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## GRANT SUMMARY SHEET

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**Grant Name:** Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27 Amend 3

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL & PREVENTION

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

**Total Award this Action:** \$8,578,283.00

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. **Amend. 3 re-obligates funds in the amount of \$8,578,283 to EIN 1620694743A3. This is in response to the request submitted by your organization dated February 13, 2024.**

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

No plan

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:

Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27 Amend 3

Grantor:

CENTERS FOR DISEASE CONTROL & PREVENTION

Other:

Grant Period From:

12/01/22

(applications only) Anticipated Application Date:

Grant Period To:

11/30/27

(applications only) Application Deadline:

Funding Type:

FED DIRECT

Multi-Department Grant

If yes, list below.

Pass-Thru:

Select Pass-Thru --- >

Outside Consultant Project:

Award Type:

COMPETITIVE

Total Award:

\$8,578,283.00

Status:

AMENDMENT

Metro Cash Match:

Metro Category:

Est. Prior.

Metro In-Kind Match:

CFDA #

93,967

Is Council approval required?

Project Description:

Applic. Submitted Electronically?

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners, MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. Amend. 3 to Part A (NE110E000029-01-03 re-obligates funds in the amount of \$8,578,283 to EIN 1620694743A3. This is in response to the request submitted by your organization dated February 13, 2024.

Plan for continuation of service after expiration of grant/Budgetary Impact:

No plan

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?

Is not budgeted?

Fund

Business Unit

Proposed Source of Match:

(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)

Other:

Number of FTEs the grant will fund:

22.00

Actual number of positions added:

8.00

Departmental Indirect Cost Rate

24.43%

Indirect Cost of Grant to Metro:

\$2,095,794.63

\*Indirect Costs allowed?

Yes

No

% Allow.

19.61%

Ind. Cost Requested from Grantor:

\$1,679,158.00

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	FY23	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 2	FY24	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 3	FY25	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 4	FY26	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Yr 5	FY27	\$1,715,656.60						\$1,715,656.60	\$419,158.93	\$335,831.60
Total		\$8,578,283.00	\$0.00	\$0.00	\$0.00		\$0.00	\$8,578,283.00	\$2,095,794.63	\$1,679,158.00
	Date Awarded:			03/20/24		\$8,578,283.00	Contract#:	6 NE110E000029-01-03		
	(or) Date Denied:									
	(or) Date Withdrawn:									

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

GCP Rec'd  
05/10/24

GCP Approved  
05/13/24

VW

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## GRANT SUMMARY SHEET

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**Grant Name:** Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27 Amend 2

**Department:** HEALTH DEPARTMENT

**Grantor:** CENTERS FOR DISEASE CONTROL & PREVENTION

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

**Total Award this Action:** (\$8,578,283.00)

**Cash Match Amount** \$0.00

**Department Contact:** Brad Thompson  
340-0407

**Status:** AMENDMENT

**Program Description:**

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. Amend. 2 de-obligates funds in the amount of \$8,578,283 from EIN 1620694743A2. Funds will be reobligated to EIN 1620694743A3 on a subsequent award action.

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

No plan

## 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:	Strengthening US Public Health Infrastructure, Workforce and Data Systems 22-27 Amend 2						
Grantor:	CENTERS FOR DISEASE CONTROL & PREVENTION					Other:	
Grant Period From:	12/01/22	(applications only) Anticipated Application Date:					
Grant Period To:	11/30/27	(applications only) Application Deadline:					
Funding Type:	FED DIRECT	Multi-Department Grant <input type="checkbox"/>					If yes, list below.
Pass-Thru:	Select Pass-Thru --- >	Outside Consultant Project: <input type="checkbox"/>					
Award Type:	COMPETITIVE	Total Award:					-\$8,578,283.00
Status:	AMENDMENT	Metro Cash Match:					
Metro Category:	Est. Prior.	Metro In-Kind Match:					
CFDA #	93.967	Is Council approval required?					<input type="checkbox"/>
Project Description:	Applic. Submitted Electronically?					<input type="checkbox"/>	
<p>This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPH D will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPH D is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts. Amend. 2 for Part A (6 NE110E000029-01-02) de-obligates funds in the amount of \$8,578,283 from EIN 1620694743A2. Funds will be reobligated to EIN 1620694743A3 on a subsequent award action.</p>							
Plan for continuation of service after expiration of grant/Budgetary Impact:							
No plan							
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:		22.00		Actual number of positions added:		8.00	
Departmental Indirect Cost Rate		24.43%		Indirect Cost of Grant to Metro:		\$0.00	
*Indirect Costs allowed? <input checked="" type="radio"/> Yes <input type="radio"/> No		% Allow. 0.00%		Ind. Cost Requested from Grantor:		\$0.00	
*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	-\$1,715,656.60						-\$1,715,656.60	\$0.00	\$0.00
Yr 2	FY24	-\$1,715,656.60						-\$1,715,656.60	\$0.00	\$0.00
Yr 3	FY25	-\$1,715,656.60						-\$1,715,656.60	\$0.00	\$0.00
Yr 4	FY26	-\$1,715,656.60						-\$1,715,656.60	\$0.00	\$0.00
Yr 5	FY27	-\$1,715,656.60						-\$1,715,656.60	\$0.00	\$0.00
Total		-\$8,578,283.00	\$0.00	\$0.00	\$0.00		\$0.00	-\$8,578,283.00	\$0.00	\$0.00
Date Awarded:		03/05/24				Match Source (Fund, BU)	Contract#:	6 NE110E000029-01-02		
(or) Date Denied:										
(or) Date Withdrawn:										

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

VW



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

Notice of Award

Award# 6 NE11OE000029-01-03

FAIN# NE11OE000029

Federal Award Date: 03/20/2024

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
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**

Wyntress Patterson  
People and Culture Bureau Director  
wyntress.patterson@nashville.gov  
615-340-5652

**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**

Angel Winters  
Grants Management Officer/Specialist  
jvr1@cdc.gov  
404-498-4056

**10. Program Official Contact Information**

Stephanie Williams  
Program Officer  
rww0@cdc.gov  
4044984895

**Federal Award Information**

**11. Award Number**

6 NE11OE000029-01-03

**12. Unique Federal Award Identification Number (FAIN)**

NE11OE000029

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

**15. Assistance Listing Number**

93.967

**16. Assistance Listing Program Title**

CDC's Collaboration with Academia to Strengthen Public Health

**17. Award Action Type**

Deob/Reob

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 12/01/2022 **- End Date** 11/30/2023

**20. Total Amount of Federal Funds Obligated by this Action** \$8,578,283.00

20a. Direct Cost Amount \$6,899,125.00

20b. Indirect Cost Amount \$1,679,158.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$0.00

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

**25. Total Federal and Non-Federal Approved this Budget Period** \$8,578,283.00

**26. Period of Performance Start Date** 12/01/2022 **- End Date** 11/30/2027

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$8,578,283.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Erica Stewart  
Team Lead, Grants Management Officer

**30. Remarks**

Re-obligation of Funds: The purpose of this amended Notice of Award is to re-obligate funds in the amount of \$8,578,283 to EIN 1620694743A3. This is in response to the request submitted by your organization dated February 13, 2024.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NE11OE000029-01-03

FAIN# NE11OE000029

Federal Award Date: 03/20/2024

**Recipient Information****Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
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

<b>a. Salaries and Wages</b>	\$4,072,708.00
<b>b. Fringe Benefits</b>	\$1,811,738.00
<b>c. Total Personnel Costs</b>	\$5,884,446.00
<b>d. Equipment</b>	\$25,780.00
<b>e. Supplies</b>	\$17,400.00
<b>f. Travel</b>	\$46,589.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$775,660.00
<b>i. Contractual</b>	\$149,250.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$6,899,125.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$1,679,158.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$8,578,283.00</b>
<b>m. Federal Share</b>	<b>\$8,578,283.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	\$481,943.00	75-2224-0943
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	\$8,096,340.00	75-X-0140



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

Centers for Disease Control and Prevention

Award# 6 NE11OE000029-01-03  
FAIN# NE11OE000029  
Federal Award Date: 03/20/2024

**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

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  
04689AC24E4CC498...  
Director, Metro Public Health Department

4/15/2024  
Date

DocuSigned by:  
Tené Hamilton Franklin  
B2F08BF14D1480...  
Chair, Board of Health

4/16/2024  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kerina Crumley  
Director, Department of Finance

6/4/2024 | 10:17 AM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balaguer Cole  
Director of Risk Management Services

6/4/2024 | 2:29 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

6/4/2024 | 1:52 PM CDT  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date



**From:** Bradberry, Emily (Health) <[Emily.Bradberry@nashville.gov](mailto:Emily.Bradberry@nashville.gov)>  
**Sent:** Tuesday, February 13, 2024 1:51 PM  
**To:** Saunders, Jo-Anne (CDC/OCOO/OFR/OGS) (CTR) <[srq1@cdc.gov](mailto:srq1@cdc.gov)>  
**Cc:** Williams, Stephanie (CDC/PHIC/DJS) <[rwv0@cdc.gov](mailto:rwv0@cdc.gov)>  
**Subject:** FW: NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Greetings,

I have not heard back regarding the PMS EIN issue. We still do not have access to the grant and cannot drawdown. We also will not be able to complete the FFR due at the end of the month in PMS without this being fixed. Please let me know if there's someone else I need to contact about this, we need it resolved ASAP.

Emily Bradberry  
Senior Finance Officer - MPH

**From:** Bradberry, Emily (Health)  
**Sent:** Monday, February 5, 2024 1:19 PM  
**To:** Saunders, Jo-Anne (CDC/OCOO/OFR/OGS) (CTR) <[srq1@cdc.gov](mailto:srq1@cdc.gov)>  
**Cc:** Williams, Stephanie (CDC/DDPHSS/CSELS/DSEPD) <[rwv0@cdc.gov](mailto:rwv0@cdc.gov)>  
**Subject:** FW: NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

Following up on the below email. Are you able to assist us with this issue?

**From:** Bradberry, Emily (Health)  
**Sent:** Wednesday, December 20, 2023 2:58 PM  
**To:** Saunders, Jo-Anne (CDC/OCOO/OFR/OGS) (CTR) <[srq1@cdc.gov](mailto:srq1@cdc.gov)>  
**Cc:** Williams, Stephanie (CDC/DDPHSS/CSELS/DSEPD) <[rwv0@cdc.gov](mailto:rwv0@cdc.gov)>  
**Subject:** FW: NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

Greetings,

I had been communicating the below problem with our previous GMS, but it hasn't been resolved yet. Can we get assistance changing the EIN suffix to be accurate so our grant will show up in PMS and we can drawdown expended funds?

Thanks,  
Emily Bradberry  
Senior Finance Officer

**From:** Amaker, Dawn (CDC/OCOO/OFR/OGS) (CTR) <[gtr5@cdc.gov](mailto:gtr5@cdc.gov)>  
**Sent:** Friday, November 17, 2023 7:53 AM  
**To:** Williams, Stephanie (CDC/PHIC/DJS) <[rwv0@cdc.gov](mailto:rwv0@cdc.gov)>  
**Cc:** Bradberry, Emily (Health) <[Emily.Bradberry@nashville.gov](mailto:Emily.Bradberry@nashville.gov)>; Reid, Lakita (CDC/OCOO/OFR/OGS)

<[wtl9@cdc.gov](mailto:wtl9@cdc.gov)>

**Subject:** RE: NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

**Attention:** This email originated from a source external to Metro Government. Please exercise caution when opening any attachments or links from external sources.

Hi Emily,

Here is the information from your latest NOA. It looks like the EIN suffix (Payment System Identifier) is incorrect (A2 instead of A3). I would guess this is why this award is not showing up in PMS. Please verify all the information listed (Org name, address, UEI, etc) and Lakita can fix this when she returns. In the future, it is important to review your NOAs carefully when issued to ensure all information is correct and make changes ASAP if needed.

Recipient Information	
1. Recipient Name	NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Ave N Family Youth and Infant Health Nashville, TN 37203-1503 (615) 862-8860
2. Congressional District of Recipient	05
3. Payment System Identifier (ID)	1620694743A2
4. Employer Identification Number (EIN)	620694743
5. Data Universal Numbering System (DUNS)	078217668
6. Recipient's Unique Entity Identifier (UEI)	LGZLHP6ZHM55

Thank you,

**Dawn Amaker**

Grants Management Specialist  
Chenega Enterprise Systems and Solutions (ChESS) Contractor  
Office of Grants Services (OGS) | Branch 3  
Office of Financial Resources (OFR)  
Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

[DAmaker@cdc.gov](mailto:DAmaker@cdc.gov) | 678-475-4530 office



**From:** Williams, Stephanie (CDC/PHIC/DJS) <[rww0@cdc.gov](mailto:rww0@cdc.gov)>

**Sent:** Thursday, November 16, 2023 5:34 PM

**To:** Amaker, Dawn (CDC/OCOO/OFR/OGS) (CTR) <[gtr5@cdc.gov](mailto:gtr5@cdc.gov)>

**Cc:** Bradberry, Emily (Health) <[Emily.Bradberry@nashville.gov](mailto:Emily.Bradberry@nashville.gov)>

**Subject:** FW: NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

Good evening Dawn,

I received Ms. Reid's out message, so I am sharing this request from Nashville.

They need assistance in resolving an issue with PMS.

Any guidance you can provide will be appreciated. I have copied Ms. Bradberry from Nashville on this message.

Sincerely,  
Stephanie

**Stephanie Williams, MPH, RNP**

**Public Health Advisor**

[www.cdc.gov/infrastructure](http://www.cdc.gov/infrastructure)

Division of Jurisdictional Support

National Center for STLT Public Health Infrastructure and Workforce

Centers for Disease Control and Prevention

[Swilliams27@cdc.gov](mailto:Swilliams27@cdc.gov) | 404-498-4895 | Cell 470-792-8203 | Central Time

**From:** Williams, Stephanie (CDC/PHIC/DJS)

**Sent:** Thursday, November 16, 2023 4:27 PM

**To:** Bradberry, Emily (Health) <[Emily.Bradberry@nashville.gov](mailto:Emily.Bradberry@nashville.gov)>

**Cc:** Reid, Lakita (CDC/OCOO/OFR/OGS) <[wtl9@cdc.gov](mailto:wtl9@cdc.gov)>

**Subject:** NE11OE000029/Assistance Needed Nashville Infrastructure Grant not in PMS

Good afternoon Ms. Bradberry,

I am sorry that you are having difficulty receiving needed assistance. For administrative actions related to this award the assigned grant management specialist is the appropriate contact for additional guidance. I am copying your assigned specialist Ms. Lakita Reid on this message. I am also including her contact information below for future reference.

I hope this information is helpful.

Sincerely,

Stephanie

Grant Management Specialist

Ms. Lakita Reid

Email: [wtl9@cdc.gov](mailto:wtl9@cdc.gov)

Phone: 770488-2742

**Stephanie Williams, MPH, RNP**

**Public Health Advisor**

[www.cdc.gov/infrastructure](http://www.cdc.gov/infrastructure)

Division of Jurisdictional Support

National Center for STLT Public Health Infrastructure and Workforce

[Centers for Disease Control and Prevention](#)

[SWilliams27@cdc.gov](mailto:SWilliams27@cdc.gov) | 404-498-4895 | Cell 470-792-8203 | Central Time

**From:** Bradberry, Emily (Health) <[Emily.Bradberry@nashville.gov](mailto:Emily.Bradberry@nashville.gov)>

**Sent:** Thursday, November 16, 2023 4:11 PM

**To:** Williams, Stephanie (CDC/PHIC/DJS) <[rwv0@cdc.gov](mailto:rwv0@cdc.gov)>

**Subject:** Infrastructure Grant not in PMS

**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

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Greetings,

Grant # NE11OE000029, MPHD Infrastructure, is not available in our Payment Management System. Without that access we cannot drawdown funds for either strategy of the grant. I've contacted the PMS help desk, but they were only willing to change my access to another payment account. We need the grant to be listed in MPHD's account, payee number: 5050P, EIN: 1620694743A3. Are you able to help get this set up or do you know who I can contact that can?

Thanks,

Emily Bradberry

MPHD Senior Finance Officer



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

Notice of Award

Award# 6 NE11OE000029-01-02

FAIN# NE11OE000029

Federal Award Date: 03/05/2024

**Recipient Information**

**1. Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
Nashville, TN 37203-1503  
(615) 862-8860

**2. Congressional District of Recipient**  
05

**3. Payment System Identifier (ID)**

1620694743A2

**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**

Wyntress Patterson  
People and Culture Bureau Director  
wyntress.patterson@nashville.gov  
615-340-5652

**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**

Angel Winters  
Grants Management Officer/Specialist  
jvr1@cdc.gov  
404-498-4056

**10. Program Official Contact Information**

Stephanie Williams  
Program Officer  
rww0@cdc.gov  
404-498-4895

**Federal Award Information**

**11. Award Number**

6 NE11OE000029-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NE11OE000029

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

**15. Assistance Listing Number**

93.967

**16. Assistance Listing Program Title**

CDC's Collaboration with Academia to Strengthen Public Health

**17. Award Action Type**

Deob/Reob

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	12/01/2022	<b>- End Date</b>	11/30/2023
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	(\$8,578,283.00)		
20a. Direct Cost Amount	(\$6,899,125.00)		
20b. Indirect Cost Amount	(\$1,679,158.00)		
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$8,578,283.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$0.00		
<b>26. Period of Performance Start Date</b>	12/01/2022	<b>- End Date</b>	11/30/2027
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>	\$843,396.00		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Erica Stewart  
Team Lead, Grants Management Officer

**30. Remarks**

De-obligation of Funds: The purpose of this amended Notice of Award is to de-obligate funds in the amount of \$8,578,283 from EIN 1620694743A2. Funds will be re-obligated to EIN 1620694743A3 on a subsequent award action.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NE11OE000029-01-02

FAIN# NE11OE000029

Federal Award Date: 03/05/2024

**Recipient Information****Recipient Name**

NASHVILLE & DAVIDSON COUNTY,  
METROPOLITAN GOVERNMENT OF  
311 23rd Ave N  
Family Youth and Infant Health  
Nashville, TN 37203-1503  
(615) 862-8860

**Congressional District of Recipient**

05

**Payment Account Number and Type**

1620694743A2

**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

<b>a. Salaries and Wages</b>	\$0.00
<b>b. Fringe Benefits</b>	\$0.00
<b>c. Total Personnel Costs</b>	\$0.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$0.00
<b>f. Travel</b>	\$0.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$0.00
<b>i. Contractual</b>	\$0.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$0.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$0.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$0.00</b>
<b>m. Federal Share</b>	<b>\$0.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	(\$481,943.00)	75-2224-0943
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	(\$8,096,340.00)	75-X-0140



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NE11OE000029-01-02

FAIN# NE11OE000029

Federal Award Date: 03/05/2024

## 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

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  
Director, Metro Public Health Department

4/15/2024  
Date

DocuSigned by:  
Tené Hamilton Franklin  
Chair, Board of Health

4/16/2024  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumley  
Director, Department of Finance

6/4/2024 | 10:17 AM CDT  
Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb  
Director of Risk Management Services

6/4/2024 | 2:29 PM CDT  
Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan  
Metropolitan Attorney

6/4/2024 | 1:52 PM CDT  
Date

Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date