GRANT SUMMARY SHEET

Grant Name: Ryan White Part A HIV Emergency Relief 23-24 Amend. 2

Department: HEALTH DEPARTMENT

Grantor: HEALTH RESOURCES & SERVICES ADMINISTRATION

Pass-Through Grantor

(If applicable):

Total Award this Action: \$3,854,666.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson

340-0407

Status: AMENDMENT

Program Description:

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. Amendment #2 obligates partial funding of \$3,854,666.00 to previous amount of \$811,526.00 for a new total of \$4,666,192.00.

Plan for continuation of services upon grant expiration:

Services will be discontinued

Wednesday, April 26, 2023 Page 1 of 1

Grants Tracking Form

Pre-Application	Application (Award Acceptant	_	Contract Amendme	ent 🖲		
Department	Dept. No.	Due d The see a see		Contact			Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson					340-0407	
Grant Name:	Ryan White Part A	HIV Emergency Re	lief 23-24 Amend.	2				
Grantor:	HEALTH RESOURCES	& SERVICES ADMINIS	TRATION	•	Other:			
Grant Period From:	03/01/23		(applications only)	Anticipated Applicat	ion Date:			
Grant Period To:	02/29/24		(applications only)	Application Deadline);			
Funding Type:	FED DIRECT	•		Multi-Department G	rant		If yes, list be	low.
Pass-Thru:		•		Outside Consultant	Project:			
Award Type:	OTHER	▼		Total Award:		\$3,854,666.00		
Status:	AMENDMENT	•		Metro Cash Match:				
Metro Category:	Est. Prior.	•		Metro In-Kind Match	ı:			
CFDA#	93.914			Is Council approval	required?			
Project Description:				Applic. Submitted El	ectronically?			
This is a grant from the Health Resou								
Minority AIDS Initiative program. This \$3,854,666.00 to previous amount of				n obligates partial fundii	ng for the next gran	t cycle. Amendment	t #2 obligates pa	rtial funding of
previous amount	51 40 1 1, 020.00 101 u	110W total 01 ψ+,00	0,102.00.					
Plan for continuation of service af	ter expiration of gra	nt/Budgetary Imp	act:					
Services will be discontinued								
How is Match Determined?								
Fixed Amount of \$		or		% of Grant		Other:		
Explanation for "Other" means of	determining match:				_		•	
For this Metro FY, how much of the	o required local Me	tro each match:						
Is already in department budget?	e required local me	tio casii matcii.		Fund		Business Unit		
Is not budgeted?					ed Source of Mate			
	or Remaining Gran	t Vears in Budget	Below)	Тюроз	ca dourse or man	<u> </u>		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below) Other:								
Number of FTEs the grant will fund	1:		5,80	Actual number of po	sitions added:		0.00	
Departmental Indirect Cost Rate				Indirect Cost of Gran			\$1,158,148.85	
*Indirect Costs a lowed?	○ Yes ● No	% Allow.		Ind. Cost Requested			\$0.00	in budget
							φυ.υυ	III buuget
(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)								
Draw down allowable? Metro or Community-based Partne	ers:							
There are 6 organizations that will provide services in the continuum of care. All are considered subgrantees.								
			Part Tw					
			G	rant Budget				
Budget Metro Fiscal Federal Grantor	State Grantor	Other Grantor	Local Match	Match Source (Fund		Total Grant Each		Ind. Cost Neg.
Year Year	Ciate Grantor	Saler Grantor	Cash	BU)	In-Kind	Year	to Metro	from Grantor
Yr 1 FY23 \$811,526.00						\$811,526.00	\$201,420.75	\$0.00
Yr 2 FY24 \$3,854,666.00						\$3,854,666.00	\$956,728.10	\$0.00
Yr 3 FY Yr 4 FY						\$0.00 \$0.00	\$0.00 \$0.00	
Yr.5 FY						\$0.00	\$0.00	

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

\$4,666,192.00

Date Awarded:

(or) Date Denied: (or) Date Withdrawn: \$0.00

GCP Received 04/24/2023

\$0.00

\$0.00

03/28/23

Rev. 5/13/13 5620

Total

GCPApproved 04/26/2023

\$3,854,666.00

\$0.00

Contract#:



\$0.00

\$4,666,192.00 \$1,158,148.85

6 H89HA11433-15-02

GRANT SUMMARY SHEET

Grant Name: Ryan White Part A HIV Emergency Relief 23-24 Amend. 1

Department: HEALTH DEPARTMENT

Grantor: HEALTH RESOURCES & SERVICES ADMINISTRATION

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 is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. Amendment #1 corrects contract end date for the leap year from 02/28/24 to 02/29/24.

Plan for continuation of services upon grant expiration:

Services will be discontinued

Wednesday, April 26, 2023 Page 1 of 1

Application O

Brad Thompson

HEALTH RESOURCES & SERVICES ADMINISTRATION

Ryan White Part A HIV Emergency Relief 23-24 Amend. 1

Dept. No.

038

Pre-Application

Grant Name:

Grantor:

HEALTH DEPARTMENT

Department

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

Rev. 5/13/13

5619

Grants Tracking Form Part One

0

Contact

Contract Amendment

Other:

Phone

340-0407

Award Acceptance

	rioa Fron		03/01/23		(applications only)	Anticipated Applicatio	n Date:			
Grant Per	riod To:		02/29/24		(applications only) Application Deadline:					
Funding '	Туре:		FED DIRECT	▼		Multi-Department Gra	nt		► If yes, list bel	ow.
Pass-Thru	u:			▼		Outside Consultant Pr	oject:			
Award Ty	/pe:		OTHER	▼		Total Award:		\$0.00		
Status:			AMENDMENT	▼		Metro Cash Match:		\$0.00		
Metro Ca	tegory:		Est. Prior.	▼		Metro In-Kind Match:		\$0.00		
CFDA#			93.914			Is Council approval re	equired?			
Project D	escriptio	on:				Applic. Submitted Elec	ctronically?			
Minority Al for the lea	IDS Initiat ap year fr	ive program. This f rom 02/28/24 to 02	funding is meant to b	e the "payer of last	resort." This action	on, surveillance, diagnos n obligates partial funding				
Plan for o			er expiration of gra	nt/Budgetary Impa	ct:					
How is M	atch Det	ermined?								
Fixed Am	ount of \$	\$		or		% of Grant		Other:		
Explanau	ion for C	Other means of d	letermining match:							
Constitute 8	Metro FY,	, how much of the	required local Met	ro cash match:						
For this i										
	/ in depa	rtment budget?				Fund		Business Unit		
		rtment budget?					d Source of Matc			
Is already Is not but	dgeted?		or Remaining Grant	Years in Budget E	3elow)		d Source of Matc			
Is already Is not but (Indicate I Other:	dgeted? Match An	nount & Source fo		Years in Budget E		Proposed				
Is already Is not but (Indicate I Other: Number o	dgeted? Match An	nount & Source fo		Years in Budget E	5.80	Proposed	itions added:		0.00	
Is already Is not but (Indicate I Other: Number o	dgeted? Match An	nount & Source fo	:	Years in Budget E		Proposed	itions added:		0.00 \$201,420.75	
Is already Is not but (Indicate I Other: Number o	dgeted? Match An of FTEs t	nount & Source fo the grant will fund frect Cost Rate		Years in Budget E	5.80 24.82%	Proposed	itions added: to Metro:			in budget
Is already Is not but (Indicate I Other: Number of Departmet *Indirect	dgeted? Match An of FTEs t ental Indi	nount & Source for the grant will fund irect Cost Rate lowed?	∵ Yes ● No	% Allow.	5.80 24.82% 0.00%	Actual number of pos	itions added: to Metro:		\$201,420.75	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I	dgeted? Match An of FTEs t ental Indi Costs al	the grant will fund irect Cost Rate lowed? ttach documentati	Yes No ion from the granto	% Allow.	5.80 24.82% 0.00%	Actual number of pos Indirect Cost of Grant Ind. Cost Requested for	itions added: to Metro:		\$201,420.75	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun	the grant will fund irect Cost Rate lowed? ttach documentati	Yes No ion from the granto	% Allow. or that indirect cos	5.80 24.82% 0.00% its are not allowal	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi	itions added: to Metro:		\$201,420.75	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun	the grant will fund irect Cost Rate lowed? ttach documentati	: O Yes No ion from the grantors:	% Allow. or that indirect cos	5.80 24.82% 0.00% its are not allowal	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions)	itions added: to Metro:		\$201,420.75	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun 6 organiz	the grant will fund irect Cost Rate lowed? ttach documentati	: O Yes No ion from the grantors:	% Allow. or that indirect cos	5.80 24.82% 0.00% sts are not allowal all are considered s	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions)	itions added: to Metro:		\$201,420.75	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun	the grant will fund irect Cost Rate lowed? ttach documentati	: O Yes No ion from the grantors:	% Allow. or that indirect cos	5.80 24.82% 0.00% sts are not allowal all are considered s	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees.	itions added: to Metro:		\$201,420.75 \$0.00	in budget
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or There are Budget Year Yr 1	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun 6 organiz Metro Fiscal Year FY23	the grant will fund irect Cost Rate lowed? ttach documentationale?	Yes No ion from the granto rs: vide services in the c	% Allow. or that indirect cos ontinuum of care. A	5.80 24.82% 0.00% its are not allowal full are considered s Part Tw G Local Match	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor:	Total Grant Each Year \$811,526.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75	Ind. Cost Neg. from Grantor \$0.00
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dov Metro or There are Budget Year Yr 1 Yr 2	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun 6 organiz Metro Fiscal Year FY23 FY24	the grant will fund irect Cost Rate lowed? ttach documentationable? wity-based Partner rations that will provide the provided provided by the provided b	Yes No ion from the granto rs: vide services in the c	% Allow. or that indirect cos ontinuum of care. A Other Grantor	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw C Local Match Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind	Total Grant Each Year \$811,526.00 \$0.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00	Ind. Cost Neg. from Grantor
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dov Metro or There are Budget Year Yr 1 Yr 2 Yr 3	Metro FY23 FY24 FY	the grant will fund irect Cost Rate lowed? ttach documentationable? wity-based Partner rations that will provide the provided provided by the provided b	Yes No ion from the granto rs: vide services in the c	% Allow. or that indirect cos ontinuum of care. A Other Grantor	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw C Local Match Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind	Total Grant Each Year \$811,526.00 \$0.00 \$0.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00 \$0.00	Ind. Cost Neg. from Grantor \$0.00
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dov Metro or There are Budget Year Yr 1 Yr 2	dgeted? Match An of FTEs t ental Indi Costs all please at wn allowa Commun 6 organiz Metro Fiscal Year FY23 FY24	the grant will fund irect Cost Rate lowed? ttach documentationable? wity-based Partner rations that will provide the provided provided by the provided b	Yes No ion from the granto rs: vide services in the c	% Allow. or that indirect cos ontinuum of care. A Other Grantor	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw C Local Match Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind	Total Grant Each Year \$811,526.00 \$0.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00	Ind. Cost Neg. from Grantor \$0.00
Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dov Metro or There are Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro Fiscal Year FY23 FY24 FY FY	the grant will fund irect Cost Rate lowed? ttach documentationable? wity-based Partner rations that will provide the provided provided by the provided b	Yes No ion from the granto rs: vide services in the c	% Allow. or that indirect cos ontinuum of care. A Other Grantor	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw C Local Match Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind	Total Grant Each Year \$811,526.00 \$0.00 \$0.00 \$0.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00 \$0.00 \$0.00	Ind. Cost Neg. from Grantor \$0.00
Is already Is not but (Indicate Other: Number of Departme *Indirect *Indir	Metro Fiscal Year FY23 FY24 FY FY Eal	the grant will fund irect Cost Rate lowed? ttach documentations that will provide the provide that will provide that will provide the provide that will provide the provide that will be provided	Yes No ion from the granto rs: vide services in the c State Grantor \$0.00	% Allow. or that indirect cos ontinuum of care. A Other Grantor \$0.00	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw G Local Match Cash \$0.00	Actual number of pos Indirect Cost of Grant Ind. Cost Requested fi ble. See Instructions) subgrantees. oo rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind	Total Grant Each Year \$811,526.00 \$0.00 \$0.00 \$0.00 \$0.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00 \$0.00 \$0.00 \$201,420.75	Ind. Cost Neg. from Grantor \$0.00 \$0.00
Is already Is not but (Indicate Other: Number of Departme *Indirect *(If "No", I) Draw dov Metro or There are Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro FY23 FY24 FY FY tal Date of FTEs to the possible	the grant will fund irect Cost Rate lowed? ttach documentation in the state of the grant will provide the state of the sta	Yes No ion from the granto rs: vide services in the c State Grantor \$0.00	% Allow. or that indirect cos ontinuum of care. A Other Grantor \$0.00	5.80 24.82% 0.00% Its are not allowal All are considered s Part Tw G Local Match Cash \$0.00	Actual number of pos Indirect Cost of Grant Ind. Cost Requested from the cost of Grant Subgrantees. To rant Budget Match Source (Fund, BU)	itions added: to Metro: rom Grantor: Local Match In-Kind \$0.00	Total Grant Each Year \$811,526.00 \$0.00 \$0.00 \$0.00 \$0.00 \$811,526.00	\$201,420.75 \$0.00 Indirect Cost to Metro \$201,420.75 \$0.00 \$0.00 \$0.00 \$201,420.75	Ind. Cost Neg. from Grantor \$0.00 \$0.00

GCP Approved 04/26/2023

GCP Received

04/24/2023



Department of Health and Human Services

Health Resources and Services Administration

Notice of Award FAIN# H8911433 Federal Award Date: 02/27/2023

\$6,516,269.00

Recipient Information

1. Recipient Name

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

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A7

4. Employer Identification Number (EIN) 620694743

5. Data Universal Numbering System (DUNS) 078217668

6. Recipient's Unique Entity Identifier LGZLHP6ZHM55

7. Project Director or Principal Investigator

Beverly Glaze-Johnson beverly.glaze-johnson@nashville.gov

(615)340-8605

8. Authorized Official

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

Federal Agency Information

9. Awarding Agency Contact Information

Marie E Mehaffey

Grants Management Specialist

Office of Federal Assistance Management (OFAM)

Division of Grants Management Office (DGMO)

MMehaffey@hrsa.gov

(301) 945-3934

10. Program Official Contact Information

Jonathon Fenner

HIV/AIDS Bureau (HAB)

jfenner@hrsa.gov (301) 443-4251

Federal Award Information

11. Award Number

4 H89HA11433-15-01

12. Unique Federal Award Identification Number (FAIN) H8911433

13. Statutory Authority

42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title

Ryan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number

93.914

16. Assistance Listing Program Title

HIV Emergency Relief Project Grants

17. Award Action Type

Change in Budget Period/Project Period; With or Without funds

18. Is the Award R&D?

No

Summary Federal Award Financial Infor	mation
19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
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	\$811,526.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$811,526.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	

28. Authorized Treatment of Program Income Addition

Cost Sharing or Matching this Project Period

27. Total Amount of the Federal Award including Approved

29. Grants Management Officer – SignatureBrad Barney on 02/27/2023

30. Remarks

GA Admin Batch Tracking Number 000163.



HIV/AIDS Bureau (HAB)

Notice of Award

Date Issued: 2/27/2023 7:00:08 AM

Award Number: 4 H89HA11433-15-01

Award Number: 4 H89HA11433-15-01 Federal Award Date: 02/27/2023

(Subject to the availability of funds and satisfactory progress of project)

33. RECOMMENDED FUTURE SUPPORT:

` ,	, ,, ,, ,,	• •			
YEAR	TOTAL COSTS				
16	\$4,644,704.00				
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
a. Amount of Direct Assistance \$0.00					
b. Less Unawarded Balance of Current Year's Funds \$0.00					
c. Less Cumulative Prior Award(s) This Budget Period \$0.00					
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00					
35. FORMER GRANT NUMBER					
36. OBJECT CLASS					
41.15					
37. BHCMIS#					

31. APPROVED BUDGET: (Excludes Direct Assistance)					
[X] Grant Funds Only					
[] Total project costs including grant funds and all other financial	participation				
a. Salaries and Wages:	\$0.00				
b. Fringe Benefits:	\$0.00				
c. Total Personnel Costs:	\$0.00				
d. Consultant Costs:	\$0.00				
e. Equipment:	\$0.00				
f. Supplies:	\$0.00				
g. Travel:	\$0.00				
h. Construction/Alteration and Renovation:	\$0.00				
i. Other:	\$0.00				
j. Consortium/Contractual Costs:	\$0.00				
k. Trainee Related Expenses:	\$0.00				
I. Trainee Stipends:	\$0.00				
m. Trainee Tuition and Fees:	\$0.00				
n. Trainee Travel:	\$0.00				
o. TOTAL DIRECT COSTS:	\$811,526.00				
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00				
q. TOTAL APPROVED BUDGET:	\$811,526.00				
i. Less Non-Federal Share:	\$0.00				
ii. Federal Share:	\$811,526.00				
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:					
a. Authorized Financial Assistance This Period	\$811,526.00				
b. Less Unobligated Balance from Prior Budget Periods					
i. Additional Authority	\$0.00				
ii. Offset	\$0.00				
c. Unawarded Balance of Current Year's Funds	\$0.00				
d. Less Cumulative Prior Award(s) This Budget Period	\$811,526.00				
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00				

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377RA07	93.914	23H89HA11433	\$0.00	\$0.00	FRML	23H89HA11433
23 - 377RA06	93.914	23H89HA11433	\$0.00	\$0.00	MAI	23H89HA11433

Date Issued: 2/27/2023 7:00:08 AM Award Number: 4 H89HA11433-15-01

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. This Revised NOA is issued to correct the budget period end date.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director, Point of Contact	beverly.glaze-johnson@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov
Gill Wright	Authorizing Official	gill.wright@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Quinntana Slaughter	Business Official	quinntana.slaughter@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:	
A Wall	4/17/2023
Director, Metro Public Health Department	Date
DocuSigned by:	
Tené Hamilton Franklin	4/19/2023
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
DocuSigned by:	5/1/2023
telly Flannery/myw	
— Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
DocuSigned by:	
Baloaur Colde	5/2/2023
Director₁of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
—DocuSigned by:	
Courtness Molian	5/2/2023
Metropolitan Attorney	Date
Metropolitan Mayor	Date
ATTEST:	
Metropolitan Clerk	Date



Department of Health and Human Services

Health Resources and Services Administration

Notice of Award FAIN# H8911433 Federal Award Date: 03/2

Federal Award Date: 03/28/2023

Recipient Information

1. Recipient Name

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

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A7

4. Employer Identification Number (EIN) 620694743

5. Data Universal Numbering System (DUNS) 078217668

6. Recipient's Unique Entity Identifier LGZLHP6ZHM55

7. Project Director or Principal Investigator

Beverly Glaze-Johnson

beverly.glaze-johnson@nashville.gov (615)340-8605

8. Authorized Official

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

Federal Agency Information

9. Awarding Agency Contact Information

Marie E Mehaffey

Grants Management Specialist

Office of Federal Assistance Management (OFAM)

Division of Grants Management Office (DGMO)

MMehaffey@hrsa.gov

(301) 945-3934

10. Program Official Contact Information

Jonathon Fenner

HIV/AIDS Bureau (HAB)

jfenner@hrsa.gov (301) 443-4251

Federal Award Information

11. Award Number

6 H89HA11433-15-02

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority

42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project TitleRyan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number

93.914

16. Assistance Listing Program Title

HIV Emergency Relief Project Grants

17. Award Action Type

Administrative

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2023 - End Date 02/29/2024

20. Total Amount of Federal Funds Obligated by this Action

20a. Direct Cost Amount

20b. Indirect Cost Amount

21. Authorized Carryover
22. Offset

23. Total Amount of Federal Funds Obligated this budget period

4. Tatal American Coat Charing on Matching where anniholds

24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date 03/01/2022 - End Date 02/28/2025

27. Total Amount of the Federal Award including Approved

Cost Sharing or Matching this Project Period

\$10,370,935.00

\$3,854,666.00

\$4,666,192.00

\$4,666,192.00

\$0.00

\$0.00

\$0.00

28. Authorized Treatment of Program Income

29. Grants Management Officer – SignatureKaren Mayo on 03/28/2023

30, Remarks

This award consists of the following amounts: FY23 FRML - \$2,876,743 FY23 MAI - \$312,047 FY23 SUPPL - \$1,477,402

Total Funding - \$4,666,192



HIV/AIDS Bureau (HAB)

Notice of Award

Date Issued: 3/28/2023 3:30:59 PM

Award Number: 6 H89HA11433-15-02

Award Number: 6 H89HA11433-15-02

Federal Award Date: 03/28/2023

33. RECOMMENDED FUTURE SUPPORT:

(Subject to the availability of funds and satisfactory progress of project)					
YEAR	YEAR TOTAL COSTS				
16	16 \$4,644,704.00				
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)					
a. Amount of Direct Assistance \$0.00					
b. Less Unawarded Balance of Current Year's Funds \$0.00					
c. Less Cumulative Prior Award(s) This Budget Period \$0.00					
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00					
35. FORMER GRANT NUMBER					
36. OBJECT CLASS 41.15					
37. BHCMIS#					

niv/AiD3 Bureau (F		
31. APPROVED BUI	DGET: (Excludes Direct Assistance)	
[X] Grant Funds	Only	
[] Total projec	ct costs including grant funds and all other fi	inancial participation
a. Salaries and W	Vages:	\$0.00
b. Fringe Benefit	s:	\$0.00
c. Total Personne	el Costs:	\$0.00
d. Consultant Cos	sts:	\$0.00
e. Equipment:		\$0.00
f. Supplies:		\$0.00
g. Travel:		\$0.00
h. Construction/	Alteration and Renovation:	\$0.00
i. Other:		\$0.00
j. Consortium/Co	ontractual Costs:	\$0.00
k. Trainee Relate	ed Expenses:	\$0.00
I. Trainee Stipen	nds:	\$0.00
m. Trainee Tuitio	n and Fees:	\$0.00
n. Trainee Trave	l:	\$0.00
o. TOTAL DIRECT	COSTS:	\$4,666,192.00
p. INDIRECT COS	STS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPRO	OVED BUDGET:	\$4,666,192.00
i. Less Non-F	Federal Share:	\$0.00
ii. Federal Sh	nare:	\$4,666,192.00
32. AWARD COMPL	UTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Fin	ancial Assistance This Period	\$4,666,192.00
b. Less Unobligat	ed Balance from Prior Budget Periods	
i. Additional	Authority	\$0.00
ii. Offset		\$0.00
c. Unawarded Ba	alance of Current Year's Funds	\$0.00
d. Less Cumulativ	ve Prior Award(s) This Budget Period	\$811,526.00
e. AMOUNT OF F	INANCIAL ASSISTANCE THIS ACTION	\$3,854,666.00

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377RA07	93.914	23H89HA11433	\$2,118,764.00	\$0.00	FRML	23H89HA11433
23 - 377RA08	93.914	23H89HA11433	\$1,477,402.00	\$0.00	SUPPL	23H89HA11433
23 - 377RA06	93.914	23H89HA11433	\$258,500.00	\$0.00	MAI	23H89HA11433

Date Issued: 3/28/2023 3:30:59 PM Award Number: 6 H89HA11433-15-02

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit

https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

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

Program Specific Condition(s)

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

Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a revised SF-424A and Budget Narrative per the guidance provided in the Non-Competing Continuation instructions.

Program Specific Term(s)

- 1. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
- 2. The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2023 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

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

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

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Tina Lester	Authorizing Official	tina.lester@nashville.gov

Note: NoA emailed to these address(es)

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:	
W Wo C	4/17/2023
Director, Metro Public Health Department	Date
DocuSigned by:	
Tené Hamilton Franklin	4/19/2023
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
DocuSigned by:	5/1/2023
Kelly Flannery/myw	
—Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
DocuSigned by:	
Balogur Cobb	5/2/2023
⊕irector of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
DocuSigned by:	
Courtney Molian	5/2/2023
Metropolitan Attorney	Date
Metropolitan Mayor	Date
ATTEST:	
Metropolitan Clerk	Date