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## GRANT SUMMARY SHEET

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**Grant Name:** Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27

**Department:** HEALTH DEPARTMENT

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

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

**Total Award this Action:** \$8,578,283.00

**Cash Match Amount** \$0.00

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

**Status:** NEW

**Program Description:**

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts.

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

No plan

## 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:		Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27					
Grantor:		CENTRES FOR DISEASE CONTROL & PREVENTION				Other:	
Grant Period From:		12/01/22	(applications only) Anticipated Application Date:				
Grant Period To:		11/30/27	(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:		\$8,578,283.00			
Status:	NEW	Metro Cash Match:					
Metro Category:	New Initiative	Metro In-Kind Match:					
CFDA #	93.967	Is Council approval required?		<input type="checkbox"/>			
Project Description:		Applic. Submitted Electronically?		<input type="checkbox"/>			
<p>This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
No plan							
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:		22.00		Actual number of positions added:		8.00	
Departmental Indirect Cost Rate		24.43%		Indirect Cost of Grant to Metro:		\$2,095,794.63	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 19.61%		Ind. Cost Requested from Grantor:		\$1,682,105.00	
*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	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$336,421.00
Yr 2	FY24	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$336,421.00
Yr 3	FY25	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$336,421.00
Yr 4	FY26	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$336,421.00
Yr 5	FY27	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$336,421.00
Total		\$8,578,283.00	\$0.00	\$0.00	\$0.00		\$0.00	\$8,578,283.00	\$2,095,794.63	\$1,682,105.00
Date Awarded:		12/13/22		Match Source (Fund, BU)		\$8,578,283.00		Contract#:		
(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 Received 12/15/2022

Rev. 5/13/13  
5548

GCP Approved 12/15/2022





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

Notice of Award

Award# 1 NE11OE000029-01-00

FAIN# NE11OE000029

Federal Award Date: 11/29/2022

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

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

1620694743A2

**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**

Melva Black  
Deputy Director  
melva.black@nashville.gov  
615-340-8549

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Lakita Reid  
wtl9@cdc.gov  
770-488-2742

**10. Program Official Contact Information**

Stephanie Williams  
Program Officer  
rww0@cdc.gov  
4044984895

**Federal Award Information**

**11. Award Number**

1 NE11OE000029-01-00

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

NE11OE000029

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

**15. Assistance Listing Number**

93.967

**16. Assistance Listing Program Title**

CDC's Collaboration with Academia to Strengthen Public Health

**17. Award Action Type**

New

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

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 12/01/2022 - **End Date** 11/30/2023

**20. Total Amount of Federal Funds Obligated by this Action** \$8,578,283.00

20a. Direct Cost Amount \$6,896,178.00

20b. Indirect Cost Amount \$1,682,105.00

**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** \$8,578,283.00

**26. Period of Performance Start Date** 12/01/2022 - **End Date** 11/30/2027

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$8,578,283.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Rhonda Latimer  
Grants Management Officer

**30. Remarks**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 1 NE11OE000029-01-00

FAIN# NE11OE000029

Federal Award Date: 11/29/2022

## Recipient Information

## Recipient Name

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
Nashville, TN 37203-1503  
(615) 862-8860

## Congressional District of Recipient

05

## Payment Account Number and Type

1620694743A2

## 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

a. Salaries and Wages	\$4,164,825.00
b. Fringe Benefits	\$1,873,743.00
c. Total Personnel Costs	\$6,038,568.00
d. Equipment	\$0.00
e. Supplies	\$136,360.00
f. Travel	\$55,240.00
g. Construction	\$0.00
h. Other	\$666,010.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$6,896,178.00
k. INDIRECT COSTS	\$1,682,105.00
l. TOTAL APPROVED BUDGET	\$8,578,283.00
m. Federal Share	\$8,578,283.00
n. Non-Federal Share	\$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	\$481,943.00	75-2224-0943
3-9390LIZ	23NE11OE000029A1C6	OE	410U	93.967	\$8,096,340.00	75-X-0140



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NE11OE000029-01-00

FAIN# NE11OE000029

Federal Award Date: 11/29/2022

## Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

**AWARD ATTACHMENTS**

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT  
OF

1 NE11OE000029-01-  
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 OE22-2203, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems , and application dated August 12, 2022, 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 **\$8,578,283** is approved for the Year 1 budget period, which is December 1, 2022 through November 30, 2023. 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.

**Component/Project Funding:** The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Strategy A1 - Workforce	\$ 8,096,340
Strategy A2: Foundational Capabilities	\$ 481,943

### Available Funding:

**Funding in the amount of \$8,578,283 in Financial Assistance (FA) is awarded on this NoA.**

**Financial Assistance Mechanism:** Grant

**Budget Revision Requirement:** By January 16, 2023 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. **Please use the Budget Preparation Guidance** <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>

- Recipient must submit a revised budget for revised funding total.
  - o A budget narrative with itemization is required.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

## **FUNDING RESTRICTIONS AND LIMITATIONS**

### **Indirect Costs:**

Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than January 16, 2023.

## **REPORTING REQUIREMENTS**

### **Recipient Evaluation and Performance Measurement Plan (required)**

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

#### **Performance Measurement**

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

#### **Evaluation**



- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publicly available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

**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  
Lakita Reid, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Office of Financial Services  
2939 Flowers Rd.  
Atlanta, GA 30341  
Email: [wtl9@cdc.gov](mailto:wtl9@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))

<b>PAYMENT INFORMATION</b>
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*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 [hhtips@oig.hhs.gov](mailto:hhtips@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.

This award contains funding from multiple components. The grant document number identified beginning on the bottom of Page 2 of the Notice of Award and component name, and below subaccount title(s) must be known in order to draw down funds.

Component: Strategy A1
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Document Number: 23NE11OE000029A1C6
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Component: Strategy A2
------------------------

Document Number: 23NE11OE000029A2
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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*

BEBF0B8F14D14B0...

Chair, Board of Health

12/9/2022

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

*Kelly Flannery/mjw*

Director, Department of Finance

1/4/2023 | 2:59 PM CST

Date

APPROVED AS TO RISK AND INSURANCE:

*Balogun Cobb*

Director of Risk Management Services

1/5/2023 | 7:58 AM CST

Date

APPROVED AS TO FORM AND LEGALITY:

*Courtney Mohan*

Metropolitan Attorney

1/4/2023 | 3:01 PM PST

Date

FILED:

Metropolitan Clerk

Date

**Certificate Of Completion**

Envelope Id: 1DC3658ADC1341BE93DF8D5D64FDA753

Status: Completed

Subject: Complete with DocuSign: Health Strengthening US Public Health 22-27 Award Council meeting 01/17/2023

Source Envelope:

Document Pages: 13

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.190

**Record Tracking**

Status: Original

Holder: Juanita Paulson

Location: DocuSign

1/4/2023 9:50:30 AM

Juanita.Paulsen@nashville.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and  
Davidson County

Location: DocuSign

**Signer Events****Signature****Timestamp**

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication  
(None)*BB*Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.190

Sent: 1/4/2023 10:13:55 AM

Resent: 1/4/2023 12:05:53 PM

Resent: 1/4/2023 12:15:36 PM

Viewed: 1/4/2023 12:18:55 PM

Signed: 1/4/2023 2:21:16 PM

**Electronic Record and Signature Disclosure:**

Accepted: 1/4/2023 12:18:55 PM

ID: 927663a1-17b4-4046-88cc-7747a86da6bc

Tom Eddlemon

Tom.eddlemon@nashville.gov

Director of Finance

Security Level: Email, Account Authentication  
(None)*Tom Eddlemon*Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.185

Sent: 1/4/2023 2:21:20 PM

Viewed: 1/4/2023 2:41:57 PM

Signed: 1/4/2023 2:44:13 PM

**Electronic Record and Signature Disclosure:**

Accepted: 1/4/2023 2:41:57 PM

ID: bec6f70f-5f4e-484a-855b-bffaca8f82a

Kelly Flannery/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication  
(None)*Kelly Flannery/mjw*Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.100

Sent: 1/4/2023 2:44:16 PM

Viewed: 1/4/2023 2:58:06 PM

Signed: 1/4/2023 2:59:28 PM

**Electronic Record and Signature Disclosure:**

Accepted: 1/4/2023 2:58:06 PM

ID: cbb65c54-07bd-4705-8b84-31e7fb4d9b9a

Courtney Mohan




Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication  
(None)*Courtney Mohan*Signature Adoption: Pre-selected Style  
Using IP Address: 170.190.198.185

Sent: 1/4/2023 2:59:32 PM

Viewed: 1/4/2023 4:54:23 PM

Signed: 1/4/2023 5:01:34 PM

Signer Events	Signature	Timestamp
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/4/2023 4:54:23 PM ID: 1a08fd92-d40c-42b6-b6f8-d0d7de39a620		
Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 1/4/2023 5:01:39 PM Viewed: 1/5/2023 7:58:20 AM Signed: 1/5/2023 7:58:36 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/5/2023 7:58:20 AM ID: 3e030372-3dc5-4ae9-b530-26e5b78f6a83		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 1/5/2023 7:58:39 AM Viewed: 1/5/2023 10:32:58 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 1/5/2023 7:58:41 AM Viewed: 1/5/2023 8:25:28 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 1/5/2023 7:59:08 AM ID: bd65c5ce-5426-43fa-954d-cce1247c6da6		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/4/2023 10:13:55 AM
Envelope Updated	Security Checked	1/4/2023 12:15:35 PM
Envelope Updated	Security Checked	1/4/2023 12:15:35 PM
Certified Delivered	Security Checked	1/5/2023 7:58:20 AM
Signing Complete	Security Checked	1/5/2023 7:58:36 AM
Completed	Security Checked	1/5/2023 7:58:41 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		