DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

GRANT SUMMARY SHEET

Grant Name: HIV Emergency Relief 22-23 Amend 1

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Pass-Through Grantor (If applicable):

Total Award this Action: $3,164,527.00

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 1 adds an additional $3,164,527.00 to the previous amount of $1,480,177.00 for a new grand total of $4,644,704.00. The grant extends the end date from 02/28/23 to 2/28/25.

Plan for continuation of services upon grant
Services will be discontinued.

 B.A.Initials DS BB

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

Grants Tracking Form

Part One

Pre-Application	Application	Award Acceptance	Contract Amendment
○	○	○	◉

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	HIV Emergency Relief 22-23 Amend 1		
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	**Other:**	
Grant Period From:	03/01/22	(applications only) **Anticipated Application Date:**	
Grant Period To:	02/28/25	(applications only) **Application Deadline:**	
Funding Type:	FED DIRECT	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$3,164,527.00
Status:	AMENDMENT	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	93.914	**Is Council approval required?** ☑	
Project Description:		**Applic. Submitted Electronically?** ☐	

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 1 adds an additional $3,164,527.00 to the previous amount of $1,480,177.00 for a new grand total of $4,644,704.00. The grant extends the end date from 02/28/23 to 2/28/25.**

Plan for continuation of service after expiration of grant/Budgetary Impact:

Services will be discontinued

How is Match Determined?

Fixed Amount of $		**or**		**% of Grant**		**Other:**	☐

Explanation for "Other" means of determining match:

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

Is already in department budget?		**Fund**		**Business Unit**	
Is not budgeted?		**Proposed Source of Match:**			
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					

Other:

Number of FTEs the grant will fund:	5.80	**Actual number of positions added:**	0.00		
Departmental Indirect Cost Rate	24.82%	**Indirect Cost of Grant to Metro:**	$1,152,815.53		
***Indirect Costs allowed?** ◉ Yes ○ No **% Allow.**	2.51%	**Ind. Cost Requested from Grantor:**	$37,157.00	**in budget**	

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

Metro or Community-based Partners:

There are 7 organizations that will provide services in the continuum of care. All are considered subgrantees.

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	$4,644,704.00			$0.00		$0.00	$4,644,704.00	$1,152,815.53	$37,157.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$4,644,704.00	$0.00	$0.00	$0.00		$0.00	$4,644,704.00	$1,152,815.53	$37,157.00

Date Awarded:	06/14/22		$1,480,177.00	**Contract#:**	2 H89HA11433-14-01
(or) **Date Denied:**					
(or) **Date Withdrawn:**					

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

TW

Rev. 5/13/13
5464

GCP RECEIVED 6/20/22 GCP APPROVED 6/22/22

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 05/23/2022

Recipient Information

1. Recipient Name
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A7

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Beverly Glaze-Johnson
beverly.glaze-johnson@nashville.gov
(615)340-8605

8. Authorized Official
Tina Lester
Bureau Director
tina.lester@nashville.gov
(615)340-5687

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

11. Award Number
6 H89HA11433-14-01

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority
42 U.S.C. § 300ff-11-20; 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	$3,164,527.00
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	$4,644,704.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$4,644,704.00
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	$4,644,704.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 05/23/2022

30. Remarks

This award consists of the following amounts:
FY22 MAI – $322,377
FY22 FRML – $2,863,541
FY22 SUPPL - $1,458,786
Total Funding – $4,644,704

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA11433-14-01
Federal Award Date: 05/23/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] 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:	$4,644,704.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
q.	TOTAL APPROVED BUDGET:	$4,644,704.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$4,644,704.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$4,644,704.00**
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	$1,480,177.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$3,164,527.00**

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. BHCMIS#

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 statue 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	$1,483,442.00	$0.00	FRML	22H89HA11433
22 - 3771357	93.914	22H89HA11433	$1,458,786.00	$0.00	SUPPL	22H89HA11433
22 - 3771355	93.914	22H89HA11433	$222,299.00	$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.

Program Specific Condition(s)

1. **Due Date: Within 30 Days of Award Issue Date**
   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.

Grant Specific Term(s)

1. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (https://ryanwhite.hrsa.gov/grants/manage/recipient-resources). Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.
2. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Note: this term supersedes Program Specific term #24 included in your initial fiscal year 2022 (FY22) Notice of Award.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY2022 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds. Note: this term supersedes Grant Specific term #1 included in your initial fiscal year 2022 (FY22) Notice of Award.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**
   The recipient must submit a FY 2022 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
2. **Due Date: 12/09/2022**
   The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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
Tina Lester	Authorizing Official	tina.lester@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

Director, Metro Public Health Department — 6/13/2022
Date

DocuSigned by:
Tenné Hamilton Franklin
BEBF0BBF14B14B0...

Chair, Board of Health — 6/14/2022
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery
1CF513D4D905F4EB...

Director, Department of Finance — 6/29/2022
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb
168804BE12FD741C...

Director of Risk Management Services — 6/29/2022
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke
30FEE061OB15400...

Metropolitan Attorney — 6/29/2022
Date

Metropolitan Mayor — Date

ATTEST:

Metropolitan Clerk — Date

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

Resolution No. RS2022-1428

A resolution accepting a grant from the U.S. Department of Health and Human Services to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program.

WHEREAS, the U.S. Department of Health and Human Services has awarded a grant in an amount not to exceed $1,480,177.00 with no cash match required to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that this grant be accepted.

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

Section 1. That the grant by and between the U.S. Department of Health and Human Services, in an amount not to exceed $1,480,177.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program, a copy of which grant is attached hereto and incorporated herein, is hereby approved.

Section 2. That the amount of this grant is to be appropriated to the Metropolitan Board of Health based on the revenues estimated to be received and any match to be applied.

Section 3. 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:

DocuSigned by:
Kelly Flannery/mjw
Kelly Flannery, Director
Department of Finance

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke
Assistant Metropolitan Attorney

INTRODUCED BY:

Member(s) of Council

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

GRANT SUMMARY SHEET

Grant Name: HIV Emergency Relief 22-23

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Pass-Through Grantor (If applicable):

Total Award this Action: $1,480,177.00

Cash Match $0.00

Department Contact: Brad Thompson
340-0407

Status: CONTINUATION

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.

Plan for continuation of services upon grant expiration:
Services will be discontinued

B.A. Initials DS

5355

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

Grants Tracking Form

Part One

Pre-Application ○ Application ○ Award Acceptance ◉ Contract Amendment ○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	HIV Emergency Relief 22-23		
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	Other:	
Grant Period From:	03/01/22	(applications only) Anticipated Application Date:	
Grant Period To:	02/28/23	(applications only) Application Deadline:	
Funding Type:	FED DIRECT	Multi-Department Grant ☐ → If yes, list below.	
Pass-Thru:		Outside Consultant Project: ☐	
Award Type:	FORMULA	Total Award:	$1,480,177.00
Status:	CONTINUATION	Metro Cash Match:	$0.00
Metro Category:	Est. Prior.	Metro In-Kind Match:	$0.00
CFDA #	93.914	Is Council approval required? ☑	
Project Description:		Applic. Submitted Electronically? ☐	

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.

Plan for continuation of service after expiration of grant/Budgetary Impact:

Services will be discontinued

How is Match Determined?

Fixed Amount of $		or		% of Grant	Other: ☐
Explanation for "Other" means of determining match:					

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

Is already in department budget?			Fund		Business Unit
Is not budgeted?			Proposed Source of Match:		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					

Other:

Number of FTEs the grant will fund:	5.80		Actual number of positions added:	0.00	
Departmental Indirect Cost Rate	24.82%		Indirect Cost of Grant to Metro:	$367,379.93	
*Indirect Costs allowed? ◉ Yes ○ No	% Allow.	2.51%	Ind. Cost Requested from Grantor:	$37,157.00	in budget

*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)

Draw down allowable? ☐

Metro or Community-based Partners:

There are 7 organizations that will provide services in the continuum of care. All are considered subgrantees.

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY22	$1,480,177.00			$0.00		$0.00	$1,480,177.00	$367,379.93	$37,157.00
Yr 2	FY23	$0.00			$0.00		$0.00	$0.00	$0.00	$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$1,480,177.00	$0.00	$0.00	$0.00		$0.00	$1,480,177.00	$367,379.93	$37,157.00

Date Awarded:	02/14/22	$1,480,177.00	Contract#:	2 H89HA11433-14-00
(or) Date Denied:				
(or) Withdrawn:				

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

GCP RECEIVED 2/21/22

GCP APPROVED 2/22/22

TW

Rev. 5/13/13
5355

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 01/18/2022

Recipient Information

1. Recipient Name
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A7

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Beverly Glaze-Johnson
beverly.glaze-johnson@nashville.gov
(615)340-8605

8. Authorized Official
Tina Lester
Bureau Director
tina.lester@nashville.gov
(615)340-5687

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

11. Award Number
2 H89HA11433-14-00

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority
42 U.S.C. § 300ff-11-20; 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
Competing Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	$1,480,177.00
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	$1,480,177.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,480,177.00
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	$1,480,177.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 01/18/2022

30. Remarks

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 2 H89HA11433-14-00
Federal Award Date: 01/18/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] 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:	$1,480,177.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
q.	TOTAL APPROVED BUDGET:	$1,480,177.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$1,480,177.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$1,480,177.00**
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	$0.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,480,177.00**

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

YEAR	TOTAL COSTS
15	$1,480,177.00
16	$1,480,177.00

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. BHCMIS#

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 statue 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	$1,380,099.00	$0.00	FRML	22H89HA11433
22 - 3771355	93.914	22H89HA11433	$100,078.00	$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. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
2. Due to the provision of partial funding, this award is being made without a complete list of itemized reporting requirements. Award recipients are reminded of the continuation of FY2021specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Remaining FY2022 reporting requirements to include defined due dates will be contained on the final FY2022 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.
3. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
4. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, fill out a New User Access Request form at: https://pmsapp.psc.gov/pms/app/userrequest/request/newuser?. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: https://pms.psc.gov/find-pms-liaison-accountant.html.
5. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or $250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds $5,000 and was not included in the approved project budget/application. Any of the aforementioned post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer via prior approval along with a letter of concurrence from the Planning Council Chair(s).
6. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

Program Specific Term(s)

1. RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.
   Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources
2. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (PC) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC

membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect he demographics of the epidemic in the EMA/TGA.
You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness.
Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.

3. Submit, every two (2) years, to the lead State agency for the Ryan White HIV/AIDS Part B program, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title and include necessary patient level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
4. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa/.
5. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at http://www.access-board.gov
6. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
7. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2021 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2022 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
10. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf).
11. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:
    The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.
    The recipient shall not exceed the lesser of 5 percent of the total grant funds or $3 million for the required clinical quality management (CQM) program.
    The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
12. All Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks.
13. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
14. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under

any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf for additional information regarding services provided to veterans).

15. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
16. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure complaince with programmatic requirements. See http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.
17. In accordance with Policy Clarification Notice 16-02 grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose. See http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.
18. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
19. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
20. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.
21. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients as detailed in the National Monitoring Standards for RWHAP recipients. (http://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources)
22. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at http://hab.hrsa.gov/manageyourgrant/prepletter062216.pdf.)
23. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf.
24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs.
26. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of $5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
27. Ryan White HIV/AIDS Program funds cannot be used to provide cash payments such as stipends or honoraria. The recipient must substitute allowable direct costs per PCN 16-02 and PCN 15-01 available online at https://hab.hrsa.gov/program-grants-

management/policy-notices-and-program-letters for [insert dollar amount] in stipend costs included in the budget.

28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).
29. RWHAP Part A recipients are required to participate in the development of the Integrated HIV Prevention and Care Plan, Including the Statewide Coordinated Statement of Need (SCSN), 2022-2026 (see https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement). The SCSN is a component of the Integrated HIV Prevention and Care Plan. Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2022 RWHAP Part A Annual Progress Report.

Standard Term(s)

1. Your organization must comply with all HRSA Standard Terms unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**
   The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.

   The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

   - Budget Period ends August – October: FFR due January 30
   - Budget Period ends November – January: FFR due April 30
   - Budget Period ends February – April: FFR due July 30
   - Budget Period ends May – July: FFR due October 30

2. **Due Date: Within 90 Days of Budget End Date**
   The recipient must submit the Ryan White HIV/AIDS Program Expenditure Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
3. **Due Date: 03/28/2022**
   Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html for additional information.
4. **Due Date: 12/31/2022**
   The recipient must submit an estimate of their FY 2022 Unobligated Balances (UOB) and an estimated carryover request no later than December 31, 2022, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.
5. **Due Date: Within 90 Days of Budget End Date**
   The recipient must submit a Final FY 2022 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Point of Contact	beverly.glaze-johnson@nashville.gov
Quinntana Slaughter	Business Official	quinntana.slaughter@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Gill Wright	Authorizing Official	gill.wright@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill Wright/mb
DE075DFF90CE42E...

Director, Metro Public Health Department — 2/14/2022 Date

DocuSigned by:
Tené Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health — 2/14/2022 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:
Kelly Flannery/mjw

Director, Department of Finance — 3/1/2022 Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:
Balogun Cobb

Director of Risk Management Services — 3/2/2022 Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:
Nicki Eke

Metropolitan Attorney — 3/2/2022 Date

FILED:

Austin Kyle

Metropolitan Clerk — MAR 16 2022 Date

DocuSign Envelope ID: FB2698A5-C922-4FBB-8F43-5D4137822C1A

2022 MAR 8 PM 12:03
FILED METROPOLITAN CLERK

ORIGINAL

METROPOLITAN COUNTY COUNCIL

Resolution No. RS2022-1428

A resolution accepting a grant from the U.S. Department of Health and Human Services to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program.

Introduced MAR 15 2022

Amended _____

Adopted MAR 15 2022

Approved _____

By MAR 16 2022

Metropolitan Mayor