GRANT SUMMARY SHEET

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

Tuesday, December 13, 2022 Page 1 of 1

Grants Tracking Form

a .					Part	One				
Pre-Appli	cation	0	Application C		Award Acceptance	e 🖲	Contract An	nendment O		
7	Depar	ment	Dept. No.			Contact			Phone	Fax
HEALTH DE	PARTMEN'	T 🔻	038	Brad Thompson					340-0407	
Grant Na	me:		Strengthening US F	ublic Health Infrastr	ructure, Workforce	and Data Syster	ns 22-27			
Grantor:			CENTRES FOR DISEAS	E CONTROL & PREVEN	NTION		▼ Othe	er:		
Grant Per	riod Fron	n:	12/01/22		(applications only)	Anticipated Ap	plication Date:		Ï	
Grant Per	riod To:		11/30/27	5	(applications only)	Application De	adline:			
Funding '	Type		FED DIRECT	-		Multi-Departm			■ If yes, list bel	OW.
Pass-Thru			Select Pass-Thru >	<u> </u>		Outside Consu			ii yes, iist bei	OW.
Award Ty			COMPETITIVE	Ť		Total Award:	itanti roject.	\$8,578,28	2 00	
Status:	pe.		NEW	▼		Metro Cash Ma	atch:	\$0,570,28	3.00	
Metro Cat	togon:		New Initiative	▼		Metro In-Kind				
	legory.		93.967				roval required?			
CFDA#			93.967		, l					
Project D			Drevention grant will	create an action of			ted Electronically		involve collaboration amo	and internal and
Plan for o	lan for continuation of service after expiration of grant/Budgetary Impact: o plan									
How is M	atch Det	ermined?								- 1
Fixed Am	ount of			or		% of Grant		Other:		
Explanation for "Other" means of determining match:			1 (1	"				1		
For this N	letro FY,	how much of the	required local Met	ro cash match:						
		rtment budget?				_	Fund	Busines	s Unit	
Is not but						P	roposed Source	of Match:		
(Indicate I	Match An	nount & Source f	or Remaining Grant	Years in Budget I	Below)					
Other:										1
		he grant will fund	l:		22.00	Actual number of positions added:			8.00	
Departme	ental Indi	rect Cost Rate			24.43%	// Indirect Cost of Grant to Metro:			\$2,095,794.63	
*Indirect	Costs all	owed?	● Yes ○ No	% Allow.	19.61%	Ind. Cost Requ	ested from Grant	tor:	\$1,682,105.00	in budget
•			ion from the grant	or that indirect cos	ts are not allowab	ole. See Instruc	tions)			
Draw dov				1						
wietro or	commur	ity-based Partne	rs.							
					Part Tw	0				
					Gı	rant Budget				- 1
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source BU)	(Fund, Local N In-Ki		Each Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY23	\$1,715,656.60						\$1,715,6		\$336,421.00
Yr 2	FY24	\$1,715,656.60						\$1,715,6		\$336,421.00
Yr 3 Yr 4	FY25 FY26	\$1,715,656.60 \$1,715,656.60						\$1,715,6 \$1,715,6		\$336,421.00 \$336,421.00
Yr 5	FY27	\$1,715,656.60						\$1,715,6		\$336,421.00
Tot	al	\$8,578,283.00	\$0.00	\$0.00	\$0.00			\$0.00 \$8,578,2	283.00 \$2,095,794.63	\$1,682,105.00
	Da	te Awarded:		12/13/22		\$8 578 283 0	0 Contra	ct# CDC-	REA_0E22-2203	

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

(or) Date Denied: (or) Date Withdrawn:

9 P

GCP Received 12/15/2022

Rev. 5/13/13 5548

Notice of Award

Award# 1 NE11OE000029-01-00

FAIN# NE110E000029

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

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 rwv0@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

02 06

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
1 J	Duuget i ei iou stait Date	12/01/2022	- Liiu 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

23. Total Amount of Federal Funds Obligated this budget period24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period \$8,578,283.00

26. Period of Perfomance 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

\$0.00

\$0.00

\$0.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer Grants Management Officer

30. Remarks



Notice of Award

Award# 1 NE11OE000029-01-00

FAIN# NE110E000029

Federal Award Date: 11/29/2022

\$4,164,825.00

\$8,578,283.00

Recipient Information

Recipient Name

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

311 23rd Ave N

Family Youth and Infant Health

Nashville, TN 37203-1503

Congressional District of Recipient

Payment Account Number and Type

Employer Identification Number (EIN) Data

Universal Numbering System (DUNS)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

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a. Salaries and Wages

(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. Fringe Benefits \$1,873,743.00 c. TotalPersonnelCosts \$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

\$8,578,283.00 m. Federal Share

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
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	\$8,096,340.00	75-X-0140

1. TOTAL APPROVED BUDGET



Award# 1 NE11OE000029-01-00

FAIN# NE110E000029

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 1 NE110E000029-01-OF 00

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 (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

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 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

Document Number: 23NE11OE000029A1C6

Component: Strategy A2

Document Number: 23NE11OE000029A2

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

12/9/2022
Date
12 (2 (222
12/9/2022
Date
1/4/2023 2:59 PM CST
Date
1/5/2023 7:58 AM CST
Date
1/4/2023 3:01 PM PST
Date
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

Envelopeld Stamping: Enabled

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

730 2nd Ave. South 1st Floor

Nashville, TN 37219

Juanita.Paulsen@nashville.gov IP Address: 170.190.198.190

Record Tracking

Status: Original Holder: Juanita Paulson Location: DocuSign

Juanita.Paulsen@nashville.gov 1/4/2023 9:50:30 AM

Security Appliance Status: Connected Pool: StateLocal

Storage Appliance Status: Connected Pool: Metropolitan Government of Nashville and Location: DocuSign

Davidson County

Signer Events Signature **Timestamp Brittany Bryant** BB brittany.bryant@nashville.gov Security Level: Email, Account Authentication

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)

(None)

Tom Eddlemon

Sent: 1/4/2023 2:21:20 PM Viewed: 1/4/2023 2:41:57 PM Signed: 1/4/2023 2:44:13 PM

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

Electronic Record and Signature Disclosure:

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

ID: bec6f70f-5f4e-484a-855b-bfffaca8f82a

Kelly Flannery/mjw

MaryJo.Wiggins@nashville.gov Security Level: Email, Account Authentication

(None)

kelly Flannery/m/w

Sent: 1/4/2023 2:44:16 PM Viewed: 1/4/2023 2:58:06 PM Signed: 1/4/2023 2:59:28 PM

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.100

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 Molian

Sent: 1/4/2023 2:59:32 PM Viewed: 1/4/2023 4:54:23 PM Signed: 1/4/2023 5:01:34 PM

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185

oigner Events	Signature	riniestamp	
Electronic Record and Signature Disclosure: Accepted: 1/4/2023 4:54:23 PM ID: 1a08fd92-d40c-42b6-b6f8-d0d7de39a620			
Balogun Cobb		Sent: 1/4/2023 5:01:39 PM	
balogun.cobb@nashville.gov	Balogun Cobb	Viewed: 1/5/2023 7:58:20 AM	
Security Level: Email, Account Authentication		Signed: 1/5/2023 7:58:36 AM	
(None)	Signature Adoption: Pre-selected Style		
	Using IP Address: 170.190.198.144		
	Osing it Address: 170.150.150.144		
Electronic Record and Signature Disclosure: 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	CODTED	Sent: 1/5/2023 7:58:39 AM	
Danielle.Godin@nashville.gov	COPIED	Viewed: 1/5/2023 10:32:58 AM	
Security Level: Email, Account Authentication (None)			
Electronic Record and Signature Disclosure: Not Offered via DocuSign			
Sally Palmer	CODIED	Sent: 1/5/2023 7:58:41 AM	
sally.palmer@nashville.gov	COPIED	Viewed: 1/5/2023 8:25:28 AM	
Security Level: Email, Account Authentication (None)			
Electronic Record and Signature Disclosure: 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	
0' ' 0 1 '		. /= /0000 = =0 00 111	

Security Checked

Security Checked

Status

Timestamp

1/5/2023 7:58:36 AM

1/5/2023 7:58:41 AM

Timestamps

Signature

Signer Events

Signing Complete

Payment Events

Electronic Record and Signature Disclosure

Completed