
GRANT SUMMARY SHEET

Grant Name: Community Health Workers for Public Health Response & Resilient 21-22 Amend 5

Department: HEALTH DEPARTMENT

Grantor: CENTERS 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:

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. A2 00 adds \$1 mill in funding for the budget period 8/31/23-8/30/24, 01 - updates terms & conditions and restricts funding of all contractors, 02 - approves changes in key personnel, - approves a budget change and removes restrictions on contractors. 03 - approves a request to fund a community health worker at teh Metro Office of Homelessness Services. 04 - approves funding for a contractor Elevate Consulting LLC. Amendment 5 - approves funding for Peer Support Specialists

Plan for continuation of services upon grant expiration:

Services will end

Grants Tracking Form

Part One

Pre-Application ☐		Application ☐		Award Acceptance ☐		Contract Amendment ☒	
Department	Dept. No.	Contact				Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson				340-0407	
Grant Name:		Community Health Workers for Public Health Response & Resilient 21-22 Amend 5					
Grantor:		CENTERS FOR DISEASE CONTROL				Other:	
Grant Period From:		08/31/21	(applications only) Anticipated Application Date:				
Grant Period To:		08/30/24	(applications only) Application Deadline:				
Funding Type:	FED DIRECT	Multi-Department Grant		☐ If yes, list below.			
Pass-Thru:		Outside Consultant Project:		☐			
Award Type:	COMPETITIVE	Total Award:		\$0.00			
Status:	AMENDMENT	Metro Cash Match:		\$0.00			
Metro Category:	Est. Prior.	Metro In-Kind Match:		\$0.00			
CFDA #	93.495	Is Council approval required?		☐			
Project Description:		Applic. Submitted Electronically? ☒					
The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities. The IDC appears artificially low, it is because almost 80% of award is to be contracted out. A2 00 adds \$1 mill in funding for the budget period 8/31/23-8/30/24, 01 - updates terms & conditions and restricts funding of all contractors, 02 - approves changes in key personnel, - approves a budget change and removes restrictions on contractors. 03 - approves a request to fund a community health worker at the Metro Office of Homelessness Services. 04 - approves funding for a contractor Elevate Consulting LLC. Amendment 5 - approves							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
Services will end							
How is Match Determined?							
Fixed Amount of \$		or		% of Grant		Other: ☐	
Explanation for "Other" means of determining match:							
For this Metro FY, how much of the 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:		1.50		Actual number of positions added:		2.00	
Departmental Indirect Cost Rate		24.82%		Indirect Cost of Grant to Metro:		\$744,747.00	
*Indirect Costs allowed? ☒ Yes ☐ No		% Allow. 7.51%		Ind. Cost Requested from Grantor:		\$225,324.00	
in budget							
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
Draw down allowable? ☐							
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	FY22	\$ 1,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$1,000,000.00	\$248,249.00	\$62,590.00
Yr 2	FY23	\$ 1,000,000.00						\$1,000,000.00	\$248,249.00	\$75,108.00
Yr 3	FY24	\$833,333.33						\$833,333.33	\$206,874.17	\$75,108.00
Yr 4	FY25	\$166,666.67						\$166,666.67	\$41,374.83	\$12,518.00
Yr 5	FY									
Total		\$3,000,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$3,000,000.00	\$744,747.00	\$225,324.00
	Date Awarded:			05/10/24	Tot. Awarded:		\$3,000,000.00	Contract#:	6NU58DP006999-03-06	
	(or) Date Denied:				Reason:					
	(or) Date Withdrawn:				Reason:					

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

Rev. 5/13/13
5834

GCP Received 5/14/2024

GCP Approved 5/15/2024

JP



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-06

FAIN# NU58DP006999

Federal Award Date: 04/17/2024

Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Chemyeeka Tumblin
Program Director
Chemyeeka.Tumblin@nashville.gov
912-592-9309

8. Authorized Official

Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

6 NU58DP006999-03-06

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/31/2023 - **End Date** 08/30/2024

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$1,000,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$1,000,000.00

26. Period of Performance Start Date 08/31/2021 - **End Date** 08/30/2024

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$3,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Darryl Mitchell

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU58DP006999-03-06
FAIN# NU58DP006999
Federal Award Date: 04/17/2024

Recipient Information

Recipient Name

NASHVILLE & DAVIDSON COUNTY,
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)

078217668

Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$215,561.00
b. Fringe Benefits	\$97,746.00
c. Total Personnel Costs	\$313,307.00
d. Equipment	\$0.00
e. Supplies	\$33,999.00
f. Travel	\$13,572.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$549,552.00
j. TOTAL DIRECT COSTS	\$910,430.00
k. INDIRECT COSTS	\$89,570.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP006999-03-
06

1. Terms and Conditions

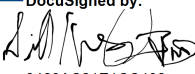
ADDITIONAL TERMS AND CONDITIONS OF AWARD

Missing Consultant Elements – The consultants listed below are approved, however, the recipient must provide the contractor names, via GrantSolutions as a Grant Note prior to beginning work on the agreement.

Consultant Name: Peer Support Specialists

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

DocuSigned by:

0460AG21E4GG408...

Director, Metro Public Health Department

5/10/2024

Date

DocuSigned by:

BEEF0BBF14D1480...

Chair, Board of Health

5/14/2024

Date

APPROVED AS TO AVAILABILITY OF FUNDS:

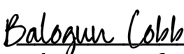


Director, Department of Finance

6/4/2024 | 10:22 AM CDT

Date

APPROVED AS TO RISK AND INSURANCE:

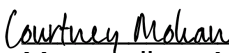


Director of Risk Management Services

6/4/2024 | 2:30 PM CDT

Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

6/4/2024 | 2:09 PM CDT

Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date