
GRANT SUMMARY SHEET

Grant Name: HRSA Healthy Start 24 Amend 1 &2

Department: HEALTH DEPARTMENT

Grantor: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Total Award this Action: \$15,000.00

Cash Match Amount \$0.00

Department Contact: Brad Thompson
340-0407

Status: AMENDMENT

Program Description:

A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds the final year of a 5 year project. Amendment #1 - provides supplemental funding to support recruitment and retention of participants by adding \$15,000.00. Amendment #2 - This Notice of Award is issued to remove one or more Grant Conditions.

Plan for continuation of services upon grant expiration:

Grants Tracking Form

Part One

Pre-Application <input type="radio"/>		Application <input type="radio"/>		Award Acceptance <input type="radio"/>		Contract Amendment <input checked="" type="radio"/>	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:	HRSA Healthy Start 24 Amend 1 & 2						
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					Other:	
Grant Period From:	04/01/23	(applications only) Anticipated Application Date:					
Grant Period To:	03/31/24	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant		<input type="checkbox"/> If yes, list below.			
Pass-Thru:		Outside Consultant Project:		<input type="checkbox"/>			
Award Type:	OTHER	Total Award:		\$15,000.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.926	Is Council approval required?		<input type="checkbox"/>			
Project Description:						Applic. Submitted Electronically?	<input checked="" type="checkbox"/>
<p>A grant from to Health Resources & Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. This action funds the final year of a 5 year project. Amendment #1 - provides supplemental funding to support recruitment and retention of participants by adding \$15,000.00. Amendment #2 - This Notice of Award is issued to remove one or more Grant Conditions.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services would be discontinued.							
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:	9.00	Actual number of positions added:		0.00			
Departmental Indirect Cost Rate	23.54%	Indirect Cost of Grant to Metro:		\$272,857.08			
*Indirect Costs allowed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	% Allow.	13.57%	Ind. Cost Requested from Grantor:	\$157,268.00	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	FY23	\$286,030.25	\$0.00	\$0.00	\$0.00		\$0.00	\$286,030.25	\$67,331.52	\$39,317.00	
Yr 2	FY24	\$873,090.75	\$0.00	\$0.00	\$0.00		\$0.00	\$873,090.75	\$205,525.56	\$117,951.00	
Yr 3	FY										
Yr 4	FY										
Yr 5	FY										
Total		\$1,159,121.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,159,121.00	\$272,857.08	\$157,268.00	
Date Awarded:				10/24/23	Tot. Awarded:		\$15,000.00	Contract#:			5H49MC32719 05 00
(or) Date Denied:					Reason:						
(or) Date Withdrawn:					Reason:						

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

Rev. 5/13/13
5734

GCP Received 10/27/2023

GCP Received 10/27/2023





Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H4932719
Federal Award Date: 07/07/2023

Recipient Information

1. **Recipient Name**
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN
GOVERNMENT OF
PO BOX 196300
Nashville, TN 37219-6300
2. **Congressional District of Recipient**
05
3. **Payment System Identifier (ID)**
1620694743A7
4. **Employer Identification Number (EIN)**
620694743
5. **Data Universal Numbering System (DUNS)**
078217668
6. **Recipient's Unique Entity Identifier**
LGZLHP6ZHM55
7. **Project Director or Principal Investigator**
D'Yuanna Allen-Robb
dyuanna.allen-robb@nashville.gov
(615)340-0487 Ext. 0487
8. **Authorized Official**

Federal Agency Information

9. **Awarding Agency Contact Information**
Tonya Randall
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
trandall@hrsa.gov
(301) 594-4259
10. **Program Official Contact Information**
Shontelle Dixon
Project Officer
Maternal and Child Health Bureau (MCHB)
sdixon@hrsa.gov
(301) 443-0543

Federal Award Information

11. **Award Number**
6 H49MC32719-05-01
12. **Unique Federal Award Identification Number (FAIN)**
H4932719
13. **Statutory Authority**
42 U.S.C. § 254c-8
14. **Federal Award Project Title**
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
15. **Assistance Listing Number**
93.926
16. **Assistance Listing Program Title**
Healthy Start Initiative
17. **Award Action Type**
Administrative
18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2023 - End Date 03/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$15,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$996,502.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,159,121.00
26. Project Period Start Date 04/01/2019 - End Date 03/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,489,439.00

28. **Authorized Treatment of Program Income**
Addition
29. **Grants Management Officer – Signature**
LaShawna Smith on 07/07/2023

30. Remarks



Notice of Award
Award Number: 6 H49MC32719-05-01
Federal Award Date: 07/07/2023

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																											
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35. FORMER GRANT NUMBER		36. OBJECT CLASS 41.51																																											
37. BHCNIS#		38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																											
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HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

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

Grant Specific Condition(s)

1. Due Date: Within 21 Days of Award Issue Date

Provide a plan for the use of supplemental funds to purchase Mother and Infant Supply Kits.

1. Discuss the types of supplies your program will purchase and include in the kits.
2. Provide the total number of kits your program will distribute to enrolled HS participants.
3. Discuss strategies for distributing the supply kits (e.g., baby showers, home visits etc.)
4. Provide a timeline for purchasing and distributing the supply kits

2. Due Date: Within 21 Days of Award Issue Date

Please provide an itemized budget of supplies included in each kit.

Grant Specific Term(s)

1. The Notice of Award is revised to provide supplemental funding to support recruitment and retention of HS participants by providing enrolled HS participants with a newborn or postpartum supply kit. Examples of allowable supplies include breast pumps and breastfeeding supplies, bottles, diapers, newborn clothing, toys, books, portable cribs, informational materials, items for new fathers. Please note that this supplement is not intended for purchase and distribution of gift cards.

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@nashville.gov

Note: NoA emailed to these address(es)

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



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H4932719
Federal Award Date: 08/09/2023

Recipient Information

- 1. Recipient Name**
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN
GOVERNMENT OF
PO BOX 196300
Nashville, TN 37219-6300
- 2. Congressional District of Recipient**
05
- 3. Payment System Identifier (ID)**
1620694743A7
- 4. Employer Identification Number (EIN)**
620694743
- 5. Data Universal Numbering System (DUNS)**
078217668
- 6. Recipient's Unique Entity Identifier**
LGZLHP6ZHM55
- 7. Project Director or Principal Investigator**
D'Yuanna Allen-Robb
dyuanna.allen-robb@nashville.gov
(615)340-0487 Ext. 0487
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
Aja Monchery
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
amonchery@hrsa.gov
(301) 287-0154
- 10. Program Official Contact Information**
Shontelle Dixon
Project Officer
Maternal and Child Health Bureau (MCHB)
sdixon@hrsa.gov
(301) 443-0543

Federal Award Information

- 11. Award Number**
6 H49MC32719-05-02
- 12. Unique Federal Award Identification Number (FAIN)**
H4932719
- 13. Statutory Authority**
42 U.S.C. § 254c-8
- 14. Federal Award Project Title**
Healthy Start Initiative-Eliminating Racial/Ethnic Disparities
- 15. Assistance Listing Number**
93.926
- 16. Assistance Listing Program Title**
Healthy Start Initiative
- 17. Award Action Type**
Administrative
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2023 - End Date 03/31/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$996,502.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,159,121.00
26. Project Period Start Date 04/01/2019 - End Date 03/31/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$5,489,439.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
LaShawna Smith on 08/09/2023

30. Remarks

This Notice of Award is issued to remove one or more Grant Conditions. Refer to the Terms and Conditions for additional information.



Notice of Award
Award Number: 6 H49MC32719-05-02
Federal Award Date: 08/09/2023

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$355,129.00
b. Fringe Benefits:	\$154,086.00
c. Total Personnel Costs:	\$509,215.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$33,400.00
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i. Other:	\$93,371.00
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k. Trainee Related Expenses:	\$0.00
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o. TOTAL DIRECT COSTS:	\$1,004,013.00
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q. TOTAL APPROVED BUDGET:	\$1,159,121.00
i. Less Non-Federal Share:	\$0.00
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32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,159,121.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$162,619.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$996,502.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
	Not applicable

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCNIS#

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

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

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 3898020	93.926	19H49MC32719	\$0.00	\$0.00	N/A	19-HIS-ERED

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Terms and Conditions

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

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H49MC32719-05-01 is hereby lifted. Please provide an itemized budget of supplies included in each kit.
2. The grant condition stated below on NoA 6 H49MC32719-05-01 is hereby lifted. Provide a plan for the use of supplemental funds to purchase Mother and Infant Supply Kits.
 1. Discuss the types of supplies your program will purchase and include in the kits.
 2. Provide the total number of kits your program will distribute to enrolled HS participants.
 3. Discuss strategies for distributing the supply kits (e.g., baby showers, home visits etc.)
 4. Provide a timeline for purchasing and distributing the supply kits

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@nashville.gov

Note: NoA emailed to these address(es)

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

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:
Gill C Wright III, MD
0460AC21E1CC408...

Director, Metro Public Health Department

10/24/2023

Date

DocuSigned by:
Tiné Hamilton Franklin
BEBF0BBF14D14B0...

Chair, Board of Health

10/24/2023

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumley

Director, Department of Finance

11/9/2023 | 9:30 AM CST

Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cole

Director of Risk Management Services

11/9/2023 | 11:11 AM CST

Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan

Metropolitan Attorney

11/9/2023 | 11:03 AM CST

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

Certificate Of Completion

Envelope Id: 19B0CD058B674B98A221D93400F8A921

Status: Completed

Subject: Complete with DocuSign: Health - Healthy Start NSB 24 Amend 1 & 2 Ready 1.pdf

Source Envelope:

Document Pages: 11

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Initials: 1

Juanita Paulson

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730 2nd Ave. South 1st Floor

Envelopeld Stamping: Enabled

Nashville, TN 37219

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

Juanita.Paulsen@nashville.gov

IP Address: 170.190.198.190

Record Tracking

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Holder: Juanita Paulson

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Juanita.Paulsen@nashville.gov

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Pool: StateLocal

Storage Appliance Status: Connected

Pool: Metropolitan Government of Nashville and Davidson County

Location: DocuSign

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

Brittany Bryant

brittany.bryant@nashville.gov

Security Level: Email, Account Authentication
(None)

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Signed: 11/9/2023 9:04:15 AM

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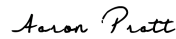
Electronic Record and Signature Disclosure:

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ID: fd5d1594-7c37-486d-91c0-ea55076232a7

Aaron Pratt

Aaron.Pratt@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/9/2023 9:04:16 AM

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Not Offered via DocuSign

Kevin Crumbo/mjw

MaryJo.Wiggins@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/9/2023 9:20:39 AM

Viewed: 11/9/2023 9:28:37 AM

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Electronic Record and Signature Disclosure:

Accepted: 11/9/2023 9:28:37 AM

ID: 2698cf3b-c35b-4939-9a49-4e9c014e14f8

Courtney Mohan

Courtney.Mohan@nashville.gov

Security Level: Email, Account Authentication
(None)

Sent: 11/9/2023 9:30:19 AM


Viewed: 11/9/2023 11:02:13 AM



Signed: 11/9/2023 11:03:09 AM

Signature Adoption: Pre-selected Style

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Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
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Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 11/9/2023 11:03:11 AM Viewed: 11/9/2023 11:11:07 AM Signed: 11/9/2023 11:11:17 AM
Electronic Record and Signature Disclosure: Accepted: 11/9/2023 11:11:07 AM ID: fde544e8-46a2-4eed-a299-c9f5e53339ee	Signature Adoption: Pre-selected Style Using IP Address: 172.58.151.161 Signed using mobile	

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Danielle Godin Danielle.Godin@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 11/9/2023 11:11:18 AM Viewed: 11/9/2023 11:16:44 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None)		Sent: 11/9/2023 11:11:19 AM
Electronic Record and Signature Disclosure: Accepted: 11/8/2023 7:59:41 AM ID: 8399bb86-5dfb-4f3d-93cb-24a939e3f68a		

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/9/2023 8:20:32 AM
Certified Delivered	Security Checked	11/9/2023 11:11:07 AM
Signing Complete	Security Checked	11/9/2023 11:11:17 AM
Completed	Security Checked	11/9/2023 11:11:19 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		