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## GRANT SUMMARY SHEET

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**Grant Name:** Nashville Health Accelerator Plan 21-22 Amendment 1

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTER FOR DISEASE CONTROL AND PREVENTION

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

**Total Award this Action:** \$0.00

**Cash Match Amount** \$0.00

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

**Status:** AMENDMENT

**Program Description:**

This Centers for Disease Control and Prevention grant will establish a multi-sector coalition to develop an action plan to address the social determinants of health including community-clinical linkages and food and nutrition security to improve chronic disease outcomes among persons experiencing health disparities and inequities. Amendment #1 adds an additional 6 months to the contract extending the end date from 09/29/22 to 03/29/23.

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

This appears to be a continuing federal program based on performance objectives. If we get another award, service will continue, if not, program will not continue unless local funds are provided.

## 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:	Nashville Health Accelerator Plan 21-22 Amendment 1						
Grantor:	CENTER FOR DISEASE CONTROL AND PREVENTION					Other:	
Grant Period From:	09/30/21	(applications only) Anticipated Application Date:					
Grant Period To:	03/29/23	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/>	If yes, list below.		
Pass-Thru:	Select Pass-Thru --- >	Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	COMPETITIVE	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.945	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?		<input type="checkbox"/>			
This Centers for Disease Control and Prevention grant will establish a multi-sector coalition to develop an action plan to address the social determinants of health including community-clinical linkages and food and nutrition security to improve chronic disease outcomes among persons experiencing health disparities and inequities. <b>Amendment #1 adds an additional 6 months to the contract extending the end date from 09/29/22 to 03/29/23.</b>							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b> This appears to be a continuing federal program based on performance objectives. If we get another award, service will continue, if not, program will not continue unless local funds are provided.							
<b>How is Match Determined?</b> Fixed Amount of \$ _____ or _____ % of Grant _____ Other: <input type="checkbox"/> Explanation for "Other" means of determining match: _____							
<b>For this Metro FY, how much of the required local Metro cash match:</b> 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: 1.00 Actual number of positions added: 1.00 Departmental Indirect Cost Rate 24.82% Indirect Cost of Grant to Metro: \$31,031.13 *Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No % Allow. 19.89% Ind. Cost Requested from Grantor: \$24,860.00 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	\$125,000.00						\$125,000.00	\$31,031.13	\$24,860.00
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
<b>Total</b>		\$125,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$125,000.00	\$31,031.13	\$24,860.00
Date Awarded:			12/15/22		\$0.00	Contract#:	NU58DP007080-01			
(or) Date Denied:										
(or) Date Withdrawn:										

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

GCP Rec'd  
12/29/22

GCP Approved  
12/29/22

VW



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP007080-01-01

FAIN# NU58DP007080

Federal Award Date: 11/22/2022

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
1 PUBLIC SQ  
NASHVILLE, TN 37201-5007  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**  
1620694743A3

**4. Employer Identification Number (EIN)**  
620694743

**5. Data Universal Numbering System (DUNS)**  
078217668

**6. Recipient's Unique Entity Identifier (UEI)**  
LGZLHP6ZHM55

**7. Project Director or Principal Investigator**

Ms. Stephanie Kang  
Bureau Director of Health Equity  
stephanie.kang@nashville.gov  
615-340-0572

**8. Authorized Official**

Ms. Tina Lester  
Tina.Lester@nashville.gov  
615-340-5687

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Mr. Daniel Jackson  
Grants Management Specialist  
qpz2@cdc.gov  
(678) 475-4577

**10. Program Official Contact Information**

Claire Heiser  
Lead Public Health Advisor  
beq9@cdc.gov  
770-488-5284

**Federal Award Information**

**11. Award Number**

6 NU58DP007080-01-01

**12. Unique Federal Award Identification Number (FAIN)**

NU58DP007080

**13. Statutory Authority**

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

**14. Federal Award Project Title**

The Nashville Health Accelerator Plan

**15. Assistance Listing Number**

93.945

**16. Assistance Listing Program Title**

Assistance Programs for Chronic Disease Prevention and Control

**17. Award Action Type**

No Cost Extension

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 09/30/2021 - **End Date** 03/29/2023

**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$125,000.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$125,000.00

**26. Period of Performance Start Date** 09/30/2021 - **End Date** 03/29/2023

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$125,000.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Natasha Jones  
Grants Management Officer

**30. Remarks**



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP007080-01-01

FAIN# NU58DP007080

Federal Award Date: 11/22/2022

**Recipient Information**

**Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
1 PUBLIC SQ  
NASHVILLE, TN 37201-5007  
(615) 862-8860

**Congressional District of Recipient**

05

**Payment Account Number and Type**

1620694743A3

**Employer Identification Number (EIN) Data**

620694743

**Universal Numbering System (DUNS)**

078217668

**Recipient's Unique Entity Identifier (UEI)**

LGZLHP6ZHM55

**31. Assistance Type**

Project Grant

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

<b>a. Salaries and Wages</b>	\$40,948.00
<b>b. Fringe Benefits</b>	\$22,307.00
<b>c. Total Personnel Costs</b>	\$63,255.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$4,570.00
<b>f. Travel</b>	\$2,688.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$29,627.00
<b>i. Contractual</b>	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$100,140.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$24,860.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$125,000.00</b>
<b>m. Federal Share</b>	<b>\$125,000.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H1J	21NU58DP007080	DP	41.51	93.945	\$0.00	75-21-0948

## **AWARD ATTACHMENTS**

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

6 NU58DP007080-01-  
01

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1. Terms and Conditions

**ADDITIONAL TERMS AND CONDITIONS OF AWARD**

**No Cost Extension:** The purpose of this amendment is to approve a 6 month No Cost Extension per the request submitted by your organization dated September 13, 2022 . The budget and project period end dates have been extended from September 29, 2022 to March 29, 2023.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of September 30, 2021 to September 29, 2022 must be submitted by December 28, 2022.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report (PPER):** This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

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

12/9/2022

Date

DocuSigned by:

*Tené Hamilton Franklin*

BEBF0BBF14D1480...

Chair, Board of Health

12/9/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

*Kelly Flannery/mfw*

6247793014469...

Director, Department of Finance

1/5/2023

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:

*Balogun Cobb*

634749C1704401...

Director of Risk Management Services

1/5/2023

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

*Courtney Mohan*

634749C1704401...

Metropolitan Attorney

1/5/2023

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date



## RESOLUTION NO. RS2021-1244

A resolution accepting a Nashville Health Accelerator Plan grant from the Centers for Disease Control and Prevention to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address social determinants of health to improve chronic disease outcomes among persons experiencing health disparities and inequities.

WHEREAS, the Centers for Disease Control and Prevention, have awarded a grant an amount not to exceed \$125,000.00 with no cash match required, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address social determinants of health to improve chronic disease outcomes among persons experiencing health disparities and inequities; 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 Centers for Disease Control and Prevention, in an amount not to exceed \$125,000.00, to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address social determinants of health to improve chronic disease outcomes among persons experiencing health disparities and inequities, 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 Department 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/mfw  
Kelly Flannery, Director  
Department of Finance

APPROVED AS TO FORM AND  
LEGALITY:

DocuSigned by:

Macy Forrest Amos  
Macy Forrest Amos  
Assistant Metropolitan Attorney

INTRODUCED BY:

Burke Miller  
Sam Evans

Zulfat Suara  
Member(s) of Council

Greg Wild

Jay L. Stipe

Jenny Earle

Delishia D. Porterfield

## GRANT SUMMARY SHEET

**Grant Name:** Nashville Health Accelerator Plan 21-22

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTER FOR DISEASE CONTROL AND PREVENTION

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

**Total Award this Action:** \$125,000.00

**Cash Match** \$0.00

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

**Status:** NEW

### Program Description:

This Centers for Disease Control and Prevention grant will establish a multi-sector coalition to develop an action plan to address the social determinants of health including community-clinical linkages and food and nutrition security to improve chronic disease outcomes among persons experiencing health disparities and inequities.

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

This appears to be a continuing federal program based on performance objectives. If we get another award, service will continue, if not, program will not continue unless local funds are provided.

B.A. Initials

DS  
RW

5351

## Grants Tracking Form

## Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input checked="" type="radio"/>		Contract Amendment <input type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:		Nashville Health Accelerator Plan 21-22					
Grantor:		CENTER FOR DISEASE CONTROL AND PREVENTION				Other:	
Grant Period From:		09/30/21	(applications only) Anticipated Application Date:				
Grant Period To:		09/29/22	(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:	\$125,000.00				
Status:	NEW	Metro Cash Match:	\$0.00				
Metro Category:	New Initiative	Metro In-Kind Match:	\$0.00				
CFDA #	93.945	Is Council approval required?	<input type="checkbox"/>				
Project Description:		Applic. Submitted Electronically? <input type="checkbox"/>					
This Centers for Disease Control and Prevention grant will establish a multi-sector coalition to develop an action plan to address the social determinants of health including community-clinical linkages and food and nutrition security to improve chronic disease outcomes among persons experiencing health disparities and inequities.							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
This appears to be a continuing federal program based on performance objectives. If we get another award, service will continue, if not, program will not continue unless local funds are provided.							
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:		1.00		Actual number of positions added:		1.00	
Departmental Indirect Cost Rate		24.82%		Indirect Cost of Grant to Metro:		\$31,031.13	
*Indirect Costs allowed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	% Allow.	19.89%	Ind. Cost Requested from Grantor:		\$24,860.00	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	FY22	\$125,000.00						\$125,000.00	\$31,031.13	\$24,860.00
Yr 2										
Yr 3										
Yr 4										
Yr 5										
Total		\$125,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$125,000.00	\$31,031.13	\$24,860.00
Date Awarded:		09/13/21		\$125,000.00		Contract#:		1 NU58DP007080-01-00		
(or) Date Denied:										
(or) Date Withdrawn:										

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

GCP RECEIVED 10/21/21

GCP APPROVED  
10/21/21

TW



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007080-01-00

FAIN# NU58DP007080

Federal Award Date: 09/13/2021

### Recipient Information

#### 1. Recipient Name

Nashville & Davidson County Metropolitan  
Government  
1 Public Sq  
Nashville, TN 37201-5007  
(615) 862-8860

#### 2. Congressional District of Recipient

05

#### 3. Payment System Identifier (ID)

1620694743A3

#### 4. Employer Identification Number (EIN)

620694743

#### 5. Data Universal Numbering System (DUNS)

078217668

#### 6. Recipient's Unique Entity Identifier

#### 7. Project Director or Principal Investigator

Ms. Stephanie Kang  
stephanie.kang@nashville.gov  
615-340-0572

#### 8. Authorized Official

Tina Lester  
tina.lester@nashville.gov  
615-340-5614

### Federal Agency Information

CDC Office of Financial Resources

#### 9. Awarding Agency Contact Information

Ms. Emmanuella Lamothe  
omy9@cdc.gov  
404.498.5772

#### 10. Program Official Contact Information

Claire Heiser  
Lead Public Health Advisor  
beq9@cdc.gov  
770-488-5284

### Federal Award Information

#### 11. Award Number

1 NU58DP007080-01-00

#### 12. Unique Federal Award Identification Number (FAIN)

NU58DP007080

#### 13. Statutory Authority

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

#### 14. Federal Award Project Title

The Nashville Health Accelerator Plan

#### 15. Assistance Listing Number

93.945

#### 16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

#### 17. Award Action Type

New

#### 18. Is the Award R&D?

No

### Summary Federal Award Financial Information

19. Budget Period Start Date 09/30/2021 - End Date 09/29/2022

20. Total Amount of Federal Funds Obligated by this Action \$125,000.00

20a. Direct Cost Amount \$100,140.00

20b. Indirect Cost Amount \$24,860.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$125,000.00

26. Project Period Start Date 09/30/2021 - End Date 09/29/2022

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Project Period Not Available

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Pamela Render  
Grants Management Officer

### 30. Remarks



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 1 NU58DP007080-01-00

FAIN# NU58DP007080

Federal Award Date: 09/13/2021

## Recipient Information

## Recipient Name

Nashville &amp; Davidson County Metropolitan

Government

1 Public Sq

Nashville, TN 37201-5007

(615) 862-8860

## Congressional District of Recipient

05

## Payment Account Number and Type

1620694743A3

## Employer Identification Number (EIN) Data

620694743

## Universal Numbering System (DUNS)

078217668

## Recipient's Unique Entity Identifier

Not Available

## 31. Assistance Type

Project Grant

## 32. Type of Award

Other

## 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$40,948.00
b. Fringe Benefits	\$22,307.00
c. Total Personnel Costs	\$63,255.00
d. Equipment	\$0.00
e. Supplies	\$4,570.00
f. Travel	\$2,688.00
g. Construction	\$0.00
h. Other	\$29,627.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$100,140.00
k. INDIRECT COSTS	\$24,860.00
l. TOTAL APPROVED BUDGET	\$125,000.00
m. Federal Share	\$125,000.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H1J	21NU58DP007080	DP	41.51	\$125,000.00	75-21-0948

## **AWARD ATTACHMENTS**

Nashville & Davidson County Metropolitan Government

1 NU58DP007080-01-00

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1. Terms and Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2111, titled Closing the Gap with Social Determinants of Health Accelerator Plans, and application dated July 6, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$125,000** is approved for the Year 01 budget period, which is September 30, 2021 through September 29, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Grant

## BUDGET REQUIREMENTS:

Please provide the following information by submitting a grant note in Grant Solutions by November 1, 2021:

- **FRINGE** – Please provide the fringe rate or the basis for calculation of the requested fringe costs.
- **CONSULTANT** – Please provide all the consultant elements that are required according to the CDC Budget Preparation Guidelines.
- **SUPPLIES** – Please provide detailed information and justification for costs in the amount of \$3,000 for one laptop.

## FUNDING RESTRICTIONS AND LIMITATIONS

### Notice of Funding Opportunity (NOFO) Restrictions:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:



- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

#### **Indirect Costs:**

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

### **REPORTING REQUIREMENTS**

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services  
Emmanuella Lamothe, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
2939 Flowers Road South  
Atlanta, GA 30341-5507  
Email: omy9@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or



Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on Page 2 of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:**

Emmanuella Lamothe, Grants Management Specialist  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
Telephone: 404-498-5772  
Email: [omy9@cdc.gov](mailto:omy9@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:**

Claire Heiser, Project Officer  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Telephone: 770-488-5284  
Email: beq9@cdc.gov

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**

Pamela Render, Grants Management Officer  
Centers for Disease Control and Prevention  
Branch 5 Supporting Chronic Diseases and Injury Prevention  
Telephone: 770-488-2712  
Email: plr3@cdc.gov

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

DocuSigned by:  
  
Director, Metro Public Health Department

10/19/2021

Date

DocuSigned by:  
  
Chair, Board of Health

10/21/2021

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:  
  
Director, Department of Finance

11/4/2021

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by:  
  
Director of Risk Management Services

11/5/2021

Date

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:  
  
Metropolitan Attorney

11/5/2021

Date

FILED:

  
Metropolitan Clerk

NOV 17 2021

Date

2021 NOV 5 PM 1:07  
FILED METROPOLITAN CLERK**ORIGINAL**

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**METROPOLITAN COUNTY COUNCIL****Resolution No.** RS2021-1244

A resolution accepting a Nashville Health Accelerator Plan grant from the Centers for Disease Control and Prevention to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to address social determinants of health to improve chronic disease outcomes among persons experiencing health disparities and inequities.

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*Introduced* NOV 16 2021*Amended* \_\_\_\_\_

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*Adopted* NOV 16 2021

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*Approved* *By* NOV 17 2021  
*Metropolitan Mayor*