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## GRANT SUMMARY SHEET

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**Grant Name:** 2024 VOCA - Law Enforcement Victim Coordinator 24

**Department:** POLICE DEPARTMENT

**Grantor:** U.S. DEPARTMENT OF JUSTICE

**Pass-Through Grantor  
(If applicable):** STATE OF TN OJCP

**Total Award this Action:** \$474,455.00

**Cash Match Amount** \$0.00

**Department Contact:** Michael Park  
862-7077

**Status:** CONTINUATION

**Program Description:**

Vast majority of funding will be used to pay for salaries for one Police Counselor II, one Advocate Specialist and 4 Outreach Advocates. The remaining amount will be used towards supplies and travel.

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

Project is totally grant funded and will cease upon expiration of the grant.

## 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                             |                                          |  |
| POLICE DEPARTMENT                                                                                                                                                                                       | 031              | Michael Park                                      |                                                   | 862-7077                                          | 880-3077                        |                                          |  |
| Grant Name:                                                                                                                                                                                             |                  | 2024 VOCA - Law Enforcement Victim Coordinator 24 |                                                   |                                                   |                                 |                                          |  |
| Grantor:                                                                                                                                                                                                |                  | U.S. DEPARTMENT OF JUSTICE                        |                                                   | Other:                                            |                                 |                                          |  |
| Grant Period From:                                                                                                                                                                                      |                  | 07/01/23                                          | (applications only) Anticipated Application Date: |                                                   | 04/10/23                        |                                          |  |
| Grant Period To:                                                                                                                                                                                        |                  | 06/30/24                                          | (applications only) Application Deadline:         |                                                   | 04/10/23                        |                                          |  |
| Funding Type:                                                                                                                                                                                           | FED PASS THRU    | Multi-Department Grant                            |                                                   | <input type="checkbox"/> If yes, list below.      |                                 |                                          |  |
| Pass-Thru:                                                                                                                                                                                              | STATE OF TN OJCP | Outside Consultant Project:                       |                                                   | <input type="checkbox"/>                          |                                 |                                          |  |
| Award Type:                                                                                                                                                                                             | COMPETITIVE      | Total Award:                                      |                                                   | \$474,455.00                                      |                                 |                                          |  |
| Status:                                                                                                                                                                                                 | CONTINUATION     | Metro Cash Match:                                 |                                                   | \$0.00                                            |                                 |                                          |  |
| Metro Category:                                                                                                                                                                                         | Est. Prior.      | Metro In-Kind Match:                              |                                                   | \$0.00                                            |                                 |                                          |  |
| CFDA #                                                                                                                                                                                                  | 16.575           | Is Council approval required?                     |                                                   | <input type="checkbox"/>                          |                                 |                                          |  |
| Project Description:                                                                                                                                                                                    |                  | Applic. Submitted Electronically?                 |                                                   | <input checked="" type="checkbox"/>               |                                 |                                          |  |
| Vast majority of funding will be used to pay for salaries for one Police Counselor II, one Advocate Specialist and 4 Outreach Advocates. The remaining amount will be used towards supplies and travel. |                  |                                                   |                                                   |                                                   |                                 |                                          |  |
| Plan for continuation of service after expiration of grant/Budgetary Impact:                                                                                                                            |                  |                                                   |                                                   |                                                   |                                 |                                          |  |
| Project is totally grant funded and will cease upon expiration of the grant.                                                                                                                            |                  |                                                   |                                                   |                                                   |                                 |                                          |  |
| 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:                                                                                                                                                                     |                  | 6.00                                              | Actual number of positions added:                 |                                                   |                                 |                                          |  |
| Departmental Indirect Cost Rate                                                                                                                                                                         |                  | 31.20%                                            | Indirect Cost of Grant to Metro:                  |                                                   | \$148,030                       |                                          |  |
| *Indirect Costs allowed? <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                  |                  | % Allow.                                          | 0.0%                                              | Ind. Cost Requested from Grantor:                 |                                 | \$0.00 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                 | FY24              | \$474,455.00    |               |               |                  |                         |                     | \$474,455.00          | \$148,030.00           | \$0.00                      |
| Yr 2                 | FY__              |                 |               |               |                  |                         |                     |                       |                        |                             |
| Yr 3                 | FY__              |                 |               |               |                  |                         |                     |                       |                        |                             |
| Yr 4                 | FY__              |                 |               |               |                  |                         |                     |                       |                        |                             |
| Yr 5                 | FY__              |                 |               |               |                  |                         |                     |                       |                        |                             |
| Total                |                   | \$474,455.00    | \$0.00        | \$0.00        | \$0.00           |                         | \$0.00              | \$474,455.00          | \$148,030.00           | \$0.00                      |
| Date Awarded:        |                   |                 | 05/10/23      |               | Tot. Awarded:    |                         | \$474,455.00        |                       | Contract#:             |                             |
| (or) Date Denied:    |                   |                 |               |               | Reason:          |                         |                     |                       |                        |                             |
| (or) Date Withdrawn: |                   |                 |               |               | Reason:          |                         |                     |                       |                        |                             |

Contact:

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

GCP Received 05/12/2023

Rev. 04/23/09  
5629

GCP Approved 05/15/2023

JP

|  <b>GOVERNMENTAL GRANT CONTRACT</b><br>(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)                                                                                                                                                                         |       |                                                                                      |                   |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------|-------------------|-------------------------------|------------------------------|----|-------|---------|-------------------|-------|-----------------------------|------|--|--------------|--|--|--------------|--------|--|--------------|--|--|--------------|
| <b>Begin Date</b><br>7/1/2023                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>End Date</b><br>6/30/2024                                                         |                   | <b>Agency Tracking #</b><br>- | <b>Edison ID</b>             |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Grantee Legal Entity Name</b><br>Metropolitan Government of Nashville and Davidson County                                                                                                                                                                                                                                                                                                                                    |       |                                                                                      |                   |                               | <b>Edison Vendor ID</b><br>4 |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Subrecipient or Recipient</b><br><input checked="" type="checkbox"/> Subrecipient<br><input type="checkbox"/> Recipient                                                                                                                                                                                                                                                                                                      |       | <b>Assistance Listing Number:</b> 16.575<br><b>Grantee's fiscal year end June 30</b> |                   |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Service Caption</b> (one line only)<br>VOCA, LE - VC                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                      |                   |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Funding —</b><br><table border="1"> <thead> <tr> <th>FY</th> <th>State</th> <th>Federal</th> <th>Interdepartmental</th> <th>Other</th> <th>TOTAL Grant Contract Amount</th> </tr> </thead> <tbody> <tr> <td>FY24</td> <td></td> <td>\$474,455.00</td> <td></td> <td></td> <td>\$474,455.00</td> </tr> <tr> <td>TOTAL:</td> <td></td> <td>\$474,455.00</td> <td></td> <td></td> <td>\$474,455.00</td> </tr> </tbody> </table> |       |                                                                                      |                   |                               |                              | FY | State | Federal | Interdepartmental | Other | TOTAL Grant Contract Amount | FY24 |  | \$474,455.00 |  |  | \$474,455.00 | TOTAL: |  | \$474,455.00 |  |  | \$474,455.00 |
| FY                                                                                                                                                                                                                                                                                                                                                                                                                              | State | Federal                                                                              | Interdepartmental | Other                         | TOTAL Grant Contract Amount  |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| FY24                                                                                                                                                                                                                                                                                                                                                                                                                            |       | \$474,455.00                                                                         |                   |                               | \$474,455.00                 |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                          |       | \$474,455.00                                                                         |                   |                               | \$474,455.00                 |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Grantee Selection Process Summary</b><br><input checked="" type="checkbox"/> Competitive Selection      The Competitive Selection process utilized was as per the DGA.<br><input type="checkbox"/> Non-competitive Selection                                                                                                                                                                                                 |       |                                                                                      |                   |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.                                                                                                                                                                                                                                   |       |                                                                                      | CPO USE - GG      |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |
| <b>Speed Chart</b><br>FA00003360                                                                                                                                                                                                                                                                                                                                                                                                |       | <b>Account Code</b><br>County - 71301000                                             |                   |                               |                              |    |       |         |                   |       |                             |      |  |              |  |  |              |        |  |              |  |  |              |

**GRANT CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
OFFICE OF CRIMINAL JUSTICE PROGRAMS  
AND  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Finance and Administration, Office of Criminal Justice Programs, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of administering federal grant funds for the improvement of the criminal justice system as required by the Victim of Crime Act of 1984 (VOCA) Assistance Listing number 16.575as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

**A. SCOPE OF SERVICES AND DELIVERABLES:**

- A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.
- A.2. The Grantee shall comply with and perform all services, functions, and/or requirements as stated in the grantee's application under which this Grant Contract is awarded, and that is hereby incorporated into this Grant Contract as Attachment A, attached hereto.
- A.3. The Grantee shall comply with all reporting requirements described in the Grantee's application, in correspondence from the Office of Criminal Justice Programs, and in the Office of Criminal Justice Programs Administrative Manual located on the website at <https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual.html>.
- A.4. The Grantee shall comply with all other requirements described in the Grantee's application and in the Office of Criminal Justice Programs Administrative Manual located on the website at <https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual.html> . The Grantee agrees to comply with any changes in requirements made in the manual and/or identified in correspondence from the Office of Criminal Justice Programs.
- A.5. The purpose of the VOCA program is to support the provision of services to victims of crime. Priority will be given to victims of child abuse, domestic violence, sexual assault, and victims of violent crime who were "previously underserved".
  1. For the purpose of these Program Guidelines, services are defined as those efforts that:
    - a. Respond to the emotional, psychological and physical needs of crime victims.
    - b. Assist victims of crime to stabilize their lives after victimization.
    - c. Assist victims to understand and participate in the criminal justice system.
    - d. Restore a measure of security and safety to the victim.
  2. The Grantee will gather and maintain data relating to grant project activities and program performance as required by the Office of Criminal Justice Programs. The data collected should support the information submitted on required reports.
  3. The Grantee is responsible for quarterly and annual reporting of output and performance measurement data on their projects to OCJP using the report forms available for their

VOCA funded project. The Grantee is required to complete a sub-grant award report (SAR) annually for the life of the project.

4. Any change in terms or conditions will require a contract amendment.

A.6. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance hereunder, these items shall govern in order of precedence below.

- a. this Grant Contract document with any attachments or exhibits (excluding the items listed at subsections b. and c., below);
- b. the State grant proposal solicitation as may be amended, if any;
- c. the Grantee's proposal (Attachment A) incorporated to elaborate supplementary scope of services specifications.

A.7. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment B, is incorporated in this Grant Contract.

**B. TERM OF CONTRACT:**

B.1. This Grant Contract shall be effective on 7/1/2023 ("Effective Date") and extend for a period of Twelve (12) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

**C. PAYMENT TERMS AND CONDITIONS:**

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Four Hundred Seventy-Four Thousand Four Hundred Fifty-Five Dollars (\$474,455.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment A-1 for fiscal year 2024 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.

C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Tennessee Department of Finance and Administration  
 Office of Business and Finance  
 Attention: Invoicing  
 312 Rosa L. Parks Avenue, Suite 2000  
 Nashville, TN 37243  
[OBF.Grants@tn.gov](mailto:OBF.Grants@tn.gov)

- a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).
    - (1) Invoice/Reference Number (assigned by the Grantee).
    - (2) Invoice Date.
    - (3) Invoice Period (to which the reimbursement request is applicable).
    - (4) Grant Contract Number (assigned by the State).
    - (5) Grantor: Department of Finance and Administration, Office of Criminal Justice Programs.
    - (6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
    - (7) Grantee Name.
    - (8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
    - (9) Grantee Remittance Address.
    - (10) Grantee Contact for Invoice Questions (name, phone, or fax).
    - (11) Itemization of Reimbursement Requested for the Invoice Period—it must detail, at minimum, all of the following:
      - i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
      - ii. The amount reimbursed by Grant Budget line-item to date.
      - iii. The total amount reimbursed under the Grant Contract to date.
      - iv. The total amount requested (all line-items) for the Invoice Period.
  - b. The Grantee understands and agrees to all of the following.
    - (1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
    - (2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
    - (3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
- C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.
- C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within ninety (90) days of the Grant Contract end date, in form and substance acceptable to the State.

- a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by Section C of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit said refund with the final grant disbursement reconciliation report.
  - b. The State shall not be responsible for the payment of any invoice submitted to the state after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.
  - c. The Grantee's failure to provide a final grant disbursement reconciliation report to the state as required shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the state pursuant to this Grant Contract.
  - d. The Grantee must close out its accounting records at the end of the contract period in such a way that reimbursable expenditures and revenue collections are NOT carried forward.
- C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.
- C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.
- C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.
- C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

- a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").
- b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

**D. STANDARD TERMS AND CONDITIONS:**

- D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.
- D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.
- D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.
- D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this

Grant Contract. Notwithstanding the foregoing, when administering a Federal or State grant, the Tennessee Department of Finance and Administration, Office of Criminal Justice Programs may contract with an entity for which a current employee of the State of Tennessee is providing criminal justice or victim service related professional services including training for allied professionals as an employee or independent contractor of the entity outside of his/her hours of state employment, provided that such outside employment does not violate applicable law, the state agency's policies, or create a conflict of interest.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Kimberly Casillas, Program Manager  
Department of Finance and Administration  
Office of Criminal Justice Programs  
312 Rosa L. Parks Avenue, Suite 1800  
Nashville, Tennessee 37243-1102  
Email: Kimberly.Casillas@tn.gov  
Telephone # (615) 253-2615

The Grantee:

Amy Griffith Taylor, PCC Supervisor  
Metro Nashville Police Department  
PO Box 196300

Nashville, Tennessee 37219-6300  
Email: amy.griffith@nashville.gov  
Telephone # (615) 862-7773

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
- D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee State constitutional, or statutory law. The Grantee shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.
- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.
  - b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.
  - c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.
- D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a

prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

- D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

- D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

- D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

- D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

- D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.
- D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment to the Grant Contract.
- D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.
- At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).
- When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.
- D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.326 when procuring property and services under a federal award.
- The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.
- For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00).
- D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.
- D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge

that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

- D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.
- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.
- D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.
- D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.
- D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.
- D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management

and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: [http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.
- D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.
- D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
  - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
  - d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals

or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

## **E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.
- E.2. Transfer of Contractor's Obligations. The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer of restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.
- E.3. Counterpart Clause: This agreement may be executed in two or more dated counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same effective instrument.
- E.4. Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment. If applicable and as required by 2 CFR 200.216, Grantee is prohibited from obligating or expending loan or grant funds to procure or obtain; extend or renew a contract to procure or obtain; or enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115-232, Section 889, "covered telecommunications equipment" is as follows:
- a. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - b. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - c. Telecommunications or video surveillance services provided by such entities or using such equipment.
  - d. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National

Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

E.5. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

E.6. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable requirements, including but not limited to those set forth herein, of FFATA are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

a. Reporting of Total Compensation of the Grantee's Executives.

- (1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:
  - i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
  - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
  - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

- (2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
  - i. Salary and bonus.
  - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
  - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - v. Above-market earnings on deferred compensation which is not tax qualified.
  - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.
- b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant Contract is established.
  - c. If this Grant Contract is amended to extend the Term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.
  - d. The Grantee will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: <https://www.gsa.gov>.

The Grantee's failure to comply with the above requirements is a material breach of this Grant for which the State may terminate this Grant Contract for cause. The State will not be obligated to pay any outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

- E.7. Personally Identifiable Information. While performing its obligations under this Grant Contract, Grantee may have access to Personally Identifiable Information held by the State ("PII"). For the purposes of this Grant Contract, "PII" includes "Nonpublic Personal Information" as that term is defined in Title V of the Gramm-Leach-Bliley Act of 1999 or any successor federal statute, and the rules and regulations thereunder, all as may be amended or supplemented from time to time ("GLBA") and personally identifiable information and other data protected under any other applicable laws, rule or regulation of any jurisdiction relating to disclosure or use of personal information ("Privacy Laws"). Grantee agrees it shall not do or omit to do anything which would cause the State to be in breach of any Privacy Laws. Grantee shall, and shall cause its employees, agents and representatives to: (i) keep PII confidential and may use and disclose PII only as necessary to carry out those specific aspects of the purpose for which the PII was disclosed to Grantee and in accordance with this Grant Contract, GLBA and Privacy Laws; and (ii) implement and maintain appropriate technical and organizational measures regarding information security to: (A) ensure the security and confidentiality of PII; (B) protect against any threats or hazards to the security or integrity of PII; and (C) prevent unauthorized access to or use of PII. Grantee shall immediately notify State: (1) of any disclosure or use of any PII by Grantee or any of its employees, agents and representatives in breach of this Grant Contract; and (2) of any disclosure of any PII to Grantee or its employees, agents and representatives where the purpose of such disclosure is not known to Grantee or its employees, agents and representatives. The State reserves the right to review Grantee's policies and procedures used to maintain the security and confidentiality of PII and Grantee shall, and cause its employees, agents and representatives to, comply with all reasonable requests or directions from the State to enable the State to verify or ensure that Grantee is in full compliance with its obligations under this Grant Contract in relation to PII. Upon termination or expiration of the Grant Contract or at the State's direction at any time in its sole discretion, whichever is earlier, Grantee shall immediately return to the State any and all PII which it has received under this Grant Contract and shall destroy all records of such PII.

The Grantee shall report to the State any instances of unauthorized access to or potential disclosure of PII in the custody or control of Grantee ("Unauthorized Disclosure") that come to the Grantee's attention. Any such report shall be made by the Grantee within twenty-four (24) hours

after the Unauthorized Disclosure has come to the attention of the Grantee. Grantee shall take all necessary measures to halt any further Unauthorized Disclosures. The Grantee, at the sole discretion of the State, shall provide no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The Grantee shall bear the cost of notification to all individuals affected by the Unauthorized Disclosure, including individual letters and public notice. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this Grant Contract or otherwise available at law. The obligations set forth in this Section shall survive the termination of this Grant Contract.

**IN WITNESS WHEREOF,**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:**

See next page

---

**GRANTEE SIGNATURE**

**DATE**

John Cooper, Mayor

---

**PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)**

**DEPARTMENT OF FINANCE AND ADMINISTRATION:**

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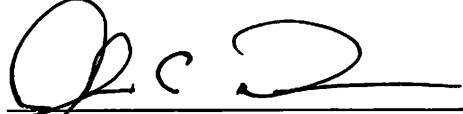
**JIM BRYSON, COMMISSIONER**

**DATE**

**SIGNATURE PAGE  
FOR  
2024 VOCA – Law Enforcement Victim Coordinator**

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

**METROPOLITAN GOVERNMENT OF  
NASHVILLE AND DAVIDSON COUNTY**



John Drake  
Chief of Police

5-10-23

Date

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

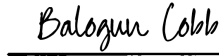


Kelly Flannery  
Director  
Department of Finance

5/17/2023 | 5:38 PM CDT

Date

**APPROVED AS TO RISK AND INSURANCE:**

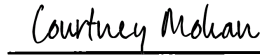


Director of Insurance

5/19/2023 | 11:09 AM CDT

Date

**APPROVED AS TO FORM AND  
LEGALITY:**



Metropolitan Attorney

5/19/2023 | 10:55 AM CDT

Date

John Cooper  
Metropolitan Mayor

Date

**ATTEST:**

Metropolitan Clerk

Date

ID 3175

OFFICE OF CRIMINAL JUSTICE PROGRAMS

FUND SOURCE  
OCJP JAG Priority Area

VOCA

|                                                                |  |                                                |                            |
|----------------------------------------------------------------|--|------------------------------------------------|----------------------------|
| <b>Required Information on Authorizing Agency:</b>             |  | <b>Implementing Agency:</b>                    |                            |
| <b>Name:</b> Metropolitan Government of Nashville and Davidson |  | <b>Name:</b> Metro Nashville Police Department |                            |
| <b>Federal ID Number (FEIN):</b> 62-0694743                    |  | <b>Address:</b> PO Box 196300                  |                            |
| <b>DUNS Number:</b> 078217668                                  |  |                                                |                            |
| <b>SAM Expiration Date:</b> 2/6/2024                           |  | Nashville, TN 37219-6300                       |                            |
| <b>Fiscal Year End Date:</b> June 30                           |  |                                                |                            |
| <b>Will You Have Any Subcontracts?</b> No                      |  |                                                |                            |
| <b>Project Title:</b> LE - VC                                  |  |                                                |                            |
|                                                                |  |                                                |                            |
| <b>AUTHORIZED OFFICIAL - Contact Information</b>               |  |                                                |                            |
| <b>(Name, Title, and Complete Mailing Address)</b>             |  | <b>Phone Number:</b>                           | <b>E-Mail Address:</b>     |
| John Cooper, Mayor                                             |  | (615) 862-6000                                 | mayor@nashville.gov        |
| 1 Public Square                                                |  | <b>EXT:</b>                                    |                            |
| Suite 100                                                      |  |                                                |                            |
| Nashville, 372015025                                           |  |                                                |                            |
| <b>PROJECT DIRECTOR - Contact Information</b>                  |  |                                                |                            |
| <b>(Name, Title, and Complete Mailing Address)</b>             |  | <b>Phone Number:</b>                           | <b>E-Mail Address:</b>     |
| Amy Griffith Taylor, PCC Supervisor                            |  | (615) 862-7773                                 | amy.griffith@nashville.gov |
| PO Box 196300                                                  |  | <b>EXT:</b>                                    |                            |
|                                                                |  |                                                |                            |
| Nashville, 37219-6300                                          |  |                                                |                            |
| <b>FINANCIAL DIRECTOR - Contact Information</b>                |  |                                                |                            |
| <b>(Name, Title, and Complete Mailing Address)</b>             |  | <b>Phone Number:</b>                           | <b>E-Mail Address:</b>     |
| Samir Mehic, MNPD Finance Director                             |  | (615) 862-7362                                 | samir.mehic@nashville.gov  |
| PO Box 196300                                                  |  | <b>EXT:</b>                                    |                            |
|                                                                |  |                                                |                            |
| Nashville, 37219-6300                                          |  |                                                |                            |
| <b>County/Counties Served (Type ALL if Statewide):</b>         |  |                                                |                            |
| Davidson                                                       |  |                                                |                            |
|                                                                |  |                                                |                            |
| <b>U.S. Congressional District(s):</b> 5                       |  |                                                |                            |

## **Scope of Services/Project Narrative**

### **PROBLEMS FOR INTERVENTION AND NEEDS TO BE IMPROVED**

The 2022 personal crime statistics reported by Metropolitan Nashville Police Department (MNPd) were: murder 112, forcible rapes 521, Robbery 1,464, aggravated assault 6965, and domestic violence reported incidents 25,067. Nashville's UCR statistics for violent crimes in 2022 compared to UCR statistics for violent crimes 2021 increased from 8619 to 9015, slightly more than a 5% increase. UCR statistics include homicides, rapes, aggravated assault, and robberies. In 2023 five homicides were reported in the first five days of the year and between March 17 to March 27, 2023, the following homicides, attempted murder, and fatal hit and runs occurred:

March 17 Homicide and Attempted Murder

March 22 Fatal Hit and Run

March 23 DV Homicide

March 23 Homicide in convenience store

March 24 DV Double Shooting/Attempted Murder

March 27 MV 3 children and 3 adults killed, and 2 children injured / Covenant School

The 2020 U S census showed Nashville's population to be 689,447 and it was estimated to be 703,953 in 2021, and 715,913 in 2023. The Metropolitan Statistical Area (MSA), which is comprised of Davidson County and 13 other counties estimated population is 2.1 million. Nashville is racially, ethnically, and religiously rich in diversity. The racial makeup of Nashville is 62.3% White, 56.2% Non-Hispanic, 27.7% African American, 10.4% Hispanic/ Latino, 3.9% Asian, .5% American Indian, and .1% Native Hawaiian and Pacific Islander. The foreign-born population tripled between 1990 and 2000 (12,662 to 39,597) and has nearly doubled over the last decade. In 2017 it was estimated the Nashville Metro area was home to 139,703 immigrants. The Nashville Metropolitan Language Access Guide states the foreign-born population in Davidson County has doubled in the past 15 years and in 2108 the foreign-born population was 13.9 percent of Nashville's population. Individuals come to Nashville to live from all over the world. The greatest share of foreign-born, 44.2% are from Latin America, followed by 30.4% from Asia, and 15.3% from Africa. Nashville's largest immigrant and refugee populations are Kurdish (11,000 and the largest Kurdish community in the United States), Mexican, Vietnamese, Laotians, Arabs, and Somalis. Nashville is a new home to many other refugees/immigrants- most recently from Afghanistan and Ukraine. Within Metropolitan Nashville Public Schools, students speak more than 100 languages and nearly a third (30%) speak a language other than English at home. Spanish and Arabic are the two most spoken languages after English in Nashville.

The number of Hispanic/Latino survivors provided services by FIP's VOCA staff has increased by over 335% since 2014, serving 1074 Hispanic crime victims in FY22. FY 24 we plan to continue our outreach to immigrant and refugee populations knowing it effective given the 2013 NIWAP (National Immigrant Women's Advocacy Project) survey results. The survey found Latino Immigrant crime victims (domestic violence & sexual assault) did not report or did not follow through with investigations because of language barriers-LEP, fear of deportation, lack of knowledge of legal system, and did not trust police/prosecutors would help them. Barriers which

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mirrored those in the NIWAP report for refugee and immigrant crime victims in Nashville have been missing and/or inaccurate information on police reports, limited or no contact with investigating officer and district attorneys (non-bilingual). Additional barriers these communities experienced were unqualified interpreters, biases, generalize what was said, or left out information in the translation/interpretation. The last factor was many Latino female victims of sexual assault are uncomfortable with a male interpreter, which influenced what was reported.

The NIWAP survey also looked for factors influencing LEP immigrant victims' reporting crimes. The top four factors were: concerned about children's safety (41%), Severity of the abuse (30%), victim knows another victim who was helped (25.2%), and **advocate working with police (25.2%)**. The last two influences are additional factors which support our project- advocates working with police and assisting LEP immigrant victims.

FIP has utilized the information from the NIWAP survey in addition to knowledge gained and lessons learned from ethnic communities/leaders in Nashville to design and implement the specialized services for refugee and immigrant crime victims. Additional barriers identified:

- Crime victim resources may not have been available in their countries of origin, so victims simply do not know they exist.
- The actual or perceived lack of linguistically and culturally accessible crime victim services. Need equal access to services that are respectful of cultural values.
- Lived experiences. Immigrant and refugee communities may be afraid of police or government agencies that are based in their lived experiences with authorities in their country of origin, anti-immigrant refugee rhetoric and abuse in the U.S., and word-of-mouth experiences from others in their community.
- Victims may not want their offender to be deported for many reasons including dangers to the offender in their home country, fear of retaliation from their offender's family, backlash from shared community, fear that family in their home country could be targeted by offender once deported, or offender is family member or partner.
- International relocation exposure increases refugee and immigrant women's vulnerabilities to violence, their trauma from victimization may predate their entry into the US (Such as having been victimized during war or during border crossing), and they are generally more isolated and may be actively targeted by aggressors who see them as socially and legally vulnerable.

Since the inception of the Refugee Outreach Advocate Specialist position (June 2018), victims from 30 different countries (Afghanistan, Albania, Bangladesh, Burma-Myanmar, Cameroon, China, Congo, DRC, Egypt, Ethiopia, Eritrea, Ethiopia, India, Iran, Iraq, Japan, Jordan, Kurdistan, Laos, Nepal, Pakistan, Saudi Arabia, Somalia, South Korea, Sudan, Syria, Taiwan, Vietnam, Yemen, Congo) have received various direct services. During this same period, the Refugee Outreach Advocate Specialist has outreach to ethnic communities and leaders providing information on FIP, CJS, other crime victim services, hear unmet needs and introducing the refugee immigrant specialist. FIP needs to continue strengthening the trusting relationship that have developed in these communities and to develop additional relationships with other ethnic communities. This advocacy / outreach position has also provided cultural orientation and cultural responsiveness consultation for professionals in the CJS and non-profits serving victims of crime

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i.e., Davidson Co. District Attorney's Office, their Victim Witness Coordinators, YW DV program, End Slavery, MNPB Community Enhancement Officers, and the Family Safety Center staff and partners. All the activities listed above have been survivor driven and created to meet unmet needs of underserved populations

Nashville is very fortunate to have many specialized victim services available to crime victims. FIP collaborates and coordinates with many of these agencies on a regular basis (listed in the Collaboration Activities section) and are continuously adding to the list of agencies who we do collaborate. FIP services are provided to Davidson County residents who are crime victims- regardless of where the crime occurs, non-Davidson County residents when victimization occurs in Davidson County, and families whose loved one was a victim of homicide in Davidson County. Occasionally, FIP provides services to victims of crime from surrounding counties on an individual basis.

**NEEDS STATEMENT:** *All crime victims deserve access to comprehensive, victim-centered and trauma informed mental health, support, and advocacy services.*

FIP wants to continue addressing the following gaps: free and confidential services to **all** victims of crime regardless of age, sex, race, ethnicity, language, decision to prosecution and/or report to law enforcement), comprehensive language access, 24/7 crisis response availability, access to reach out to victims before they make the first call and providing services to male crime victims.

- Victims of robbery, aggravated assault, hit and run and survivors of homicide (co-victims) are often marginalized, lack resources, and are underserved. FIP is the only agency in Davidson County who provides direct services of therapy/counseling, advocacy, and case management to all crime victims. The exception to this is if there is an arrest, then the Davidson County District Attorney's or U.S. Attorney's Victim Witness Services will provide advocacy related to the criminal justice system.
- FIP prioritizes outreach to refugees and immigrants of violent crime because of the additional barriers such as lack of trust of law enforcement, less knowledge of the criminal justice system and community resources, very often less family support, i.e., family not residing in the United States, and because they do not speak English and or their first language is not English, and during traumatic events victims usually find it helpful if not essential to speak in their first language, even if they are bilingual.
- Over a 4-year period, MNPB's Family Intervention Program (FIP) provided services to crime victim from thirty different countries, speaking 36 different languages/dialects. (These numbers exclude countries, languages/dialects of clients served from Latin American countries). Professional telephonic interpretation was used in all cases
- FIP reaches out to ethnic communities to build relationship and provide them with information on FIP services and build trust and relationships before a victimization occurs.
- FIP has their general brochure available in print and online in 30 different languages and their robbery, and sexual violence, in the three most spoken languages in Nashville:

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English, Spanish, and Arabic. FIP homicide brochure is available in the three most spoken languages and Chinese.

- FIP police crisis counselors are on-call 24/7 for sworn to request their physical presence and crisis intervention services at crime scenes, police headquarters, hospitals, or at a staged family assistance center such as Woodmont Baptist Church where family of students and staff of Covenant's school were brought immediately after the mass shooting on March 27, 2023.
- FIP staff are civilian police employees and have access to contact information after a police report is filed. That information allows FIP to contact the victim directly. The outreach informs crime victims of FIP services, community services and very often crisis intervention
- In FY23, FIP VOCA staff provided services to 1074 unduplicated crime victims and 34% (369) were males. Hispanic males are often targeted, robbed, and sustain injuries because they are often paid cash, don't use banks, and are less likely to report victimizations.

Experiencing a crime can affect a person physically, psychologically, and financially. The type of victimization as well as internal, external factors unique to each survivor and their culture will influence how they and their loved ones are affected by the trauma. The crimes' characteristics and severity as well as the victims' pre-victimization characteristics and past trauma affects how a victim responds to the trauma, challenges, and adjusts after the victimization. How the criminal justice system reacts or is perceived to react and support (or not) can also influence the victim's level of distress and trauma. MNPd's Family Intervention Program (FIP) has always been committed to providing culturally responsive, trauma informed, comprehensive crime victim services and criminal justice system support / advocacy to all victims of crime.

There are core needs that most victims of crime have, and these are the services FIP wants to continue provide through a police crisis counselor and outreach advocate specialists:

- Counseling to address the trauma, grief, and loss, assisting survivors finding their resilience, and assisting them finding their new equilibrium in the aftermath of victimization.
- Provide Criminal Justice System (CJS) advocacy and information so survivors can make informed decisions and be prepared for CJS procedures and processes including parole hearings.
- Information and referral to other crime victim services survivors need and are beyond the scope of FIP services.
- Active Advocacy providing referrals/ information on community agencies/resources, case management as needed to ensure survivors' basic needs are met, assist with TNCIC application/appeals, assist with U Visa certification when applicable,

In addition, FIP wants to continue providing outreach, advocacy, support, and services often needed by survivors and especially underserved/special/vulnerable populations who have additional challenges in accessing services and processing the trauma. Meeting the needs of these victims is difficult when their access to rights and services is complicated by factors such as ethnicity, language barrier, cultural intolerance, disability, and/or lack of appropriate social support.

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Survivors in special/vulnerable/underserved populations often need an advocate to provide translation, interpretation, case management, court accompaniment, information/referral to community/CJS agencies, help reduce/eliminate barriers, and to be their liaison with law enforcement. FIP knows each underserved population is unique and therefore there is no universal formula to meet the needs of all the special population groups. Our plan is to meet needs of all crime victims by continuing to outreach to special populations, receiving feedback from the specific populations, improve our response protocol if needed, and to share our knowledge gained with other professional working with victims of crime (law enforcement, non-profits, and other governmental entities).

FIP's success has been possible by listening and learning from survivors. In doing so FIP was the founding program of the Season to Remember (1995)-remembering homicide victims during Christmas, Kwanzaa, and Hanukkah, (This ceremony was duplicated in part, as the name, by the Governor and First Lady of Tennessee in 2003 to begin a state-wide ceremony), assisted with the creation of the original Children's Memorial Garden honoring children who lives were ended through violence with the Nashville District Attorney's Office and TN MADD (1996). To our knowledge: first in Tennessee to provide therapy/support groups for co-victims (1989), bilingual co-victim therapy groups (2014), psychoeducational support group for Hispanic robbery victims (2016) and honor our Hispanic/Latino client's loved ones who were victims of homicide by co-creating an altar and placing framed photographs at Cheekwood's *El Dia de los Muertos* celebration (2017).

**PURPOSE:**

FIP Mission: *To provide mental health services, support services, and criminal justice system advocacy whenever individuals, families, and or the community are affected by violent crime.*

FIP Vision: *For victims of violent crime to restore a sense of peace and balance in their lives after victimization.*

- |                       |                                                                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Goal 1:</b>        | Improve crime victims' resiliency and ability to establish a new equilibrium in their lives after victimization.                            |
| <b>Objective 1.1:</b> | Victim of crime will receive a sense of balance in their lives after receiving services.                                                    |
| <b>Objective 1.2:</b> | Victims will increase their knowledge of normal trauma response and healthy coping skills related to their victimization.                   |
| <b>Goal 2:</b>        | Victims of crime will have the support, knowledge, and resources they need to recover from the victimization and to participate in the CJS. |
| <b>Objective 2.1:</b> | Victims of crime will increase their knowledge of community services/support.                                                               |
| <b>Objective 2.2:</b> | Victims of crime will increase their knowledge of the criminal justice system and resources specifically available to victims of crime.     |

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**Goal 3:** Special populations (underserved and/or vulnerable) will have an increased comfort level of participating within the criminal justice system and crime victim support services.

**Objective 3.1:** Reduce or eliminate the unique barriers crime victims in underserved/vulnerable/special populations' encounter to receive their rights and services will be reduced or eliminated.

**Objective 3.2:** Increase knowledge of how a crime victim's culture and unique challenges influences participation within the CJS and victim services will be utilized to improve response protocols and services.

**ACTIVITIES**

Activities are what a project does with the inputs to fulfill its mission. This section should describe the planned activities, major interventions or program elements designed to accomplish the goals of the project. You should describe the activities to be employed by the project to achieve the desired results.

**Goal 1:** Improve crime victims' resiliency and ability to establish a new equilibrium in their lives after victimization.

**Objective 1.1:** Victim of crime will receive a sense of support and balance in their lives after receiving services.

**Activities 1.1:** Provide outreach, crisis intervention, follow up, and counseling for victims of crime.

**Objective 1.2:** Victims will increase their knowledge of normal trauma response and healthy coping skills related to their victimization.

**Activities 1.2:** Provide information / educate on knowledge of trauma reaction, self-care, and healthy coping skills

**Goal 2:** Victims of crime will have the support, knowledge, and resources they need to recover from the victimization and to participate in the CJS.

**Objective 2.1:** Victims of crime will increase their knowledge of community services/support.

**Activities 2.1:** Provide information on community services to assist individuals in having basic needs met.

**Objective 2.2:** Victims of crime will increase their knowledge of the criminal justice system and resources specifically available to victims of crime.

**Activities 2.2:** Provide information on the CJS, crime victim services/resources and assist as a liaison with law enforcement as appropriate.

**Goal 3:** Special populations (underserved and/or vulnerable) will have an increased comfort level of participating within the criminal justice system and crime victim support services.

**Objective 3.1** Reduce or eliminate the unique barriers crime victims in underserved, vulnerable, and special populations' encounter to receive their rights and services in the criminal justice system

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**Activities 3.1:** Outreach to underserved communities and offer education on victimization, their rights, and where to receive assistance.

**Activities 3.2** As barriers/challenges are identified, determine the solution and/or accommodation.

**IMPLEMENTATION TIMELINE FOR ACCOMPLISHING KEY GRANT ACTIVITIES**

- All activities listed above should be included in the timeline below.
- List which specific staff position who will be responsible for the activity—do not list “all staff”
- List the date the activity will be completed—some activities may have a specific date like October 7, 2022, but other activities may occur quarterly, or daily, for example.
- Please additionally include information on oversight or project review such as a quarterly review of data by project leadership for the purposes of adjusting / enhancing services.

**PCC-Police Crisis Counselor, OAS- Outreach Advocate Specialist**

| ACTIVITY FROM ABOVE SECTION                                                                               | STAFF POSITION TO COMPLETE | DATE OF COMPLETION   |
|-----------------------------------------------------------------------------------------------------------|----------------------------|----------------------|
| Provide crisis response                                                                                   | PCC                        | Ongoing /daily       |
| Provide follow-up counseling                                                                              | PCC                        | Ongoing/daily        |
| Provide support and psychoeducational groups                                                              | PCC, OAS may assist        | Ongoing              |
| Provide support and support groups                                                                        | PCC and OAS                | Ongoing              |
| Provide court accompaniment-criminal and civil courts                                                     | PCC and OAS                | Ongoing/as requested |
| Help applying for U Visa certification                                                                    | OAS                        | Ongoing/ daily       |
| Provide English/Spanish interpretation and translation as appropriate                                     | Bilingual OAS              | Ongoing/daily        |
| Ask clients to complete surveys as described in intended outcome (results)                                | OAS and PCC                | On going             |
| Season to Remember Ceremony planning, invitations, ornament making, and support and presence at the event | OAS, PCC, Project Manager  | December 14, 2023    |
| Homicide Memory Board Display                                                                             | OAS                        | April 2024           |
| Davidson County Crime Victims' Rights Week: planning, invites, event                                      | OAS, PCC, Project Manager  | April 2024           |
| Altar to honor Hispanic Latino homicide victims – Dia de los Muertos/ Cheekwood                           | OAS, Project Manager       | October 29, 2023     |
| Outreach to ethnic and underserved populations: community events,                                         | OAS                        | Ongoing              |

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|                                                                                                                                        |                        |                          |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|
| providing information on FIP services                                                                                                  |                        |                          |
| Translation of brochures, hand outs and forms                                                                                          | OAS and Program Manger | Ongoing as needs present |
| Provide cultural orientation, cultural responsiveness to non-profits and Governmental agencies working with crime victims as requested | OAS                    | Ongoing/ as requested,   |
| Complete quarterly statistics-demographic and services provided to clients served during the quarter and turn into program manager     | OAS and PCC            | Quarterly                |
| Review quarterly statistics gathered to determine any needs to adjust or enhance services to victims of crime submit to OCJP           | Program Manager        | Quarterly                |

**OUTPUTS:**

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| Adults Sexually Abused/Assaulted as Children                                             | 5   |
| Adult Sexual Assault                                                                     | 30  |
| Adult Physical Assault (Includes Aggravated and Simple Assault)                          | 200 |
| Arson                                                                                    | 2   |
| Bullying (Verbal, Cyber or Physical)                                                     | 10  |
| Burglary                                                                                 | 10  |
| Child Physical Abuse or Neglect                                                          | 5   |
| Child Pornography                                                                        | 2   |
| Child Sexual Abuse/Assault                                                               | 30  |
| Domestic and/or Family Violence                                                          | 300 |
| DUI/DWI Incidents                                                                        | 2   |
| Elder Abuse or Neglect                                                                   | 5   |
| Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)     | 0   |
| If Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other, <b>please explain:</b> |     |
| Human Trafficking: Sex                                                                   | 5   |
| Human Trafficking: Labor                                                                 | 2   |
| Identity Theft/Fraud/Financial Crime                                                     | 2   |
| Kidnapping (non-custodial)                                                               | 5   |
| Kidnapping (custodial)                                                                   | 3   |
| Mass Violence (Domestic/International)                                                   | 3   |
| Other Vehicular Victimization (e.g., Hit and Run)                                        | 3   |
| Robbery                                                                                  | 300 |
| Stalking/Harassment                                                                      | 20  |
| Survivors of Homicide Victims                                                            | 35  |
| Teen Dating Victimization                                                                | 2   |
| Terrorism (Domestic/International)                                                       | 0   |
| Other                                                                                    | 0   |

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If other, **please explain:**

|                                                                                                                           |     |
|---------------------------------------------------------------------------------------------------------------------------|-----|
| Projected number of individuals who will be assisted with a victim compensation application annually through this project | 240 |
|---------------------------------------------------------------------------------------------------------------------------|-----|

**Information and Referral services annually through this project:**

|                                                                                                                                                          |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Information about the criminal justice process                                                                                                           | 500 |
| Information about victim rights, how to obtain notifications, etc.                                                                                       | 700 |
| Referral to other victim service programs                                                                                                                | 600 |
| Referral to other services, supports and resources ( <i>includes legal, medical, faith-based organizations, address confidentiality programs, etc.</i> ) | 600 |

**Personal Advocacy/Accompaniment services annually through this project:**

|                                                                                                                |      |
|----------------------------------------------------------------------------------------------------------------|------|
| Victim advocacy/accompaniment to emergency medical care                                                        | 0    |
| Victim advocacy/accompaniment to medical forensic exam                                                         | 0    |
| Law enforcement interview advocacy/accompaniment                                                               | 348  |
| Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects) | 165  |
| Performance of medical or nonmedical forensic exam or interview or medical evidence collection                 | 0    |
| Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)     | 350  |
| Intervention with employer, creditor, landlord, or academic institution                                        | 35   |
| Child or dependent care assistance (includes coordination of services)                                         | 0    |
| Transportation assistance (includes coordination of services)                                                  | 0    |
| Interpreter services                                                                                           | 1500 |

**Emotional Support or Safety services annually through this project:**

|                                                                                                    |     |
|----------------------------------------------------------------------------------------------------|-----|
| Crisis intervention (in-person, includes safety planning, etc.)                                    | 300 |
| Hotline/crisis line counseling                                                                     | 0   |
| On-scene crisis response (e.g., community crisis response)                                         | 7   |
| Individual counseling                                                                              | 300 |
| Support groups (facilitated or peer)                                                               | 200 |
| Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.) | 550 |
| Emergency financial assistance                                                                     | 0   |

**Shelter/Housing services annually through this project:**

|                                                                    |   |
|--------------------------------------------------------------------|---|
| Emergency shelter or safe house                                    | 0 |
| Transitional housing                                               | 0 |
| Relocation assistance (includes assistance with obtaining housing) | 0 |

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**Criminal Justice/Civil Justice System Assistance services annually through this project:**

|                                                                     |     |
|---------------------------------------------------------------------|-----|
| Notification of criminal justice events                             | 300 |
| Victim impact statement assistance                                  | 0   |
| Assistance with restitution                                         | 0   |
| Civil legal assistance in obtaining protection or restraining order | 0   |
| Civil legal assistance with family law issues                       | 0   |
| Other emergency justice-related assistance                          | 0   |
| Immigration assistance                                              | 0   |
| Prosecution interview advocacy/accompaniment                        | 15  |
| Law enforcement interview advocacy/accompaniment                    | 5   |
| Criminal advocacy/accompaniment                                     | 30  |
| Other legal advice and/or counsel                                   | 0   |

**INTENDED OUTCOMES (Results)**

**Victims report that their sense of safety and security has increased.**

*"My immediate sense of safety and security has increased as a result of the services I received from this organization."*

**Victims report an increase in knowledge about victim services.**

*"I am more knowledgeable of the services and community resources available to victims."*

**Victims report an increase in knowledge about the criminal justice system.**

*"I am more knowledgeable about the criminal justice system."*

**Victims express satisfaction with services.**

*"I am satisfied with the services I have received through this organization."*

**Victims report an improved ability to plan for their safety (required only for shelters).**

*"I know more ways to plan for my safety."*

**Victims experience a decrease in the frequency and/or intensity of crime-related symptoms (Change in psychological functioning). \* only asked if counseling services received**

*"My crime-related symptoms (e.g., Sleeplessness, nervousness, fear or anxiety, etc.) are less frequent or less severe since I became involved with the organization."*

Clients who receive services from the OAS will complete a client satisfaction survey after they have received services (may be after one or more visits). PCC will have clients complete the survey on their termination visit / last counseling session (individual and group) prior to June 30. If the survey is not completed while the client is in our office, attempts are made to contact the victim by phone, email, or the USPS to complete the survey. We have the survey online and can be completed anonymously once we send a link. This on-line survey is used with all clients who we provide virtual services. If possible, the client will be contacted by a staff person other than the staff who provide the client service/s. Every attempt is made to have clients complete the surveys confidentially and anonymously. FIP has a locked ballot box on a stand at our exit. Victims can place their survey in the ballot box as they leave the office. The program manager has the key and removes the completed surveys. The data collection tool is a paper survey that is

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either completed by the client. If client is not literate or sight impaired a staff member other than the client's direct service provider will assist with the completion of the survey. The client satisfaction surveys are tabulated, entered online for the annual outcome report, and stored by the project manager.

## **INPUTS**

FIP's counselors are trained and utilize best practice/evidenced based treatments with survivors of violent crimes and co-victims of homicide. These include crisis intervention, EMDR, Trauma Focused CB, Prolonged Exposure Therapy, and the processing of traumatic grief through play therapy. All counselors and advocates have been trained in the National Organization for Victim Assistance (NOVA) Crisis Response Team Training. It is evidenced based and field-tested best practices as a crisis management utility that includes trauma mitigation and educational protocol including emotional first aid to be used in the aftermath of a critical incident, either small scale or mass casualty. FIP staff (advocates and counselors) have received training for The Safe at Home Address Confidentiality Program. Licensed mental health providers are required to obtain CEU's annually to retain their licensure, which is required by FIP. In addition, staff attend numerous trainings in person and virtually increasing their knowledge of providing services to crime victims.

FIP staff routinely educate clients (adults and children) on the impact of trauma on the brain and help clients build skills they can use as needed to increase resiliency in themselves. This information is explained, discussed, and interventions are practiced with clients in individual and groups counseling.

FIP receives referrals from entities serving victims of crime in our city (TBI, FBI, US Attorney's Office), community agencies, hospitals, self-referral, and entities in other states when the victim will be moving /returning to Nashville. The decision to report and or prosecute does not determine eligibility. FIP staff directly reaches out to violent crime victims by using contact information from police reports. FIP also participates at numerous outreach events throughout the city and in many ethnic communities to share information/answer questions on services provided. When there is an opportunity to have media share information on our services. Media coverage is also utilized to inform our community of services this program provides. As our city and survivors' needs have changed, FIP has reached out to underserved and vulnerable survivor populations, to address the unmet needs, build trust in these communities, and worked to reduce / eliminate barriers to ensure all victims have equal access to victim services.

A Masters level Intern will be a volunteer under the FY24 VOCA grant. The FIP Intern will be enrolled in an accredited university/college program preparing to be a licensed counselor/social worker. The intern will be supervised by the FIP clinical counseling supervisor as well as the intern coordinator for their school. The intern will provide outreach, information/referral, and individual/group counseling services. They watch several trainings/webinars that have been put on and recorded by the Office of Family Safety related to interpersonal violence. They also watch a training on Brief Therapy conducted for staff by a previous Behavioral Health Services Division Manager Dr. Carol Harp. In addition to this they watch trainings on conducting counseling sessions with domestic violence, sexual assault, and homicide victims recorded by staff counselors. They also shadow counseling sessions with several staff counselors prior to starting counseling

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sessions independently with clients. The supervisor reviews with them all forms and how to complete the forms with clients.

The Metropolitan Nashville Government and MNPDP have shown the commitment to providing comprehensive counseling, advocacy, and CJS support for victims of crime. MNPDP has funded mental health professionals to provide direct services since 1975, created the Domestic Violence Division in 1994, currently funds the Handle with Care Program (HWC) (school notification program when children experience trauma) through the Youth Services Division, and MNPDP leadership has participated annually since the inception of both the Season to Remember Ceremony (1995) and the Davidson County National Crime Victim's Rights Week events (1986). At this time, I do not know if all the programs and staff would be maintained if we did not have the financial support of the VOCA grant due to the financial issues facing Nashville Davidson County at this time. MNPDP was able to incorporate one of the two staff positions on FY23 grant to civil service beginning July 1, 2023. Resources MNPDP dedicates to FIP for additional victim services are salary / benefits for: 2 office staff, 6 licensed mental health professionals, and 2 supervisors; 1 Division Manager, office space, furniture, landline phones, cell phones, desk top computers, and printer/scanner/fax copiers. Our operating budget is under the Family Intervention Division within the Investigative Bureau of MNPDP. If VOCA funds were not received additional positions would be eliminated, beside the two we are eliminated for FY24. In addition, comprehensive services and number of crime victims served would be greatly reduced in number and actual services without the funding of this grant.

**For FIP to conduct our activities, achieve our goals and objective we are requesting:**

- **Salary and benefits for one full time licensed mental health counselor** (Police Crisis Counselor-PCC)  
To provide crisis intervention, therapy, and CJS support to victims of crime **\$89,100**
- **Salary and benefits for 5 full time Outreach Advocate Specialists** (OAS)  
To provide advocacy, CJS support, language access, case management, and information / referral .  
Total for the five positions **\$383,900**
- **Profession Fee** to provide language access (translation and interpretation services) for advocates and counselors providing services to LEP clients. **\$800**
- Travel, Conferences and Meeting & Mileage for travel (court, meetings, in-state training, outreach, etc.) **\$155**
- Office supplies, publications, memberships, books, etc. relevant to providing mental health treatment/advocacy to victims of crime, special/vulnerable/underserved populations, and therapeutic supplies. To provide supplies for outreach, general office work, and supplies relevant to training and or the clients we are serving. **\$500**

**COLLABORATION ACTIVITIES**

FIP collaborates with other agencies/ individuals by:

- Participating regularly in multi-disciplinary meetings
- Planning and providing special events for crime victims and the community
- Coordinating with other agencies/individuals to meet the need of crime victims
- Providing trainings - inviting partner agency staff to attend

## **Multi-Disciplinary Teams/Meetings/Task Forces/Coalitions**

**The Nashville Coalition Against Domestic Violence-** The coalition exists to promote meaningful interactions among domestic violence advocates and organizations and provide community education to prevent and respond to domestic violence thereby supporting the victims of domestic violence we serve.

**The Sexual Assault Response Systems Taskforce-** The taskforce is to design a system that will provide accessible, expert, and reliable forensic evaluation and response to rape victims in Davidson County as a part of an immediate, coordinated, comprehensive, compassionate, caring response for adults and children survivors of sexual assault. FIP has participated on the task force since its inception in 2016.

**Davidson County SART (Sexual Assault Response Team)-** is a specific intervention model focused on immediate and consistent response to sexual assault victims with the goal of implementing and maintaining a comprehensive, coordinated, trauma-informed and victim-centered system of intervention and care, with a commitment to systems change and continuous improvement. The core membership of a SART includes law enforcement, medical providers, and community-based victim advocates. Additional essential members include prosecutors, systems-based victim advocates, mental health services, and other allied professionals. FIP was a founding agency in 2013 when the Davidson County SART was established.

**Family Safety Center Leadership Committee-** The Leadership Committee meets quarterly. They work to ensure that all community partners have a sound understanding of what each agency is doing to assist victims of interpersonal crimes. It allows each to assist and support other agencies with their programs.

**Interpersonal Violence Taskforce-** This taskforce will bring together all taskforces to consolidate a taskforce meeting into one day to keep each taskforce from being siloed on issues. The IPV areas to be addressed are Child Abuse, Domestic Violence, Elder Abuse, Human Trafficking, and Sexual Assault.

**Domestic Abuse Death Review Team-** Is a collaborative team that meets monthly to analyze domestic violence homicide trends. Office of Family Safety creates an annual report from the collaborative team review with recommendations around improving response to domestic violence cases. The team also offers family and friends of the victim the opportunity to share their thoughts on the case.

**Nashville Immigrant and Refugee Collective** (formerly Nashville Task Force for Refugees and Immigrants founded 1997)- A task force- multiple non-profits meet monthly providing speakers on services available for refugees and immigrants in Nashville and discuss and share concerns of refugees and immigrants and search for community solutions.

**La Encuentro Latino “Latino Meet”** which is sponsored by Mental Health America of Middle TN by their Multicultural Outreach coordinator. A different agency serving the Latino community is highlighted each month and everyone attending can network and share upcoming events. Advocates have presented on FIP and they attend to learn about other programs when schedules permit.

**VAPIT (Vulnerable Adult Protective Investigative Team)** Members of MNPD/ DVD (sworn) and FIP (civilian) are active member of the Davidson County VAPIT (Vulnerable Adult Protective Investigative Teams). The purpose of the team is to coordinate the investigation of suspected instances of abuse, neglect, or exploitation of an adult. MNPD VAPIT members share information, resources, and documented trends.

### **Collaborative Special Events**

**Davidson County Voices for Victims:** A group of non-profits and governmental agencies in Davidson County who collaborate to plan an annual ceremony for ***National Crime Victims' Rights Week*** (April). FIP has consistently contributed to the planning and participated in this event since 1986.

**Season to Remember:** Collaboration with FIP, Davidson County District Attorney's Victim Witness Services, US Attorney of Middle TN Victim Witness Services, and TN Voices for Victims. This annual ceremony was envisioned by a member of our Homicide Group 28 years ago who mother had been murdered. This ceremony honoring murder victims during the seasons of Hanukkah, Kwanzaa, and Christmas. Over 200 friends and family members of homicide victims in Centennial Park. Handmade ornaments are hung as well as the lightening of the kinara and menorah. The State of TN created a similar event 21 years ago.

**Meet Me at the Bridge:** An annual ceremony to remember domestic violence victims who have lost their lives to violence in the past year. The ceremony is in October during Domestic Violence Month. This is a collaborative effort of all organizations involved in the Nashville Domestic Violence Coalition. For multiple years DV sworn and civilian staff received awards for their outstanding work to end domestic violence.

**El Dia de los Muertos-** Since 2017, FIP has invited Latinx clients/families who loved one/s lives ended from violence (homicide and vehicular homicide) to decorate a frame with their loved one's photograph and place it on an altar FIP creates for Cheekwood Estate & Garden's Day of the Dead Celebration. The altar is to honor the deceased and to welcome the deceased spirit to visit for the day and then return to their resting place. IN 2017 seven families participated and in 2022 twenty-seven families participated. Since 2021 FIP has collaborated with MNPd's cold case/ homicide units who have sworn supervisor and or detectives attend to answer questions families may have and to show their commitment to co-victims of homicide. Thousands of individuals attend this festival (typically sells out and as of 2022 the day celebration has been extended to two days) and allows FIP staff the opportunity to share information on our program and other resources for victims of crime.

### **Coordinating with Agencies/Individuals**

**Metro Nashville Public Schools - Office of English Learners** FIP has coordinated to provide information on crime victim services to the teachers as well as presented at special MNPS programs at schools throughout the school year. We have partnered to conduct family outreach with specific schools and educator summits: we offer cultural insights as victim services are offered, resource connection in various languages via translated materials, and opportunities for youth to identify various crimes and engage with presented materials. There are 14K English learners in MNPS and 700 English language teachers

**US Attorney's Office Middle Tennessee, Victim Services** FIP Coordinate with VWS - accepting referrals, working together on special events for victims of crime. It is a very cooperative and helpful collaboration.

**Nashville Children's Alliance (NCA)** FIP and the NCA refer cases to each other and often work with different members of the same family, coordinate appointments at the same time to assist families only having to come to the FSC at one time when multiple family members have separate appointments which is very helpful to our clients- saving transportation cost and time. They also refer clients who need assistance with filing for TNCIC and for U Visa certification.

**ATTACHMENT A**  
**APPLICATION FOR FUNDING**  
**GRANT PROJECT NARRATIVE**  
**(Narrative Page 15)**

**MNPD “EI Protector”** program has been designed to fully integrate the MNPD Community Oriented Policing Services (COPS) philosophy to engage the Hispanic/Latino community in Nashville and Davidson County, Tennessee, in reducing DUI's, traffic fatalities, domestic violence and in crime prevention. In addition, this bilingual/bicultural program provides public education through dialogue with the Hispanic/Latino community, instead of focusing specifically on enforcement measures. FIP collaborates with this program at events to provide information on the program and receives referral from EI Protector.

**MNPD LGBTQ Liaison Officer** collaborates with FIP to assist when FIP clients need law enforcement assistance for individuals in the LGBTQ community and is knowledgeable of FIP services and provides information on FIP as appropriate. The Liaison Officer's Duties also includes attending community meetings and events involving the LGBTQ community as well as any other minority or disadvantaged communities that may request the Police Department to help and/or resources. For the community meetings and events, FIP and the liaison officer extend invites to each other to team up at events and community meetings as appropriate.

**Office of the District Attorney:** Collaborate by working closely with staff responsible for court advocacy, U Visa certification, mutual referral / connecting crime victims with appropriate personnel, mutually updates each other when appropriate of clients have signed a ROI. FIP. Together we maintain the homicide memory board (adding photographs annually) since the inception in the 1980's, The boards are currently displayed at the downtown public library during National Crime Victims' Rights Week.

**FBI, Victim Witness Services:** Collaborate with the FBI Victim Services coordinator when federal victims are in the Nashville area and need services VIP provides. Coordinated on several mass shootings in area: Waffle House in April 2018 and the Burnett Chapel Church of Christ, September 2017. FIP with TN Voices for Victims also collaborated to help those impacted by the December 25<sup>th</sup> bombing in 2020. It is not unusual to received referrals from FBI involving sex trafficking, arson, bank robbery, and co-victim of mass shootings/events across the US but family members of the deceased live in Davidson County / surrounding area. i.e.: Orlando Pulse Club shooting, Boston Marathon Bombing etc.

**Tennessee Voices for Victims:** collaborate with TV4V for the Season to Remember Ceremony, National Crime Victims' Rights Week, participate on their Mass Violence Advisory Council, assist with recommending crime victims willing and ready to participate at the prison on Victim Impact Panels, and accept referrals for FIP counseling and advocacy services.

**Family and Children's Services:** Non-profit counseling center serving our community. FIP collaborates with this agency by receiving and giving referrals for services. FCS also has a trauma therapist who is available 2-3 days per week to meet with clients and their families at the FIP offices at the Family Safety Center.

**Office of Family Safety, Mayor's Office** FIP is under the roof of the Family Safety Center which is managed by the Office of Family Safety. We accept all walk-in referrals from OFS (predominately DV Victims), assist with interpretation and notarizing Safe at Home paperwork, provide trainings to their staff and partners with the Family Safety Center, and work as a team with their staff/interns/volunteers to provide the highest support and advocacy services to victims coming of the Family Safety Center

**ATTACHMENT A**  
**APPLICATION FOR FUNDING**  
**GRANT PROJECT NARRATIVE**  
**(Narrative Page 16)**

**MyCity Academy:** Over the course of seven months, MyCity participants meet with leaders from Metro departments and tour Metro facilities. In doing so, they gain a better understanding of how their government works and learn how to resolve issues and obtain information. Upon graduation, MyCity participants can help their communities understand and access government services. MyCity graduates also have the opportunity to interact with New Americans from other communities through their participation in the MyCity alumni network. In 2018, FIP presented information on the refugee and immigrant services and how the services can be accessed. (The director of this program recently resigned and waiting to meet the new staff placed in this position)

### **DATA COLLECTION PROCEDURE**

The demographic information request for the PMT report is collected from the police report or directly from the victim (in person or over the phone depending on the circumstances of first contact). Each VOCA funded staff member maintains the demographic information, services received, and type of victimization/s of their clients on either a monthly client form and/or utilizes case/group records. The VOCA funded staff enter the data into a excel spread sheet which is completed each quarter and provided to the project manager. The project manager reviews each VOCA staff member's excel sheet for accuracy, tabulates the data, and enters it into the OJP-PMT system no later than the 15<sup>th</sup> day of the month following the end of a quarter.

VOCA staff maintain case files as well as documentation of services on their individual Outlook calendars. When groups are provided- a group notebook is kept with information on attendees, information provided, goals of group sessions, and who facilitated the group.

The output data is used to determine who is utilizing which services and the outcome data will provide us on the effectiveness of our services meeting the needs of our clients. From this information, the program can determine if there should be outreach to specific (often underserved) populations and/or changes made to ensure we are reaching and serving all victims. FIP also uses the data collected to look for trends / changes and attempt through analysis to determine why it occurred, is a change we want to maintain or decrease/ eliminate in the future, and determine what our program needs to do in the future to receive the desired result/s. Staff also provide program manager with on-going reports from taskforces, coalitions, community meetings they attended, and from feedback received at outreach events.

Our data of demographic and services provided are shared with the Office of Family Safety who incorporates it within their annual report for the Family Safety Center (where we are physically located). As we are working and collaborating with other community partners, we share our data as it is relevant and helpful to reaching our goals and objectives and/or would be helpful information to our community partners. We only share client specific information when the client has agreed to this action and has signed a Release of Information Form.

## **Project Summary**

**Applicant:** Metropolitan Government of Nashville and Davidson County/ Metropolitan Nashville Police Department/ Family Intervention Program

**Program Title:** Family Intervention Program

**Goals:**

1. Improve crime victims' resiliency and ability to establish a new equilibrium in their lives after victimization.
2. Victims of crime will have the support, knowledge, and resources they need to recover from the victimization and to participate in the CJS.
3. Special populations (underserved and/or vulnerable) will have an increased comfort level of participating within the criminal justice system and crime victim support services.

This program will cover salary/benefits for one licensed mental health profession and five advocates (with emphasis working with refugees and immigrants) who will provide services to all crime victims by providing crisis counseling, therapy, advocacy, CJS support/accompaniment, case management, translation/ interpretation services, assistance with TNCIC / U Visa applications, and information on community services / referral when needs are beyond FIP's scope of services. Extensive coordination and collaboration with CJS agencies, non-profits providing services to victims of crime as needed, requested, and with permission from the crime victim.

| GRANT BUDGET                                                                                                                                                       |                                                                                                                                |                     |                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|---------------------|
| AGENCY NAME: Metropolitan Government of Nashville & Davidson County                                                                                                |                                                                                                                                |                     |                          |                     |
| FUND SOURCE: Victims of Crime Act (VOCA) CFDA 16.575                                                                                                               |                                                                                                                                |                     |                          |                     |
| SOLICITATION IDENTIFICATION TITLE: Law Enforcement Victim Coordinator                                                                                              |                                                                                                                                |                     |                          |                     |
| The grant budget line-item amounts below shall be applicable only to expense incurred during the following<br>Applicable Period: BEGIN: 07/01/2023 END: 06/30/2024 |                                                                                                                                |                     |                          |                     |
| POLICY<br>03 Object<br>Line-item<br>Reference                                                                                                                      | EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup>                                                                                 | GRANT<br>CONTRACT   | GRANTEE<br>PARTICIPATION | TOTAL PROJECT       |
| 1, 2                                                                                                                                                               | Salaries, Benefits & Taxes <sup>2</sup>                                                                                        | \$473,000.00        | \$0.00                   | \$473,000.00        |
| 4, 15                                                                                                                                                              | Professional Fee, Grant & Award <sup>2</sup>                                                                                   | \$800.00            | \$0.00                   | \$800.00            |
| 5, 6, 7, 8,<br>9, 10                                                                                                                                               | Supplies, Telephone, Postage & Shipping,<br>Occupancy, Equipment Rental & Maintenance,<br>Printing & Publications <sup>2</sup> | \$500.00            | \$0.00                   | \$500.00            |
| 11, 12                                                                                                                                                             | Travel, Conferences & Meetings <sup>2</sup>                                                                                    | \$155.00            | \$0.00                   | \$155.00            |
| 13                                                                                                                                                                 | Interest <sup>2</sup>                                                                                                          | \$0.00              | \$0.00                   | \$0.00              |
| 14                                                                                                                                                                 | Insurance <sup>2</sup>                                                                                                         | \$0.00              | \$0.00                   | \$0.00              |
| 16                                                                                                                                                                 | Specific Assistance To Individuals <sup>2</sup>                                                                                | \$0.00              | \$0.00                   | \$0.00              |
| 17                                                                                                                                                                 | Depreciation <sup>2</sup>                                                                                                      | \$0.00              | \$0.00                   | \$0.00              |
| 18                                                                                                                                                                 | Other Non-Personnel <sup>2</sup>                                                                                               | \$0.00              | \$0.00                   | \$0.00              |
| 20                                                                                                                                                                 | Capital Purchase <sup>2</sup>                                                                                                  | \$0.00              | \$0.00                   | \$0.00              |
| 22                                                                                                                                                                 | Indirect Cost <sup>2</sup>                                                                                                     | \$0.00              | \$0.00                   | \$0.00              |
| 24                                                                                                                                                                 | In-Kind Expense <sup>2</sup>                                                                                                   | \$0.00              | \$0.00                   | \$0.00              |
| 25                                                                                                                                                                 | <b>GRAND TOTAL</b>                                                                                                             | <b>\$474,455.00</b> | <b>\$0.00</b>            | <b>\$474,455.00</b> |

<sup>1</sup> Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A.*  
(posted on the Internet at: [https://www.tn.gov/content/dam/tn/finance/ocjp/Appendix\\_J\\_Policy\\_03\\_Report.xls](https://www.tn.gov/content/dam/tn/finance/ocjp/Appendix_J_Policy_03_Report.xls))

<sup>2</sup> Applicable detail follows this page if line-item is funded.

**GRANT BUDGET LINE-ITEM DETAIL:**

AGENCY NAME: Metropolitan Government of Nashville &amp; Davidson County

FUND SOURCE: Victims of Crime Act (VOCA) CFDA 16.575

SOLICITATION IDENTIFICATION TITLE: Law Enforcement Victim Coordinator

| <b>SALARIES, BENEFITS &amp; TAXES</b>                                                                                                    | <b>AMOUNT</b>       |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Position 1: Police Crisis Counselor 2 Therapist: Salary, Benefits Overtime Estimated at \$89,100.00 (100% of time spent on project)      | \$89,100.00         |
| Position 2: Bilingual Outreach Advocate-Specialist: Salary, Benefits, Overtime estimated at \$ 77,800.00 (100% of time spent on project) | \$77,800.00         |
| Position 3: Outreach Advocate-Specialist: Salary, Benefits, Overtime esitimated at \$77,800.00 (100% of time spent on project)           | \$77,800.00         |
| Position 4: Bilingual Outreach Advocate-Specialist: Dalary, Benefits, Overtime estimated at \$ 75,600.00 (100% of time spent on project) | \$75,600.00         |
| Position 5: Bilingual Outreach Advocate-Specialist: Dalary, Benefits, Overtime estimated at \$ 75,600.00 (100% of time spent on project) | \$75,600.00         |
| Position 6: Bilingual Outreach Advocate-Specialist: Dalary, Benefits, Overtime estimated at \$ 77,100.00 (100% of time spent on project) | \$77,100.00         |
| <b>TOTAL</b>                                                                                                                             | <b>\$473,000.00</b> |

*Note: Benefits must be calculated at the same or lesser percentage as the salary for each position.*

| <b>PROFESSIONAL FEE, GRANT &amp; AWARD</b>                                                                                                                                       | <b>AMOUNT</b>   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Translation of forms, brochures, resource/educational information & outreach. Telephone (\$.65 minute) and face to face interpretation for LEP victims of crime (\$40-\$80 hour) | \$800.00        |
| <b>TOTAL</b>                                                                                                                                                                     | <b>\$800.00</b> |

| <b>SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE &amp; SHIPPING, OCCUPANCY, EQUIPMENT RENTAL &amp; MAINTENANCE, PRINTING &amp; PUBLICATION</b> | <b>AMOUNT</b>   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Supplies: Office, client event and outreach supplies. Brochures, audio/written resources & therapeutic supplies, resources for remote interviews.                    | \$500.00        |
| <b>TOTAL</b>                                                                                                                                                         | <b>\$500.00</b> |

| <b>TRAVEL, CONFERENCES &amp; MEETINGS</b>                                                                                                                    | <b>AMOUNT</b>   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Local Travel: Mileage and Parking: Mileage must be at State rate not Federal; unless agency policy has a rate lower than State rate then follow agency rate. | \$155.00        |
| <b>TOTAL</b>                                                                                                                                                 | <b>\$155.00</b> |

**ATTACHMENT B****Federal Award Identification Worksheet**

|                                                                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))                                            | Metropolitan Government of Nashville and Davidson County                          |
| Subrecipient's Unique Entity Identifier (SAM)                                                                                       | LGZLHP6ZHM55                                                                      |
| Federal Award Identification Number (FAIN)                                                                                          | 2020-V2-GX-0012                                                                   |
| Federal award date                                                                                                                  | 9/17/2020                                                                         |
| Subaward (Federal Award) Period of Performance Start and End Date                                                                   | 10/1/2019; 9/30/2023<br>Ext:                                                      |
| Subaward (Federal Award) Budget Period Start and End Date                                                                           | 10/1/2019; 9/30/2023<br>Ext:                                                      |
| Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.                                 | 16.575;Victims of Crime Act 2020                                                  |
| Grant contract's (Sub-Recipient) begin date                                                                                         | 7/1/2023                                                                          |
| Grant contract's(Sub-Recipient) end date                                                                                            | 6/30/2024                                                                         |
| Amount of federal funds obligated by this grant contract                                                                            | \$474,455.00                                                                      |
| Total amount of federal funds obligated to the subrecipient                                                                         | \$474,455.00                                                                      |
| Total amount of the federal award to the pass-through entity (Grantor State Agency)                                                 | \$34,273,320.00                                                                   |
| Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)) | LE - VC                                                                           |
| Name of federal awarding agency                                                                                                     | Office for Victims of Crime                                                       |
| Name and contact information for the federal awarding official                                                                      | DOJ:<br>Attorney General<br>Merrick B. Garland<br>202-514-2000                    |
| Name of pass-through entity                                                                                                         | State of Tennessee: Finance & Administration; Office of Criminal Justice Programs |
| Name and contact information for the pass-through entity awarding official                                                          | Kimberly Casillas<br>Kimberly.Casillas@tn.gov                                     |
| Is the federal award for research and development?                                                                                  | No                                                                                |
| Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)                      | N/A                                                                               |

## Instructions for Completing the Certification Forms

- Read the Certifications thoroughly prior to completing the certification documents.
- Identify who will complete the certification documents, the Authorized Official or their Designee
  - **NOTE: A Designee is defined as a person who has been designated by the authorized official as responsible for completing the Certifications and has been granted permission by the Authorized Official to sign the documents with the Authorized Official's signature.**
  - When the Designee is completing the Certifications, the sections of the Certifications collecting the Designee's personal information must be completed in full for the Designee.
- The Certifications have check boxes to indicate whether the Agency certifies to the statement or whether it is not applicable. Make sure all appropriate check boxes are marked.
- At times, the Certification requires an explanation of why a Certification is not applicable for an agency. Agencies must then add this information to the Certification form.
- Agencies should review the Certifications to ensure they are completed in full, all appropriate check boxes marked, signatures and dates are present and designee information completed if necessary.
- Agencies should make a copy of the completed Certifications and keep them in their Agency Grant file.
- Completed Certification forms should be returned to OCJP along with the Grant Application.

**CERTIFICATION REGARDING DEBARMENT, ET AL**

(PAGE 1 OF 2)

**Instructions for Certification Regarding Debarment, Suspension,  
Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Sub-recipients)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certificate, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participation agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause title "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

US DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS  
(SUB-RECIPIENTS)**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR part 67, section 67.510, and Participants' responsibilities. The regulations were published as part vii of the May 26, 1988 Federal Register (pages 19160-19211)

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PREVIOUS PAGE)**

(1) The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

(2) Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metro Govt Nashville/David:  
1 Public Sq. Ste 100  
Nashville, TN 37201-1646

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is considered to be certifying this application, and is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

☒ **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. **(Please check the box to the left)**

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:** \_\_\_\_\_  
**Certifying Designee's Title:** \_\_\_\_\_  
**Certifying Designee's Address:** \_\_\_\_\_

***Please complete all certifications, print them, and then sign & date each certification***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

**CERTIFICATION REGARDING LOBBYING**

(PAGE 1 OF 2)

**CERTIFICATION REGARDING LOBBYING**

In general, as a matter of federal law, federal funds awarded by OJP may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, to support or oppose the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government. See 18 U.S.C. 1913. (There may be exceptions if an applicable federal statute specifically authorizes certain activities that otherwise would be barred by law.)

Another federal law generally prohibits federal funds awarded by OJP from being used by the recipient, or any subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the recipient is to contact OCJP for guidance, and may not proceed without the express prior written approval of OCJP.

Each person shall file the most current edition of this certification and disclosure form, if applicable, with each submission that initiates agency consideration of such person for an award of a Federal grant, or cooperative agreement over \$100,000 as defined at CFR Part 69.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall initial here N/A (Type N/A if not applicable) complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

**Name and Title of Authorized Official:**

John Cooper, Mayor

**Name and Address of Authorizing Agency:**

Metro Govt Nashville/David:

1 Public Sq., Ste. 100

Nashville, TN 37201-1646

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

**CERTIFICATION REGARDING LOBBYING**

(PAGE 2 OF 2)



**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please check the box to the left)***

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**

*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:** \_\_\_\_\_

**Certifying Designee's Title:** \_\_\_\_\_

**Certifying Designee's Address:** \_\_\_\_\_

**Certifying Designee's Address:** \_\_\_\_\_

***Please complete all certifications, print them, and then sign & date each certification***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

## CERTIFICATION OF CIVIL RIGHTS COMPLIANCE

(PAGE 1 OF 2)

**TENNESSEE CERTIFICATION OF COMPLIANCE  
WITH REGULATIONS FROM U. S. DEPARTMENT OF JUSTICE,  
OFFICE OF JUSTICE PROGRAMS, OFFICE FOR CIVIL RIGHTS  
FOR SUBGRANTS ISSUED BY  
THE TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION,  
OFFICE OF CRIMINAL JUSTICE PROGRAMS**

**INSTRUCTIONS:** Complete the identifying information below. Read this form completely, identifying the person responsible for reporting civil rights findings in certification #3. Please obtain the signature of the Authorized Official on page 2, forward a copy of this form to the person identified in #3 and return the original copy of the form to the Office of Criminal Justice Programs, William R. Snodgrass Tennessee Tower, 312 Rosa L Parks Avenue, Suite 1800, Nashville, Tennessee 37243-1102 with your signed contracts.

**Agency Name:** Metro Govt Nashville/David: **Project Director's Name:** Kelly Cantrell, Captain  
**Agency Address:** 1 Public Sq., Ste. 100 **Project Director's Phone:** 615-880-3727  
**Grant Project Title:** 2024 VOCA  
**Grant Start Date:** 07/01/2023 **Grant End Date:** 06/30/2024  
**Grant Duration:** 11 months 30 days **Grant Amount:** \$475,455.00

**I. REQUIREMENTS OF SUBGRANTEE RECIPIENTS:**

All subgrantee recipients (regardless of type of entity or amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

1. I certify that this agency will maintain data (and submit when required) to ensure that:
  - a. all services provided by our agency are delivered in an equitable manner without discrimination on the basis of race, color, religion, national origin, age, sex or disability, or, if this agency receives funds under the Violence Against Women Act of 1994, as amended, sexual orientation or gender identity to all segments of the service population;
  - b. our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et. Seq.*;
  - c. all projects and activities of our agency will take reasonable steps to provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also* 2000 Executive Order #13166).
  - d. I certify that this agency will register within 60 days of award start date with the [Office of Justice Programs, Office for Civil Rights online Equal Employment Opportunity \(EEO\) Program Reporting Tool](#) to submit the information requested and, if required, create and submit an EEO Utilization Report. The agency can access the tool at: <https://ocr-eeop.ncjrs.gov>.
2. I certify that this agency will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements which may include:
  - a. Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d);
  - b. Victims of Crime Act (42 U.S.C. § 10604(e));
  - c. Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b));
  - d. Civil Rights Act of 1964 (42 U.S.C. § 2000d);
  - e. Rehabilitation Act of 1973 (29 U.S.C. § 7 94);
  - f. Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34);
  - g. Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the
  - h. Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); and
  - i. Ex. Order 13,559 (Partnerships with Faith-Based and Other Neighborhood Organizations)
  - j. Violence Against Women Act (VAWA) of 1994, as amended, 42 U.S.C. § 13925(b)(13)

**CERTIFICATION OF CIVIL RIGHTS COMPLIANCE****(PAGE 2 OF 2)**

3. I also certify that this agency will report all civil rights complaints and findings of discrimination, if any, to the Tennessee Office of Criminal Justice Programs, within the Department of Finance and Administration, in compliance with Chapter XXII of the Grant's manual, and with 28 CFR 42.202(c). Any such findings will be provided within 45 days of the complaint or finding and/or if the finding occurred **within 3 years prior to the grant award beginning date**, within 45 days of the grant award beginning date. A copy of this Certification will be provided to the person responsible for reporting civil rights complaints and findings of discrimination, as identified below:

**Name:** Sue Bibb**Title:** MNPD HR Manager**Phone:** 615-862-7351**Address:** 600 Murfreesboro Pk **City & State:** Nashville TN**Zip Code:** 37129

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."



**Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please click the box to the left)***

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:****Certifying Designee's Title:**

***Please complete all certifications, print them, and then sign & date each certification***

---

**Authorized Signature of the Applicant Agency:**

---

**Date:**

**CERTIFICATION REGARDING FFATA**

(PAGE 1 OF 2)

**TRANSPARENCY ACT (FFATA) EXECUTIVE COMPENSATION REPORTING**

The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires the Office of Management and Budget (OMB) to maintain a single, searchable database, accessible by the public at no cost, that includes information about where and how federal funds are spent. This includes information on grants, subgrants, loans, awards, cooperative agreements and other forms of financial assistance funded with federal funds. That searchable database can be found through the internet. For more information about where and how federal funds are spent, please visit [www.USASpending.gov](http://www.USASpending.gov).

**Executive Compensation Reporting:** FFATA requires you to provide the names and total compensation of your agency's five (5) most highly compensated executives (i.e., Officers, Managing Partners, Executive Directors, or any other highly compensated employee in a management position) if you meet the following criteria:

- 80 percent or more of the Authorizing Agency's annual gross revenues are from Federal procurement contracts and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320; **and**
- \$25,000,000 or more in annual gross revenues are from Federal procurement contracts, and Federal financial assistance subject to the Transparency Act; **and**
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

If Executive Compensation Reporting does **NOT** apply to your Grant Project, then please **skip** the Executive Compensation Reporting table below and proceed to page 2 to **complete the remainder of the Certification**.

If Executive Compensation Reporting **applies** to your Grant Project, then please report the name, title, and compensation of the top five executives of your organization in the table below and then proceed to page 2 to complete the remainder of the Certification.

**EXECUTIVE COMPENSATION REPORTING FOR TOP FIVE (5) EXECUTIVES OF THE AUTHORIZING, APPLICANT AGENCY**

| NAME OF<br>AUTHORIZING AGENCY'S<br>TOP FIVE EXECUTIVES: | TITLE OF<br>AUTHORIZING AGENCY'S<br>TOP FIVE EXECUTIVES: | TOTAL ANNUAL SALARY OF<br>AUTHORIZING AGENCY'S<br>TOP FIVE EXECUTIVES: |
|---------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|
|                                                         |                                                          |                                                                        |
|                                                         |                                                          |                                                                        |
|                                                         |                                                          |                                                                        |
|                                                         |                                                          |                                                                        |
|                                                         |                                                          |                                                                        |

**CERTIFICATION REGARDING FFATA**

(PAGE 2 OF 2)

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metro Govt Nashville/David:

"The Authorized Official certifies that, to the best of his or her knowledge and belief, the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in Attachment A)."

☐ **Certification:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does apply to this Agency and I am fully cognizant of our duties and responsibilities under this Certification. **(Please click the box to the left)**

☒ **Not Applicable:** I certify, by my signature at the end of this form, that I have read this and the Executive Compensation Reporting requirement does not apply to this Agency as a result of the explanation below: **(Please check the box to the left & provide an explanation below)**  
**Explanation:**

Metro Govt does not meet criteria listed in bullet points above

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**

**Certifying Designee's Title:**

**Certifying Designee's Address:**

**Certifying Designee's Address:**

***Please complete all certifications, print them and then sign & date each certification.***

\_\_\_\_\_  
Authorized Signature of the Applicant Agency:

\_\_\_\_\_  
Date:

**Requirement to report actual or imminent breach of  
Personally Identifiable Information (PII)**

The grantee agrees to assist Office of Criminal Justice Programs in complying with OMB Circular A-130.

The recipient (and any "subrecipient" at any tier) must have written procedures in place to respond in the event of an actual or imminent "breach" (OMB M-17-12) if it (or a subrecipient)-- 1) creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of "personally identifiable information (PII)" (2 CFR 200.79) within the scope of an OJP grant-funded program or activity, or 2) uses or operates a "Federal information system" (OMB Circular A-130). The recipient's breach procedures must include a requirement to report actual or imminent breach of PII to an OCJP Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metro Govt Nashville, Davidson County, 1 Publi

\_\_\_\_\_  
Authorized Signature of the Applicant Agency

\_\_\_\_\_  
Date



**Tennessee Department of Finance and Administration**

Office of Criminal Justice Programs

312 Rosa Parks Ave, Ste. 1800

Nashville, TN 37243-1102

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**High-Risk Designation Certification**

The Office of Criminal Justice Programs (OCJP) subrecipients of Department of Justice (DOJ) funds are required to disclose whether the subrecipient is designated "high risk" by a federal grant-making agency. If the subrecipient is designated "high risk" by a federal grant-making agency, currently or at any time during the course of the period of performance under this award, **the subrecipient must disclose that fact and certain related information to Office of Criminal Justice Programs (OCJP) by emailing the Program Manager.**

For purposes of this disclosure, high risk includes any status under which a federal awarding agency provides additional oversight due to the recipient's past performance, or other programmatic or financial concerns with the recipient. The recipient's disclosure must include the following:

1. The federal awarding agency that currently designates the recipient high risk,
2. The date the recipient was designated high risk,
3. The high-risk point of contact at that federal awarding agency (name, phone number, and email address), and
4. The reasons for the high-risk status, as set out by the federal awarding agency.

The recipient agrees to comply with any additional requirements that may be imposed by the OCJP during the period of performance for this award, if the recipient is designated as "high-risk" for purposes of the DOJ high-risk grantee list.

**Name and Title of Authorized Official or Designee:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metro Govt Nashville/Davidson Co

---

Authorized Signature of the Applicant Agency or Designee

---

Date

**CERTIFICATION REGARDING NON-SUPPLANTING****NON-SUPPLANTING CERTIFICATION**

This is to certify that I have read, understand, and agree to ensure that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available or previously budgeted for this project.

**Name and Title of Authorized Official:** John Cooper, Mayor

**Name and Address of Authorizing Agency:** Metro Govt of Nashville/Davidson County

1 Public Sq., Ste 100

Nashville, TN 37201-1646

"The Authorized Official certifies that to the best of his or her knowledge and belief that the information contained in this certification is correct and in accordance with the requirements of the application guidelines. The Authorized Official also certifies that the person named below is either the person legally responsible for committing the applying agency to this certification, or is executing this certification with the informed consent of the authorizing person (named and described in attachment A)."

Supplanting defined

Federal funds must be used to supplement existing funds for program activities and must not replace State or local funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

Supplanting and job retention

A grantee may use federal funds to retain jobs that, without the use of the federal money, would be lost. If the grantee is planning on using federal funds to retain jobs, it must be able to substantiate that, without the funds, the jobs would be lost. Substantiation can be, but is not limited to, one of the following forms: an official memorandum, official minutes of a county or municipal board meeting or any documentation, that is usual and customarily produced when making determinations about employment. The documentation must describe the terminated positions and that the termination is because of lack of the availability of State or local funds.

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☒ **Certification:** I certify, by my signature at the end of this form, that I have read and am fully cognizant of our duties and responsibilities under this Certification. ***(Please click the box to the left)***

**NAME, TITLE, AND ADDRESS OF CERTIFYING DESIGNEE (IF DIFFERENT FROM AUTHORIZED OFFICIAL):**  
*(Please click & complete the name, title, & address form field text boxes below, if applicable)*

**Certifying Designee's Name:**

**Certifying Designee's Title:**

**Certifying Designee's Address:**

**Certifying Designee's Address:**

***Please complete all certifications, print them, and then sign & date each certification***

---

Authorized Signature of the Applicant Agency:

---

Date:

**Certificate Of Completion**

Envelope Id: 7480384FB9D8469587077487FFD77590

Status: Completed

Subject: Complete with DocuSign: 2024 VOCA Law Enforcement Victim Coordinator 24 Ready.pdf

Source Envelope:

Document Pages: 54

Signatures: 6

Envelope Originator:

Certificate Pages: 15

Initials: 1

Juanita Paulson

AutoNav: Enabled

730 2nd Ave. South 1st Floor

Envelope Stamping: Enabled

Nashville, TN 37219

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

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.185

**Record Tracking**

Status: Original

Holder: Juanita Paulson

Location: DocuSign

5/17/2023 9:52:49 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**

Ernest Franklin

Ernest.Franklin@nashville.gov

Security Level: Email, Account Authentication  
(None)

Sent: 5/17/2023 10:00:27 AM

Viewed: 5/17/2023 10:01:12 AM

Signed: 5/17/2023 10:01:32 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

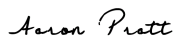
**Electronic Record and Signature Disclosure:**

Accepted: 5/17/2023 10:01:12 AM

ID: fc0cf955-b711-4bf3-9328-bd6a8804837c

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication  
(None)

Sent: 5/17/2023 10:01:34 AM

Viewed: 5/17/2023 2:06:05 PM

Signed: 5/17/2023 2:06:16 PM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Kelly Flannery/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication  
(None)

Sent: 5/17/2023 2:06:17 PM

Viewed: 5/17/2023 5:37:45 PM

Signed: 5/17/2023 5:38:16 PM

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Accepted: 5/17/2023 5:37:45 PM

ID: dbb8f9cb-78e4-4cbc-b282-596ceb0f8a0f

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication  
(None)

Sent: 5/17/2023 5:38:17 PM

Viewed: 5/19/2023 10:19:09 AM

Signed: 5/19/2023 10:55:25 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.190.198.185

**Electronic Record and Signature Disclosure:**

| Signer Events                                                                                                                     | Signature                                                                                                                                                            | Timestamp                                                                                     |
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| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 5/19/2023 11:09:43 AM<br>ID: 7147c64a-e763-49b7-a014-c0b70333472a |                                                                                                                                                                      |                                                                                               |
| 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<br>Danielle.Godin@nashville.gov<br>Security Level: Email, Account Authentication (None)                            | <div>COPIED</div>                                                                                                                                                    | Sent: 5/19/2023 11:09:56 AM<br>Viewed: 5/19/2023 1:46:14 PM                                   |
| <b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                    |                                                                                                                                                                      |                                                                                               |
| Sally Palmer<br>sally.palmer@nashville.gov<br>Security Level: Email, Account Authentication (None)                                | <div>COPIED</div>                                                                                                                                                    | Sent: 5/19/2023 11:09:57 AM<br>Viewed: 5/19/2023 11:12:14 AM                                  |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 5/19/2023 7:43:17 AM<br>ID: b7227076-467c-45a8-ab72-76c8c232b79d  |                                                                                                                                                                      |                                                                                               |
| Witness Events                                                                                                                    | Signature                                                                                                                                                            | Timestamp                                                                                     |
| Notary Events                                                                                                                     | Signature                                                                                                                                                            | Timestamp                                                                                     |
| Envelope Summary Events                                                                                                           | Status                                                                                                                                                               | Timestamps                                                                                    |
| Envelope Sent                                                                                                                     | Hashed/Encrypted                                                                                                                                                     | 5/17/2023 10:00:27 AM                                                                         |
| Certified Delivered                                                                                                               | Security Checked                                                                                                                                                     | 5/19/2023 11:09:43 AM                                                                         |
| Signing Complete                                                                                                                  | Security Checked                                                                                                                                                     | 5/19/2023 11:09:55 AM                                                                         |
| Completed                                                                                                                         | Security Checked                                                                                                                                                     | 5/19/2023 11:09:57 AM                                                                         |
| Payment Events                                                                                                                    | Status                                                                                                                                                               | Timestamps                                                                                    |
| Electronic Record and Signature Disclosure                                                                                        |                                                                                                                                                                      |                                                                                               |