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## GRANT SUMMARY SHEET

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**Grant Name:** Healthy Start Initiative-Eliminating Racial/Ethnic Disparities  
(Nashville Strong Babies) 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:** \$702,127.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds Year 4 of a 5 year project. Amend. 1 adds an additional \$702,127 to the previous amount of \$441,974 for a new total of \$1,144,121.

**Plan for continuation of services upon grant expiration:**

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:		Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (Nashville Strong Babies) 22-23 Amend. 1					
Grantor:		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				Other:	
Grant Period From:		04/01/22		(applications only) Anticipated Application Date:			
Grant Period To:		03/31/23		(applications only) Application Deadline:			
Funding Type:	FED DIRECT			Multi-Department Grant <input type="checkbox"/>		If yes, list below.	
Pass-Thru:				Outside Consultant Project: <input type="checkbox"/>			
Award Type:	COMPETITIVE			Total Award:		\$702,147.00	
Status:	AMENDMENT			Metro Cash Match:		\$0.00	
Metro Category:	Est. Prior.			Metro In-Kind Match:		\$0.00	
CFDA #	93.926			Is Council approval required?		<input type="checkbox"/>	
Project Description:				Applic. Submitted Electronically?		<input checked="" type="checkbox"/>	
A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds Year 4 of a 5 year project. <b>Amend. 1 adds an additional \$702,127 to the previous amount of \$441,974 for a new total of \$1,144,121.</b>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
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:		9.00		Actual number of positions added:		0.00	
Departmental Indirect Cost Rate		23.54%		Indirect Cost of Grant to Metro:		\$269,326.08	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 13.75%		Ind. Cost Requested from Grantor:		\$157,268.00 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	FY23	\$1,144,121.00						\$1,144,121.00	\$269,326.08	\$157,268.00
Yr 2	FY							\$0.00	\$0.00	\$0.00
Yr 3	FY							\$0.00	\$0.00	\$0.00
Yr 4	FY							\$0.00	\$0.00	\$0.00
Yr 5	FY							\$0.00	\$0.00	\$0.00
Total		\$1,144,121.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,144,121.00	\$269,326.08	\$157,268.00
Date Awarded:				06/09/22	Tot. Awarded:		\$702,147.00	Contract#:		
(or) Date Denied:					Reason:			6 H49MC32719-04-01		
(or) Date Withdrawn:					Reason:					

Contact:

[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)Rev. 5/13/13  
5515GCP Rec'd  
09/21/22GCP Approved  
09/22/22

vw

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## GRANT SUMMARY SHEET

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**Grant Name:** Healthy Start Initiative-Eliminating Racial/Ethnic Disparities  
(Nashville Strong Babies) 22-23

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** \$441,974.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** CONTINUATION

**Program Description:**

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds Year 4 of a 5 year project.

**Plan for continuation of services upon grant expiration:**

Services would be discontinued.

## Grants Tracking Form

## Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input checked="" type="radio"/>		<b>Contract Amendment</b> <input type="radio"/>	
<b>Department</b>	<b>Dept. No.</b>	<b>Contact</b>				<b>Phone</b>	<b>Fax</b>
HEALTH DEPARTMENT ▼	038	Brad Thompson				340-0407	
<b>Grant Name:</b> Healthy Start Initiative-Eliminating Racial/Ethnic Disparities (Nashville Strong Babies) 22-23							
<b>Grantor:</b>		U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ▼				<b>Other:</b>	
<b>Grant Period From:</b>		04/01/22	(applications only) <b>Anticipated Application Date:</b>				
<b>Grant Period To:</b>		03/31/23	(applications only) <b>Application Deadline:</b>				
<b>Funding Type:</b>	FED DIRECT ▼	<b>Multi-Department Grant</b>		<input type="checkbox"/> <b>If yes, list below.</b>			
<b>Pass-Thru:</b>	▼	<b>Outside Consultant Project:</b>		<input type="checkbox"/>			
<b>Award Type:</b>	COMPETITIVE ▼	<b>Total Award:</b>		\$441,974.00			
<b>Status:</b>	CONTINUATION ▼	<b>Metro Cash Match:</b>		\$0.00			
<b>Metro Category:</b>	Est. Prior. ▼	<b>Metro In-Kind Match:</b>		\$0.00			
<b>CFDA #</b>	93.926	<b>Is Council approval required?</b>		<input type="checkbox"/>			
<b>Project Description:</b>		<b>Applic. Submitted Electronically?</b> <input type="checkbox"/>					

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds Year 4 of a 5 year project.

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

Services would 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)**

<b>Other:</b>			
<b>Number of FTEs the grant will fund:</b>	9.00	<b>Actual number of positions added:</b>	0.00
<b>Departmental Indirect Cost Rate</b>	23.54%	<b>Indirect Cost of Grant to Metro:</b>	\$104,040.68
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>% Allow.</b>	13.75%	<b>Ind. Cost Requested from Grantor:</b>	\$60,753.00 <b>in budget</b>
<b>*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)</b>			

**Draw down allowable?** ☐

**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
<b>Yr 1</b>	FY23	\$441,974.00	\$0.00	\$0.00	\$0.00		\$0.00	\$441,974.00	\$104,040.68	\$60,753.00
<b>Yr 2</b>	FY__	\$441,974.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
<b>Yr 3</b>	FY__	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
<b>Yr 4</b>	FY__	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
<b>Yr 5</b>	FY__	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$441,974.00</b>	\$0.00	\$0.00	\$0.00		\$0.00	\$441,974.00	\$104,040.68	\$60,753.00
<b>Date Awarded:</b>		02/22/22		<b>Tot. Awarded:</b>		\$441,974.00	<b>Contract#:</b>		5 H49MC32719-04-00	
<b>(or) Date Denied:</b>				<b>Reason:</b>						
<b>(or) Date Withdrawn:</b>				<b>Reason:</b>						

Contact:

[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

GCP Rec'd  
09/20/22

GCP Approved  
09/22/22

VW



**Department of Health and Human Services**  
Health Resources and Services Administration

**Notice of Award**

FAIN# H4932719

Federal Award Date: 06/09/2022

**Recipient Information**

- 1. Recipient Name**  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
PO BOX 196300  
Nashville, TN 37219-6300
- 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**  
Fonda Harris  
fonda.harris@nashville.gov  
(615)340-5686
- 8. Authorized Official**

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Tonya Randall  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
trandall@hrsa.gov  
(301) 594-4259
- 10. Program Official Contact Information**  
Judith D Harvilchuck  
Maternal and Child Health Bureau (MCHB)  
JHarvilchuck@hrsa.gov  
(301) 443-1568

**Federal Award Information**

- 11. Award Number**  
6 H49MC32719-04-01
- 12. Unique Federal Award Identification Number (FAIN)**  
H4932719
- 13. Statutory Authority**  
42 U.S.C. § 254c-8
- 14. Federal Award Project Title**  
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
- 15. Assistance Listing Number**  
93.926
- 16. Assistance Listing Program Title**  
Healthy Start Initiative
- 17. Award Action Type**  
Administrative
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 04/01/2022 - End Date 03/31/2023</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$702,147.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
<b>21. Authorized Carryover</b>	<b>\$0.00</b>
<b>22. Offset</b>	<b>\$0.00</b>
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	<b>\$1,144,121.00</b>
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$0.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$1,144,121.00</b>
<b>26. Project Period Start Date 04/01/2019 - End Date 03/31/2024</b>	
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	<b>\$4,492,937.00</b>

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 06/09/2022

**30. Remarks**



Notice of Award  
Award Number: 6 H49MC32719-04-01  
Federal Award Date: 06/09/2022

### Maternal and Child Health Bureau (MCHB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>05</td> <td>\$1,144,121.00</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	05	\$1,144,121.00																																											
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<b>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:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b> <table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3898020</td> <td>93.926</td> <td>19H49MC32719</td> <td>\$702,147.00</td> <td>\$0.00</td> <td>N/A</td> <td>19-HIS-ERED</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3898020	93.926	19H49MC32719	\$702,147.00	\$0.00	N/A	19-HIS-ERED																																
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## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

### Grant Specific Term(s)

1. This revised Notice of Award is issued to provide the balance of funds which satisfies the requested funding for 4/1/22 -3/31/23. Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

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

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Fonda Harris	Program Director	fonda.harris@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*

0480AC21E1CC408...

Director, Metro Public Health Department

9/19/2022

Date

DocuSigned by:

*Tené Hamilton Franklin*

BEBF0BBF14D1480...

Chair, Board of Health

9/21/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

*Kelly Flannery*

Director, Department of Finance

9/29/2022

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

*Balogun Cobb*

Director of Risk Management Services

9/29/2022

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

*Neki Eke*

Metropolitan Attorney

9/29/2022

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date





**Department of Health and Human Services**  
Health Resources and Services Administration

Notice of Award  
FAIN# H4932719  
Federal Award Date: 02/22/2022

### Recipient Information

- 1. Recipient Name**  
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN  
GOVERNMENT OF  
PO BOX 196300  
Nashville, TN 37219-6300
- 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**  
Fonda Harris  
fonda.harris@nashville.gov  
(615)340-5686
- 8. Authorized Official**  
Tina Lester  
Bureau Director, Population Health  
tina.lester@nashville.gov  
(615)340-5687

### Federal Agency Information

- 9. Awarding Agency Contact Information**  
Tonya Randall  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
trandall@hrsa.gov  
(301) 594-4259
- 10. Program Official Contact Information**  
Judith D Harvilchuck  
Maternal and Child Health Bureau (MCHB)  
JHarvilchuck@hrsa.gov  
(301) 443-1568

### Federal Award Information

- 11. Award Number**  
5 H49MC32719-04-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H4932719
- 13. Statutory Authority**  
Public Health Service Act, Section 751  
Public Health Service Act: Title III, Part D, Section 330H ; 42 U.S.C. 254c-8  
Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8), as amended by the  
Healthy Start Reauthorization Act of 2007 (P.L. 110-339)  
42 U.S.C. § 254c-8 (Title III, Part D, § 330H of the Public Health Service Act)  
42 U.S.C. § 254c-8
- 14. Federal Award Project Title**  
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
- 15. Assistance Listing Number**  
93.926
- 16. Assistance Listing Program Title**  
Healthy Start Initiative
- 17. Award Action Type**  
Noncompeting Continuation
- 18. Is the Award R&D?**  
No

### Summary Federal Award Financial Information

- 19. Budget Period Start Date 04/01/2022 - End Date 03/31/2023**
- 20. Total Amount of Federal Funds Obligated by this Action** \$441,974.00
  - 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 \$441,974.00
- 24. Total Approved Cost Sharing or Matching, where applicable** \$0.00
- 25. Total Federal and Non-Federal Approved this Budget Period** \$441,974.00
- 26. Project Period Start Date 04/01/2019 - End Date 03/31/2024**
27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Project Period \$3,790,790.00

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
LaShawna Smith on 02/22/2022

### 30. Remarks

THIS GRANT IS UNDER EXPANDED AUTHORITY



Notice of Award  
Award Number: 5 H49MC32719-04-00  
Federal Award Date: 02/22/2022

### Maternal and Child Health Bureau (MCHB)

<b>31. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>33. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																															
		<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>05</td> <td>\$1,144,121.00</td> </tr> </tbody> </table>	YEAR	TOTAL COSTS	05	\$1,144,121.00																																											
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<b>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:</b> a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																																	
<b>39. ACCOUNTING CLASSIFICATION CODES</b> <table border="1"> <thead> <tr> <th>FY-CAN</th> <th>CFDA</th> <th>DOCUMENT NUMBER</th> <th>AMT. FIN. ASST.</th> <th>AMT. DIR. ASST.</th> <th>SUB PROGRAM CODE</th> <th>SUB ACCOUNT CODE</th> </tr> </thead> <tbody> <tr> <td>22 - 3898020</td> <td>93.926</td> <td>19H49MC32719</td> <td>\$441,974.00</td> <td>\$0.00</td> <td>N/A</td> <td>19-HIS-ERED</td> </tr> </tbody> </table>				FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3898020	93.926	19H49MC32719	\$441,974.00	\$0.00	N/A	19-HIS-ERED																																
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## 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. Healthy Start funds may not be used for entertainment costs. Trips and/or activities for Healthy Start clients must relate to both the goal of reducing infant mortality and the approved project objectives
2. Fund raising costs are unallowable. Healthy Start funds, e.g., staff salary, contract personnel, consultants or costs for items to be sold or raffled, may not be used for fund raising activities.
3. The replacement of, or significant change in the responsibilities of senior project staff, including the project director, project manager, and chief financial officer, must have prior approval from the Grants Management Officer . The grantee must obtain prior approval from the awarding office for changes in scope, direction, type of service delivery or training, and rebudgeting of Healthy Start funds.
4. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:  
<http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
5. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
6. The funds for this award are in a sub-account in the Payment Management System (PMS). 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. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**  
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:  
<http://pms.psc.gov/find-pms-liaison-accountant.html>
7. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
8. **This Notice of Award (NoA) provides partial funding at the CR rate of 38.63%. In accordance with this reduction, funding has been adjusted proportionately across requested cost categories. Up to 25% of the total approved budget may be re-budgeted within approved categories without prior approval.**
9. **This is to notify you that the required Quarterly Federal Cash Transaction Report has not been submitted to the Division of Payment Management (DPM). DPM does not allow grant funds to be drawn down while this report is outstanding. Please submit or/update this report to DPM within 30 days. Contact your DPM account representative if you need assistance.**

### Program Specific Term(s)

1. The management Team, including key personnel, must reflect the cultural diversity of the Community to be served.
2. This award is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Office:  
 Section 75.308 c(2)(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.  
 Section 75.308 c(2)(d)(2) Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.  
 Section 75.308 c(2)(d)(3) Carry forward unobligated balances to subsequent periods of performance.  
 Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or \$250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or \$250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee must obtain prior approval from the Grants Management Office.  
 The grantee must notify the Grants Management Office when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR).  
 For all other Post Award request refer Standard Term 5 below.
3. Each project is expected to establish a plan to recover, to the maximum extent feasible, third party revenues to which it is entitled for services provided; garner all other available Federal, state, local, and private funds; and charge beneficiaries according to their ability to pay for services without creating a barrier to those services. Where third-party payors, including Government agencies, are authorized or are under legal obligation to pay all or a portion of charges for health care services, "all such sources must be billed for covered services, and every effort must be made to obtain payment. Each service provider receiving Federal funds, either directly or indirectly, must have a procedure to identify all persons served who are eligible for third-party reimbursement."
4. All MCHB discretionary grant projects are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance indicators, rather than solely on the intermediate process measures.
5. In accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Public Law 103-62), MCHB has established measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures and data elements for all MCHB-funded grant programs including Healthy Start have been finalized. As previously communicated all Healthy Start projects are expected to participate in the MCHB reporting requirements system.
6. Grantees must use the DHSPS screening tools, must report aggregate and client level data on a monthly basis to DHSPS, and report progress on benchmarks in the MCHB Discretionary Grants Information System.
7. Grantees are required to participate in the National Evaluation of Healthy Start Programs and respond to data request for information from the Division and the supporting HS performance project.
8. HRSA reserves the right to reduce base awards for grantees that consistently maintain unobligated balance greater than \$100,000.
9. A grantee can propose to include an evidence-based home visiting model as part of their Healthy Start (HS) program as long as each component of the program addresses the four HS approaches, and the evidence-based model allows for the HS program to collect the data included in the HS screening tools. That is, the requirements of any curriculum or model chosen do not supersede the requirements of HS.
10. HRSA reserves the right to reduce funding if, after receiving Technical Assistance, grantee cannot fulfil the requirements of the grant. i.e. progress on benchmarks, number of participants served.
11. Grantees are to budget for up to 3 persons to attend all mandatory regional meetings and the Healthy Start convention.

## 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: Within 90 Days of Budget Start Date

The grantee must submit a Performance Report within 90 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).

**2. 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

**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
D'yuanna Allen-Robb	Point of Contact	dyuanna.allen-robb@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Fonda Harris	Program Director	fonda.harris@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:  
  
0460AC24E1CC408...  
\_\_\_\_\_  
Director, Metro Public Health Department

9/19/2022

\_\_\_\_\_  
Date

DocuSigned by:  
  
BEBF0BBF14D14B0...  
\_\_\_\_\_  
Chair, Board of Health

9/21/2022

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
01F0300F54E9...  
\_\_\_\_\_  
Director, Department of Finance

9/29/2022

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
894705C101410...  
\_\_\_\_\_  
Director of Risk Management Services

9/29/2022

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
\_\_\_\_\_  
Metropolitan Attorney

9/29/2022

\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date