# **GRANT SUMMARY SHEET**

Grant Name:	COVID Disparities 21-24 Amend 2
Department:	HEALTH DEPARTMENT
Grantor:	CENTRES FOR DISEASE CONTROL
Pass-Through Grantor (If applicable):	
Total Award this Action:	\$0.00
Cash Match Amount	\$0.00
Department Contact:	Brad Thompson 340-0407
Status:	AMENDMENT

### **Program Description:**

LOWER IDC RECOVERY is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. Amendment #2 changes the Authorizing Official, updates terms and conditions and provides a 1 year no cost extension to end period 05/31/2024.

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

Services will end

Grants Tracking Form

	Part One									
Pre-Appli	ication	0	Application	)	Award Acceptance	-	ontract Amendme	ent 🔍		
	Depar		Dept. No.		Andra Acceptant	Contact			Phone	Fax
HEALTH DE			038	Brad Thompson		Contact			340-0407	Tux
Grant Na			COVID Disparities 2	21-24 Amend 2						
Grantor:	me.		CENTRES FOR DISEAS			•	Other:			
Grant Per	riod Eror	<b>m</b> .	06/01/21		(applications only)	Anticipated Applicatio				
				-	(11 ),		in Date.			
Grant Per			05/30/23			Application Deadline:				
Funding 1	Гуре:		FED DIRECT			Multi-Department Gra	nt		<ul> <li>If yes, list bel</li> </ul>	ow.
Pass-Thru	u:			•		Outside Consultant P	roject:			
Award Ty	/pe:		COMPETITIVE	•		Total Award:		\$0.00		
Status:			AMENDMENT	•		Metro Cash Match:		\$0.00		
Metro Ca	tegory:		Est. Prior.	•		Metro In-Kind Match:		\$0.00		
CFDA #			93.391			Is Council approval re	quired?			
Project D	-					Applic. Submitted Ele		✓		
						is based on FY21 rate American, Hispanic, imm				
continuous services, r Authorizinę	s quality in reduce dis g Official, <b>continua</b> t	improvement appro sparities related to , updates terms an	ach will be applied to	o all activities to faci sustainable partner vides a 1 year no co	ilitate effectiveness ships, community ca st extension to end	based on population pro of efforts. Collectively th apacity and trust in the in period 05/31/2024.	e activities of this	initiative will seek to	reduce inequities i	n access to
How is M	latch Det	termined?								
Fixed Am	nount of s	\$		or		% of Grant		Other:		
Explanati	ion for "(	Other" means of c	letermining match:							
Explanati	ion for "(	Other" means of o	letermining match:							
Explanati	ion for "(	Other" means of o	letermining match:							
For this M	Metro FY	′, how much of the	determining match: e required local Met							
For this M Is already	Metro FY y in depa	/, how much of the artment budget?				Fund		Business Unit		
For this M Is already Is not but	Metro FY y in depa dgeted?	', how much of the artment budget?	e required local Met	rro cash match:			d Source of Matc			
For this M Is already Is not but (Indicate I	Metro FY y in depa dgeted?	', how much of the artment budget?		rro cash match:	elow)		d Source of Matc			
For this M Is already Is not but (Indicate I Other:	Metro FY y in depa dgeted? Match Ar	', how much of the artment budget? mount & Source fe	e required local Met	rro cash match:		Propose				
For this M Is already Is not but (Indicate I Other: Number of	Metro FY y in depa dgeted? Match Ar of FTEs t	', how much of the artment budget? mount & Source fo the grant will fund	e required local Met	rro cash match:	5.50	Propose Actual number of pos	itions added:		6.00	
For this N Is already Is not but (Indicate I Other: Number of Departme	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi	f, how much of the artment budget? mount & Source f the grant will fund lirect Cost Rate	e required local Met or Remaining Grant	rro cash match: : Years in Budget B	5.50 22.91%	Actual number of pos	itions added: to Metro:		\$1,129,519.82	
For this M Is already Is not but (Indicate I Other: Number of	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi	f, how much of the artment budget? mount & Source f the grant will fund lirect Cost Rate	e required local Met	rro cash match:	5.50 22.91%	Propose Actual number of pos	itions added: to Metro:			in budget
For this M Is already Is not but (Indicate I Other: Number of Departme *Indirect	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a	r, how much of the artment budget? mount & Source fo the grant will fund lirect Cost Rate	e required local Met or Remaining Grant I: Yes O No	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86%	Actual number of pos	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", ) Draw dow	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86%	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", ) Draw dow	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	<pre>/, how much of the artment budget? mount &amp; Source fe the grant will funct irect Cost Rate ■owed? ttach documentat</pre>	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86%	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", ) Draw dow	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86%	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", ) Draw dow	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86% ts are not allowabl	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", ) Draw dow	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86% ts are not allowabl	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro:		\$1,129,519.82	in budget
For this N Is already Is not buy (Indicate I Other: Number of Departme *Indirect *(If "No", 1 Draw dow Metro or	Metro FY, y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	e required local Met or Remaining Grant I: ● Yes ○ No ion from the granto	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86% ts are not allowabl Part Tw G	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f le. See Instructions)	itions added: to Metro: rom Grantor:	h:	\$1,129,519.82 \$732,441.00	
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", , Draw dow Metro or	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs al please at wn allow Commur	(, how much of the artment budget? mount & Source for the grant will func irect Cost Rate lowed? ttach documentat rable?	required local Met or Remaining Grant :     ① Yes ○ No ion from the grant rs:	ro cash match: : Years in Budget B % Allow.	5.50 22.91% 14.86% ts are not allowabl Part Tw G Local Match	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro: rom Grantor:	h:	\$1,129,519.82 \$732,441.00	Ind. Cost Neg.
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allow Commun	A how much of the artment budget? mount & Source for the grant will fund lirect Cost Rate ∎owed? ttach documentat rable? nity-based Partne	e required local Met or Remaining Grant I:   • Yes No ion from the grant rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos	5.50 22.91% 14.86% ts are not allowabl Part Tw G	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f le. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year	\$1,129,519.82 \$732,441.00	Ind. Cost Neg. from Grantor
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", , Draw dow Metro or Budget Year Yr 1	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allow Commur Gommur Fiscal Year FY22	(, how much of the artment budget? mount & Source for the grant will funct irect Cost Rate lowed? ttach documentat rable? nity-based Partne Federal Grantor \$2,465,124.00	P required local Met or Remaining Grant I:  P Yes O No ion from the granto rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos	5.50 22.91% 14.86% ts are not allowabl Part Tw G Local Match	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year \$2,465,124.00	\$1,129,519.82 \$732,441.00 Indirect Cost to Metro \$564,725.40	Ind. Cost Neg. from Grantor \$366,220.50
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", I Draw dow Metro or	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allow Commun	A how much of the artment budget? mount & Source for the grant will fund lirect Cost Rate ∎owed? ttach documentat rable? nity-based Partne	P required local Met or Remaining Grant I:  P Yes O No ion from the granto rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos	5.50 22.91% 14.86% ts are not allowabl Part Tw G Local Match	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year	\$1,129,519.82 \$732,441.00	Ind. Cost Neg. from Grantor
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", 1 Draw dow Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs al please al wn allow Commur Fiscal Year FY22 FY23 FY24 FY2	(, how much of the artment budget? mount & Source for the grant will fund lirect Cost Rate lowed? ttach documentat rable? nity-based Partne Federal Grantor \$2,465,124.00 \$2,465,124.00	P required local Met or Remaining Grant I:  P Yes O No ion from the granto rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos	5.50 22.91% 14.86% ts are not allowabl Part Tw G Local Match	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f e. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year \$2,465,124.00 \$2,465,124.00	\$1,129,519.82 \$732,441.00 Indirect Cost to Metro \$564,725.40 \$564,725.40	Ind. Cost Neg. from Grantor \$366,220.50 \$366,220.50
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", 1 Draw dow Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs al please al wn allow Commur Fiscal Year FY22 FY23 FY24 FY2 FY24 FY2	/, how much of the artment budget?         artment budget?         mount & Source for the grant will function interference of the grant will functin interference of the grant will function interference	e required local Met or Remaining Grant I:   • Yes No ion from the grant rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos Other Grantor	5.50 22.91% 14.86% ts are not allowabl Part Tw Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f le. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year \$2,465,124.00 \$2,465,124.00 \$0.00	\$1,129,519.82 \$732,441.00 Indirect Cost to Metro \$564,725.40 \$564,725.40 \$0.00	Ind. Cost Neg. from Grantor \$366,220.50 \$366,220.50 \$0.00
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", 1 Draw dow Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allow Commur Fiscal Year FY22 FY23 FY24 FY FY tal	7, how much of the artment budget?         artment budget?         mount & Source for the grant will function interference of the grant will functin interference of the grant will function interference	P required local Met or Remaining Grant I:  P Yes O No ion from the granto rs:  State Grantor	ro cash match: t Years in Budget B % Allow. or that indirect cos Other Grantor \$0.00	5.50 22.91% 14.86% ts are not allowabl Part Tw G Local Match Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f le. See Instructions)	itions added: to Metro: rom Grantor: Local Match In-Kind	h: Total Grant Each Year \$2,465,124.00 \$2,465,124.00 \$0.00 \$4,930,248.00	\$1,129,519.82 \$732,441.00 Indirect Cost to Metro \$564,725.40 \$564,725.40 \$564,725.40 \$0.00 \$1,129,450.79	Ind. Cost Neg. from Grantor \$366,220.50 \$366,220.50
For this N Is already Is not but (Indicate I Other: Number of Departme *Indirect *(If "No", 1 Draw dow Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro FY y in depa dgeted? Match Ar of FTEs t ental Indi Costs a please at wn allowa Commur Fiscal Year FY22 FY23 FY24 FY FY tal	/, how much of the artment budget?         artment budget?         mount & Source for the grant will function interference of the grant will functin interference of the grant will function interference	e required local Met or Remaining Grant I:   • Yes No ion from the grant rs:  State Grantor	ro cash match: Years in Budget B % Allow. or that indirect cos Other Grantor	5.50 22.91% 14.86% ts are not allowabl Part Tw Cash	Actual number of pos Indirect Cost of Grant Ind. Cost Requested f le. See Instructions)	itions added: to Metro: rom Grantor:	h: Total Grant Each Year \$2,465,124.00 \$2,465,124.00 \$0.00	\$1,129,519.82 \$732,441.00 Indirect Cost to Metro \$564,725.40 \$564,725.40 \$564,725.40 \$0.00 \$1,129,450.79	Ind. Cost Neg. from Grantor \$366,220.50 \$366,220.50 \$0.00

Contact: <u>juanita.paulsen@nashville.gov</u> vaughn.wilson@nashville.gov

(or) Date Withdrawn:

GCP Received 05/15/2023

Reason:

Rev. 5/13/13 5634

JP

GCP Approved 05/17/2023

# **GRANT SUMMARY SHEET**

Grant Name:	COVID Disparities 21-23 Amend 1
Department:	HEALTH DEPARTMENT
Grantor:	CENTER FOR DISEASE CONTROL AND PREVENTION
Pass-Through Grantor (If applicable):	
Total Award this Action:	\$0.00
<b>Cash Match Amount</b>	\$0.00
Department Contact:	Brad Thompson 340-0407
Status:	AMENDMENT

### **Program Description:**

LOWER IDC RECOVERY is because a large portion of this grant will be contract based. IDC is based on FY21 rate in effect at application. Approach to expand access to COVID-19 testing and vaccine administration and reduce disparities among Nashville's underserved African American, Hispanic, immigrant and refugee communities. The geographic focus of the priority populations is North and South/Southeast Nashville which are identified as areas of greatest need based on population presence, COVID-19 testing, vaccination and health outcomes data. A continuous quality improvement approach will be applied to all activities to facilitate effectiveness of efforts. Collectively the activities of this initiative will seek to reduce inequities in access to services, reduce disparities related to COVID-19 and build sustainable partnerships, community capacity and trust in the immediate and future response efforts. Amendment #1 changes the Prinicipal Investigator.

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

Services will end

Grants	Tracking	Form
--------	----------	------

					Part	One					
Pre-Appl	ication	0	Application C	)	Award Acceptance	222	Contract	Amendme	nt 🖲		
	Depart		Dept. No.			Contact				Phone	Fax
HEALTH DE			038	Brad Thompson						340-0407	
Grant Na	mo:		COVID Disparities 2	21-23 Amend 1							
Grantor:	ine.						-	ther:			
Grant Pe	at a state of the second		CENTER FOR DISEASE	CONTROL AND PREVI							
		1:	06/01/21		(applications only)						
Grant Pe	riod To:		05/31/23		(applications only)	Application Dea	adline:				
Funding 1	Туре:		FED DIRECT	-		Multi-Departme	nt Grant			<ul> <li>If yes, list be</li> </ul>	ow.
Pass-Thru	u:			•		Outside Consul	tant Project:				
Award Ty	ype:		COMPETITIVE	-		Total Award:			\$0.00		
Status:	··		AMENDMENT	-		Metro Cash Mat	ch:		\$0.00	-	
Metro Ca	tegory:		Est. Prior.	-		Metro In-Kind M	latch:		\$0.00	-	
CFDA #			93.391	- Contract		Is Council appre		>			
			00.001								
Project D			a large portion of t	his grant will be a		Applic. Submitt		-	ation Approach to	expand access to	
continuous services, r Prinicipal	s quality ir reduce dis Investigat continuat	nprovement appro parities related to or.	east Nashville which ach will be applied to COVID-19 and build er expiration of grad	all activities to faci sustainable partner	litate effectiveness ships, community ca	of efforts. Collecti	vely the activit	ies of this i	nitiative will seek to	reduce inequities i	n access to
How is M Fixed Am				ar.		% of Grant			Others 🗌		
Fixed Am	nount of \$			or		% of Grant		L	Other:		
	y in depa	how much of the rtment budget?	required local Met	ro cash match:			Fund oposed Sourc	e of Match	Business Unit		
	-	nount & Source fo	or Remaining Grant	Years in Budget B	elow)		-				
Other:			,	- ouro III Duugot D	,						
	of ETEs ti	he grant will fund			5.50	Actual number	of positions	dded:		6.00	
		rect Cost Rate	-			Indirect Cost of	•			\$1,129,519.82	
			<u> </u>								
	Costs a		● Yes ○ No	% Allow.		Ind. Cost Reque		antor:		\$732,441.00	in budget
*(If "No",	please at	tach documentat	ion from the granto	or that indirect cos	ts are not allowabl	e. See Instruction	ons)				
Draw dov	wn allowa										
		ity-based Partner									
	Commun	ity-based Faither	's:								
	Commun	ity-based Partile	'S:								
	Commun		s:								
	Commun		'S:		Part Tw						
Metro or			'S:			rant Budget					
	Commun Metro Fiscal Year	Federal Grantor	s: State Grantor	Other Grantor				l Match Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Metro or	Metro Fiscal Year FY22		State Grantor	Other Grantor	G Local Match	rant Budget Match Source (				Metro \$564,759.91	from Grantor \$366,221.00
Metro or Budget Year Yr 1 Yr 2	Metro Fiscal Year FY22 FY23	Federal Grantor \$2,465,124.00 \$2,465,124.00	State Grantor	Other Grantor	G Local Match	rant Budget Match Source (			Year \$2,465,124.00 \$2,465,124.00	Metro \$564,759.91 \$564,759.91	from Grantor \$366,221.00 \$366,220.00
Metro or Budget Year Yr 1 Yr 2 Yr 3	Metro Fiscal Year FY22 FY23 FY24	Federal Grantor \$2,465,124.00	State Grantor	Other Grantor	G Local Match	rant Budget Match Source (			Year \$2,465,124.00	Metro \$564,759.91	from Grantor \$366,221.00
Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro Fiscal Year FY22 FY23 FY24 FY	Federal Grantor \$2,465,124.00 \$2,465,124.00	State Grantor	Other Grantor	G Local Match	rant Budget Match Source (			Year \$2,465,124.00 \$2,465,124.00	Metro \$564,759.91 \$564,759.91	from Grantor \$366,221.00 \$366,220.00
Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro Fiscal Year FY22 FY23 FY24 FY FY	Federal Grantor \$2,465,124.00 \$2,465,124.00 \$0.00	State Grantor		G Local Match Cash	rant Budget Match Source (		Kind	Year \$2,465,124.00 \$2,465,124.00 \$0.00	Metro \$564,759.91 \$564,759.91 \$0.00	from Grantor \$366,221.00 \$366,220.00 \$0.00
Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro Fiscal Year FY22 FY23 FY24 FY FY tal	Federal Grantor \$2,465,124.00 \$0.00 \$4,930,248.00	State Grantor	\$0.00	G Local Match Cash	rant Budget Match Source ( BU)		-Kind 80.00	Year \$2,465,124.00 \$2,465,124.00 \$0.00 \$4,930,248.00	Metro \$564,759.91 \$564,759.91 \$0.00 \$1,129,519.82	from Grantor \$366,221.00 \$366,220.00
Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro Fiscal Year FY22 FY23 FY24 FY FY tal Da	Federal Grantor \$2,465,124.00 \$2,465,124.00 \$0.00 \$4,930,248.00 te Awarded:	State Grantor	\$0.00	G Local Match Cash	rant Budget Match Source (		Kind	Year \$2,465,124.00 \$2,465,124.00 \$0.00	Metro \$564,759.91 \$564,759.91 \$0.00 \$1,129,519.82	from Grantor \$366,221.00 \$366,220.00 \$0.00
Metro or Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro Fiscal Year FY23 FY24 FY FY tal Da (or)	Federal Grantor \$2,465,124.00 \$0.00 \$4,930,248.00	State Grantor	\$0.00	G Local Match Cash	rant Budget Match Source ( BU)		-Kind 80.00	Year \$2,465,124.00 \$2,465,124.00 \$0.00 \$4,930,248.00	Metro \$564,759.91 \$564,759.91 \$0.00 \$1,129,519.82	from Grantor \$366,221.00 \$366,220.00 \$0.00

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

Rev. 5/13/13 5632

GCP Received 05/15/2023



GCP Approved 05/17/2023

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

### Notice of Award

Award# 6 NH75OT000013-01-02 FAIN# NH75OT000013 Federal Award Date: 02/10/2023

Recipient Information	Federal Award Information	
L. Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503	<ul> <li>11. Award Number <ul> <li>6 NH750T000013-01-02</li> </ul> </li> <li>12. Unique Federal Award Identification Number (FAIN) <ul> <li>NH750T000013</li> </ul> </li> <li>13. Statutory Authority <ul> <li>317(K)(2) OF PHSA 42USC 247B(K)(2)</li> </ul> </li> </ul>	
<ul> <li>(615) 862-8860</li> <li>Congressional District of Recipient</li> <li>05</li> </ul>	<b>14. Federal Award Project Title</b> CDC National initiatives to address COVID-19 Disparities in the Nashville TN area	
<ol> <li>B. Payment System Identifier (ID) 1620694743A3</li> <li>Employer Identification Number (EIN) 620694743</li> <li>Data Universal Numbering System (DUNS) 078217668</li> <li>Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</li> <li>Project Director or Principal Investigator</li> </ol>	<ul> <li>15. Assistance Listing Number 93.391</li> <li>16. Assistance Listing Program Title Activities to Support State, Tribal, Local and Territorial (STLT) Health Department R Health or Healthcare Crises</li> <li>17. Award Action Type No Cost Extension</li> <li>18. Is the Award R&amp;D?</li> </ul>	esponse to Public
Dr. Erika Leslie	No	
Doctor	Summary Federal Award Financial Informati	on
erika.leslie@nashville.gov 615-340-5662	<b>19. Budget Period Start Date</b> 06/01/2021 - <b>End Date</b> 05/31/2024	
. Authorized Official	20. Total Amount of Federal Funds Obligated by this Action	\$0.00
Dr. Melva Black	20a. Direct Cost Amount	\$118,102.00
Deputy Director	20b. Indirect Cost Amount	(\$118,102.00)
melva.black@nashville.gov	<b>21.</b> Authorized Carryover	\$0.00
615-340-8549	22. Offset	\$0.00
	<b>23.</b> Total Amount of Federal Funds Obligated this budget period	\$4,930,248.00
ederal Agency Information	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
DC Office of Financial Resources	25. Total Federal and Non-Federal Approved this Budget Period	\$4,930,248.00
Awarding Agency Contact Information	<b>26. Period of Perfomance Start Date</b> 06/01/2021 - End Date 05/31/2024	• ) )
o-Anne Saunders Grants Management Specialist rq1@cdc.gov	<b>27.</b> Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	\$4,930,248.00
4044985235	28. Authorized Treatment of Program Income	
Program Official Contact Information	ADDITIONAL COSTS	
Chidumga Uzochukwu	29. Grants Management Officer – Signature	
Program Officer	Ms. Ester Edward	
nyu8@cdc.gov	Grants Management Officer	
4047183767		

### 30. Remarks

# , DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NH75OT000013-01-02 FAIN# NH75OT000013 Federal Award Date: 02/10/2023

Recipient Information	<b>33. Approved Budget</b> (Excludes Direct Assistance)	
Recipient Name NASHVILLE & DAVIDSON COUNTY,	<ol> <li>Financial Assistance from the Federal Awarding Ag</li> <li>II. Total project costs including grant funds and all of</li> </ol>	
METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860 Congressional District of Recipient 05 Payment Account Number and Type 1620694743A3 Employer Identification Number (EIN) Data 620694743 Universal Numbering System (DUNS)	<ul> <li>a. Salaries and Wages</li> <li>b. Fringe Benefits <ul> <li>c. Total Personnel Costs</li> </ul> </li> <li>d. Equipment</li> <li>e. Supplies</li> <li>f. Travel</li> <li>g. Construction</li> <li>h. Other</li> <li>i. Contractual</li> </ul>	\$740,220.00 \$211,236.00 \$951,456.00 \$0.00 \$1,109,933.00 \$35,021.00 \$0.00 \$43,000.00 \$2,176,499.00
078217668 <b>Recipient's Unique Entity Identifier (UEI)</b> LGZLHP6ZHM55	j. TOTAL DIRECT COSTS k. INDIRECT COSTS	\$4,315,909.00 \$614,339.00
<ul><li>31. Assistance Type</li><li>Project Grant</li><li>32. Type of Award</li><li>Other</li></ul>	I.TOTAL APPROVED BUDGETm.Federal Sharen.Non-Federal Share	\$4,930,248.00 \$4,930,248.00 \$0.00
34. Accounting Classification Codes		

-							
	FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
	1-9390H06	21NH75OT000013C5	OT	41.51	93.391	\$0.00	75-2122-0140

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award



Award# 6 NH75OT000013-01-02 FAIN# NH75OT000013 Federal Award Date: 02/10/2023

#### **Direct Assistance**

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

# AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT 6 NH75OT000013-01-OF 02

1. Terms and Conditions

### **REVISED TERMS AND CONDITIONS OF AWARD**

**Key Personnel Change:** The purpose of this amendment is to approve the Authorizing Official Representative to Melva Black. This is in response to the request submitted by your organization dated January 30, 2023.

**No Cost Extension:** The purpose of this amendment is to approve a 12-month No-Cost Extension per the request submitted by your organization dated January 17, 2023. The budget and project period end dates have been extended from May 31, 2023 to May 31, 2024.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2022 to May 31, 2023 must be submitted by August 31, 2023.

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

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via <u>www.grantsolutions.gov</u>. At a minimum, the report will include the following:

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

Additional guidance may be provided by the GMS and found at: <a href="https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html">https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html</a>

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

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

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

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

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

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

**Stewardship**: Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

#### PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNT
---

CocuSigned by:	
Gill ( Wright III, MD	5/15/2023
Director, Metro Public Health Department	Date
DocuSigned by:	
Tiné Hamilton Franklin	5/17/2023
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
Kelly Flannery	5/21/2023   6:45 AM CDT
Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Lora Bark Fox	5/24/2023   1:14 PM CDT
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
Courtney Molian	5/22/2023   3:20 PM CDT
Metropolitan Attorney	Date
Metropolitan Mayor	Date
ATTEST:	
Metropolitan Clerk	Date

Metropolitan Clerk

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

### Notice of Award

Award# 6 NH75OT000013-01-01 FAIN# NH75OT000013 Federal Award Date: 02/07/2022

Recipient Information	Federal Award Information	
•	11. Award Number	
1. Recipient Name	6 NH750T000013-01-01	
NASHVILLE & DAVIDSON COUNTY,	12. Unique Federal Award Identification Number (FAIN)	
METROPOLITAN GOVERNMENT OF	NH75OT000013 13. Statutory Authority	
311 23rd Avenue North Nashville, TN 37203-1503	317(K)(2) OF PHSA 42USC 247B(K)(2)	
(615) 862-8860		
	14. Federal Award Project Title	
2. Congressional District of Recipient	CDC National initiatives to address COVID-19 Disparities in the Nashville, TN	area
3. Payment System Identifier (ID)		
1620694743A3	15. Assistance Listing Number	
4. Employer Identification Number (EIN)	93.391 16. Assistance Listing Program Title	
620694743 5. Data Universal Numbering System (DUNS)	Activities to Support State, Tribal, Local and Territorial (STLT) Health Departr	ment Response to Public
078217668	Health or Healthcare Crises	*
6. Recipient's Unique Entity Identifier	17. Award Action Type Change in Key Personnel	
7. Project Director or Principal Investigator	18. Is the Award R&D?	
	No	
Dr. Erika Leslie Doctor	Summary Federal Award Financial Inform	nation
erika.leslie@nashville.gov		
615-340-5662	<b>19. Budget Period Start Date</b> 06/01/2021 - End Date 05/31/2023	
. Authorized Official	20. Total Amount of Federal Funds Obligated by this Action	\$0.00
Tina Lester	20a. Direct Cost Amount	\$0.00
tina.lester@nashville.gov	20b. Indirect Cost Amount	\$0.00
615-340-5614	<b>21.</b> Authorized Carryover	\$0.00
	22. Offset	\$0.00
	<b>23.</b> Total Amount of Federal Funds Obligated this budget period	\$4,930,248.00
Federal Agency Information	24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
CDC Office of Financial Resources		
9. Awarding Agency Contact Information	25. Total Federal and Non-Federal Approved this Budget Period	\$4,930,248.00
Mr. John McGee	<b>26. Project Period Start Date</b> 06/01/2021 - End Date 05/31/2023	
Grants Management Specialist	27. Total Amount of the Federal Award including Approved	
qsj4@cdc.gov	Cost Sharing or Matching this Project Period	Not Available
404-498-4348		
	28. Authorized Treatment of Program Income	
0.Program Official Contact Information	ADDITIONAL COSTS	
Chidumga Uzochukwu	29. Grants Management Officer – Signature	
Program Officer	Ms. Ester Edward	
nyu8@cdc.gov	Grants Management Officer	
4047183767		

### 30. Remarks

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NH75OT000013-01-01 FAIN# NH75OT000013 Federal Award Date: 02/07/2022

Recipient Information	<b>33. Approved Budget</b> (Excludes Direct Assistance)	
Recipient Name	I. Financial Assistance from the Federal Awarding Agency Only	
- NASHVILLE & DAVIDSON COUNTY,	II. Total project costs including grant funds and all other financial participation	
METROPOLITAN GOVERNMENT OF	a. Salaries and Wages	\$686,603.00
311 23rd Avenue North	b. Fringe Benefits	\$297,689.00
Nashville, TN 37203-1503	c. TotalPersonnelCosts	\$984.292.00
(615) 862-8860	d. Equipment	\$0.00
Congressional District of Recipient	e. Supplies	
05 Payment Account Number and Type		\$1,406,759.00
1620694743A3	f. Travel	\$5,376.00
Employer Identification Number (EIN)	g. Construction	\$0.00
620694743 Data Universal Numbering System (DUNS) 078217668 Recipient's Unique Entity Identifier	h. Other	\$4,000.00
	i. Contractual	\$1,797,380.00
	j. TOTAL DIRECT COSTS	\$4,197,807.00
	k. INDIRECT COSTS	\$732,441.00
31. Assistance Type	1. TOTAL APPROVED BUDGET	\$4,930,248.00
Project Grant 32. Type of Award	m. Federal Share	\$4,930,248.00
Other	n. Non-Federal Share	\$0.00

#### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000013C5	OT	41.51	\$0.00	75-2122-0140

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award



Award# 6 NH75OT000013-01-01 FAIN# NH75OT000013 Federal Award Date: 02/07/2022

#### **Direct Assistance**

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

# AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT 6 NH75OT000013-01-OF 01

1. Terms and Conditions

#### ADDITIONAL TERMS AND CONDITIONS OF AWARD

**Key Personnel:** The purpose of this amendment is to approve the **Principal Investigator/Program Director** change to Dr. Erika T. Leslie. This is in response to the request submitted by your organization dated February 3, 2022.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNT	Y
---	---

DocuSigned by:	
Gill C Wright III, MD	5/15/2023
Director, Metro Public Health Department	Date
DocuSigned by:	
Tiné Hamilton Franklin	5/17/2023
Chair, Board of Health	Date
APPROVED AS TO AVAILABILITY OF FUNDS:	
kelly Flannery	5/21/2023   6:45 AM CDT
Director, Department of Finance	Date
APPROVED AS TO RISK AND INSURANCE:	
Lora Bark Fox	5/24/2023   1:14 PM CDT
Director of Risk Management Services	Date
APPROVED AS TO FORM AND LEGALITY:	
Courtney Molian	5/22/2023   3:20 PM CDT
Metropolitan Attorney	Date
Metropolitan Mayor	Date
ATTEST:	

Date

Metropolitan Clerk

# DocuSian

#### **Certificate Of Completion**

Envelope Id: C8F46FA141F14C018FF2DB9A253AAD58 Subject: Complete with DocuSign: Health Covid Disparities 21-24 Amend 1 and 2 Ready.pdf Source Envelope: Document Pages: 20 Signatures: 10 Certificate Pages: 15 Initials: 2 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

#### **Record Tracking**

Status: Original 5/19/2023 11:36:53 AM Security Appliance Status: Connected Storage Appliance Status: Connected

#### Signer Events

Brittany Bryant brittany.bryant@nashville.gov Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** Accepted: 5/19/2023 3:27:18 PM ID: 83efa59c-6117-4e79-af15-f79a3fd8a94b

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication (None)

#### **Electronic Record and Signature Disclosure:** Not Offered via DocuSign

Kelly Flannery Kelly.Flannery@nashville.gov Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** Accepted: 5/21/2023 6:45:14 AM ID: c020dcab-f510-460c-a87d-380cfed8fdc5

Courtney Mohan Courtney.Mohan@nashville.gov Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:** 

Holder: Juanita Paulson Juanita.Paulsen@nashville.gov Pool: StateLocal Pool: Metropolitan Government of Nashville and Davidson County

#### Signature

BB

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

> Sent: 5/19/2023 3:30:56 PM Viewed: 5/20/2023 7:49:45 PM

Sent: 5/20/2023 7:50:00 PM

Viewed: 5/21/2023 6:45:14 AM

Signed: 5/21/2023 6:45:38 AM

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

Kelly Flannery

Courtney Molian

Signature Adoption: Pre-selected Style Using IP Address: 174.238.96.81 Signed using mobile

Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144

Sent: 5/21/2023 6:45:41 AM Viewed: 5/22/2023 2:55:32 PM Signed: 5/22/2023 3:20:05 PM

Aaron Prott

Signed: 5/20/2023 7:49:58 PM

Status: Completed

Envelope Originator:

Nashville, TN 37219

Location: DocuSign

Location: DocuSign

Sent: 5/19/2023 11:45:53 AM

Viewed: 5/19/2023 3:27:18 PM

Signed: 5/19/2023 3:30:54 PM

Timestamp

730 2nd Ave. South 1st Floor

Juanita.Paulsen@nashville.gov IP Address: 170.190.198.185

Juanita Paulson

Signer Events	Signature	Timestamp
Accepted: 5/22/2023 2:55:32 PM		
ID: d9eb3430-de18-44b4-9d77-f75e1eff6bf8		
Lora Bark Fox		Sent: 5/22/2023 3:20:08 PM
lora.fox@nashville.gov	Lora Bark Fox	Resent: 5/24/2023 7:34:50 AM
Security Level: Email, Account Authentication		Viewed: 5/24/2023 1:12:54 PM
(None)	Signature Adaption: Dre colocted Style	Signed: 5/24/2023 1:14:15 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 170.190.198.185	
Electronic Record and Signature Disclosure: Accepted: 5/24/2023 1:12:54 PM ID: 469ac892-e9c3-41bb-b615-0e61706ef742		
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	CODIED	Sent: 5/24/2023 1:14:18 PM
Danielle.Godin@nashville.gov	COPIED	Viewed: 5/24/2023 3:40:42 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer		Sent: 5/24/2023 1:14:19 PM
sally.palmer@nashville.gov	COPIED	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 5/22/2023 8:01:42 AM ID: d8ebd203-b84e-4157-84d2-650a90e8f3e0		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/19/2023 11:45:53 AM
Envelope Updated	Security Checked	5/24/2023 7:34:50 AM
Envelope Updated	Security Checked	5/24/2023 7:34:50 AM
Certified Delivered	Security Checked	5/24/2023 1:12:54 PM
Signing Complete	Security Checked	5/24/2023 1:14:15 PM
Completed	Security Checked	5/24/2023 1:14:19 PM
Payment Events	Status	Timestamps