Docusign Envelope ID: C1BE706E-12F9-4E0A-9B85-3F183B452005

GRANT SUMMARY SHEET

Grant Name:	Ryan White Part A HIV Emergency Relief 24-25 Amend 1
Department:	HEALTH DEPARTMENT
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action:	$3,285,020.00
Cash Match Amount	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	CONTINUATION

Program Description:

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. Amendment 1 provides an increase in funding of $3,285,020.00 for a new total of $4,658,066.00 and updates various terms and conditions.

Plan for continuation of services upon grant expiration:

Services will be discontinued

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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:	Ryan White Part A HIV Emergency Relief 24-25 Amend 1		
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	**Other:**	
Grant Period From:	03/01/24	(applications only) **Anticipated Application Date:**	
Grant Period To:	02/28/25	(applications only) **Application Deadline:**	

Funding Type:	FED DIRECT	**Multi-Department Grant** ☐ →	**If yes, list below.**
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$3,285,020.00
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	93.914	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates partial funding for the next grant cycle. **Amendment 1 provides an increase in funding of $3,285,020.00 for a new total of $4,658,066.00 and updates various terms and conditions.**

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

Services will be discontinued

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:	5.80		**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.47%		**Indirect Cost of Grant to Metro:**	$1,000,086.77	
***Indirect Costs allowed?** ○ Yes ◉ No	**% Allow.**	0.00%	**Ind. Cost Requested from Grantor:**	$0.00	**in budget**

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

Metro or Community-based Partners:

There are up to 6 organizations that will provide services in the continuum of care. All are considered subgrantees.

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY24	$1,373,046.00	$0.00	$0.00	$0.00		$0.00	$1,373,046.00	$294,792.98	$0.00
Yr 2	FY25	$3,285,020.00	$0.00	$0.00	$0.00		$0.00	$3,285,020.00	$705,293.79	$0.00
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$4,658,066.00	$0.00	$0.00	$0.00		$0.00	$4,658,066.00	$1,000,086.77	$0.00

Date Awarded:	06/27/24		$3,285,020.00	**Contract#:**	6H89HA11433-16-01
(or) **Date Denied:**					
(or) **Date Withdrawn:**					

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

Rev. 5/13/13
5871

GCP Receieved 6/27/2024

GCP Approved 6/27/2024

JP

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Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 05/14/2024

Recipient Information

1. Recipient Name
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129

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
Beverly Glaze-Johnson
beverly.glaze-johnson@nashville.gov
(615)340-8605

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

11. Award Number
6 H89HA11433-16-01

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
Ryan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2024 - End Date 02/28/2025	
20. Total Amount of Federal Funds Obligated by this Action	$3,285,020.00
20a. Direct Cost Amount	
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	$4,658,066.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$4,658,066.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$15,029,000.04

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 05/14/2024

30. Remarks

This award consists of the following amounts:

FY24 FRML - $2,864,672
FY24 MAI - $315,163
FY24 SUPPL - $1,478,231

Total Funding - $4,658,066

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA11433-16-01
Federal Award Date: 05/14/2024

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$4,658,066.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$4,658,066.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$4,658,066.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$4,658,066.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$1,373,046.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$3,285,020.00**

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
41.15

37. BHCMIS#

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 statue 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
24 - 377RA16	93.914	24H89HA11433	$1,581,932.00	$0.00	FRML	24H89HA11433
24 - 377RA17	93.914	24H89HA11433	$1,478,231.00	$0.00	SUPPL	24H89HA11433
24 - 377RA15	93.914	24H89HA11433	$224,857.00	$0.00	MAI	24H89HA11433

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/WebEPSExternal/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.

Program Specific Condition(s)

1. **Due Date: Within 30 Days of Award Issue Date**
   Due within 30 days of the issuance of the Notice of Award. In consultation with your HRSA HAB Project Officer, submit a current federal or state negotiated indirect cost rate or a central services cost allocation plan. In the absence of a current federal or state negotiated indirect cost rate or a central services cost allocation plan, indirect costs claimed on the application budget will be disallowed, and a revised budget must be submitted substituting unallowable indirect costs for allowable direct costs per PCN 16-02 and PCN 15-01 available online at https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters."

Grant Specific Term(s)

1. During each budget period, recipients must include in their program budget travel support for recipient staff members to attend meetings/conferences identified by HRSA HAB as essential to RWHAP administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with 45 CFR Part 75.474 and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2024 (FY 24) funding based on HRSA's FY 24 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Release Date**
   The recipient must submit a FY 2024 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@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/).

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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
0400AC21E1CC408...
Director, Metro Public Health Department — 6/27/2024 — Date

DocuSigned by:
Tenné Hamilton Franklin
BE8F0BBF14D14B0...
Chair, Board of Health — 6/27/2024 — Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Kevin Crumbo/mal
Director, Department of Finance — 7/12/2024 | 2:25 PM CDT — Date

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb
Director of Risk Management Services — 7/15/2024 | 12:52 PM CDT — Date

APPROVED AS TO FORM AND LEGALITY:

Courtney Mohan
Metropolitan Attorney — 7/15/2024 | 12:48 PM CDT — Date

_____
Metropolitan Mayor — _____ Date

ATTEST:

_____
Metropolitan Clerk — _____ Date

DocuSign

Certificate Of Completion

Envelope Id: C1BE706E12F94E0A9B853F183B452005
Status: Completed
Subject: Complete with Docusign: Health-Ryan White Part A HIV Emergency Relief 24-25 Amend1 Ready.pdf
Source Envelope:
Document Pages: 8
Signatures: 6
Certificate Pages: 15
Initials: 1
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:
Juanita Paulson
730 2nd Ave. South 1st Floor
Nashville, TN 37219
Juanita.Paulsen@nashville.gov
IP Address: 170.190.198.190

Record Tracking

Status: Original
7/11/2024 11:12:20 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

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

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
Rose Wood rose.wood@nashville.gov Finance Admin Metro Finance Dept. OMB Security Level: Email, Account Authentication (None)	RW Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.190	Sent: 7/11/2024 11:18:52 AM Viewed: 7/11/2024 11:20:27 AM Signed: 7/11/2024 11:20:35 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Aaron Pratt Aaron.Pratt@nashville.gov Security Level: Email, Account Authentication (None)	Aaron Pratt Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 7/11/2024 11:20:36 AM Viewed: 7/11/2024 1:23:12 PM Signed: 7/11/2024 1:23:38 PM
Electronic Record and Signature Disclosure: Accepted: 7/11/2024 1:23:12 PM ID: f3daa58d-883d-4831-8909-7ceb4eae6b74		
Kevin Crumbo/mal Michelle.Lane@nashville.gov Deputy Director of Finance Metro Security Level: Email, Account Authentication (None)	Kevin Crumbo/mal Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.185	Sent: 7/11/2024 1:23:40 PM Viewed: 7/12/2024 2:25:00 PM Signed: 7/12/2024 2:25:30 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Courtney Mohan Courtney.Mohan@nashville.gov Security Level: Email, Account Authentication (None)	Courtney Mohan Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 7/12/2024 2:25:31 PM Viewed: 7/15/2024 12:36:45 PM Signed: 7/15/2024 12:48:04 PM
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 7/15/2024 12:36:45 PM ID: f218b962-cc0f-48a9-83ad-3fc00f938871		
Balogun Cobb balogun.cobb@nashville.gov Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 170.190.198.144	Sent: 7/15/2024 12:48:06 PM Viewed: 7/15/2024 12:52:29 PM Signed: 7/15/2024 12:52:36 PM
Electronic Record and Signature Disclosure: Accepted: 7/15/2024 12:52:29 PM ID: bf69c98e-0a30-4b49-b3f4-e88f4cb91fba		

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) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/15/2024 12:52:37 PM Viewed: 7/15/2024 4:06:14 PM
Sally Palmer sally.palmer@nashville.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/15/2024 7:52:41 AM ID: b6968bb1-a4ce-4f29-aa77-765ab5ea3817	COPIED	Sent: 7/15/2024 12:52:38 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/11/2024 11:18:52 AM
Certified Delivered	Security Checked	7/15/2024 12:52:29 PM
Signing Complete	Security Checked	7/15/2024 12:52:36 PM
Completed	Security Checked	7/15/2024 12:52:38 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure