and Administration
Office of Criminal Justice Programs
312 Rosa L. Parks Avenue, Suite 1800
Nashville, TN 37243

Dear Ms. Leonard,

This letter serves as written notice to the State regarding compliance with the Debarment and Suspension certification for the Victim Services State Grant. That certification requires the grantee to certify that it “ha[s] not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.” The certification permits the grantee to submit an attachment to the certification explaining why the grantee is unable to certify to any of the statements in the certification.

On March 25, 2025, the Health Department of the Metropolitan Government of Nashville and Davidson County (“Metro”) received a notification from the Centers for Disease Control and Prevention (“CDC”) that a Community Healthcare Workers grant was terminated “for cause” due to the end of the Covid-19 pandemic. The notification did not indicate any wrongdoing on the part of Metro that prompted the termination.

On April 24, 2025, Metro filed a lawsuit against the CDC challenging the illegal termination of the above-mentioned grant, including the “for cause” termination designation.

Metro is otherwise compliant with the Debarment and Suspension certification.

If you require any further information, please let us know.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Wallace W. Dietz', is written over a horizontal line.

Wallace W. Dietz, Director of Law
Metropolitan Government of Nashville and Davidson County

CERTIFICATION REGARDING LOBBYING

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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:

Name and Address of Authorizing Agency:

"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)."

☐ **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

Authorized Signature of the Applicant Agency:

Date: