Docusign Envelope ID: 8EC63A78-A474-8C2B-8115-E2241164780E

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 06/16/26 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** 05/11/26

Title (Caption): Music City Prep Clinic Ryan White subgrant for the provision of Early Intervention Services, Emergency Financial Assistance, Foodbank, Housing, Medical Case Management, Non-medical Case Management, Referral Services and Transportation for participants in the Ryan White Part A program. RS2026-1871

3/26- 2/27 38351137

Submitted to Planning Commission? ☐ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** _____

Proposing Department: Health **Requested By:** Health

Affected Department(s): Health **Affected Council District(s):** all

Legislative Category (check one):

☐ Bonds	☑ Contract Approval	☐ Intergovernmental Agreement
☐ Budget - Pay Plan	☐ Donation	☐ Lease
☐ Budget - 4%	☐ Easement Abandonment	☐ Maps
☐ Capital Improvements	☐ Easement Accept/Acquisition	☐ Master List A&E
☐ Capital Outlay Notes	☐ Grant	☐ Settlement of Claims/Lawsuits
☐ Code Amendment	☐ Grant Application	☐ Street/Highway Improvements
☐ Condemnation	☐ Improvement Acc.	☐ Other: _____

FINANCE **Amount +/-: $** $ 19,200.00 **Match: $** _____

Funding Source:

- Capital Improvement Budget
- Capital Outlay Notes
- Departmental/Agency Budget
- Funds to Metro
- General Obligation Bonds
- Grant
- Increased Revenue Sources
- Judgments and Losses
- Local Government Investment Project
- Revenue Bonds
- Self-Insured Liability
- Solid Waste Reserve
- Unappropriated Fund Balance
- 4% Fund
- Other: _____

Approved by OMB: _____

Approved by Finance/Accounts: _____

Approved by Div Grants Coordination: _____

Date to Finance Director's Office: _____

APPROVED BY FINANCE DIRECTOR'S OFFICE: _____

ADMINISTRATION

Council District Member Sponsors: _____

Council Committee Chair Sponsors: _____

Approved by Administration: _____ **Date:** _____

DEPARTMENT OF LAW Date to Dept. of Law: _____ Approved by Department of Law: _____

Settlement Resolution/Memorandum Approved by: _____

Date to Council: _____ For Council Meeting: _____ ☐ E-mailed Clerk

☐ All Dept. Signatures ☐ Copies ☐ Backing ☐ Legislative Summary ☐ Settlement Memo ☐ Clerk Letter ☐ Ready to File

Department of Law – White Copy ***Administration –Yellow Copy*** ***Finance Department - Pink Copy***

RESOLUTION NO. _____

A resolution appropriating a total of $19,200 from the Metropolitan Government, acting by and through the Metropolitan Board of Health, to Music City Prep Clinic and approving a grant contract by and between the Metropolitan Government, acting by and through the Metropolitan Board of Health, and Music City Prep Clinic, for the provision of outreach services, early intervention services, medical case management, non-medical case management, emergency financial assistance, medical transportation, foodbank, housing services, and referral services for participants in the Ryan White Part A program.

WHEREAS, Section 7-3-314 of the Tennessee Code Annotated states that metropolitan forms of government may provide financial assistance to nonprofit organizations in accordance with the guidelines of the Metropolitan Government; and,

WHEREAS, Section 5.04.070 of the Metropolitan Code of Laws provides that the Council may, by Resolution, appropriate funds for the financial aid of nonprofit organizations; and,

WHEREAS, Metropolitan Charter Section 10.104 provides that the Board of Health has the duty to contract for such services as will further the program and policies of the Board, subject to confirmation by Resolution of Council; and,

WHEREAS, Resolution No. RS2026-1871 approved a grant award of $1,311,652 from the U.S. Department of Health and Human Services to the Metropolitan Board of Health to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS; and,

WHEREAS, Resolution No. RS2026-____ approved a grant award of $3,185,496 from the U.S. Department of Health and Human Services to the Metropolitan Board of Health to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS; and,

WHEREAS, the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, wishes to appropriate funding and contract with Music City Prep Clinic to provide outreach services, early intervention services, medical case management, non-medical case management, emergency financial assistance, medical transportation, foodbank, housing services, and referral services for participants in the Ryan White Part A program; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that the funding is appropriated and the contract is approved.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. There is hereby appropriated Nineteen Thousand Two Hundred Dollars ($19,200) from the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to Music City Prep Clinic for the purposes herein stated.

Section 2. The Metropolitan Government is hereby authorized to enter into a grant contract, attached hereto and incorporated herein, with Music City Prep Clinic for the amount provided herein and the purposes stated.

Section 3. That this resolution shall take effect from and after its adoption, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

APPROVED FOR PROPER BUDGET PROCEDURES:

Aaron Pratt
Budget Officer

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw
Director of Finance

APPROVED AS TO FORM AND LEGALITY:

Matthew Garth
Assistant Metropolitan Attorney

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

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Grant contract between the Metropolitan Government of Nashville and Davidson County and Music City Prep Clinic Contract #_____

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
MUSIC CITY PREP CLINIC

This Grant Contract issued and entered into pursuant to Resolution RS2026- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Music City Prep Clinic, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through I incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

a. Outreach Services

i. Conduct two new outreach events per quarter targeting high-risk populations to promote HIV education, testing and linkage to care.
ii. Identify and develop relationships with at least four new community partners to improve education and referral pathways for testing and treatment.
iii. Increase testing of patients identified as high risk at outreach events to receive HIV testing and follow-up support for linkage to care regardless of HIV status.
iv. Expand in clinic, telehealth and home test kit options to reach individuals sho face barriers to traditional testing services.
v. Ensure that 80% if patients enrolled in early intervention services remain engaged in care for at least 12 months, with follow-ups at least every 3 months during the first year of treatment
vi. Ensure that 100% of newly diagnosed or uncontrolled patients receive 4-6 medical visits annually, while stable patients receive 2-4 visits annually to support antiretroviral therapy adherence and viral suppression
vii. Standardized structured screenings including PRAPARE, Patient Distress Indicator, PHQ-9 and GAD-7 during outpatient visit to assess adherence barriers, co-occurring conditions, and social determinants of health for 100% of ART patients.

b. Early Intervention Services

i. Ensure that 95% of newly diagnosed patients are linked to care and initiated on the same day antiretroviral therapy when clinically appropriate.
ii. Implement a standardized internal and external referral system and follow-up protocol to ensure that 100% of newly diagnosed individuals receive a follow-up visit within two weeks of their initial diagnosis.
iii. Utilize electronic medical records and prescription data to monitor time from HIV diagnosis to ART initiation, establishing benchmarks for improvement.
iv. Develop and maintain relationships with at least 4 community healthcare organizations to streamline referrals for newly diagnosed individuals and ensure seamless care transitions.

c. Medical Case Management (Treatment Adherence)

i. Review and enhance existing policies and protocols, ensuring 100% of case management interactions are accurately documented and tracked in the electronic medical record.

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ii. Develop and implement personalized care plans for 100% newly diagnosed or high-risk patients, incorporating medical, behavioral, and social support needs.

d. Case Management

i. Develop and implement standardized documentation procedures to ensure accurate tracking of non-medical case management services and improve

e. Emergency Financial Assistance

i. Identify opportunities to address shortfalls in the community. Prototype a need-based program that considers individual caps and budgetary limitations.

f. Medical Transportation

i. Increase transportation utilization by establishing a procedure for measuring utilization and costs; utilization rates will be measured and possible improvement methods identified.

g. Foodbank

i. Identify opportunities to address shortfalls in existing food programs.

h. Housing Services

i. Review emergency housing partners in the community and add them to the referral network.
ii. Identify shortfalls and use these to build an internal housing plan.
iii. Implement a housing assistance pilot program.

I. Referral Services

i. Review and evaluate existing referral agreements for utilization and effectiveness.
ii. For each agreement, determine goals and criteria for an effective referral relationship and implement changes to improve utilization and effectiveness.
iii. Measure the progress of the changes against the goals and criteria for an effective relationship.
iv. Develop and implement a standardized referral tracking system within the electronic medical record to ensure 75% of referrals are documented, monitored, and followed up within a set timeframe.
v. Ensure that at least 90% of patients referred to external services successfully complete their referrals, with follow-up by non-medical case managers to address any barriers.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred to, encouraged and assisted in enrolling in other private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

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A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

A.5. The Recipient shall utilize Program Income as required by Program Specific Term 29 of the Ryan White Part A Notice of Award for grant #H89HA11433-18 (RS2026-1871) and all applicable modifications and further explained in provision 2 CFR § 200.307.

A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.

A.7. The Recipient must spend funds consistent with the Grant Spending Plan, attached and incorporated herein as **Attachment A**. The Recipient must collect data to evaluate the effectiveness of their services and must provide those results to Metro according to a mutually acceptable process and schedule, and when needed, upon request.

A.8. The Recipient must comply with all quarterly reporting requirements. Recipient must submit quarterly reports that contain the following:

- Implementation Plans
- Provider Data Import Report
- Other data as requested.

A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.

A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the provisions of 2 CFR § 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, the Health & Human Services specific provisions at 2 CFR § 300, the Ryan White Part A Notice of Award for grant #H89HA11433-18 (RS2026-1871) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will commence on the date filed with the Metropolitan Clerk after receiving all required Metro approvals and ending on February 28, 2027. Metro will have no obligation for services rendered by the Recipient that are not performed within this term, although it is understood that Recipient has provided services prior to the commencement of the term of this agreement and will be allowed to submit invoices and be paid for services rendered beginning March 1, 2026.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed Nineteen Thousand Two Hundred dollars ($19,200). The Grant Spending Plan will constitute the maximum amount to be provided to the Recipient by Metro for all of the Recipient's obligations hereunder. The Grant Spending Plan line items include, but are not limited to, all applicable

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taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Recipient.

Subject to modification and amendments as provided in section D.2 of this agreement, this amount will constitute the Grant Amount and the entire compensation to be provided to the Recipient by Metro.

C.2. **Payment Methodology.** The Recipient will only be compensated for actual costs based upon the Grant Spending Plan, not to exceed the maximum liability established in Section C.1

Upon progress toward the completion of the work, as described in Section A of this Grant Contract, the Recipient shall submit invoices and any supporting documentation as requested by Metro to demonstrate that the funds are used as required by this Grant, prior to any payment for allowable costs. Such invoices shall be submitted no more often than monthly and indicate at a minimum the amount charged by Spending Plan line-item for the period invoiced, the amount charged by line-item to date, the total amount charged for the period invoiced, and the total amount charged under this Grant Contract to date.

Recipient must send all invoices to Metro Public Health Department, Beverly.glaze-johnson@nashville.gov**.**

Final invoices for the contract period should be received by April 15, 2027. Any invoice not received by the deadline date will not be processed and all remaining grant funds will expire.

C.3. **Annual Expenditure Report.** The Recipient must submit a final grant Annual Expenditure Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said report must be in form and substance acceptable to Metro and must be prepared by a Certified Public Accounting Firm or the Chief Financial Officer of the Recipient Organization.

C.4. **Payment of Invoice.** The payment of any invoice by Metro will not prejudice Metro's right to object to the invoice or any other related matter. Any payment by Metro will neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs included therein.

C.5. **Unallowable Costs.** The Recipient's invoice may be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by Metro, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs. Any unallowable cost discovered after payment of the final invoice shall be returned by the Recipient to Metro within fifteen (15) days of notice.

C.6. **Deductions.** Metro reserves the right to adjust any amounts which are or become due and payable to the Recipient by Metro under this or any Contract by deducting any amounts which are or become due and payable to Metro by the Recipient under this or any Contract.

C.7. **Travel Compensation.** Payment to the Recipient for travel, meals, or lodging is subject to amounts and limitations specified in Metro's Travel Regulations and subject to the Grant Spending Plan.

C.8. **Electronic Payment**. Metro requires as a condition of this contract that the Recipient have on file with Metro a completed and signed "ACH Form for Electronic Payment". If Recipient has not previously submitted the form to Metro or if Recipient's information has changed, Recipient will have thirty (30) days to complete, sign, and return the form. Thereafter, all payments to the Recipient, under this or any other contract the Recipient has with Metro, must be made electronically.

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D. **STANDARD TERMS AND CONDITIONS**:

D.1. **Required Approvals.** Metro is not bound by this Grant Contract until it is approved by the appropriate Metro representatives as indicated on the signature page of this Grant and approved by the Metropolitan Council.

D.2. **Modification and Amendment.** This Grant Contract may be modified only by a written amendment that has been approved in accordance with all Metro procedures and by appropriate legislation of the Metropolitan Council.

D.3. **Termination - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. Should the Recipient fail to properly perform its obligations under this Grant Contract or if the Recipient violates any terms of this Grant Contract, Metro will have the right to immediately terminate the Grant Contract and the Recipient must return to Metro any and all grant monies for services or programs under the grant not performed as of the termination date. The Recipient must also return to Metro any and all funds expended for purposes contrary to the terms of the Grant Contract. Such termination will not relieve the Recipient of any liability to Metro for damages sustained by virtue of any breach by the Recipient.

D.4. **Termination - Notice.** Metro may terminate the Grant Contract without cause for any reason. Said termination shall not be deemed a breach of Contract by Metro. Metro shall give the Recipient at least thirty (30) days written notice before effective termination date.

a. The Recipient shall be entitled to receive compensation for satisfactory, authorized service completed as of the effective termination date, but in no event shall Metro be liable to the Recipient for compensation for any service that has not been rendered.

b. Upon such termination, the Recipient shall have no right to any actual general, special, incidental, consequential or any other damages whatsoever of any description or amount.

D.5. **Termination - Funding.** The Grant Contract is subject to the appropriation and availability of local, State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, Metro shall have the right to terminate the Grant Contract immediately upon written notice to the Recipient. Upon receipt of the written notice, the Recipient shall cease all work associated with the Grant Contract on or before the effective termination date specified in the written notice. Should such an event occur, the Recipient shall be entitled to compensation for all satisfactory and authorized services completed as of the effective termination date. The Recipient shall be responsible for repayment of any funds already received in excess of satisfactory and authorized services completed as of the effective termination date.

D.6. **Subcontracting.** The Recipient shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of Metro. Notwithstanding any use of approved Sub-Grantee, the Recipient will be considered the prime Recipient and will be responsible for all work performed.

D.7. **Conflicts of Interest.** The Recipient warrants that no part of the total Grant Amount will be paid directly or indirectly to an employee or official of Metro as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Recipient in connection with any work contemplated or performed relative to this Grant Contract.

D.8. **Nondiscrimination.** The Recipient hereby agrees, warrants, and assures that no person will be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Recipient on the

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grounds of disability, age, race, color, religion, sex, national origin, or any other classification which is in violation of applicable laws. The Recipient must, upon request, show proof of such nondiscrimination and must post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.9. **Records.** The Recipient must maintain documentation for all charges to Metro under this Grant Contract. The books, records, and documents of the Recipient, insofar as they relate to work performed or money received under this Grant Contract, must be maintained for a period of three (3) full years from the date of the final payment or until the Recipient engages a licensed independent public accountant to perform an audit of its activities. The books, records, and documents of the Recipient insofar as they relate to work performed or money received under this Grant Contract are subject to audit at any reasonable time and upon reasonable notice by Metro or its duly appointed representatives. Records must be maintained in accordance with the standards outlined in the Metro Non-Profit Grants Manual. The financial statements must be prepared in accordance with generally accepted accounting principles.

D.10. **Monitoring.** The Recipient's activities conducted and records maintained pursuant to this Grant Contract are subject to monitoring and evaluation by The Metropolitan Office of Financial Accountability or Metro's duly appointed representatives. The Recipient must make all audit, accounting, or financial records, notes, and other documents pertinent to this grant available for review by the Metropolitan Office of Financial Accountability, Internal Audit or Metro's representatives, upon request, during normal working hours.

D.11. **Reporting.** The Recipient must submit a Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said reports shall detail the outcome of the activities funded under this Grant Contract.

D.12. **Strict Performance.** Failure by Metro to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement is not a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract is considered to be waived, modified, or deleted except by a written amendment by the appropriate parties as indicated on the signature page of this Grant.

D.13. **Insurance.** The Recipient agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all applicable taxes incident to this Grant Contract.

D.14. **Metro Liability.** Metro will have no liability except as specifically provided in this Grant Contract.

D.15. **Independent Contractor.** Nothing herein will in any way be construed or intended to create a partnership or joint venture between the Recipient and Metro or to create the relationship of principal and agent between or among the Recipient and Metro. The Recipient must not hold itself out in a manner contrary to the terms of this paragraph. Metro will not become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.

D.16. **Indemnification and Hold Harmless.**

a. Recipient agrees to indemnify, defend, and hold harmless Metro, its officers, agents and employees from any claims, damages, penalties, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Recipient, its officers, employees and/or agents, including its sub or independent Grantees, in connection with the performance of the contract, and any claims, damages, penalties, costs and attorney fees arising from any failure of Recipient, its officers, employees and/or agents, including its sub or

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independent Grantees, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

b. Metro will not indemnify, defend or hold harmless in any fashion the Recipient from any claims, regardless of any language in any attachment or other document that the Recipient may provide.

c. Recipient will pay Metro any expenses incurred as a result of Recipient's failure to fulfill any obligation in a professional and timely manner under this Contract.

d. Recipient's duties under this section will survive the termination or expiration of the grant.

D.17. **Force Majeure.** "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party. Except as provided in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a breach under this Grant Contract. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.

D.18. **Iran Divestment Act.** In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Recipient certifies that to the best of its knowledge and belief, neither Recipient nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

D.19. **State, Local and Federal Compliance.** The Recipient agrees to comply with all applicable federal, state and local laws and regulations in the performance of this Grant Contract. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under this Grant Contract.

D.20. **Governing Law and Venue.** The validity, construction and effect of this Grant Contract and any and all extensions and/or modifications thereof will be governed by and construed in accordance with the laws of the State of Tennessee. The venue for legal action concerning this Grant Contract will be in the courts of Davidson County, Tennessee.

D.21. **Completeness.** This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

D.22. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.23. **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

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D.24. **Metro Interest in Equipment.** The Recipient will take legal title to all equipment and to all motor vehicles, hereinafter referred to as "equipment," purchased totally or in part with funds provided under this Grant Contract, subject to Metro's equitable interest therein, to the extent of its *pro rata* share, based upon Metro's contribution to the purchase price. "Equipment" is defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds Five Thousand dollars ($5,000).

The Recipient agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at any time during the term of the Grant Contract, the Recipient must request written approval from Metro for any proposed disposition of equipment purchased with Grant funds. All equipment must be disposed of in such a manner as parties may agree as appropriate and in accordance with any applicable federal, state or local laws or regulations.

D.25. **Assignment—Consent Required.** The provisions of this contract will inure to the benefit of and will be binding upon the respective successors and assignees of the parties hereto. Except for the rights of money due to Recipient under this contract, neither this contract nor any of the rights and obligations of Recipient hereunder may be assigned or transferred in whole or in part without the prior written consent of Metro. Any such assignment or transfer will not release Recipient from its obligations hereunder. Notice of assignment of any rights to money due to Recipient under this Contract must be sent to the attention of the Metro Department of Finance.

D.26. **Gratuities and Kickbacks.** It will be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparations of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. It will be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from participation in Metropolitan Government contracts.

D.27. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications from the Recipient required or contemplated by this Grant Contract must be in writing and must be made by email transmission, or by first class mail, addressed to the respective party at the appropriate email or physical address as set forth below or to such other party, email, or address as may be hereafter specified by written notice.

Metro

For contract-related matters:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900
Holly.Rice@nashville.gov

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634
Nancy.Uribe@nashville.gov

Recipient

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Music City Prep Clinic
Director
225 South 11th Street
Suite 101A
Nashville, TN 37206

D.28. **Lobbying.** The Recipient certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The Recipient will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subcontractors of federally appropriated funds shall certify and disclose accordingly.

D.29. **Certification Regarding Debarment and Convictions.**

a. Recipient certifies that Recipient, and its current and future principals:

i. are not presently debarred, suspended, or proposed for debarment from participation in any federal or state grant program;

ii. have not within a three (3) year period preceding this Grant Contract been convicted of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) grant;

iii. have not within a three (3) year period preceding this Grant Contract been convicted of embezzlement, obstruction of justice, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

iv. are not presently indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in Sections D.29(a)(ii) and D.29(a)(iii) of this certification.

b. Recipient shall provide immediate written notice to Metro if at any time Recipient learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals fall under any of the prohibitions of Section D.29(a).

D.30. **Effective Date.** This contract will not be binding upon the parties until it has been signed first by the Recipient and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract will be effective as of the date first written above.

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D.31. **Health Insurance Portability and Accountability Act.** Metro and Recipient shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its accompanying regulations.

a. Recipient warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.

b. Recipient warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.

c. Recipient agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep Metro and Recipient in compliance with HIPAA. This provision shall not apply if information received by the Recipient from Metro under this Agreement is not "protected health information" as defined by HIPAA, or if HIPAA permits Recipient and Metro to receive such information without entering into a Business Associate agreement or signing another such document.

D.32. **Federal Funding Accountability and Transparency Act (FFATA).** This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

a. Reporting of Total Compensation of the Recipient's Executives.

i. The Recipient shall report the names and total compensation of each of its five most highly compensated executives for the Recipient's preceding completed fiscal year, if in the Recipient's preceding fiscal year, it received:

(1) Eighty percent (80%) or more of the Recipient's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(2) Twenty-Five Million Dollars ($25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and

(3) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

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ii. Total compensation means the cash and noncash dollar value earned by the executive during the Recipient's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):

(1) Salary and bonus.

(2) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(3) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.

(4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(5) Above-market earnings on deferred compensation which is not tax qualified.

(6) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds Ten Thousand dollars ($10,000).

b. The Recipient must report executive total compensation described above to Metro by the end of the month during which this Grant Contract is established.

c. If this Grant Contract is amended to extend its term, the Recipient must submit an executive total compensation report to the Metro by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Recipient will obtain a Unique Entity Identifier and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: https://www.sam.gov.

The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.

D.33. **Assistance Listing Number.** When applicable, the Recipient shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers:

a. 93.914 HIV Emergency Relief Project Grants.

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Grant contract between the Metropolitan Government of Nashville and Davidson County and Music City Prep Clinic Contract #_____

Recipient: Music City Prep Clinic

By: Steve Golab

Title: Finance Director

Sworn to and subscribed to before me, a Notary Public this 7th day of May, 2026, by Steve Golab Finance Director of Contractor and duly authorized to exe this instrument on Contractor's behalf.

Notary Public: Janet Carbajal

My Commission Expires: September 9, 2028

JANET CARBAJAL JAIMES
NOTARY PUBLIC
STATE OF TEXAS
MY COMMISSION EXPIRES
SEPTEMBER 9, 2028
NOTARY ID: 135081097

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Grant contract between the Metropolitan Government of Nashville and Davidson County and Music City Prep Clinic Contract #_____

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Sanmi Areola
0872295CD81A4B1...

Director, Metro Public Health Department — 5/15/2026 — Date

Signed by:
Tené Hamilton Franklin
BEBF0BBE14D14B0...

Chair, Board of Health — 5/15/2026 — Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Signed by:
Jennieen Reed/mjw
62377A2A8742469...

Initial: BN DS: AP

Director, Department of Finance — 5/21/2026 — Date

APPROVED AS TO RISK AND INSURANCE:

Signed by:
Balogun Cobb
68804BF12FD741C...

Director of Risk Management Services — 5/21/2026 — Date

APPROVED AS TO FORM AND LEGALITY:

Signed by:
Matthew Garth
66F60922930844F...

Metropolitan Attorney — 5/21/2026 — Date

FILED:

Metropolitan Clerk — Date

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Table of Contents of Attachments:

A. Grant Spending Plan
B. Business Associate Agreement
C. Application
D. Certificate of Assurance
E. Non-Profit Grants Manual Receipt Acknowledgement
F. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter and Tennessee Secretary of State Non-Profit Confirmation
G. Non-Profit Charter
H. Independent Audit completed by Certified Public Accountant
I. Certificate of Insurance

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ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Music City Prep Clinic

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$ 5,339.88	$5,054.46	$ 285.42
2	Benefits & Taxes	$528.65	$500.39	$ 28.26
4, 15	Professional Fee/ Grant & Award [2]	$229,721.30	$217,442.66	$ 12,278.64
5	Supplies	$0.00	$0.00	$ -
6	Telephone	$0.00	$0.00	$ -
7	Postage & Shipping	$0.00	$0.00	$ -
8	Occupancy	$0.00	$0.00	$ -
9	Equipment Rental & Maintenance	$313.25	$296.51	$ 16.74
10	Printing & Publications	$0.00	$0.00	$ -
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$ -
13	Interest [2]	$0.00	$0.00	$ -
14	Insurance	$0.00	$0.00	$ -
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$ -
17	Depreciation [2]	$0.00	$0.00	$ -
18	Other Non-Personnel [2]	$123,310.30	$116,719.35	$ 6,590.95
20	Capital Purchase [2]	$0.00	$0.00	$ -
22	Indirect Cost (0% of S&B)	$0.00	$0.00	$ -
24	In-Kind Expense	$0.00	$0.00	$ -
25	**GRAND TOTAL**	$359,213.38	$340,013.37	$ 19,200.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

[2] Applicable detail follows this page if line-item is funded.

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Richard MacKinnon, Subrecipient Lead	213595.2	x	3%	+	$	5,339.88
ROUNDED TOTAL					$	5,339.88

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Dr Peter Cathcart, ART Program Director	49498.8
Kyle Mullins, ART Provider	59079.79
Elissa Pelton, ART Provider	50307.6
Olivia Cholewa, ART Provider	46835.11
TBD ART Provider (RN)	$24,000.00
ROUNDED TOTAL	$ 229,721.30

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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BUSINESS ASSOCIATE AGREEMENT

This agreement is initiated by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY (METRO)**, a metropolitan form government organized and existing under the laws and constitution of the State of Tennessee ("**Metro**" or "**Covered entity**") and **Music City Prep Clinic** ("**Business Associate**").

SECTION 1 – DEFINITIONS

a. **Business Associate**. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Music City Prep Clinic.**

b. **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Metro**, which must fall under one of the following categories:

(1) A health plan.

(2) A health care clearinghouse.

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

c. **Disclosure.** "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

d. **Electronic Media.** "Electronic Media" shall have the same meaning as set forth in 45 CFR § 160.103.

e. **Employer.** "Employer" is defined as it is in 26 U.S.C. § 3401(d).

f. **Genetic Information.** "Genetic Information" shall have the same meaning as set forth in 45 CFR § 160.103.

g. **HITECH Standards**. "HITECH Standards" means the privacy, security and security Breach notification provisions under the Health Information Technology for Economic and Clinical Health (HITECH) Act, Final Rule of 2013, and any regulations promulgated thereunder.

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h. **Individual.** "Individual" shall have the same meaning as set forth in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

i. **Person.** "Person" means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

j. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

k. **Protected Health Information.** "Protected Health Information" or “PHI”:

(1) Shall have the same meaning as set forth in 45 CFR § 160.103.

(2) Includes, as set forth in 45 CFR § 160.103, any information, *now also including genetic information*, whether oral or recorded in any form or medium, that:

(i) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

l. **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

m. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

n. **Security Rule**. "Security Rule" shall mean the Standards for Security of Individually Identifiable Health Information at 45 CFR part 160 and subparts A and C of part 164.

o. **Subcontractor.** “Subcontractor” means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

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p. **Transaction.** "Transaction" shall have the same meaning as set forth in 45 CFR § 160.103.

q. **Catch-all definition.** Terms used but not otherwise defined in this Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology Act of 2009, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH Act"), implementing regulations at 45 Code of Federal regulations Parts 160-164 and any other current and future regulations promulgated under HIPAA or the HITECH Act.

SECTION 2 - OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

a. **Permitted Uses of Protected Health Information**. Business Associate shall not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law. Business Associate may: 1) use and disclose PHI to perform its obligations under its contract with Metro; (2) use PHI for the proper management and administration of Business Associate; and (3) disclose PHI for the proper management and administration of Business Associate, if such disclosure is required by law or such disclosure is authorized by Metro.

b. **Safeguards.** Business Associate shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall develop and implement policies and procedures that comply with the Privacy Rule, Security Rule, and the HITECH Act. The Business Associate must obtain satisfactory assurances that any subcontractor(s) will appropriately safeguard PHI.

c. **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. **Notice of Use or Disclosure, Security Incident or Breach.** Business Associate shall notify Metro of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident (as defined in 45 C.F.R. section 164.304) involving Electronic PHI, and any Breach of Protected Health Information within five (5) business days.

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(i) Business Associate shall provide the following information to Metro within ten (10) business days of discovery of a Breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Metro the following information as soon as possible and without unreasonable delay, but in no event later than thirty (30) calendar days from the date of discovery of a Breach:

(1) The date of the Breach;

(2) The date of the discovery of the Breach;

(3) A description of the types of PHI that were involved;

(4) identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed; and

(5) Any other details necessary to complete an assessment of the risk of harm to the Individual.

(ii) Business Associate shall cooperate with Metro in investigating the breach and in meeting Metro's notification obligations under the HITECH Act and any other security breach notification laws.

(iii) Business Associate agrees to pay actual costs for notification after a determination that the Breach is significant enough to warrant such measures.

(iv) Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Metro in the time and manner reasonably requested by Metro.

(v) Business Associate shall report to Metro any successful: (1) unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information; and (2) interference with Business Associate's information systems operations, of which Business Associate becomes aware.

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e. **Compliance of Agents.** Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Metro, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. **Access**. Business Associate agrees to provide access, at the request of Metro, and in the time and manner designated by Metro, to Protected Health Information in a Designated Record Set, to Metro or, as directed by Metro, to an Individual, so that Metro may meet its access obligations under 45 CFR § 164.524, HIPAA and the HITECH Act.

g. **Amendments**. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Metro directs or agrees at the request of Metro or an Individual, and in the time and manner designated by Metro, so that Metro may meet its amendment obligations under 45 CFR § 164.526, HIPAA and the HITECH Act.

h. **Disclosure of Practices, Books, and Records**. Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Metro available to Metro, or at the request of Metro to the Secretary, in a time and manner designated by Metro or the Secretary, for purposes of determining Metro's compliance with the HIPAA Privacy Regulations.

i. **Accounting**. Business Associate shall provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR § 164.528 (including without limitation a disclosure permitted under 45 CFR § 164.512) and under the HITECH Act. Business Associate shall make the disclosure Information available to Metro within thirty (30) days of Metro’s request for such disclosure Information to comply with an individual’s request for disclosure accounting. If Business Associate is contacted directly by an individual based on information provided to the individual by Metro and as required by HIPAA, the HITECH Act or any accompanying regulations, Business Associate shall make such disclosure Information available directly to the individual.

j. **Security of Electronic Protected Health Information.** Business Associate agrees to: (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Metro; (2) ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (3) report to Metro any security incident of which it becomes aware.

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k. **Minimum Necessary**. Business Associate agrees to limit its uses and disclosures of, and requests for, PHI: (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

l. **Compliance with HITECH Standards.** Business Associate shall comply with the HITECH Standards as specified by law.

m. **Compliance with Electronic Transactions and Code Set Standards**: If Business Associate conducts any Standard Transaction for, or on behalf, of Metro, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulations. Business Associate shall not enter into, or permit its subcontractor or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of Metro that:

(i) Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;

(ii) Adds any Health Information elements or segments to the maximum defined Health Information Set;

(iii) Uses any code or Health Information elements that are either marked “not used” in the Standard’s Implementation Specification(s) or are not in the Standard’s Implementation Specifications(s); or

(iv) Changes the meaning or intent of the Standard’s Implementations Specification(s).

n. **Indemnity.** Business Associate shall indemnify and hold harmless Metro, its officers, agents and employees from and against any claim, cause of action, liability, damage, cost or expense, including attorneys’ fees, arising out of or in connection with any non-permitted use or disclosure of Protected Health Information or other breach of this Agreement by Business Associate or any subcontractor or agent of the Business Associate.

SECTION 3 - OBLIGATIONS OF METRO

a. Metro shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

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b. Metro shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Metro has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

SECTION 4 – TERM, TERMINATION AND RETURN OF PHI

a. **Term**. The Term of this Agreement shall be effective when file in the office of the Metropolitan Clerk and shall terminate when all of the Protected Health Information provided by Metro to Business Associate, or created or received by Business Associate on behalf of Metro, is destroyed or returned to Metro, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section. The maximum length of the effective term of the contract is sixty (60) months from the effective date.

b. **Termination for Cause.** Upon Metro's knowledge of a material breach by Business Associate, Metro shall provide an opportunity for Business Associate to cure the breach or end the violation. Metro may terminate this Agreement between Metro and Business Associate if Business Associate does not cure the breach or end the violation within fourteen (14) days. In addition, Metro may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not feasible.

c. **Obligations on Termination.**

(i) Except as provided in subsection (ii), upon termination of this Agreement, for any reason, Business Associate shall return or destroy as determined by Metro, all Protected Health Information received from Metro, or created or received by Business Associate on behalf of Metro. This provision shall apply to Protected Health Information that is in the possession of subcontractor or agents of the Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business Associate shall complete such return or destruction as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement. Within such sixty (60) day period, Business Associate shall certify on oath in writing to Metro that such return or destruction has been completed.

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(ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Metro notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Metro does not agree that return or destruction of Protected Health Information is infeasible, subparagraph (i) shall apply. Business Associate shall complete these obligations as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement.

Section 5 – Miscellaneous

a. **Regulatory References.** A reference in this Agreement to a section in HIPAA or the HITECH Act means the section as in effect or as amended, and for which compliance is required.

b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Metro to comply with the requirements of HIPAA or the HITECH Act and any applicable regulations in regard to such laws.

c. **Survival.** The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

d. **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Metro to comply with HIPAA or the HITECH Act or any applicable regulations in regard to such laws.

e. **Governing Law.** The validity, construction, and effect of this Agreement and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that Business Associate may provide.

f. **Venue.** Any action between the parties arising from this Agreement shall be maintained in the courts of Davidson County, Tennessee.

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A Bold Approach to Ending the HIV Epidemic in Uncertain Times

Music City PrEP Clinic
Nashville Metro Health's Ryan White HIV/AIDS Program (RWHAP) Part A and Minority AIDS Initiative (MAI)

Summary

Music City PrEP Clinic (MCPC), a **Nashville-based sexual health and wellness clinic** dedicated to the **elimination and treatment of HIV**, will leverage the **Ryan White Part A (RWPA) network** to expand access to **comprehensive HIV care and support services**.

MCPC provides Early Intervention Services (EIS), Outpatient Medical Care, Medical and Non-Medical Case Management (MCM & NMCM), and essential support services, but the **lack of RWPA participation requires the clinic to refer away RWPA-eligible patients seeking RWPA-funded wraparound services that the clinic does not or cannot provide.** In the past year alone, over 100 RWPA-eligible patients who would have otherwise benefited from comprehensive HIV care at MCPC reluctantly transferred their healthcare to RWPA network providers in order to receive RWPA-funded wraparound services. By joining the RWPA network, MCPC will be able to provide RWPA-eligible patients an additional option to exercise their choice for high-quality, service-centric care.

RWPA funding enables MCPC to offer exclusive RWPA services that it is currently barred from providing, ensuring that RWPA-eligible patients can receive rapid Antiretroviral Therapy (ART) initiation, transportation assistance, food security support, housing referrals, access to specialized care, and Great Experiences directly through MCPC.

Last year, Music City Prep Clinic (MCPC) spent $502,000 on Antiretroviral Therapy (ART) for our patients. Based on our projected growth, we anticipate an increase in the number of ART patients by over 100 individuals and 800 appointments. Consequently, we expect the total costs for ART to rise to $603,297, which will cover both direct patient care as well as all associated support and wraparound services. MCPC will continue to cover 100% of the ART costs for the projected level of active patients.

We are intimately aware of recent RWPA funding uncertainty and do not wish our application to further destabilize the fragile funding ecosystem within our local HIV/AIDS healthcare community. As a result, we request a $19,200 RWPA grant to recognize our independently funded and ongoing efforts and accomplishments. A modest grant is meaningful in that it enables our participation in the RWPA network. This approach eliminates the need for Metro Health to redistribute scarce RWPA funds among competing incumbent applicants and fosters the primacy of the principle of Patient Choice—patients should be able to choose their health care provider based on their preference. The Ryan White program should expand the options for patient choice, not limit patients to choosing among a small group of participating providers. That said, MCPC will provide a $17.71 match to any dollar received from a RWPA award to further bolster our planned efforts.

It has been an honor to be part of this collaborative effort, working alongside the Ryan White network, community partners, and stakeholders to ensure that no eligible individual

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is denied life-saving HIV care and support delivered with our unmatched Great Experiences by Design**. Our participation in the RWPA network furthers the community goal of providing more options for PLWH to exercise their choice as patients to choose their providers.**

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A) Organization & Team Qualifications

I) Organization Background:

1) MCPC Background

Music City PrEP Clinic (MCPC), established in 2017 as a federal 340B STD covered entity is a sexual health and wellness clinic dedicated to eliminating new HIV transmissions in Nashville and Middle Tennessee.

Our differentiator in the marketplace of healthcare options is our Philosophy of Service which recognizes that it is Great Experiences by Design that bring patients to us and keep them coming back. The design process begins with a deep understanding of our mission (ending HIV in Nashville and middle TN), purpose (fostering sex esteem), and vision (a world where we can have sex without fear and love without stigma).

This understanding of why we exist as an organization today and tomorrow, enables us to manifest our Philosophy of Service through trust building, courtesy, showcraft, and efficiency. These prioritized service essentials define how we do what we do. And finally, we create Great Experiences by Design for our patients and our staff intentionally, so that they happen every time.

We hold ourselves accountable to high standards through regular surveys, investigations, service gap recovery, and experience improvement initiatives. We initially operated with minimal resources but we were possessed by a meaningful and impactful mission, purpose, vision, and philosophy of service.

MCPC has grown into **Tennessee's leading provider of Pre-Exposure Prophylaxis (PrEP) services**. Since 2019, we have provided PrEP care and sexual health services to **more than 20,000 patients**. According to Southeast AIDS Education & Training Center (SEAETC)**, "**MCPC played a significant role in Tennessee's meteoric rise from the bottom tier of the country to the Top five states leading the nation in PrEP use rates in 2021. It's worthwhile noting that it is not the state of Tennessee that actually appears in the #4 spot, but Nashville/Davidson County punching above its weight as if it were a state in its own right--besting the states of Nevada and Massachusetts in the Top 5 and the other 45 states ranked below them (Fig. 1). As nearly a third of new HIV infections in TN are diagnosed in Davidson County, this feat clearly has substantial impacts in reducing new infections in the state." (Local Response Plan, 2023). Note that the bottom 5 states, with exception of Puerto Rico, are TN's neighbors and where TN likely would have remained (Fig. 2).

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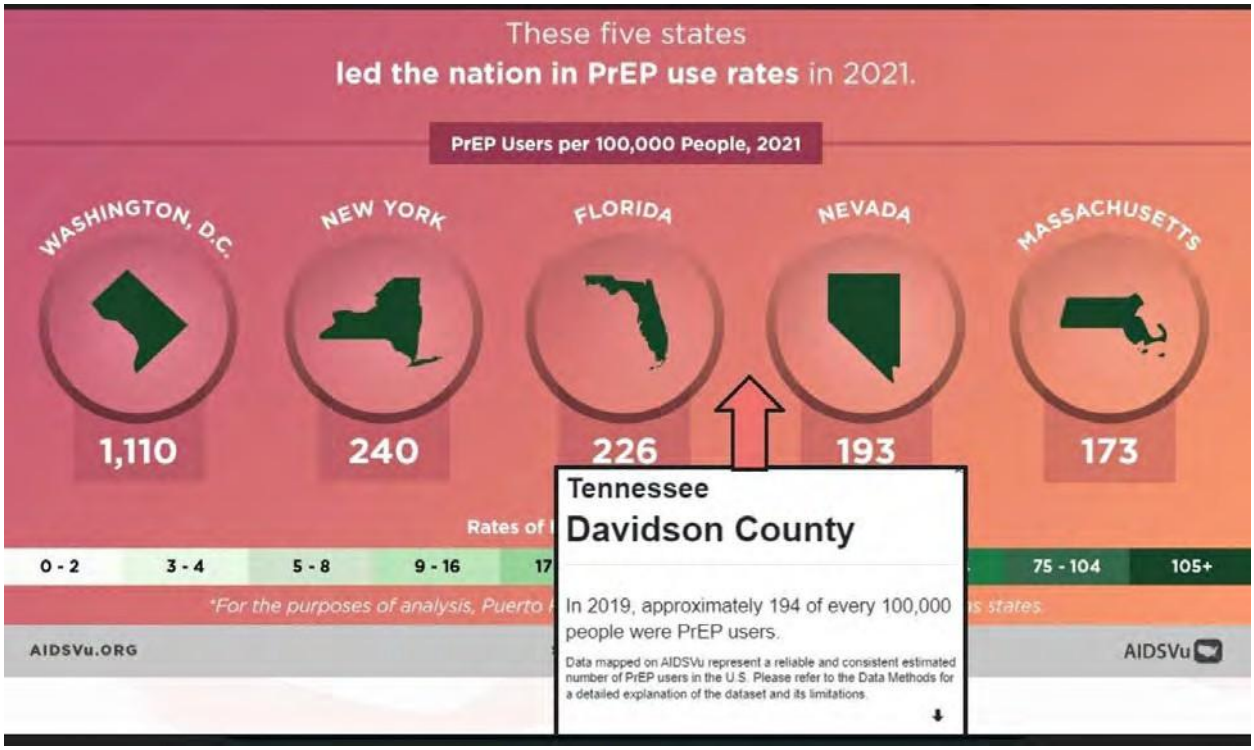

Figure 1. Tennessee's Davidson county has a PrrEP use rate higher than the top 4 states; this is largely due to MCPC's success. *(Source: SEAETC)*

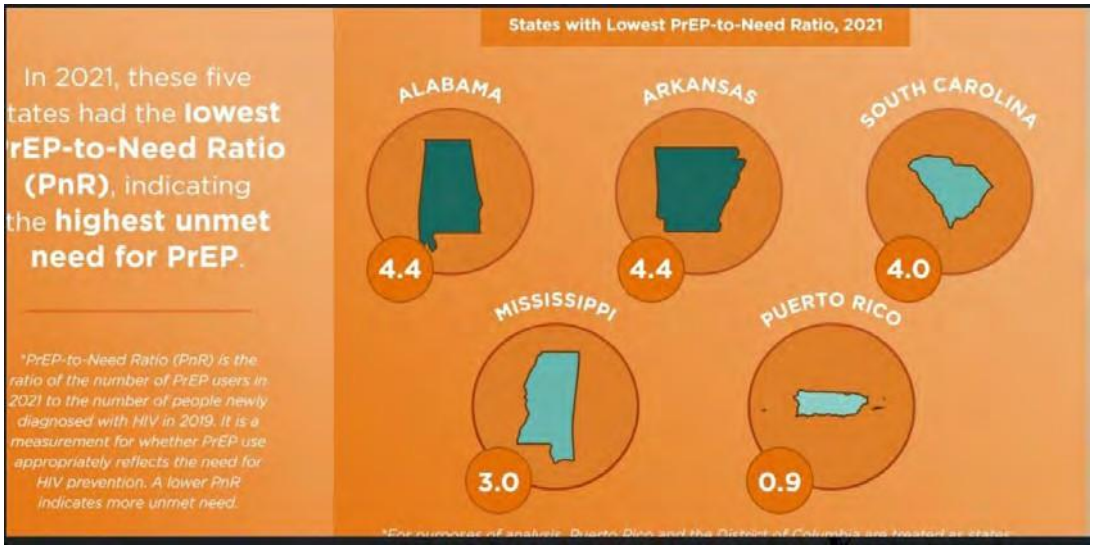

Figure 2. Tennessee would have likely been within the lowest 5 PrEP-to-Need ratio had Davidson County not outperformed in PrEP usage. *(Source: SEAETC)*

Recognizing that ending the HIV epidemic requires comprehensive care, MCPC expanded its services in 2021 to include ART for individuals living with HIV. With training, mentoring, and guidance from the **Vanderbilt Comprehensive Care Clinic (CCC) Practice Transformation program** and the SEAETC, (see letters of support attached in the appendix), we launched our ART program, treating our first patient in July

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2021. By November 2021, we had introduced case management and care navigation services. In 2024, MCPC provided **ART care to 413 unique patients** and served a **total of 6,789 active patients across all service lines**, including ART, PrEP, and STI services.

MCPC offers judgement-free, little to no-cost lab testing for HIV and bacterial STIs, as well as hepatitis A, B, and C testing. Our goal is to provide our services at the lowest cost possible to our patients, with many experiencing no out-of-pocket expenses. If cost is ever an issue, our friendly financial aid specialists and our "Bill Slayer" are available to help ensure that we bring Great Experiences by Design, even to medical billing.

Our mission aligns seamlessly with the objectives of the Nashville Metro Health Ryan White Part A and Minority AIDS Initiative (MAI) services. By offering comprehensive, accessible, and stigma-free care, MCPC is well-positioned to contribute significantly to the health and well-being of people living with HIV/AIDS in the Nashville area.

2) Existing HIV Counseling and Testing Capacity

MCPC operates a high-volume HIV counseling and testing service embedded within our PrEP/STI service model, with an average **daily load of approximately 53 patients with peak loads as high as 74**. Testing is integrated seamlessly with sexual health screenings, ensuring same-day access to HIV testing, prevention, and linkage to care. Our HIV testing services are confidential, rapid, and service-centric, with a focus on early detection and immediate linkage to treatment or prevention strategies.

HIV Counseling & Testing Process

1. HIV Testing Workflow

- Routine rapid HIV testing is conducted alongside STI screenings, providing results within 20 minutes.
- Confirmatory testing (if necessary) is drawn the same day**,** with results delivered in person at a followup appointment, ensuring patients receive immediate next steps.
- Patients who test negative but are at risk are immediately counseled and linked to PrEP services.
- Patients who test positive are seamlessly transitioned to care navigation and case management.

2. Capacity for HIV Clinical Care (ART) Services

- ART providers currently have a maximum patient load of 16 patients per clinical day.
- Clinical encounters follow a comprehensive HIV care protocol, ensuring that patients receive medical evaluation, adherence support, and wrap-around services.
- Care navigation and case management teams play an active role in providing psychosocial support, benefits enrollment, and addressing social determinants of health.

3. Case Management & Patient Navigation

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- Case managers (navigators) support in-clinic patients by facilitating access to care, addressing social and medical needs, and ensuring retention in services.
- Patient encounters include assistance with housing, transportation, mental health, and insurance enrollment.
- Daily coordination occurs to proactively address barriers to care and facilitate continuity of services.

4. Wrap-Around Services & Community Partnerships

- MCPC collaborates with community-based organizations and social service providers to ensure holistic patient support.
- Existing community partnerships provide wrap-around services in the realms of transportation assistance, as well as inpatient and outpatient rehabilitation for substance use disorders.
- Our referral system ensures that patients have access to comprehensive support beyond clinical care, improving health outcomes and retention.

MCPC's integrated **HIV counseling, testing, and treatment services** align with best practices in **early detection, rapid linkage to care**, and **retention in HIV treatment**. Through high-capacity testing, structured clinical protocols, and strong community partnerships, MCPC is well-positioned and resourced to meet the needs of people living with HIV in the Nashville Metro area.

3) Alignment with MCPC's Mission & Capabilities

MCPC was founded with the mission of eliminating new HIV transmissions in the Nashville Metropolitan area by providing accessible, high-quality, and **service-centric care**. Adding Ryan White Part A service lines would enhance MCPC's ability to deliver comprehensive support under one roof, reducing the need for external referrals and ensuring seamless access to medical case management, social services, and adherence support.

MCPC is well-positioned and resourced to integrate Ryan White Part A guidance and services into its existing infrastructure, with its passionate team of clinical case managers, experienced AAHIVM-certified providers, and support staff trained in HIV care and social service coordination. Our electronic medical records system is capable of tracking patient outcomes and ensuring compliance with HRSA reporting requirements. By participating in the Ryan White network, MCPC will be able to coordinate, report and improve network-wide retention, enhance viral suppression rates across the network, and expand access to care and Great Experiences for uninsured and underinsured individuals who may otherwise struggle to navigate fragmented healthcare systems.

Bringing Ryan White services in-house aligns perfectly with MCPC's **Philosophy of Service**, **Great Experiences by Design**, and mission to reduce new HIV transmissions while improving health outcomes and experiences for people living with HIV. Our experience in HIV prevention and treatment, combined with our existing case management capabilities, makes us an ideal provider to expand Ryan White services in the Nashville Metro area. With the staff, expertise, and operational readiness already in place, **MCPC is already delivering high-quality HIV care that exceeds community expectations and**

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advances the objectives of the Ryan White program and Metro Nashville EHE Committee.

4) Alignment with the Program's Requirements

MCPC has a strong foundation in delivering high-quality HIV care and meeting the rigorous requirements of the Ryan White Part A program. Our clinical leadership brings extensive experience in providing HIV treatment and wrap-around services, ensuring that we can successfully implement and maintain program expectations. Our Medical Director, **Dr. Peter Cathcart**, previously worked in a Ryan White-sponsored ART institution (Neighborhood Health) in the Nashville area, equipping him with the necessary expertise to guide our providers in delivering evidence-based HIV care. Additionally, our Clinic Operations Director, **Jason Butler (MHA,NP),** has a background in Ryan White-funded programs across multiple Federally Qualified Health Centers (FQHCs), offering expertise in quality improvement, clinical operations, and program compliance. Their deep understanding of grant timelines, reporting requirements, and specialized software platforms provides the structure needed for a seamless transition into the Ryan White Part A program.

MCPC is well-prepared to integrate Ryan White requirements into our existing framework, ensuring compliance from the outset. Our training department is positioned to facilitate rapid dissemination of program changes within both provider and care management workspaces, enabling immediate implementation upon the grant award on February 25, 2025. With support from our IT team, we have already begun assessing how to integrate CareWARE utilization and data capture to streamline reporting and enhance patient tracking. Our proactive approach to system adjustments and workflow integration will ensure a smooth adoption of Ryan White protocols, improving service delivery and data integrity.

Furthermore, MCPC has identified dedicated personnel to oversee Ryan White deliverables and **continuous quality improvement initiatives**, reinforcing our commitment to maintaining the highest standards of patient care. Our team's ability to anticipate and adapt to evolving program requirements will support long-term sustainability and continuous enhancement of services for people living with HIV. Metro Health's pre-award on-site visit will affirm that our facilities, staff, and operational infrastructure align with the program's expectations, demonstrating our readiness to become a strong Ryan White Part A participant.

II) Organization Capacity:

1) Organization Documentation and Description

MCPC is a 501(c)(3) non-profit organization incorporated in Tennessee, with the mission to treat existing cases of HIV and eliminate new transmissions in the greater Nashville area. As part of this grant application, the following documents are provided in the appendix:

- Articles of Incorporation
- 501(c)(3) Non-Profit Designation Documentation
- Current Tennessee Charitable Solicitations Letter

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- System for Award Management (SAM) Exclusion Report

MCPC's organizational structure is depicted in Figure 3, clearly identifying the program components potentially funded by RWPA. MCPC is led by **Richard MacKinnon** as the Executive Director who will serve as the **Subrecipient Lead** for this project. Rich founded MCPC with friends and community members as a way of increasing PrEP access and uptake among gay men in a healthcare setting designed for and operated by gay men. This understanding of creating healthcare experiences that are Great Experiences by Design for a particular demographic is fundamental to the rapid growth and successful outcomes at MCPC. Rich has been appointed by the Metro Nashville Mayor to serve for two consecutive terms on the Ending the HIV Epidemic Advisory Council.

As much as Ryan White participation can bring to MCPC's existing and future services, it is Rich's aspiration that MCPC can bring the power of Great Experiences by Design to the Ryan White community.

Financial management of MCPC is overseen by **Monica Pintado**, who will act as the Project's Finance Manager. Monica holds an MBA from the University of Phoenix and an accounting degree from Pace University, with nearly two decades of accounting and controller experience. Monica's resume, along with her detailed job description, is included in the appendix.

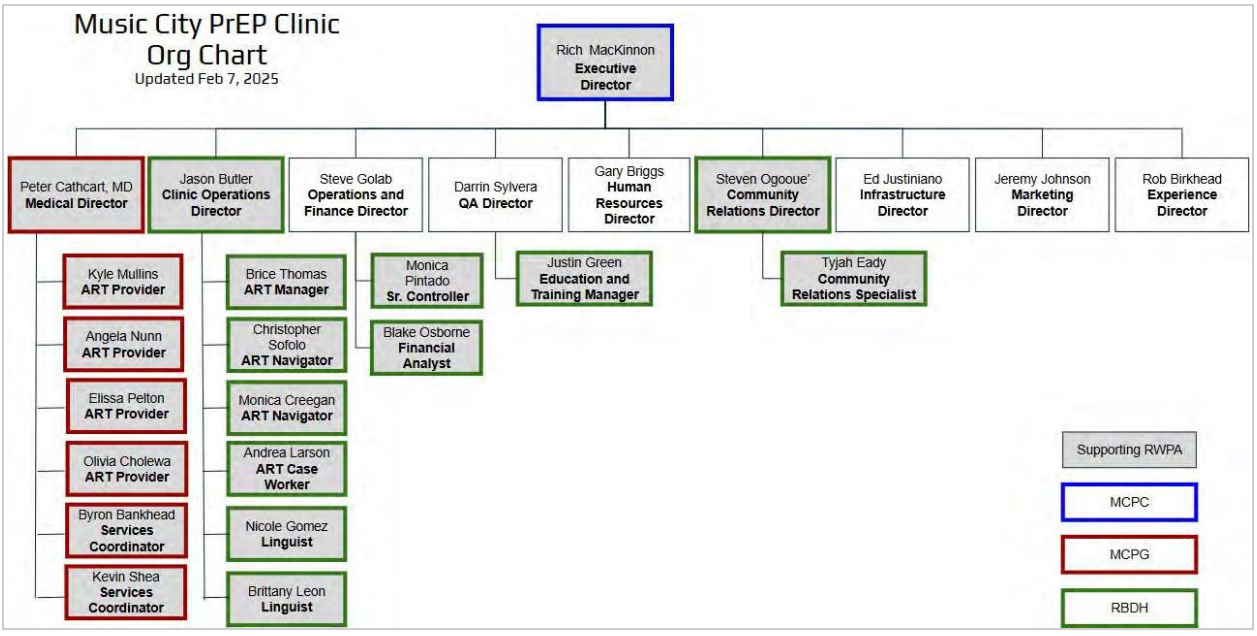

Figure 3. MCPC's Organizational Chart. Staff directly supporting Ryan White Part A (RWPA) are indicated by colored shading.

All physicians and licensed healthcare professionals at MCPC are contracted through Music City Physicians Group, which provides independent malpractice insurance coverage for clinical staff. This arrangement, commonly used in non-profit healthcare organizations, helps to protect the core entity by ensuring that malpractice claims are

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managed separately from the non-profit's operational and financial responsibilities. This structure allows MCPC to maintain its focus on mission-driven work while ensuring comprehensive risk management for its healthcare providers. Our Director of Clinical Operations , along with other non-clinical staff, are employed by Rod Bragg Diversity Health (RBDH), a Management Services Organization (MSO) that provides administrative and management services to MCPC under the direct oversight and control of MCPC's Executive Director and Board of Directors.

Additionally, Monica Pintado, the Finance Manager, is contracted through IronClad Consulting Services, which provides specialized financial management support to ensure compliance with grant and regulatory requirements. These contractual arrangements have been in place to staff MCPC's general operations for years and are not specific to the grant award.

2) MCPC's Experience Administrating Government Funds

MCPC has a growing track record in the administration of federal- and state-funded programs, demonstrating strong fiscal management, compliance with grant requirements, and effective program implementation. MCPC currently administers funding through the Southeast AIDS Education & Training Center (SEAETC), which supports clinical education and training initiatives related to HIV care. This partnership reflects MCPC's capacity to manage government-related funds with a focus on accountability, accurate reporting, and performance-based outcomes. Brice Thomas (MDiv, DMin), ART Clinical Care Manager, oversees SEAETC fund management, ensuring compliance with grant conditions and deliverables.

In the past five years, MCPC has not faced any restrictions from receiving federal funds and has not been placed on restrictive measures such as increased reporting or monitoring visits due to compliance issues. This record reflects the organization's strong internal controls, robust financial oversight, and dedication to maintaining federal standards in grant administration.

MCPC has had a single corrective action plan within the last three years. This came from a routine 340B HRSA Audit in KY during April 2024 related to a defunct pharmacy listing discovered in the OPAIS database. We corrected the error by deleting the listing. Otherwise, there have been no other audit findings related to meeting grant requirements.

MCPC's proactive approach to risk management and internal auditing identifies and mitigates potential issues.

Although MCPC is not currently a Ryan White Part A provider, the organization has demonstrated effective performance with SEAETC funds and other grants. A letter of reference from SEAETC is provided in the appendix to validate MCPC's strong track record in managing allocated grant funds responsibly.

Additionally, MCPC's most recent IRS Form 990 is included in the appendix. This record confirms the organization's adherence to financial management standards required for federal grant recipients.

MCPC's experience, combined with its solid infrastructure for grant management, positions the organization to effectively administer Ryan White Part A funds, ensuring programmatic success and financial integrity.

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3) MCPC's data collection and utilization system

MCPC utilizes a comprehensive, multi-platform data collection system to manage client demographics, service utilization, and performance data. This system supports robust data analysis, quality improvement initiatives, and compliance with reporting requirements for federal, state, and local funding programs.

MCPC's primary electronic health record (EHR) system is AthenaOne, which captures and manages patient demographics, clinical encounters, lab results, and service utilization data. AthenaOne allows for real-time data entry by clinical and administrative staff, ensuring accurate and up-to-date information. This system supports the generation of detailed reports on patient outcomes, adherence to care plans, and performance metrics aligned with grant requirements.

In addition to AthenaOne, MCPC employs BWell, a Management Information System (MIS) platform used to manage specific programmatic data related to patient engagement, outreach activities, and case management. BWell enhances MCPC's ability to track patient interactions beyond clinical encounters, providing valuable insights into patient needs, service delivery effectiveness, and Great Experiences.

MCPC also utilizes Avita Care Connect, which supports pharmacy-related data, including medication adherence, prescription management, and pharmacy service utilization. This system integrates with clinical data to provide a comprehensive view of patient care, particularly for individuals on ART and PrEP.

Data collection and reporting are decentralized across MCPC's departments, with each department responsible for running and validating reports relevant to their operations. This approach allows for specialized oversight of data quality while maintaining organizational accountability. Staff involved in data collection include clinical data coordinators, case managers, quality improvement (QI) personnel, and IT support staff, all of whom are trained in data entry, validation, and reporting processes.

From a hardware perspective, MCPC utilizes secure, HIPAA-compliant servers and encrypted devices for data storage and access. Staff workstations are equipped with secure login protocols, and data access is role-based to maintain confidentiality and data integrity.

As part of the Ryan White Part A program, MCPC plans to integrate CAREWare into its data infrastructure. Preliminary assessments have been conducted to ensure data migration capabilities and system compatibility with existing platforms. This integration will enhance MCPC's ability to track Ryan White-specific metrics, support continuous quality improvement (CQI) activities, and meet all reporting requirements set by Metro Health and HRSA.

MCPC's data collection systems, combined with dedicated staff and secure technological infrastructure, ensure accurate, timely, and reliable data for monitoring program performance and improving health outcomes for people living with HIV.

4) MCPC's Fiscal System

MCPC employs an accrual basis of accounting, in compliance with generally accepted accounting principles (GAAP), to ensure that all revenues are recognized when earned, and expenses are recorded when incurred. This method offers an accurate and comprehensive view of the organization's financial position, aligning with HRSA National Monitoring Standards and the Nashville TGA Standards of Care. These standards require

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strict tracking of funds to ensure that they are spent in accordance with the approved budget categories, such as Outpatient Ambulatory Care, Medical Case Management, and Early Intervention Services, all of which are integral to the services provided under the Ryan White Part A funding.

Expenditures related to the Ryan White Part A Program will be tracked through QuickBooks, which is utilized by MCPC for all income and expenses. We utilize project-based accounting in Quickbooks to produce separate project-specific profit & loss (P&L) statements and budget vs. actual (BvA) reports, which will allow for precise monitoring and reporting of the program's financial performance. Each expense is categorized under the appropriate project, ensuring that funds are properly allocated and documented.

For the Accounts Payable (AP) process, MCPC uses Bill.com, which streamlines and automates the invoice approval process. Invoices and supporting documentation are submitted through Bill.com, where they are reviewed and approved by at least two individuals—the department director and the controller —before payment is processed. This dual-approval system is integrated within Bill.com, helping ensure that no payments are made without proper oversight. The Bill.com approval workflow provides a clear and auditable trail of approvals, maintaining transparency and accountability for all expenditures, in line with the program's fiscal management requirements.

To ensure internal control and safeguard MCPC's financial assets, all records are securely stored in Google Drive and organized by fiscal year and vendor, making them accessible for future audits and reviews. Our internal controls include regular reconciliation of all transactions and accounts by the accounting department and periodic oversight by the Executive Director, ensuring all financial practices meet HRSA's and Nashville TGA's fiscal management expectations.

MCPC also adheres to comprehensive audit procedures. The organization undergoes an annual audit conducted by an independent CPA firm, in line with the financial oversight requirements outlined in the Ryan White Part A Program Manual. Detailed financial reports are provided monthly to the Executive Director and also presented to the Board during each monthly Board meeting, ensuring transparency and accountability in the use of program funds. Additionally, MCPC has successfully participated in a routine HRSA audit of its 340B operations and conducts annual mock HRSA audits to ensure the highest level of compliance.

5) MCPC's reporting process

MCPC has established a robust, multi-tiered reporting process to ensure that program reports are completed accurately, efficiently, and on time. Our reporting framework is designed to support compliance with grant requirements, monitor clinical performance, and drive continuous quality improvement across all service lines.

Responsibility for reporting is clearly assigned to designated staff members based on their roles within the organization. Clinical data reports, including metrics related to laboratory results, patient visits, and service utilization, are generated weekly to track key performance indicators. In addition, daily reports focused on clinical utilization are conducted by the Quality Assurance (QA) team to monitor service delivery and identify trends or areas for improvement. Staff responsible for report generation undergo formal

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training provided by our Training and IT departments and must demonstrate proficiency before being authorized to manage reporting tasks. This includes hands-on instruction from the Medical Director, Clinical Operations Director, and Nurse Informaticist, ensuring a strong foundation in data management and analysis.

Data validation and accuracy are critical components of MCPC's reporting process. Reports generated through AthenaOne, our electronic health record (EHR) system, are routinely validated through chart checks to confirm data precision. This process ensures that reported information aligns with actual clinical documentation. Executive leadership, including the Executive Director and the Directors of the respective departments, plays an active role in reviewing reports for accuracy and providing oversight to maintain data integrity. Reports undergo a multi-level review process, where data is cross-verified between clinical documentation, EHR outputs, and manual audits when necessary.

To maintain timeliness, MCPC utilizes automated reporting schedules within AthenaOne, allowing key reports to run regularly without manual intervention. For emerging quality improvement (QI) or QA needs, ad-hoc reports are generated on-demand to address specific data inquiries or operational concerns. Analysis of daily and monthly performance trends and KPI's are discussed during bi-weekly executive-level Data Talks. This flexibility allows MCPC to respond quickly to both internal and external reporting requirements, supporting **a culture of data-driven decision-making**.

Ultimately, accountability for timely report submission rests with department leads, who coordinate closely with the executive leadership team to ensure that deadlines are met. Regular check-ins, internal audits, and cross-departmental collaboration reinforce MCPC's commitment to accurate, comprehensive, and timely reporting for all clinical and programmatic activities.

III) Cultural and Linguistic Competency:

MCPC is deeply committed to cultural and linguistic competency, recognizing that effective HIV care must be rooted in an understanding of the diverse communities we serve. Our approach is guided by the principles of cultural humility, health equity, and service-centric care, ensuring that our Great Experiences by Design are delivered with sensitivity to the cultural beliefs, languages, and lived experiences of our patients. Through Mission-Purpose-Vision (MPV)-driven leadership, strategic community partnerships, and comprehensive staff training, MCPC fosters an inclusive environment where individuals from all backgrounds feel respected, heard, and supported. This commitment extends to our service delivery, outreach efforts, and internal policies, all designed to build trust, reduce health disparities and promote equitable access to care for marginalized and underserved populations.

1) MCPC's Cultural Competency

MCPC operates with a deep understanding of the diverse populations disproportionately impacted by HIV, particularly marginalized and minority communities across Nashville and surrounding areas. Our commitment to cultural competency is embedded in every aspect of our work, ensuring that our services are delivered with sensitivity, respect, and awareness of the unique challenges faced by the people we serve. Mr. **Steven Ogooue'**, Community Relations Director, attended Morehouse College and

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studied medicine at Meharry Medical College. He leads our efforts in fostering meaningful relationships within the Black and African American communities throughout Nashville and Kentucky. Through his leadership, MCPC has built trust with historically underserved populations, utilizing culturally relevant outreach strategies such as presentations at Historically Black Colleges and Universities (HBCUs) and active participation in community events and health fairs across the region, including financially supporting the Music City ACC Ball for each of its 3 years in existence, culminating in a ballroom demonstration, panel presentation including Billy Porter, and screening of the award-winning documentary "Paris is Burning" at the National Museum of African American Music.

This culturally responsive approach has yielded tangible outcomes. For example, a recent ART patient cited Mr. Ogooue's community presence as the reason they sought care at MCPC, emphasizing how familiar faces and culturally competent messaging can be the bridge to life-saving services. This reflects MCPC's ability to create a welcoming, affirming environment where individuals feel seen, heard, and respected—a critical factor in building trust, creating Great Experiences, and improving health outcomes for people living with HIV and seeking sexual healthcare.

2) MCPC's Cultural Strategy

MCPC's strategic commitment to cultural and linguistic competency is reflected in our organizational policies, staff training programs, and community engagement initiatives. Our cultural competency strategy is guided by the principles of cultural humility, acknowledging the importance of continuous learning and reflection to better serve diverse populations. MCPC ensures that all staff members undergo comprehensive training on cultural competency, implicit bias, and health equity. These trainings are facilitated through collaborations with community partners and experts in inclusive healthcare practices, ensuring our team remains current on best practices in cross-cultural patient care.

Additionally, MCPC incorporates cultural competency into its hiring practices, actively seeking staff members who reflect the communities we serve. This diversity within our workforce helps foster an environment of inclusion and understanding, both within the clinic and in our outreach efforts. Our Austin Peay State University brochure, designed with input from local students, is an example of how we tailor health education materials to resonate with specific cultural groups, using language, imagery, and messaging that align with their lived experiences.

Our cultural fluency is evidenced in our strategic approach to communicating with our communities via our public outreach, marketing, and advertising campaigns. The messaging and tone for one community may not be effective with another. For instance, we engaged members of the Black/African-American communities and a Black filmmaker to help us plan and execute our series of TV commercials intended for Black/ African-American audiences ("We're in this Together" campaign). Similarly, we conscientiously produced a series of radio-based messages meant for audiences during their drive home from church, and sponsored programs tailored to Black/African-American audiences broadcasted on the local National Public Radio affiliate.

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3) Cultural and Linguistic Competency in Service Delivery

MCPC's service delivery model integrates cultural and linguistic competency at every level, from patient intake to ongoing clinical care. We understand that health behaviors are shaped by language, cultural beliefs, socioeconomic conditions, and historical experiences with healthcare systems. As such, we prioritize culturally tailored interventions, ensuring that our messaging is not only informative but also culturally relevant and sensitive. This includes using inclusive language in patient education materials, offering gender-affirming care, and adapting our outreach strategies based on the specific needs of diverse communities.

To support individuals with Limited English Proficiency (LEP), MCPC provides access to qualified language interpreters at no cost to the patient, in compliance with federal laws such as Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. To accommodate patients requiring spoken or sign language interpretation, we utilize SpokenHere, a synchronous audio and visual translation service, allowing real-time communication between patients and providers. SpokenHere provides access to almost any known language. SpokenHere provides professional foreign language services in more than 300 languages, including translation, remote interpreting, voiceovers, and more.

Figure 4. Net Promoter Score feedback published in near real-time on our website evidences a Great Experience for this Spanish-speaking patient.

Additionally, MCPC has Spanish-speaking team members integrated within every clinical service area, ensuring that Spanish-speaking patients receive immediate and culturally competent support, even in the event of a technical outage. We also ensure that critical documents are translated into the most commonly spoken languages in the region, and staff are trained on how to identify and address language barriers effectively. To further enhance accessibility, all essential documentation, including health, financial, and consent forms, has been translated into Spanish, and when necessary, SpokenHere translators or

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bilingual staff assist patients with reading comprehension to ensure full understanding before signing documents. An example of a recent review by a patient is presented in Fig. 4; here the patient expressed that despite not knowing English, MCPC were tactful and had a high level of professionalism.

Our innovative approach to community engagement and service delivery is driven by the recognition that cultural competence is not a static goal but an ongoing process. MCPC remains committed to evaluating and improving our cultural and linguistic capacity, fostering an environment where every individual—regardless of their background—can access equitable, respectful, and high-quality HIV care.

IV) Collaboration:

1) HIV Service Network Development and Collaboration Plan

MCPC is committed to enhancing the continuum of care for people living with HIV/AIDS (PLWHAs) through the development of a robust, collaborative HIV service network. Our goal is to strengthen partnerships with community organizations, public health agencies, and healthcare providers to ensure comprehensive, seamless linkage to HIV testing, medical care, and support services. MCPC's approach focuses on identifying gaps in care, improving service coordination, and fostering data-driven interventions to address the evolving needs of the communities we serve.

MCPC has an established history of collaboration with key organizations in the Nashville area to support HIV prevention, testing, and care. For example, we are actively partnering with the **Tennessee Department of Health (TDH)** and **Metro Public Health** Department to analyze new HIV case data, with the goal of identifying hotspots and trends that can inform targeted outreach strategies. This partnership allows us to develop geographically and demographically focused interventions, ensuring that high-risk populations are effectively linked to HIV testing and medical care.

Our collaboration with **Street Works**, a community-based organization dedicated to supporting individuals affected by HIV, homelessness, and other social vulnerabilities, plays a crucial role in providing housing support and wrap-around services for our patients. This referral relationship helps address critical social determinants of health that often serve as barriers to medical adherence and retention in care.

MCPC also works closely with the **SEAETC** to support provider training and capacity building. This partnership ensures that both MCPC staff and external partners are equipped with the latest knowledge and best practices in HIV care, thereby enhancing the quality of services offered across our network. Additionally, our collaboration with **Tennessee Charitable Care Network (TCCN)** strengthens our ability to connect uninsured and underinsured individuals with vital healthcare resources, expanding access to HIV testing and treatment.

<u>During the recent Mpox outbreak, MCPC partnered with Metro Health to support coordinated response efforts, demonstrating our ability to mobilize quickly in public health emergencies and integrate new health challenges into our existing service framework. This collaboration not only enhanced our capacity to manage MPOX cases but also provided an opportunity to screen high-risk populations for HIV, further strengthening the linkage between infectious disease surveillance and HIV prevention</u>.

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Looking ahead, MCPC strengthens and expands these collaborative efforts by formalizing data-sharing agreements, enhancing referral pathways, and participating in multi-agency case conferences to improve care coordination for PLWHAs. By leveraging these partnerships and continuously identifying new opportunities for collaboration, MCPC fosters a comprehensive HIV service network that ensures timely, equitable, and person-centered care for all individuals affected by HIV in the Nashville metropolitan area.

2) Commitment to Collaboration and Community Partnerships

MCPC is deeply committed to collaboration and community partnerships to enhance HIV prevention, care, and support services for people living with and at risk for HIV. Our partnerships with key organizations, as evidenced by letters of support from Street Works, the SEAETC, TCCN, and mental health provider **Charles B. Cobble** reflects our dedication to building a strong network of care.

- Through our collaboration with **Street Works**, we expand community outreach and linkage to care services, ensuring that high-risk individuals receive timely HIV testing and treatment referrals. Following the loss of their leased facility to a tornado, we partnered with the Frist Foundation to guarantee and make payments on the mortgage for a building of their own.
- **SEAETC** has been instrumental in providing clinic-wide education, provider training, and practice transformation initiatives, allowing MCPC to optimize HIV prevention and retention strategies across the region.
- As a member of **TCCN**, MCPC benefits from a statewide network of community and faith-based clinics, reinforcing our ability to serve uninsured and underinsured populations with comprehensive, service-centric HIV/ART care.
- Additionally, our collaboration with **Charles B. Cobble**, strengthens mental health services, ensuring that individuals navigating HIV care receive holistic support, counseling, and therapy tailored to their needs.

Finally, MCPC recognizes that it depends on strong partners if we together are going to end the HIV epidemic. To that end, MCPC has allocated over $1.2M dollars to its Partner Strengthening Grants (PSG) program to help partners doing excellent work do more of it and to help partners doing good work become excellent at it. These partnerships are vital to our integrated approach, allowing MCPC to extend services beyond clinical care, address social determinants of health, and work collectively toward ending the HIV epidemic in Nashville and beyond.

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A Bold Approach to Ending the HIV Epidemic in Uncertain Times

Music City PrEP Clinic
Nashville Metro Health's Ryan White HIV/AIDS Program (RWHAP) Part A and Minority AIDS Initiative (MAI)

B) Reference Projects Service History & References:

I) Current Services to the HIV/AIDS Population

Music City PrEP Clinic (MCPC) has been a **trusted provider of HIV prevention and care services** for several years, focusing on **rapid linkage to care, early intervention services (EIS), medical and non-medical case management (MCM & NMCM), transportation support, referrals and Great Experiences by Design**. MCPC's ability to deliver comprehensive and service-centric HIV care has led to **strong partnerships** with key organizations across Nashville and Tennessee, further expanding its reach and impact.

MCPC's **EIS program** emphasizes **rapid ART initiation**, ensuring newly diagnosed individuals are linked to care immediately. Through **bi-monthly follow-ups** during the first year of care, MCPC ensures that patients remain engaged and supported. Additionally, MCPC utilizes **Lyft and WeGo Public Transit partnerships** to eliminate transportation barriers, facilitating patient adherence to medical visits.

MCPC has also **improved the monitoring of Social Determinants of Health (SDH) and Behavioral Health (BH) issues** over the past 24 months, reinforcing its commitment to holistic patient care. Through targeted referral efforts, MCPC has **expanded access to food resources, housing, psychological services and emergency financial assistance** for PLWH, further mitigating non-medical barriers to care.

MCPC played a significant role in **Tennessee's meteoric rise from the bottom tier of the country to the Top 5 states leading the nation in PrEP use rates** in 2021. It's worthwhile noting that it is not the state of Tennessee that actually appears in the #4 spot, but Nashville/Davidson County punching above its weight as if it were a state in its own right--besting the states of Nevada and Massachusetts in the Top 5 and the other 45 states ranked below them. As nearly a third of new HIV infections in TN are diagnosed in Davidson County, this feat clearly has substantial impacts in reducing new infections in the state. Where the state of Tennessee does appear is in the Top 5 rankings of most improved--again powered by MCPC. (Local Response Plan, 2021). Note that the bottom 5 states, with exception of Puerto Rico, are TN's neighbors and where TN likely would have remained.

II) Demonstrated Competency and Partnerships

MCPC's **proven competency** in providing HIV medical and support services is reinforced through its partnerships and funding experience. These collaborations highlight MCPC's effectiveness in delivering high-quality, patient-focused HIV care.

1. Collaboration with Southeast AIDS Education and Training Center (SEAETC)

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MCPC has worked closely with **SEAETC** as part of the **Practice Transformation Project**, actively participating in **clinic-wide education and provider training** to enhance HIV prevention services and improve linkage-to-care strategies. MCPC's **HIV Champions** have also shared best practices in **regional Communities of Practice**, further **strengthening system-level HIV care across Tennessee**.

Reference Contact:
Jennifer Burdge, MEd, SEAETC Director
Organization: Southeast AIDS Education & Training Center (SEAETC)
Phone: (615) 875-7873
Email: jennifer.burdge@vanderbilt.edu

2. Partnership with Street Works

MCPC and **Street Works**, a leading HIV prevention and care organization in Davidson County, have collaborated extensively to ensure **equitable access to PrEP and HIV services** for underserved populations. Through **community-based interventions, mobile health initiatives, and advocacy efforts**, this partnership has increased PrEP uptake and strengthened **linkage-to-care pathways**.

Reference Contact:
Sharon Hurt, Executive Director
Organization: Street Works
Phone: (615) 259-7676
Email: shurt@street-works.org

3. Mental Health Integration with Healing Umbrella Psychotherapy

MCPC has established a partnership with **Healing Umbrella Psychotherapy LLC** to provide **trauma-informed, LGBTQ-affirming mental health services** for HIV-affected individuals. This collaboration ensures that patients receive comprehensive mental health support, reinforcing adherence to HIV care and improving overall well-being.

Reference Contact:
Urielle Samis, Healing Umbrella Representative
Organization: Healing Umbrella Psychotherapy LLC
Phone: (615) 447-8454
Email: uri@healingumbrellapsychotherapy.com

4. Support from Tennessee Charitable Care Network (TCCN)

As a **member of TCCN**, MCPC benefits from a statewide network of **community and faith-based clinics** dedicated to providing **charitable healthcare services**. TCCN has recognized MCPC's **dedication to serving marginalized communities**, particularly **uninsured and underinsured individuals**, ensuring that patients receive both **medical and psychosocial support**.

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Reference Contact:
Christi Granstaff, TCCN Executive Director
Organization: Tennessee Charitable Care Network (TCCN)
Phone: (615) 970-6499
Email: christi@tccnetwork.org

5. Behavioral Health Partnership with Charles Cobble, LCSW

MCPC collaborates with **Charles B. Cobble, LCSW, CCM, BCD**, an experienced mental health provider specializing in **integrated behavioral health services** for individuals living with or at risk of HIV. This partnership ensures that patients receive **comprehensive mental health support, including therapy, counseling, and crisis intervention**, addressing both the psychological and emotional aspects of HIV care. Through this collaboration, MCPC strengthens its capacity to provide **holistic, patient-centered care** that integrates mental health with HIV treatment.

Reference Contact:
Charles B. Cobble, LCSW, CCM, BCD
Organization: Private Practice
Phone: 629-204-4588
Email: charlescobblelcsw@gmail.com

6. MPOX Response with Metro Nashville Health Dept.

MCPC has an ongoing relationship with Metro Health that was only strengthened during the local response to the initial and subsequent outbreaks of MPOX within the middle Tennessee region. Through a coordinated effort MCPC was able to prioritize patients presenting with moderate to severe cases of MPOX to receive Tecovirimat treatment (TPOXX). Additionally, we continued our preventative care value by providing resources for vaccinations as it became available.

Reference Contact:

Rachel Franklin, MBA, Communicable Disease Response and Emergency Preparedness Bureau
Organization: Metro Nashville Health Department
Phone: 615-349-5457
Email: Rachel.Franklin@nashville.gov

7. HIV Outbreak Epidemiologic Response with Metro and TN Department of Health

Over six weeks in Spring, 2024 MCPC had nearly 20 new diagnosed cases of HIV which were diagnosed, provided rapid start ART, and care management in our Nashville clinic. Given the medical and social needs were addressed, a combined effort between Metro and TN Dept of Health arose. This ensured contact was made with the individuals, and enabled contract tracing through an epidemiological approach. In collaboration with Norman Foster and Robb Garman, we enabled means for patients to feel less stigma and concern when approached by representatives from either entity in the future.

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Reference Contacts:
Name: Norman Foster, STD/HIV Program Director|Metro Public Health Department
Metro Nashville Department of Health
Phone: 615.340.5695
Email: Norman.Foster@nashville.gov

Name: Robb Garman
Organization: TN Department of Health
Phone: 615-253-3939
Email: Robb.Garman@tn.gov

III) Current Services to the HIV/AIDS population

Since July of 2021, MCPC has linked 588 new patients to HIV care. 498 of these patients completed at least one HIV care follow up appointment, and 436 ART patients have been seen at least once in the past year. 152 ART patients have successfully transferred their care to another PCP or moved out of state, resulting in 75% of our ART population remaining in adherence and in care.

The goal of ART medical and case management is to enhance independence and increase quality of life for individuals living with HIV through adherence to medical care and care plans. Providers and case managers prioritize PLWH who need support in accessing and maintaining regular medical care, address the needs of clients and assist them in overcoming the obstacles they face in obtaining critical services. MCPC's successful completion of the three year Practice Transformation program administered through the Southeast Aids Education and Training Center (SEAETC) has provided data of MCPC's proven success in managing HIV testing and treatment.

For instance, out of 16,194 HIV tests administered among the sixteen SEAETC Practice Transformation sites in FY 2024, MCPC administered 49% of the total tests.

4/1/2024	3/1/2024	2/1/2024	1/1/2024	12/1/2023	11/1/2023	10/1/2023	9/1/2023	8/1/2023	7/1/2023	6/1/2023	5/1/2023	MEAN
36		42	41	33								38
42		45	39	25	28		35	49	23	53	42	38.1
6		21	18	17	15		15	25	22	23	6	16.8
17		28	18	17	8		11	7	2	12	25	14.5
7		21	9	24	8		2	8	6	7	10	10.2
138		131	56	22	36		25	18	25	30	48	52.9
58		54	34	3	16		28	36	42	23	33	32.7
30		96	42	93	5		36	10	11	11	14	34.8
	120	118		714	66		70	92		68		178.2857
	752	800	658		698							727
33		48		26	41	35	38	8	27	22	27	30.5
128		120		77	81	74	64	93	92	230	124	108.3
1452	1382	1362	1451	1247	1315	1430	1204	1454	1337	1247	1313	1349.5 *
0	13						43	56	75	44	75	43.71429
				20	18	15		26				19.75
	50		55	70	68	72	40	64	69			61

*MCPC=1349.5 monthly mean HIV tests - Source: SEAETC

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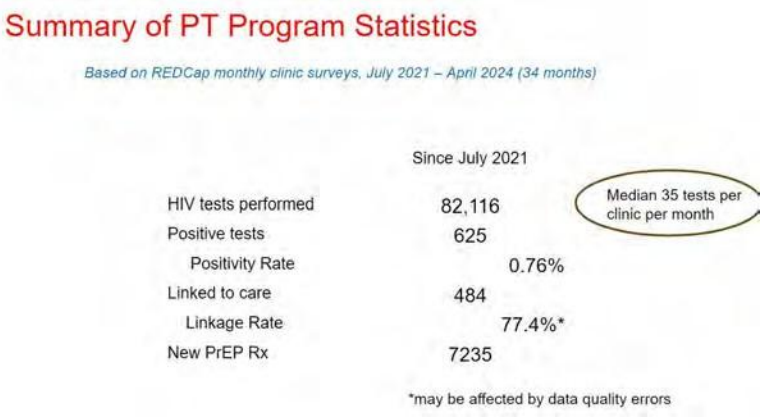
According to our internal data reporting to SEAETC in 2024, MCPC had 149 positive HIV results in house. While the data is unclear about these numbers since the beginning of our ART program, it is clear we have had a continual increase of ART patients monthly since July 2021.



MCPC has consistently demonstrated **sound financial management** in administering government and private funding sources. Notably, MCPC has successfully managed **SEAETC grant funding**, reinforcing its ability to effectively allocate resources and comply with federal reporting requirements.

MCPC has also maintained **a high level of staff retention and internal job satisfaction**, ensuring **continuity in service delivery and quality improvement initiatives**. These factors, combined with MCPC's track record in **HIV case management, PrEP access, and social services**, solidify its ability to expand services through **Ryan White Part A funding**.

MCPC has a **proven track record of delivering high-quality HIV services**, strengthening **community partnerships**, and **demonstrating financial responsibility** in managing government and foundation funding. With the continued support of **SEAETC, Street Works, Healing Umbrella, and TCCN**, MCPC is well-positioned to **expand its services** through Ryan White Part A funding and continue making a **significant impact in reducing HIV disparities across Nashville and beyond**.

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A Bold Approach to Ending the HIV Epidemic in Uncertain Times

Music City PrEP Clinic (MCPC)
Nashville Metro Health's Ryan White HIV/AIDS Program Part A (RWPA) and
Minority AIDS Initiative (MAI)

C) Project Approach and Process

I) Staffing:

MCPC proudly serves the greater Nashville community with a highly skilled team experienced in Outreach, Early Intervention Services, and Outpatient Care for HIV prevention, diagnosis, and treatment. Despite MCPC's established expertise, capacity, and emergence as a provider of choice, Ryan White Part A (RWPA)-eligible patients have been impeded from accessing MCPC's healthcare services due to programmatic restrictions that limit the provision of RWPA-funded wraparound services to RWPA-funded providers. As an externally funded organization, MCPC does not require RWPA funding to sustain its operations, but seeks to participate in the RWPA network in order to broaden access for patients who choose us for care. To facilitate this, MCPC is committed to providing a $17,71 match to every dollar received for this RWPA award, ensuring that RWPA funding is leveraged to maximize services for people living with HIV (PLWH).

Indeed, just as we were able to maximize the State's 340B eligible in-kind grant of nominal value, we propose a similar investment from Metro Health. We are intimately aware of recent RWPA funding uncertainty and do not wish our application to further destabilize the fragile funding ecosystem within our local HIV/AIDS healthcare community. As a result, we request a $19.200 RWPA grant to recognize our independently funded and ongoing efforts and accomplishments. A modest grant is meaningful in that it enables our participation in the RWPA network. This approach eliminates the need for Metro Health to redistribute scarce RWPA funds among competing incumbent applicants and fosters the primacy of the principle of Patient Choice—patients should be able to choose their health care provider based on their preference. The Ryan White program should expand the options for patient choice, not limit patients to choosing among a small group of participating providers. That said, MCPC will provide a $17.71 match to every dollar received for this RWPA award to further bolster our planned efforts.

Our comprehensive staffing plan supports a successful implementation of RWPA services while maintaining high-quality, service-centric care. Built on a foundation of clinical excellence and Great Experiences by Design, MCPC's multidisciplinary team of providers, care navigators, case managers, and operational leaders brings extensive experience in HIV prevention, treatment, and program management. By integrating RWPA participation, MCPC can extend its reach and provide essential care to individuals who have previously been excluded due to administrative barriers.

1) Clinical Team

MCPC is led by Richard MacKinnon as the Executive Director who will serve as the Subrecipient Lead for this project. Rich founded MCPC with friends and community members as a way of increasing PrEP access and uptake among gay men in a healthcare

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setting designed for and operated by gay men. This understanding of creating healthcare experiences that are Great Experiences by Design for a particular demographic is fundamental to the rapid growth and successful outcomes at MCPC. Rich has been appointed by the Metro Nashville Mayor to serve for two consecutive terms on the Ending the HIV Epidemic Advisory Council.

MCPC's clinical team includes three AAHIVM-certified providers, each with specialized expertise in HIV care. Our **Medical Director, Dr. Peter Cathcart**, MD brings over five years of direct experience treating PLWH, overseeing clinical operations, and ensuring adherence to evidence-based HIV treatment protocols. This role is critical in providing clinical supervision, maintaining quality standards, and leading provider training efforts. Additionally, a fourth provider is in the process of obtaining AAHIVM certification, reflecting MCPC's ongoing commitment to professional development and clinical excellence. These providers collaborate actively with the Southeast AIDS Education & Training Center (SEAETC) and the Vanderbilt Comprehensive Care Clinic (CCC) to stay at the forefront of best practices in HIV care and contribute to continuous quality improvement initiatives.

MCPC's ART Care Team is composed of highly qualified individuals with experience both within MCPC and from other respected HIV organizations. Our **Clinic Operations Director, Jason Butler, NP, MHA,** has an exceptional track record, having successfully established an HIV clinic in **St. Louis** and led initiatives to expand HIV testing and PrEP delivery in Michigan, including securing buy-in from pediatric care providers—an accomplishment that underscores his ability to drive program growth and integration across diverse healthcare settings.

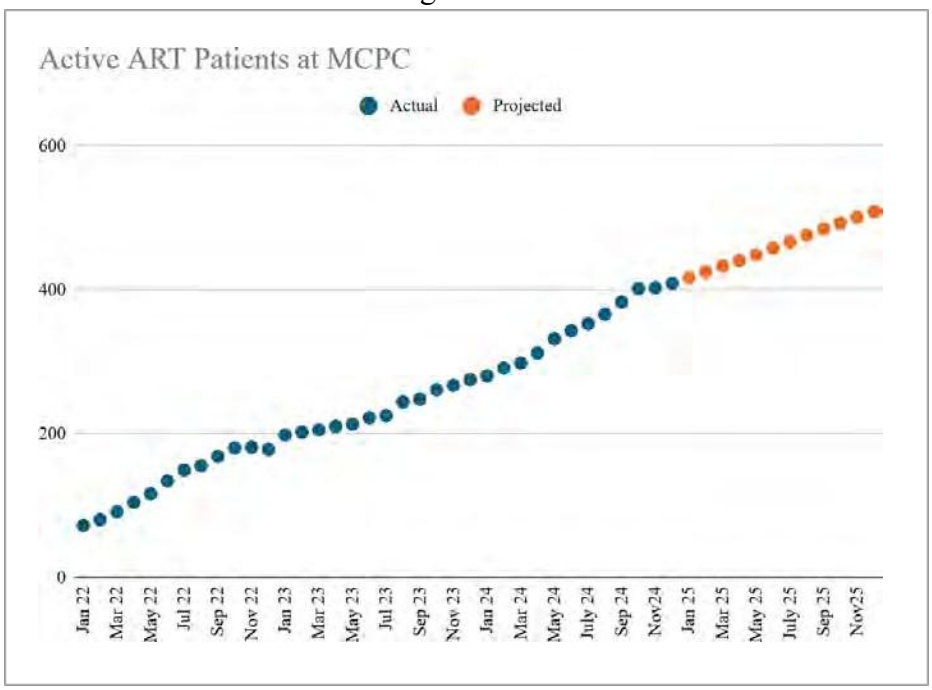

Fig. 1. A cumulative plot of active patients choosing their ART care at MCPC.

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MCPC's clinic is supported by **Finance Manager, Sr. Controller Monica Pintado**, bringing extensive expertise in financial management, grant administration, and compliance to support the organization's fiscal operations and ensure effective stewardship of Ryan White Part A funding. Controller Pintado is assisted by **Financial Analyst Blake Osborne**, who records and tracks financial and service metrics such as active or inactive patient count, critical for accountability of measurable milestones such as those established in this proposal.

Beyond these key team members, **Justin Green, MHA,** is the **Education and Training Manager**, charged with maintaining and educating staff on Standard Operating Procedures for the clinic. Justin oversees the development and implementation of training programs designed to enhance clinical competencies, staff development, and quality improvement initiatives in support of the Ryan White Part A services.

2) Service Delivery Capacity and Justification for Staffing Hours

Most proposed and existing services are based on existing MCPC programs, extrapolated for current growth trajectories. **Currently, MCPC treats 403 active patients, with an average monthly growth rate of 3.6% since January 1, 2023** (Fig. 1). Services are broadly categorized as Outreach, Early Intervention and Outpatient Services (Fig. 2). Existing Outreach Services include Community Based Events, In-Clinic Screenings, and Partnerships with the goal to expand into Telehealth and Home-test Kits. Early Intervention Services include Rapid Diagnosis, Counseling, Initiation of ART, and establishing a Comprehensive Baseline for future tests. Current Outpatient Services (Fig. 3) include ongoing ART Treatment, as well as Medical and Non-Medical Case Management. Medical Case Management includes coordination of Individual Care Plans, Coordinated Medical Services, and Targeted Outreach for Adherence Support. Existing Non-Medical Case Management services focus on barriers to care, including Emergency Financial Assistance, as well as Housing, with the goal to expand into Food and Medical Transportation services.

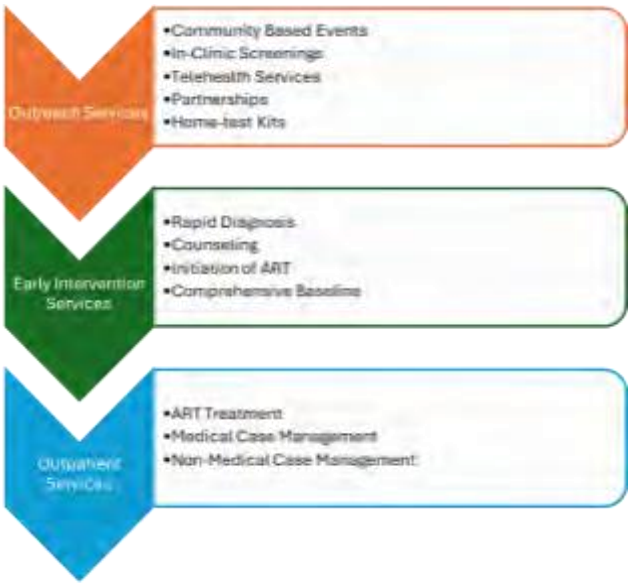

Fig. 2. The process flow diagram for patient treatment at MCPC.

Throughout the patient-care process, MCPC employs staff fluent in Spanish and utilizes professional translation such as through SpokenHere, and translated forms and documents. Beyond these services, MCPC already plans to expand availability to evenings and Saturdays in the current calendar year. This expansion is driven by patient demand and our commitment to reducing barriers to care, particularly for individuals with work or family obligations that limit their ability to attend appointments

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during traditional business hours. The increased appointment volume necessitates dedicated provider hours, care navigation support, and case management resources to ensure timely, comprehensive care for all patients. The projected staffing hours per month are based on projected patient volume, appointment capacity, and the need for continuous patient engagement through case management, follow-up calls, and care coordination activities.

3) Consultants and Subcontractors

All physicians and healthcare managers at MCPC are contracted through Music City Physicians Group which provides independent malpractice insurance coverage for clinical staff. This arrangement, commonly used in non-profit healthcare organizations, helps to protect the core entity by ensuring that malpractice claims are managed separately from the non-profit's operational and financial responsibilities.

Fig. 3. A Summmary of Outpatient Services provided by MCPC.

This structure allows MCPC to maintain its focus on mission-driven work while ensuring comprehensive risk management for its healthcare providers. Our Clinic Operations Director, along with other non-clinical staff, are employed by Rod Bragg Diversity Health, a vendor that provides management services to MCPC under the direct oversight and control of MCPC's Executive Director and Board of Directors.

Additionally, Monica Pintado, the Finance Manager, is contracted through Ironclad Consulting, which provides specialized financial management support to ensure compliance with grant and regulatory requirements.

These contractual arrangements are in place to staff MCPC's general operations and would not be specific to the grant award. Our vendors have been retained to perform contracted services (management and clinical services), services that are already being performed and have been performed for years. These vendors and the services they perform are not tied to a federal award and are paid from 340B savings. These vendors would also be used to perform similar or identical services identified in the award. MCPC is in control of the management of its operations and will continue to control operations under an award.

We are aware of the filings in the Nashville CARES case challenging the State's denial of an IAP and can distinguish our structure from Nashville CARES. The State denied their award because they found that Nashville CARES was not simply engaging a vendor (SGRX) to provide a contracted service and instead had effectively contracted out the operations of the award to a for-profit contractor. Part of the State's basis for denial was the contract itself, which said Nashville CARES was engaging the vendor to meet the

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award requirements

In contrast, MCPC has been contracting with Rod Bragg Diversity Health (RBDH) and Music City Physicians Group (MCPG) for years to provide management and staffing services that are not tied to a federal award. While MCPC strategically elected to use a contracted staffing model years ago to manage its meteoric growth and to operate at scale, MCPC remains in control of its operations and will still be operating any awarded RWPA grant (*analysis provided by MCPC outside counsel, Bass Berry Sims*).

In summary, MCPC's staffing plan reflects a strategic allocation of resources, grounded in the expertise of our clinical team and supported by targeted consultancy where needed. This multidisciplinary approach ensures that we can deliver comprehensive, culturally competent care at scale to PLWH while meeting all programmatic and reporting requirements of the Ryan White Part A program.

II) Overview of Population:

Davidson County, Tennessee, is home to a significant population of people living with HIV/AIDS (PLWHAs). In 2021, more than 4,100 individuals were living with HIV in the county, alongside an estimated 720 individuals who may be unaware of their status. While the number of new HIV cases in Nashville reached historic lows since 1989, recent data indicates an uptick in new diagnoses since 2019, highlighting the ongoing need for comprehensive prevention, testing, and care services. Notably, 21% of all people living with HIV in Tennessee reside in Davidson County, underscoring the region's critical role in the state's HIV response efforts.

Disparities remain a significant challenge in the local HIV epidemic. Nearly 60% of new HIV cases in Nashville are among Black individuals, a rate higher than the national average, reflecting systemic barriers to healthcare access, social determinants of health (SDH), and persistent stigma. Additionally, 71% of new HIV diagnoses in 2022 were attributed to male-to-male sexual contact, emphasizing the need for targeted, culturally competent interventions within the MSM community. These disparities are compounded by factors such as housing instability, food insecurity, limited healthcare access, mental health challenges, and substance use disorders, all of which create barriers to both HIV prevention and long-term care engagement.

1) Number of Persons to be Served

MCPC is already providing the services outlined in this proposal and remains committed to continuing this care regardless of funding. However, Ryan White Part A (RWPA) funding and participation will enable greater access for Ryan White-eligible patients who have previously been unable to receive care at MCPC due to eligibility constraints. Removing these constraints ensures that the principle of patient choice is preserved and more individuals can benefit from the clinic's comprehensive HIV treatment, support services, and Great Experiences by Design. We are currently seeing 403 active ART patients and adding nearly 10 new ART patients per month, anticipating a total case load of 500 patients through 2025. RWPA funding will reinforce our ability to serve this expected patient volume. With Ryan White Part A funding and participation, MCPC is projected to serve more than 100 new Ryan White-eligible patients annually who will benefit from Ryan White enabled services. This population includes newly diagnosed

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individuals, patients newly linked to care at MCPC, and existing patients who become eligible due to changes in income or insurance coverage. The goal is to ensure as many eligible individuals as possible have access to comprehensive medical, supportive services, and Great Experiences, particularly those facing barriers to consistent engagement in care.

2) Units of Service by Type of Intervention

MCPC provides a comprehensive range of services tailored to the individual needs of each patient, structured around clinical status and level of care engagement. The majority of Ryan White Part A (RWPA) services are built upon existing programs that MCPC has already implemented and continues to refine. Regardless of RWPA funding, MCPC remains committed to serving the greater Nashville community with these critical interventions. However, securing RWPA funding will allow previously ineligible patients to access MCPC's treatment programs, expanding care to those who have been historically referred away due to programmatic restrictions related to the provision of wraparound services. The following service units are projected, based on existing services or estimated in the case of Transportation and Food services, which will be added under RWPA:

- **Outreach Services:**
  - Community outreach events represent a service unit, targeting high-risk populations, building on our existing programs.
  - 1–4 hours of engagement per outreach event for education and developing referral partnerships.
  - In-Clinic Screenings.
  - "Know Your Status" mobile clinic screenings.
  - Expansion of existing Telehealth Services (a virtual appointment represents one service unit).
  - Initiation of Home-test Kits, with each kit a service unit.

- **Early Intervention Services (EIS):**
  - Establish a benchmark of 95% linkage to care within one week of diagnosis through CQI and MCM initiatives. Current baseline is 90%.

- **Outpatient Services:**
  - Outpatient services vary, but each service unit includes, annually:
    - 4–6 medical visits for newly diagnosed or uncontrolled patients.
    - 2–4 visits for controlled, stable patients. This includes standard ART treatment appointments.
    - Average appointment duration: 30–60 minutes, depending on clinical complexity.
  - The budget for Outpatient Services is extrapolated from current standards for estimated RWPA patients.

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Outpatient Services include standard ART treatment visits, as well as Medical and Non-Medical Case Management (MCM & NMCM). The goal of MCM is for treatment of the patient's medical needs, individual care plans, coordinated medical services and follow-up to increase compliance. NMCM is focused on barriers to care, such as Food, Housing, Transportation and Financial Assistance.

- **Medical Case Management (MCM):**
  - Individual Care Plan development for each patient, including preliminary identification of NMCM needs.
  - Increased case management contacts for high-need patients (new diagnoses, uncontrolled, other social determinants of health).
  - Regular check-ins every 3 months for first year and biannually following if stable, virally suppressed.
  - Average session duration: 20–30 minutes per contact.

- **Non-Medical Case Management (NMCM):**
  - Each patient is evaluated for NMCM to help identify barriers to care. Patient needs are addressed through referrals or MCPC wraparound services.

- **Medical Transportation:**
  - Partnership with Lyft and WeGo Public Transit to provide transportation for medical appointments, with an estimated $45.73/ride to our patients.

- **Food Program:**
  - Gift Cards: Need-based distribution of grocery gift cards to patients, addressing food insecurity among PLWH.

- **Housing Services:**
  - Emergency Financial Assistance (EFA) for Housing: MCPC subsidizes 5 to 7 patients' housing needs each month through direct financial assistance.

MCPC is part of a large community of providers in greater Nashville. Our team is committed to helping our patients regardless of their needs. For this reason, we rely on our community network for referral services. Our main goal when referring a patient is follow-up to ensure linkage within 30 days of the referral.

- **Referral Services:**
  - Ongoing coordination with community partners (e.g., Street Works, SEAETC, TDH, Healing Umbrella, Charles Cobble, see letters of support) for housing, mental health, substance use treatment, and additional support services.

3) Average Amount of Service per Client Annually

Based on MCPC's existing care, service intensity will vary based on the patient's clinical and psychosocial needs, categorized as follows:

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- **Newly Diagnosed or Uncontrolled Patients:**
  - 6–8 medical visits annually (45–60 minutes each).
  - 12+ case management contacts (20–30 minutes each).
  - Frequent outreach and follow-up during initial engagement and ART initiation phase.

- **Controlled Patients/New to MCPC:**
  - 3–4 medical visits annually (30–45 minutes each).
  - 4–6 case management check-ins annually to support care retention and address emerging needs.

- **Stable, Long-Term Ryan White Clients:**
  - 2–3 routine medical visits annually (30 minutes each).
  - 2 case management contacts annually, with additional support provided as needed.

Through this comprehensive approach, MCPC aims to reduce new HIV infections, improve viral suppression rates, enhance retention in care, and create Great Experiences by Design, particularly for those disproportionately affected by HIV in Davidson County. Ryan White Part A funding and participation will enable MCPC to expand its reach, strengthen care coordination, and provide critical services to individuals facing complex barriers to health and well-being.

II) Implementation Plan:

MCPC is committed to improving health outcomes along the HIV care continuum through the implementation of evidence-based and best practice models that support early identification, rapid linkage to care, retention, and viral suppression for PLWH. While MCPC already has the framework and infrastructure in place to deliver comprehensive HIV care, RWPA funding and participation will enhance our ability to provide healthcare services rather than refer away, formalize care coordination processes, and strengthen data-driven quality improvement initiatives.

Our clinical and programmatic interventions are grounded in scientific research and proven public health models that have demonstrated success in improving HIV-related health outcomes. MCPC's training department, led by Justin Green (MHA) plays an integral role in ensuring that clinical staff, case managers, and outreach teams are consistently updated on the latest evidence-based practices, both in direct patient care and in program implementation strategies.

1) Evidence-Based and Best Practice Models

1. **Rapid ART Start Model (Same-Day ART Initiation):**
   MCPC follows the principles of the "Rapid Start ART" model, supported by the U.S. Department of Health and Human Services (HHS) Guidelines for the Use of Antiretroviral Agents. This approach emphasizes the importance of initiating ART as soon as possible after an HIV diagnosis, often on the same day. Studies have

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shown that rapid ART initiation leads to faster viral suppression, improved patient retention, and reduced transmission rates. Our Early Intervention Services (EIS) team is trained to provide immediate counseling, clinical assessments, and ART initiation, minimizing gaps between diagnosis and treatment.

2. **Retention in Care Strategies** – Adapted from the "Patient Navigation Model": MCPC employs a patient navigation framework adapted from the CDC's
High-Impact Prevention (HIP) strategies. Patient navigators play a crucial role in addressing barriers to care, such as transportation issues, mental health needs, and stigma-related challenges. This model focuses on personalized support, helping clients navigate the healthcare system, access resources, and stay engaged in care. Navigators work closely with Medical Case Managers (MCMs) to ensure that patients receive comprehensive support tailored to their individual needs.
3. **Comprehensive Risk Counseling and Services (CRCS):**
For individuals facing complex psychosocial challenges, MCPC incorporates elements of the Comprehensive Risk Counseling and Services (CRCS) model, part of the CDC's Compendium of Evidence-Based Interventions. This intervention combines intensive risk reduction counseling with case management to support behavior change and address underlying factors contributing to poor health outcomes. CRCS is particularly effective for high-risk populations, including those with co-occurring mental health or substance use disorders.
4. **Data-to-Care (D2C) Approach:**
MCPC's Data-to-Care (D2C) strategy aligns with the CDC's National HIV/AIDS Strategy, which emphasizes the use of data-driven approaches to identify individuals who are out of care and re-engage them in services. Our Quality Improvement (QI) team regularly analyzes data from our electronic health record (EHR) system (AthenaOne) and community surveillance data to monitor viral load suppression rates, retention in care, and gaps in service delivery. This proactive approach enables us to identify trends, implement corrective actions, and continuously improve care outcomes.
5. **Referral and Linkage Best Practices:**
Clinically, MCPC adheres to best practices for referrals and care coordination, ensuring that patients receive timely access to specialty medical services such as anoscopy, vaccinations, behavioral health care, and chronic disease management. Our referral protocols are designed to minimize delays, track follow-ups, and maintain open communication with external providers, creating a seamless continuum of care for patients with complex medical needs.

2) Training and Continuous Quality Improvement

MCPC's training department, led by Justin Green, MHA, plays a pivotal role in supporting the implementation of these models. Staff members receive ongoing training in culturally competent care, trauma-informed practices, and HIV clinical guidelines through partnerships with organizations such as the Southeast AIDS Education & Training Center (SEAETC) and Vanderbilt CCC. MCPC completed Vanderbilt CCC's Practice

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Transformation program so that it could bolster the regional capacity for HIV medicine. Additionally, our involvement in the Ryan White application process has strengthened our internal capacity to align services with RWPA standards, ensuring that we are well-positioned to meet all programmatic requirements upon funding.

Through this implementation plan, MCPC aims to enhance patient outcomes, reduce HIV-related health disparities, and contribute to the broader goal of ending the HIV epidemic in Davidson County. By leveraging evidence-based models and continuous quality improvement practices, we will provide comprehensive, patient-centered care that supports every individual along the HIV care continuum.

III) Best Practices:

1) Project Description

The proposed project by MCPC is designed to expand access to comprehensive HIV care and support services for people living with HIV (PLWH) in Davidson County, Tennessee. The project implements an integrated intervention model focused on enhancing HIV testing through Outreach Services, improving rapid linkage to care with Early Intervention Services, and supporting long-term retention in high-quality HIV medical Outpatient Services. While most of these services are already in place at MCPC, RWPA participation enables MCPC to further address key gaps in the local HIV care continuum, particularly among populations disproportionately affected by HIV, including Black communities, men who have sex with men (MSM), and individuals facing socioeconomic barriers. Additionally, expanding RWPA participation to MCPC would provide an essential care option for RWPA-eligible patients. Because MCPC is not part of the RWPA network, over 143 RWPA-qualified patients who preferred MCPC as their provider of choice reluctantly transferred their care to a RWPA provider in order to gain access to RWPA-funded wraparound services. This highlights the urgent need for RWPA network inclusion to better serve all patients, the providers they choose, and the Great Experiences they deserve.

Outreach services, including Community Based Events, In-Clinic Screenings, Telehealth Services, Partnerships and Home-test Kits, help to identify newly infected individuals, and begin their treatment. Early Intervention Services (EIS) including proactive HIV screening, immediate post-diagnosis counseling, and the swift involvement of medical case management (MCM) to reduce delays in accessing care helps onboard new patients, with treatment initiated using the Rapid Start ART model. In this model, individuals newly diagnosed with HIV are linked to care and initiated on antiretroviral therapy (ART) as quickly as possible, often on the same day as diagnosis. The project also includes the Outpatient HIV Medical Services, where AAHIVM-certified providers deliver patient-centered, evidence-based care tailored to the unique needs of each individual.

To support sustained engagement in care, the project includes Medical and Non-Medical Case Management services, providing personalized care navigation,
psychosocial support, financial incentives for adherence and appointment attendance, and assistance with accessing critical resources such as Emergency Financial Assistance (EFA), Medical Transportation, and referrals to Housing and Behavioral Health services.

MCPC's intervention model leverages existing partnerships with key organizations such as the Tennessee Department of Health (TDH), the Tennessee Charitable Care

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Network (TCCN), Street Works, the Vanderbilt Comprehensive Care Clinic (CCC) and the Southeast AIDS Education & Training Center (SEAETC) to enhance service delivery and ensure seamless referrals to comprehensive support systems. Additionally, MCPC is the first organization outside of New York City to implement the Undetectables Program, a comprehensive strategy to increase adherence, retain patients in care and reduce HIV transmissions. Letters of support from SEAETC, the CCC, TCCN and Street Works are attached to part B of this proposal, illustrating MCPC's dedication to community involvement and strong referral network.

MCPC has an established and comprehensive data capture, recording, and analysis system led by Finance Manager Monica Pintado and Financial Analyst Blake Osborne. This system ensures the accurate and reliable collection of key metrics, allowing for the identification of trends and correlations to assess the effectiveness of programs and drive continuous improvement. By integrating data-driven quality improvement processes, the project will continuously monitor progress along the HIV care continuum, identify gaps in service, and implement strategies to improve health outcomes.

Ultimately, this project creates a robust, service-centric framework that not only facilitates timely entry into HIV care but also promotes long-term retention, viral suppression, and overall health and well-being for people living with HIV in Davidson County.

2) Strategies for identifying and engaging with key stakeholders

MCPC recognizes that meaningful engagement with key stakeholders is essential to the success of any HIV intervention program. Our strategies are designed to foster collaborative partnerships with trusted individuals and organizations within the HIV/AIDS community, ensuring that our services are accessible, culturally responsive, and aligned with the needs of those most affected by the epidemic. Our sizable network of partner institutions is illustrated by our letters of support attached to the appendix of this proposal, including letters from TCCN, Street Works, Vanderbilt's CCC, and SEAETC.

MCPC employs a stakeholder mapping process to identify organizations, community leaders, and healthcare providers who play critical roles in the HIV care continuum. This process involves assessing existing networks, community-based organizations, public health entities, and grassroots groups with a strong presence in Davidson County's most affected communities. Key stakeholders include:

- **Tennessee Department of Health (TDH):** A strategic partner in HIV surveillance, prevention, and public health interventions. MCPC collaborates with TDH to analyze **HIV incidence data**, identify high-risk populations, and coordinate public health responses.
- **Metro Public Health Department (MPHD):** MPHD supports data-sharing initiatives, epidemiological analysis, and joint efforts to address health disparities in Davidson County.
- **Southeast AIDS Education & Training Center (SEAETC):** Provides training, technical assistance, and capacity-building support for MCPC's clinical staff to ensure alignment with national HIV care standards.

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- **Vanderbilt Comprehensive Care Clinic (CCC):** MCPC completed the CCC's federally-funded Practice Transformation program before initiating the care of PLWH. Additionally, a CCC staff member sits on MCPG's Provider Peer Review Committee (PPRC) to address cases needing clinical review.
- **Streetworks:** A key partner in addressing housing instability, case management, and harm reduction services for PLWH. MCPC refers patients with housing needs to Streetworks and collaborates on community outreach efforts targeting marginalized populations.
- **Tennessee Charitable Care Network (TCCN):** A statewide network that supports uninsured and underinsured individuals, ensuring linkage to medical and supportive services, including HIV care.
- **Community-Based Organizations (CBOs) and Peer Leaders:** Partnerships with organizations such as **Columbia Cares** and local LGBTQ+ advocacy groups help MCPC reach key populations, including MSM, transgender individuals, and communities of color.

MCPC's approach to stakeholder engagement is grounded in transparency, relationship-building, and shared goals. Key strategies include:

- **Formal Partnerships and MOUs:** Establishing **Memoranda of Understanding (MOUs)** with organizations like **Street Works**, **SEAETC, TCCN, Oasis Center, and We Are One** to formalize organizational interaction, data-sharing protocols, and collaborative program activities.
- **Advisory Committees and Community Input:** MCPC will create a **Community Advisory Board (CAB)** composed of stakeholders, including PLWH, community advocates, and healthcare providers, to inform program development, service delivery, and continuous quality improvement.
- **Regular Stakeholder Meetings:** Hosting quarterly stakeholder meetings to discuss program performance, share data insights, and align strategies with community needs. These meetings foster open communication and allow for real-time feedback.
- **Peer and Community-Led Outreach:** Leveraging the influence of trusted community leaders, such as Mr. Steven Ogooue', MCPC's Director of Community Relations, who has established strong ties within **Nashville's Black and African American communities**. His leadership in outreach at **HBCUs** and local events strengthens trust and engagement with at-risk populations.

MCPC actively participates in **joint initiatives** with stakeholders to address emerging public health challenges. For example:

- During the **Mpox outbreak**, MCPC partnered with **Metro Health** to support coordinated response efforts, integrating HIV testing and prevention services into Mpox outreach activities.
- **Data-Driven Targeting:** Collaboration with TDH and MPHD allows MCPC to use **real-time epidemiological data** to target outreach efforts, ensuring resources are directed to neighborhoods and communities with the highest HIV incidence rates.

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By fostering these partnerships and leveraging the expertise of trusted stakeholders, MCPC ensures that our programs are **community-centered, evidence-based, and responsive** to the evolving needs of people living with and affected by HIV in Davidson County.

3) MCPC's Intervention Model

MCPC has developed a **comprehensive intervention model** designed to address the **full spectrum of the HIV care continuum**, from prevention and early detection to linkage, retention, and long-term engagement in care. Our approach is rooted in evidence-based practices and incorporates strategies that address the personal, financial, sociocultural, and structural barriers that disproportionately affect people living with HIV/AIDS (PLWHAs), particularly in Davidson County.

a) Increasing Awareness of HIV Disease Among High-Risk Populations

MCPC's strategy to increase awareness of HIV disease focuses on targeted outreach and education within communities at the highest risk of HIV infection, including Black and African American communities, men who have sex with men (MSM), transgender individuals, and individuals facing housing instability.

- **Community-Based Outreach:** Led by **Mr. Steven Ogooue', Community Relations Director**, and **Tyjah Eady**, our outreach team actively engages with the community through **partnerships with Historically Black Colleges and Universities (HBCUs)**, local organizations, and at-risk neighborhoods. By participating in **health fairs, educational seminars, and community events**, including financially supporting the Music City ACC Ball for each of its 3 years in existence, culminating in a ballroom demonstration, panel presentation including Billy Porter, and screening of the award-winning documentary "Paris is Burning" at the National Museum of African American Music. In these ways, we ensure culturally relevant messaging that resonates with diverse populations.
- **Same-Day Appointments:** MCPC's outreach efforts are strengthened by the ability to offer same-day appointments, either on-site at outreach events or in-clinic, reducing barriers related to scheduling delays and transportation. This immediate access to care helps capture individuals who might otherwise fall through the cracks.
- **Social Media, Digital, Billboard, TV, and Radio Campaigns:** Recognizing the power of multi-platforms campaigning, MCPC utilizes targeted campaigns to disseminate HIV prevention information, promote testing, and reduce stigma, especially among younger populations. The messaging and tone for one community may not be effective with another. For instance, we engaged members of the Black/African-American communities and a Black filmmaker to help us plan and execute our series of TV commercials intended for Black/African-American audiences ("We're in this Together" campaign). Similarly, we conscientiously produced a series of radio-based messages meant for audiences during their drive home from church, and sponsored programs tailored to Black/African-American audiences broadcasted on the local National Public Radio affiliate.

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b) Identification and Linkage of High-Risk Individuals Needing HIV Testing

To identify high-risk individuals who are not accessing regular HIV testing, MCPC employs a multi-faceted strategy that combines community outreach, data-driven targeting, and strategic partnerships:

- **Targeted Testing Initiatives:** Outreach teams conduct **pop-up testing events** in high-prevalence areas identified through **epidemiological data from the Tennessee Department of Health (TDH)** and **Metro Public Health Department (MPHD)**.
- **Peer Navigation and Community Ambassadors:** Utilizing trusted community members, including **peer educators** and leaders within vulnerable populations, we build connections with individuals who may distrust traditional healthcare systems due to past stigma or discrimination.
- **Seamless Linkage to Care:** For individuals who test positive, MCPC's **Early Intervention Services (EIS)** team ensures immediate linkage to care, with referrals to our in-house providers or trusted community partners when needed. Our model includes same-day linkage appointments whenever possible to prevent loss to follow-up.

c) Re-Engaging Individuals Who Have Fallen Out of HIV Care

MCPC's intervention model prioritizes the identification and re-engagement of PLWH who have fallen out of care or never fully engaged after diagnosis:

- **Data-to-Care (D2C) Approach:** In collaboration with **TDH** and **MPHD**, MCPC leverages surveillance data to identify individuals who have missed medical appointments or are no longer virally suppressed. Our Medical Case Management (MCM) team then conducts targeted outreach to reconnect these individuals with care.
- **Peer-Led Re-Engagement:** Recognizing the impact of peer influence, we employ peer navigators with lived experience to reach out to disengaged individuals. This peer-driven approach helps build trust and reduce stigma associated with returning to care after a lapse.
- **Flexible Care Options:** To reduce barriers, MCPC offers flexible appointment scheduling, including evening and weekend hours, and telehealth options to accommodate individuals with transportation challenges, work conflicts, or anxiety about in-person visits.

MCPC's interventions are specifically designed to address the following barriers:

- **Personal Barriers (Stigma, Fear, Mental Health):**
  - **Culturally Competent Counseling:** All staff receive training in trauma-informed care and cultural humility, ensuring patients feel respected and supported regardless of background.
  - **Mental Health Referrals:** Integration of behavioral health screenings into routine visits with referrals to in-house or partner mental health services as needed.
- **Financial Barriers (Lack of Insurance, Income Instability):**

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  - **Ryan White Part A Services:** Support for uninsured and underinsured individuals through **Emergency Financial Assistance (EFA)** for housing, transportation, and medical expenses.
  - **Medical Transportation Partnerships:** Collaborations with Lyft and WeGo Public Transit to provide free transportation for medical appointments.
- **Sociocultural Barriers (Mistrust, Discrimination):**
  - **Community Partnerships:** Strong relationships with organizations like **Streetworks** and **Tennessee Charitable Care Network (TCCN)** to build community trust and offer wrap-around services.
  - **Outreach by Trusted Leaders:** Engagement led by community figures like **Mr. Ogooue**, who has a proven track record of building trust within marginalized communities.
- **Structural Barriers (Transportation, Clinic Accessibility):**
  - **Same-Day Appointments and Mobile Clinics:** Providing on-the-spot appointments at outreach events or rapid linkage to care through mobile units.
  - **Flexible Clinic Hours:** Expansion of service availability to evenings and weekends to meet the needs of individuals with non-traditional work schedules or caregiving responsibilities.

Through these comprehensive, patient-centered strategies, MCPC aims to increase awareness, improve HIV testing uptake, and strengthen engagement and retention in care for PLWH, ultimately reducing new infections and improving health outcomes across Davidson County.

IV) Service Specific Questions:

1) Service Model

The MCPC service model is a comprehensive, service-centric framework designed to deliver high-quality, coordinated care to PLWH while addressing the diverse barriers that impact health outcomes. Outreach Services are used to identify, inform and prevent new infections. Rooted in evidence-based practices, our model integrates Early Intervention Services (EIS), medical and non-medical case management, wraparound support services, and Great Experiences ensuring that every patient receives holistic, culturally competent care tailored to their unique needs.

1. Outreach Services

Underserved populations are informed of their infection through outreach programs, and easy access to care. Outreach can be in the form of events or advertisements. Free home-test kits can be used by at-risk populations to help inform patients of their infection and guide them to care. Outreach Services include:

- **Community Based Events** such as health fairs can be used to highlight testing and care options for at-risk populations
- **In-Clinic Screenings** promoted with social media advertisements, bringing potential patients directly to the clinic where EIS may be initiated

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- Information and counseling can be provided via **Telehealth Services**
- **Local Partners** such as universities can refer patients
- **Home-test Kits** provide private, stigma-free testing for potential patients

2. Entry into Care: Early Intervention Services (EIS)

The patient journey at MCPC often begins with Early Intervention Services (EIS), which are designed to facilitate rapid identification, diagnosis, and linkage to HIV care. Individuals newly diagnosed with HIV are provided with same-day appointments whenever possible, either on-site through community outreach efforts or in-clinic. The EIS team conducts an initial intake that includes:

- **Rapid Diagnosis** through rapid testing,
- **HIV counseling and rapid linkage to medical care**, with a goal of initiating **antiretroviral therapy (ART)** within the first clinical visit when appropriate (aligned with the **Rapid Start ART model**).
- **Comprehensive baseline assessments**, including laboratory tests, psychosocial evaluations, and screenings for co-occurring conditions such as STIs, hepatitis, and mental health issues.
- Immediate connection to **Medical Case Management (MCM)** and **Non-Medical Case Management (NMCM)** services to address urgent social or structural needs, such as insurance enrollment, housing referrals, and transportation coordination.

3. Outpatient Ambulatory Services

MCPC's service model goes beyond clinical care to address the **social determinants of health (SDH)** that often act as barriers to adherence and retention in care. Our **wraparound services** include:

- **Medical Case Management (MCM):** Provides individualized care plans, coordination of medical services, and adherence support.
- **Non-Medical Case Management (NMCM):** Case managers work closely with the clinical team to monitor treatment progress and identify potential barriers to care, such as language, housing instability, food insecurity, or transportation challenges. Focuses on connecting patients with community resources, navigating insurance systems, and ensuring access to social services, including Emergency Financial Assistance (EFA) for housing and essential needs.
- **Medical Transportation Services:** Partnerships with Lyft and WeGo Public Transit provide reliable transportation to and from medical appointments, reducing a common barrier to consistent care.
- **Behavioral Health and Mental Health Referrals:** Integration of mental health screening tools during routine visits, with direct referrals to behavioral health providers as needed.

MCPC's service model proactively identifies and addresses barriers that impact patient adherence and retention in care. Total Active and Inactive patients at MCPC are

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plotted in Fig. 4; inactive patients are defined as patients who have not been serviced for more than six months. In addition to NMCM described above, MCPC is working to lower its inactive patient percentages through flexible scheduling, including evening and weekend clinic hours, to accommodate patients with work or family obligations. Additionally, translation services are provided free-of-charge, either through one of our several Spanish-fluent team members, or through translation services such as SpokenHere.

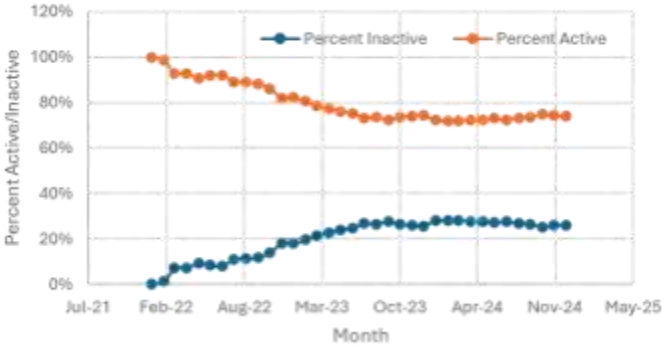

Fig. 4. Active and inactive ART patients at MCPC. Inactive patients are defined as patients who have not been serviced for more than 6 months.

MCPC already maintains a robust data collection and processing team led by Finance Manager Monica Pintado, as described above. With the implementation of RWPA funding, MCPC is transitioning to CAREWare for enhanced data management, performance monitoring, and reporting. While this shift presents challenges, including learning new data entry methods and adjusting workflows, it also provides opportunities to improve data accuracy and streamline reporting processes for grant compliance. Additionally documentation protocols can be further refined to capture critical patient information efficiently. These new protocols can be used to develop new policies and procedures to guide the care team in data collection, entry, and quality assurance, ensuring consistency across all service areas. MCPC's commitment to continuous quality management is embedded in our service model. In collaboration with our Quality Improvement (QI) team, we continuously assess clinical outcomes, patient satisfaction, and operational efficiency to identify areas for improvement. This includes utilizing the PRAPARE tool with the ART care team to identify barriers to care, such as adherence challenges, stigma, mental health concerns, and substance use. MCPC conducts regular case reviews to track viral suppression rates, retention in care, and service utilization, ensuring that quality metrics are consistently met. QI initiatives based on data trends, patient feedback, and evolving community needs.

MCPC's service model is designed to provide comprehensive, coordinated, and service-centric care, and Great Experiences by Design that supports individuals at every stage of the HIV care continuum. Through the integration of clinical services, wraparound support, and data-driven quality improvement, we aim to improve health outcomes, reduce HIV transmission rates, and ensure equitable access to care for all people living with HIV in Davidson County.

2) Work Plan

Funding of this work plan will serve to facilitate treatment to existing and new RWPA patients, plus expand the functionality of the existing services.

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Outpatient Ambulatory Services

The Outpatient Ambulatory Services at MCPC are designed to provide a comprehensive, patient-centered care experience within our ART department, ensuring that every visit is both efficient and clinically thorough. From the moment a patient arrives until the conclusion of their appointment, we follow a standardized flow that allows us to identify changes in health status, address acute and chronic conditions, and seize opportunities for preventive health screenings.

With the support of RWPA funding and participation, MCPC aims to further enhance this model, striving to achieve the designation of an ART department that functions as a patient-centered medical home (PCMH). Key action steps include the review and standardization of existing policies and protocols, implementation of preventive screening tools within the electronic medical record (EMR), coordination of MCM encounters, and the promotion of preventive health metrics to improve patient outcomes. This initiative will be led by providers, the Medical Director, Clinical Operations, MCM, Quality Improvement (QI), and the IT team.

In order to provide the best outcomes in the clinical environment we have utilized Quality metrics within Athena one to ensure proper screening, identification of vaccinations missing, and providing linkage to care. Comprehensive ambulatory care includes not only treatment and suppression of HIV, but also learning to manage other existing or developing health issues. This can include hypertension, pre-diabetes, behavioral health, and cancer screenings.

Included services

Ambulatory services will provide MCPC's patients with diagnostic and therapeutic care in an outpatient clinical space. An outpatient clinical space for our patients includes: clinics (2 in Nashville), mobile services, telehealth technology, and pop-up clinical sites.

Within those visits we can conduct treatment and medical adherence with our licensed clinical providers that enhances the work of our medical case management team.

This includes the items listed below.

- Medical history
- Physical examination
- Diagnostic and laboratory testing
- Treatment of pre-diagnosis medical and behavioral health conditions
- Identification and management of medical and behavioral conditions identified after HIV diagnosis
- Behavioral risk assessments, subsequent counseling, and referral to specialists
- Preventative care screenings
- Vaccinations
- Education on preventative health measures
- Referral to specialty care related to LWH or to other identified conditions

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The medical evaluation and care will begin at the patient's initial visit upon taking a medical history that encompasses not only the events at diagnosis, but their pre-existing medical issues. More comprehensive medical assessments should occur every 6 months or at intervals determined by the provider based on the patient's medical needs.

At each visit, the provider will document the primary reason for visit, and ensure that proper labs indicated have been performed within the prescribed timelines as outlined by the standards of care.Within those visits we can conduct treatment and medical adherence with our licensed clinical providers that enhances the work of our medical case management team.

Additionally, PLWH will continue to utilize screening tools to identify psychosocial health needs that may not be discussed with the provider initially. If there are any changes noted within their psychosocial situation, providers will route the patient to appropriate services via the MCM or NMCM team to close possible gaps in care.

Goal: Provide **comprehensive, patient-centered outpatient ambulatory care** that ensures timely **antiretroviral therapy (ART) initiation, ongoing medical management, and adherence support** to improve health outcomes and sustain viral suppression for people living with HIV (PLWH).

- **Objective 1: Standardize Comprehensive Patient Assessments**
  Monitor and address acute and chronic conditions, and seize opportunities for preventive health screenings.
  - Provide comprehensive care to both acute and chronic conditions and provide referrals to higher levels of care as indicated.
  - Standardize structured screenings of both physical and psychosocial health including vaccinations, PAP smears, colonoscopy, PRAPARE, Patient Distress Indicator, PHQ-9 and GAD-7 during outpatient visit to assess adherence barriers, co-occurring conditions, and social determinants of health (SDH) for 100% of ART patients.
  - Anticipated Dates of Completion: 3 months
  - Staff Responsible: ART Providers, MCMs, Quality Improvement (QI) Team

- **Objective 2: Monitor and Improve Retention in Care: 80% of patients enrolled in EIS** remain engaged in care **for at least 12 months**, with follow-ups at least every 3 months during the first year of treatment.
  - Anticipated Dates of Completion: 3 months
  - Staff Responsible: Medical Case Managers (MCMs), ART Providers, Quality Improvement (QI) Team
- **Objective 3: Enhance Access to Outpatient HIV Care:** 100% of newly diagnosed or uncontrolled patients receive 4–6 medical visits annually, while stable patients receive 2–4 visits to support ART adherence and viral suppression. This includes following the Standard of Care including vaccinations.
  - Anticipated Dates of Completion: 3 months
  - Staff Responsible: ART Providers, Medical Case Managers (MCMs), Clinical Operations

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Challenges and Mitigation Strategies in Planning and Implementing the Work Plan

Implementing the proposed project may present several challenges, including data management complexities, workflow adjustments, resource constraints, patient engagement barriers, and referral coordination issues. The integration of CAREWare and new documentation protocols may require staff training and workflow refinement, which will be addressed through ongoing technical assistance, hands-on training, and designated support staff to assist with the transition. Expanding services such as transportation, food, and housing assistance may stretch available resources, necessitating stronger partnerships with community organizations and efficient prioritization of services based on need. Engaging and retaining hard-to-reach populations, particularly those facing stigma, housing instability, or mental health challenges, requires a culturally competent, patient-centered approach that includes peer navigation, flexible scheduling, and outreach in trusted community spaces. Additionally, ensuring efficient referral pathways may pose coordination difficulties, which will be mitigated by standardizing referral protocols, improving communication with partner organizations, and tracking service completion rates through EMR enhancements. Continuous quality improvement (CQI) efforts, quarterly performance reviews, and staff feedback mechanisms will help identify gaps early and implement data-driven solutions to enhance service delivery and patient outcomes.

By anticipating these challenges and implementing targeted mitigation strategies, MCPC will be well-positioned to achieve the goals outlined in the Ryan White Part A work plan. A proactive approach to **staff engagement, resource management, data quality, and patient-centered care** will ensure that the project is implemented successfully and sustainably, with continuous quality improvement driving long-term impact.

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METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Certifications of Assurance

As a condition of receipt of this funding, the Recipient assures that it will comply fully with the provisions of the following laws.

- The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116;
- Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements
By accepting this funding, the signee hereby certifies, to the best of his or her knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

c. The Recipient shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly.

Jason Butler
Signature of Authorized Representative
Name: Jason Butler
Title: VP Clinical Operations
Agency Name: Music City PrEP Clinic
Date: 01/15/2026

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METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Non-Profit Grants Manual Receipt Acknowledgement

As a condition of receipt of this funding, the recipient acknowledges the following:

- Receipt of the Non-Profit Grants Manual, updated February 2, 2023, issued by the Division of Grants and Accountability. Electronic version can be located at the following: Non-Profit Grant Resources
- The recipient has read, understands and hereby affirms that the agency will adhere to the requirements and expectations outlined within the Non-Profit Grants Manual.
- The recipient understands that if the organization has any questions regarding the Non-Profit Grants Manual or its content, they will consult with the Metro department that awarded their grant.

**Note to Organizations: Please read the Non-Profits Grants Manual carefully to ensure that you understand the requirements and expectations before signing this document.*

Jason Butler

Signature of Authorized Representative
Name: Jason Butler
Title: VP Clinical Operations
Agency Name: Music City PrEP Clinic
Date:01/15.2026

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Attachment F

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DEPARTMENT OF THE TREASURY

Date: AUG 09 t017

MPSIC CITY PRRP CLINIC
C/O RODNDY L BRAGS
926 WQODLAND 6T UNIT 110
NASHVILLE, TN 37206

Employer Identification Number:
82-1619750
DLN:
170531B0302007
contact Peraon:
ME, LEE ID# 31208
Contact Telephone Number:
e7z) eJ9-5s00
Accounting Period Ending:
Duoe 30
Public Charity 6tatus:
1'70(b) (1) (A) (11:L)
E'oxzn 990/99a-zz/ 99o-T4 Rec{uired-
Yes
Effective Date of Exemption:
may 19, 2017
Contribution Deductibility:
Yes
Addendum Applies:

Dear Applicant:

we're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Eeckion s01(c)(Z). Donors can deduct contributions they make ko you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 205s, 8106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501fc)(3l are further claaaified as either public charities or private foundations. we determined you're a public charity under the IRC Rection listed at the top of this letter.

If we indicated at the top of this letter that you're required ko file Form 99D/990-Ef/9&0-m, our records ahow you're required to file an annual information return {Form 990 or Form 990-EZl or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of bhi6 letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter '4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c}(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

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MUSIC CITY PREP CLINIC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

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Details

Tennessee
Secretary of State
Tre Hargett

MUSIC CITY PREP CLINIC

225 S 11TH ST STE 101A NASHVILLE TN 37206-3131

Mr. STEVE GOLAB

(512)657-1086

www.musiccityprep.org

Status: Active

Registered Charities Search

Home How to use this search Back to Searches

CO Number: CO29288

Registration Date: 06/15/2017

Renewal Date: 03/31/2026

music city prep

CO Number

City

Purpose

Providing affordable healthcare to the LGBTQ+ community with the ultimate goal of eliminating the spread of HIV.

Search Clear

Financials (7)

Fiscal Year End	Total Revenue
06/30/2024	$59,467,501.00
06/30/2023	$46,529,446.00
06/30/2022	$46,316,294.00
06/30/2021	$33,479,766.00
06/30/2020	$15,157,624.00
06/30/2019	$1,456,548.00

Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee's 37th secretary of state in 2009 and re-elected in 2013, 2017, 2021, and 2025. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.

Details

MUSIC CITY PREP CLINIC

225 S 11TH ST STE 101A NASHVILLE TN 37206-3131

Mr. STEVE GOLAB

(512) 657-1086

www.musiccityprep.org

Status: Active

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About the Office
The Tennessee Secretary of State has oversight of the Department of State. The Secretary of State is one of three Constitutional Ofcers elected by the General Assembly, in joint session. The Secretary of State is elected to a four-year term. The constitution mandates that it is the secretary's duty to keep a register of the official acts and proceedings of the governor, and, when required, to "lay same, all papers, minutes and vouchers relative thereto, before the General Assembly."
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MUSIC CITY PREP CLINIC

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000904935
Initial Filing Date: 5/19/2017 1:53:00 PM
Fiscal Ending Month: June
AR Due Date: 10/01/2026

Registered Agent
STEVE GOLAB
225 S 11TH ST 101 A
NASHVILLE, TN 37206

Principal Office Address
225 S 11TH ST 101 A
NASHVILLE, TN 37206

Mailing Address
225 S 11TH ST 101 A
NASHVILLE, TN 37206

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (23)

Type	Date	Tracking Number	Change History
2025 Annual Report for MUSIC CITY PREP CLINIC	12/19/2025 12:23:36 PM	B2025856554	○ Annual Report Due Date changed from: 10/1/2025 to: 10/1/2026 ○ Annual Report Status changed from: Delinquent to: Good ○ Officers Changed
Notice of Determination for MUSIC CITY PREP CLINIC	12/3/2025 1:45:13 AM	B2025839481	○ Delinquent Annual Report
Assumed Name Registration for MUSIC CITY PREP CLINIC	6/20/2025 3:24:14 PM	B2025455709	○ New Assumed Name: SCORE HEALTH
2024 Annual Report for Music City PrEP Clinic	9/3/2024 11:18:21 AM	B1622-2509	

2023 Annual Report for Music City PrEP Clinic	12/19/2023 12:39:43 PM	B1480-7537	○ Principal Address 1 changed from: 901 WOODLAND ST # 104 to: 225 S 11TH ST ○ Principal Address 2 changed from: MUSIC CITY PREP WEWORK to: 101 A ○ Principal Address 3 changed from: RICHARD MACKINNON to: STEV GOLAB ○ Registered Agent First Name changed from: RICHARD to: STEVE ○ Registered Agent Middle Name changed from: CLARK to: No Value ○ Registered Agent Last Name changed from: MACKINNON to: GOLAB ○ Registered Agent Physical Address 1 changed from: 814 RUSSELL S to: 225 S 11TH ST ○ Registered Agent Physical Address 2 changed from: No Value to: 101 A ○ Registered Agent Physical Address 3 changed from: RICHARD MACKINNON to: STEVE GOLAB
Notice of Determination for Music City PrEP Clinic	12/5/2023 1:40:32 AM	B1449-5534	
System Amendment for Music City PrEP Clinic	10/3/2023 2:17:02 AM		
Application for Reinstatement for Music City PrEP Clinic	2/27/2023 9:05:37 AM	B1343-1578	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: ACTIVE ○ Inactive Date changed from: 02/11/2023 to: No Value
2022 Annual Report for Music City PrEP Clinic	2/27/2023 8:55:10 AM	B1343-1526	
Dissolution/Revocation - Administrative for Music City PrEP Clinic	2/11/2023 1:41:36 AM	B1290-6066	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 02/11/2023
Notice of Determination for Music City PrEP Clinic	12/2/2022 1:40:40 AM	B1290-2841	
System Amendment for Music City PrEP Clinic	10/4/2022 2:14:00 AM		
2021 Annual Report for Music City PrEP Clinic	8/6/2021 11:40:44 AM	B1074-5318	
2020 Annual Report for Music City PrEP Clinic	12/14/2020 1:40:43 PM	B0955-6523	

Notice of Determination for Music City PrEP Clinic	12/2/2020 1:40:21 AM	B0935-5087	
System Amendment for Music City PrEP Clinic	10/2/2020 1:40:34 AM		
2019 Annual Report for Music City PrEP Clinic	12/28/2019 9:18:35 AM	B0795-1841	○ Principal Address 1 changed from: 814 RUSSELL ST to: 901 WOODLAND ST # 104 ○ Principal Address 2 changed from: No value to: MUSIC CITY PREP WEWORK ○ Principal Postal Code changed from: 37206-3713 to: 37206
Notice of Determination for Music City PrEP Clinic	12/1/2019 1:40:17 AM	B0786-3013	
Articles of Amendment for Music City PrEP Clinic	10/21/2019 12:23:00 PM	B0767-8193	
System Amendment for Music City PrEP Clinic	10/2/2019 1:40:25 AM		
2018 Annual Report for Music City PrEP Clinic	8/31/2018 5:22:24 PM	B0593-1251	
2017 Annual Report for Music City PrEP Clinic	9/21/2017 10:00:34 AM	B0443-3888	○ Principal Address 1 changed from: 926 WOODLAND ST UNIT 110 to: 814 RUSSELL ST ○ Principal Address 3 changed from: No value to: RICHARD MACKINNON ○ Principal Postal Code changed from: 37206-3746 to: 37206-3713 ○ Registered Agent First Name changed from: RODNEY to: RICHARD ○ Registered Agent Middle Name changed from: LYLE to: CLARK ○ Registered Agent Last Name changed from: BRAGG to: MACKINNON ○ Registered Agent Physical Address 1 changed from: 926 WOODLAND ST UNIT 110 to: 814 RUSSELL ST ○ Registered Agent Physical Address 3 changed from: No Value to: RICHARD MACKINNON ○ Registered Agent Physical Postal Code changed from: 37206-3746 to: 37206-3713
Initial Filing for Music City PrEP Clinic	5/19/2017 1:53:02 PM	B0394-2668	

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Attachment G

B0394-2668 05/19/2017 3 PM Receive b Tenne see Secretary o State Tre Harg

000904935

CHARTER
NONPROFIT CORPORATION

SS-4418

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

-FILED-

Control # 000904935

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Music City PrEP Clinic

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
@This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
RODNEY LYLE BRAGG
926 WOODLAND ST UNIT 110
NASHVILLE, TN 37206-3746
DAVIDSON COUNTY

5. Fiscal Year Close Month: June Period of Duration: Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
This corporation is a public benefit corporation / @mutual benefit corporation.
This corporation is a @religious corporation / @not a religious corporation.
This corporation will @have members / @not have members.

9. The complete address of its principal office is:
926 WOODLAND ST UNIT 110
NASHVILLE, TN 37206-3746
DAVIDSON COUNTY

(I\Note: *Pursuant to T.C.A. §10-7-503 all information on this form is public record.)*

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CHARTER
NONPROFIT CORPORATION

SS-4418

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

-FILED-

Control # 000904935

The name of the corporation is: Music City PrEP Clinic

10. The complete mailing address of the entity (if different from the principal office) is:
PO BOX 68169
NASHVILLE, TN 37206-8169

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	Rodney L Bragg	926 WOODLAND ST UNIT 110	NASHVILLE, TN 37206-3746

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)
@ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by T.C.A. §48-51-303(a)(1).
@ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).
@ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic	Incorporator
Signature	Title/Signer's Capacity
Rodney L Bragg	May 19, 2017 1:53PM
Printed Name	Date

B0394-2669 05/19/2017 3 PM Received Tenn see Secretary S e Tre Ha get

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M ic City PrFP Clinic

(A Nonprofit Organization)

Financial Statements

With Independent Auditor's Report Thereon

JUNE 30, 2025 AH D 2024

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M H I R
C P A, P L L C

litdeperident AuditOr*s Report

To the Board ot' Directors of*
Music City PrEP Clinic

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Music City PrEP Clinic. which comprise the statements of financial position as of June 30, 2025 and 2024, and the related statements or activities, functional expenses, mid cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the acconipany ing financial statements present fairly, in all material respects, the financial position or Music City PrEP Clinic as of June SO, 2025 and 2024, and the changes in iis net assets and its cash flows for **the ycars then ended in accordaiice with accounting principles generally qccepted in the United States of America.**

Basis for Opinion

We conducted our audits in accordance with auditing standai ds generaĺly accepted in the United States of America (GAAS). Our responsibilities uiider *ttiase* **stantfards als fúrther described in tJie Auditor*s kesponsibilities for the Audit oftllo Financia! Statetnents sectïon of our repcil. We are required to be independent ni Mtlsic C'ity PrEP Ciinic and to rneet our othei etlyical responsibilïties, in accordancc with the relevant ethical rqquiremcitts relating to our audits. We believe tI1at the audit evidence ›ve !1ave obt8ined is sufficieilt and appropriate to provide a basis for our audit opinion.**

Resyonaibilities of Management for time Financial Statements

Management is responsible for tire preparation and fàir yrerentation où the financial stateinents in nccotdance with ÂCCO£lntnig yrinciples genernlly acceptud in the United States of America, and fôr the design, iinplcnzcntatioit, aitd maintenance où internat control relevant to the preyaration ai›d fair presentation où financial statemeizts that aie h'ce franz material misstatement, whether dMe to fraud or erior.

In prepfiring the financial statements, management is required to evaluate whether there are conditions or events. cciiisidcred in **the aggregate. tllat raise substantial** doti **bt about** Music **City** PrEP CI inie' s ab i lity to continue as a going concern ror one year after the date that the financial stateiiients aro issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Otir objectives are io obtain reasonable assurance about whether the financial statements as a whole are free front material ni isstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee thar an audit conducted in accordance with GAAS wifi always detect ft Inaterial misstatement when it exists, The › isi or » detaeling a maleriaJ inisstafeinent resuliing *ñ erm* fratid is liiglier than for one resultiiig from error, as **fraud may involve collusion, forgery, intentional omissions, inisrcpresent8tioits, or the overricle of internal control. Misstatements arc considered** *material* **if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user hased on the financia| statements.**

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In perfoizning an audit in accordance witls GAAS. we:

- Exercise professional judgment and maintain professional skepticisin throughout the audits.
- ldentify and assess the risks of material misstatement of the financial statements, whether due to fraud or' error, and design and perform audit procedures responsive to those risks, Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of intei nal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Music City Pi EP Clinic's internal control. Aceoi dingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates iiiade by management. as well ss evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the agJ;ɾegate, that raise suhstantial doubt about Music City PrEP Clinic's ahility to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with govenlance ivgarding, among other tztatters. the plailrtcJ scope artd timing of the audits, significant audit findings, and certain internal control—related inuttcrs that we identified during the audits.

Mil ter CPA, PLLC
Murfi ees(ioro, Tennessee
October 1.7. 025

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MU8IC CIYY **PREP CLINIC**
STATEMENTS OF FINANCIAL POSITION
JI/NE 30, 2ft25 AND 2024

	2025	2024
ASSETS		
CURRENT ASSETS		
Cash and eqüivalents	S 6,899,696	$ 8,133,907
lnvestments	3,201,354	163,053
Notes regeiVabie, net	300,000	
Aecounts receivable, net	7,697,194	:S,44i,)02
Prepaid expenses	285481	\ \ \,98J
Inventory, net	4,629	3,128
TOtal curzeht assets	l8.388,3S4	t3,gg ,lY7
PROP6RTY AND EQUIPMENT, NET	15,616,713	13,517,302
LONG-TERM ASSETS		
Deposits	J 1,090	6,130
TOTAL ASSETS	$ 34,016,157	$ 27,376,609
1.IABlLITIES AND NET AiiSSTS		
CURRENT LIABILITIHS		
Current inaturitjes où rtotes pqyablo	S 449,479	S 282,531
Accounts payable and accniad expenses	:S,977,868	4,4â1,8Sî
Deferred revenue	-	2Y,500
Total current liabilities	6,427,347	4,791,882
LDNG-TERM LIA8ILITIES		
Notes payable. tess current iiiaturities	6!32,777	4.597.835
"TOTAL t.lAB1L1TIES	12S60,124	9,389,712
NET ASSETS		
Net assets without donor restrictions	2I,4S6,033	17,986,892
Net assets with donpr restrictions	-	-
TOTAL NET ASSETS	21,456.033	17,986,892
TOTAL LIABlLIfl'IES AND NET ASSETS	$ 34,016,157	$ 27,376,609

See accottipanying neces to financial stato zior\ts end tndopendcntauditer's ropnzt.

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MUSIC CITY PREP CLINfC
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	20*5			2024		
	Nei Assets Without Donor Restrictions	Net Assets With Dunor Restrictions	Totals	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Totals
PUBLIC SUPPORT AND ItEVENUE						
Public support						
Conlributions	i 24,365	$	$ 24.3tI?	$ 5fi.515	$	$ 38.51 5
Revenue						
PrEP prescription revenue	79,262,595		79.2G2.595	s8,777,757		58.777,757
Management fee	161,725		i61.723	328,(07		328.007
Unrea1iZed gain ort irivesk›zerzu	48,002		**48,002**			
lnterest	216.914		2ld,9I4	k*.B58		82.868
Dividehds	714		7I4	I1.021		11,021
Rental income	177,742		i77,742	I89.289		180.2B9
Other revenue	22,280	-	22,280	20,044		20,044
Total revenue	71.8g9.972		T9.889.972	59.408.186	-	59,4fi8.986
Total revenue and public support	71,914.337		79,914,337	59,4fi7,50 1		59,467.50 I
EXPENSES						
Programs	73,‹oq,921		73,409,929	53.953,783		**13,933.783**
Management and general	3,031.267		3.035.267	l g i i s66	-	1,812.566
Pundraisihg						
Total expenses	76,445. i 96		76.44s. 196	SS.7G6,349	-	51.766.349
Increase in net assets	3.469,14 1		3.469,141	3,701.1 52		”,70a. 152
Net asse\s nt beginning or year	17,986,892		17,986.892			14,285,740
Net assets at end of year	$ 21,456,033	S	$ 21,456,033	$ 17,986.892	$ -	$ 17,986.892

See accompanying nutes to financial statements and independent auditor's repun.

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MUSIC CITY PREP CLINtC
STATEMENTS **OF FUNCTIONAL** EXPENSES
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	2025				2024			
		Supporting Services				Supporting Services		
	Program Services	Management and General	Fund-raising	Toiøls	Program Services	Mвnagemeot and General	Fund• raising,	Totals
Salaries and wages	$ 2oo,5i5	s 82,834	S -	$ 283,429	$ 165.741	$ 68,441	$ -	S ?-34.i 82
Advenising and promotion	2,738.822	616,073		3,374.895	2,304,047	108,707		2,4 I 2,754
›or to i i	í,065,826	›i9,615	-	1.60a.441	432,684	219,063		651,747
Charitable contributions	463,074			463,074				
Contract serVİces	8,530,193		-	8,530,193	7,l6l,035			7. l61,03d
OgJjØcİatİrifl	502.221	Ł7.944	-	550,165	462,222	44.126	-	506. 48
Dispensed medinatİoh	40,605,337		-	40,605,337	29.808,913			29.508,913
Employed benefits	**l4,2l2**	**1,736**			16089	,	-	l8,t)54
Flоaersandgifts	**a,l22**	**167**	-	3,289	4,054	2ł7		4,271
Infopnation technology	**474,399**	**z00,682**	-	675.28!	3 I3,ó0fi	(32608		446.216
In» ^<^	**\.186,396**	**I,?56**	-	1187,952	652,127	745		652,872
Iniert	24î,9BG	fs,¢s4	-	jOOÕ50	206,986	48.071	-	25fi,057
Laboratory fees	589,952			W9.95?	748,716		-	748.716
Lœs¢		**I 8.805**		99,776	61.108	**14. 192**	-	75.3lltl
Lic¢rises. dties and fees		I.@4.869		s,2X4,287	1.985.134	**992.712**		
Management fees	1,609,621			1Œ9.621	687.371		-	587.37I
ME8IS āfld efiṭertaininent	1,294	626	-	t,920	358	2Y0		828
Mediml wasîe disposal	3,939		-	3,939	**6.89?**			G.895
Pharmacy contract administṛBṭive fee	10,960,79"			10.960.793	8.161.121			
Posiage and printing	4,218	990			6,798	1,595		8,393
Pfop¢ łAxes	10J.546	24,512	-	I30,058	99.497	23.108		122.605
Fubl¡c education	1,065,138	50.2 4		1.115,392	470.352	22,191		492.543
Repairs and rṭtginṭenancø	216.099	17,143		233,242	193.5J9	15,355		208.914
Supplies	88.81›	28,601		I17,416	59,834	19,268		79,102
Ttlccommunicøtions		93.890	-	93,890		**22,290**	-	22,290
Trawl	128.339	29,93tì		158J75	15,322	**3,J74**	-	f 8,896
Website	171	40	-	21 I	-			
Utilities	337,032	108,530	-	445,562	230.01	74,068	-	304.080
Tola1 expenses	S 73,409.929	$ a,03'i,267	S -	$ 76,445, 196	$ 33,95‹,783	S I,8 Ï2,566	S -	$ 55.766,à49

Wee ac¢ąmgsns'irtg notes !o finattciîtl 8t8temenls and ìndcy•ndv•nl uudilor's rcyort.

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MUSIC CITY PREP CLINIC
STATEMEJXTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
CASI4 FLOWS FROM OPERATING ACTIVITIES		
lncrease in net **assets**	S 3.469,141	S 3,701,132
AdjuStirients to reconcile increase *'in* net assets		
to net cash provided by operating activities:		
Depreciation	550,165	306.348
Unrealized ¢•ain on ifivestments	(48.002)	
Decrease (increase) in operating assets:		
Accounts receivable, net	(2,2?6,O92)	(876,Sb7)
Prepaid expenses	(173494)	301,111
lnvenloty, net	(1,S01)	(3,128)
Deposits	(4,960)	(6.130)
increase (decrcare) ïn operating liabi[ities:		
Accounts payable and aucrued expenses	1.d9S.017	l,09i.017
Del'erred reverlue	(27.500)	27.500
Grants payable	-	500
NIT CASf4 PROVIDED BY OPERATING ACTivrriEs	3,003,774	4,732,803
CASI4 FI.OWS FROM]NVEST1NG ACTIVITIES		
Purobascs o1"property and uquipment	(2.649,57d;	**(I 73,485d**
Mores receivable funding	(3Ò0,00O)	
Purchases of investments	2 99 99	02
NET CASH 1-íSED IN INYESTING ACTJVl7'lhA	**(5,939,875)**	**(I 84,506j**
CASIA FLOWS FROM FINAJ'JCING ACTIVITIES		
Procegds of notcs payable	2,041,258	-
Principal paynients of notes payable	3 0	2
NET CAS14 PROVÍDED BY (USED fN) FINANCING ACT!VITlES	I.701.g90	26 7
NET INCREASE (DECREASE) IN CASFI AND EQUIVALENTS	(1.234,2I I)	4,283,210
CAStl ANO KQk1lVAi.ENTS wT BEGINNmG or EAR	**8.133907**	3,850,697
CAS!4 AND EQUIVALENTS AT ElslD CiF YEAR	S 6,899,696	S 8,I33,90Y

See acaompanying nt›tos te financial statements and indepondont auditor's • p¢ ft.

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MUSIC CITY PREI' CLINIC
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 atid 2024

NOTE A — NA l'URE OF ACTIVITIES AND SIGNIFJCANT A1COUNTINO POLICIkS

Nature où Activiti«s

!lSiC /Îty PrEP Clinic (the 'Otgaizization"} headquartercd in Nashville. Tennessee is a not-for-proi3t organisation which began *opei tions in 20I7.* The mission où tue orgIlf1lZ*fiuii is to empoiver Tennesseans and Kentilekians to iive an. I1IV-fYee life through PrEP medication, edticati"on, **•ll1ti-St iglTl il calnp8ignS,** and support. To meet thèse objectiYCs the Organization olTers free HIV screenings. t0 individuels in Tennessee and Kentucky. The Orgamzation, also, provider prescriptions fer TruvB4a and Ôescovy coinmoni¿ referred to as PrEP, te reduce the risk of obtaining and the spread of HIV. '**Flie Organization receives ievenue fî oin B pharJnaceutical coinyany lor** 8dCIi Scripf of PrEP fi!led. "the Organization additionally receives i'evenuns for cxains and STI tmatinont from insurcd yatlents. 1"he Organization provides need-based finai cial aia to eligiblc patients..

Basis of Accnuntine

TIIC IlnanCiai Statcilicnts oftlie Organizatinn liuve been picyarcd on llJe acei u/tl besis of acco»nting.

üstiinatcs

"rue pre ›nration cF finailcial statements in conformity with a«ountin@prifi cipla gencially **accepted** in the United States of An eriC8 requires management to make eStitYiates .and assumptions t]jat afTcct the reported ainounts où nssets nnd liabilities and disclos ›ie où contingent assets and liahilitics at the date of the fiizAnciäl »tatenicnts and the **icportetl amounts of umestricted i evenue and s‹ipporl and expenses during the period. Actuul rasults could differ lroi» those estimates,**

Fitiaiicial Stateinent Presentation

Fhe Organization presents its financial statemeiits in accordaiwe with the Financial Accounting Standards Board t"FAFsB") Accounting Standards Codification ("A SC") 958, *F'liianciul* ·9iri/ciiienis *foi N!ut-fur-Profil Orguiiizutioii.v.* Aecordingly, lhe Organisation reports inËOrlllatÎOl2 fCgarding its finoıicia J position and activities according to the two classes oùnet assets: net assets without donor restrictions and net assets with donor restrictions.

Net Assets Without Donor Restrictions

Net asrcts without donor restrictions include unrestricted resources which represent the portion of funds that arc avaiiablc for the uperatiDg objectives of the Organization.

Nul Asscts with Dol ar Restrictions

Net **•ss=is** s*itl• dciric•r **restrict** imns **cc n-s ist t›P** dciiic›r rcsu-i cted nrinti **ibuti one arid grant s.** Am cunCs **restricted by** drtn ore **foi u specific yiirposc are deemed to be .eztrned and reported as net assets with donor restriction ruwailuc whun received, «nd such unexpended amou lts are repoi1ed as net' assets wi1 doiJur restrictions at yoar-end. When the donor restriction expires, thut is, when g stipulated time or pui pose restriction is aocolnplished, net assets witly donui i'esti ictions are reclassified to net assets without dcnor restrictions and reported in the statements of activities** from

Net assets with rlonor restrictions also consist of Joi or restricted centrihutinns, which are requiied ie be held in perpetuity. hlcolnc from the assets held is available for citl cr general opcration5. or specific purposes. in accordance with d'oizor stipulations.

Contributions

Contributions are recognized as public support when received or unconditionally pledged. All contributitnjs arc available for unrestrfcted tise unless specifically restricted by the donor. Contribitfions that are restrictciJ by the tinned arc reported as an increase in net assets without donor restrictions if the restriction expires in the reporting {Period iii which the suppoit is recognized.

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NOTE A — NATUR2 OF ACJ"lVITlES AND SIGNIEICANT ACCOUNJ'lNG POLICIER (CONTINUED)

Cnntrihutioiis fcoiztinuedl

All oilier don.or restricted conti ibutions krc reported £U Rn increase in net assets with dotloi restrictions, When a iesLrictiori cxpircs, net assets with dottor restrictions sre reclassified to net assets without donor restrictions.

Revenue Reooknition

The Organizuticn recognizes revenue fro›n the yrescriptioii nf PrEP medication upnn the filling of the medication.

Cash and équivalents

CaSh and equivalents include cash on hand and short-rem investments with original maturities of three months or less.

Aceouots Rec•eivable. Net

The accounts receivable, net cnnsists of prescriptions of PrEP filled. The accounts receivable balance ii reported at the amount management anticipates collection. Air uliowance lc›r doubtful accounts r •i •b! is p« ided based on iiianageineot's evaluation of potential uncollectible accounts receivable balances at year-end basad on tinticipated and historical collections. As of June 30. 2025 and 2024, management has estimated the allowance for doubt(ul accounts receivable is $-0-.

lqvestments

1"he Organisation classifies its invesirnents as availablc-for-sale. Securities classified as available-for-sale are carried on .the financia[statctnciits as fair value. Renlized and unrcalized gain and losses, duterinÎned uging the fii'st-iii, first-ont method, are included in revenue. Dividende on investineiits are tecognÏzed in devenue when declai cd. Inveseneiits am reviewed annually for iinpainnent by management. The Organisation recognized no iinpairinent charges duriiig the years ended .June 30, 2025 atid 2024.

Fair Value Measurements

Tlte Fair Value Measurements and Disclosures toyic of the I'ASB Accounting Standards Codifiaation. estimatpfi a lair value hierarchy that prioritizes the inputs to valuation technique used to measure fair value. This hierarchy consists of three levels: **Level I icputs** consist of unadjusted quoted **yrices in** activa markets for ide»tical assets and h:we thc highest priority, Level 2 inputs consist of observable ixputs ntltcr than quoted **prices** for identical assets and Lcvel 3 inputs havc t|1e I'owest pi iority. The Oiganization uses appropriate val iafion techniques hased on «va›Ieble inputs to measure the **fair** value of **investments.** WI1et1 available, the Organization measures fair value using Level I inputs been me they general|y provide the incst reliable evidence of fair value. LeYeI 3 inputs would he used unly when LeYeI I and Level 2 were not available..

PtopeÜvand L0uipincnt,Net

-File Organization **capitalizes** •iI. property and equipment exponditHres with a cost nd S'i00 or iTjore and leaving CstinJated useful. lives of ri ore than orte yenr. Property and equip› nent ara recorded at cost or for donated items, at fair Ya]tie as of the date received.. Such donations arc rcportod as \iljrestrictod contributions unless the donor har resti ictcd the doi ated asset to a specific purpose. Assets donated with explicit restrictions regai'ding their use and contributions of cash that m ust be used tu acquire property and cquipinent are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Orgatiization reports enpirdtions of donor restrictions when the donated or acquired assets are plaeed in service as instructed by the donor. The Organisation reclassilies net assets with donor restrictions to net assets without donor restrictions at that lime. Expeiiditures for riajor additions and improvenients are capitalized and m inor rcplacements, maintenance and repaire are charged to expense when iiicurred. Pmperty and equipinent are deprecfated using the straight-1 inc iriciliod.

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MUSIC CITY PREP CLINIC
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024

NOTE A — NA+u er ur Ac riviTi eS AN l3 SIGNI FlCftNT ACCOUNTING POLlCIES. (CONTINbiED)

l'ropeilv and Eqiiip‹nenL Net fcontinuedl

A summary ofthe life où the property and equipiflent is as follu •s:

Buildings and renovatioi\s	39.3 years
Equipment	5 years
V ehicle	5 gars
Leasehold iinyroveinents	Lease-terin

l*tiiictional Expenses

Fxpenses are summarized and categoi ized based tipoii ilieir functional classif ination as either program services, inatisgeinetit iind general or fundraising. Specific expenses that are readily identifiable to a single progiam oi' activity are charged directly to that function. Certain categories of expenses nre attributable to irtore than one program oi supporting function. Therefore, the expenses teqtiii e allocation on a reasonable basis that is consistently applied. 'Flie Organization has detent ined the allocation based on estimates of time and effort within the salaries and wages expense; which in tui'n created a percent allocation thnt was used to determ inc the at location of certain expenses.

Advertising and Pt oinotion Expenses

Advertising hand promotion costs, which include costs to pt oinote the Organization and .specific programs, are cxpcnsecl as incurred on the statements at frmutionai expenses. Advertising und yro notiun expense for the yeni's ended June 30, 2025 and 2024 totaled 53,374,89:S an4 52,4 I 2,754, **iespectively.**

Încoine Taxes

'l'l›c Organisation is u not-tor-profit organisation that is cxempt drom incomc taxes inrler Section fi0 I(c) (3) ot"the Internal Revenue Code. Therefore, the Organization has mude no provision for féderat or state income faxes iii **tl1C** aocoMpnitying financial statements. The Organization has evaluated its tax positions for all open tax ycai's. "The **Oi ganization is men and subject to examination by the internal Revenue Service and state g#nei ally three years and [ivc ¿egrs, respectively, f1on the date of filing their returns. "f"he Organization is neither currently under audit nor has tile Oiganization been contacted by any jurisdicticm. Based en the evaluation of Ehe Organization's tax positicai s, managefjtent believes all tax positions taken would be upheld under an examination. Therefore. no tax [1t'n5 isim›1 for t|1e cf'£ects o£ ui certain tax positions leave heen recordecl for the years ended J.une 20. 202Ti and 2024.**

NO Fr E — INVES"FMENTS

"r• time extent available, the Organization's investment» arc recorded at lair v4lt›c based on quuted yrices .in active jjla kets on a trade-d/tte basis (|evel 1 input ofj the fair value hierarchy chart). The Organization's investments that rire listed on the U.S. exchanges are valued based on readily available markei quotations. TIte Organization cycrcises due diligence in assessing tlte policies, procedures and controls implemented by its external investiticnt in xnawei anal believer the Organization*s carryilJg amou»t of thcse investments is a icasonablc **estimate of lair value, ñuclj due diligence includes the rcvicw of infermntion trem tlje external investment manager as well 0s** FOVÎRw of pei fomiance.

lnvcstiiients are catcgorized by esset class and valued as deseribcd below:

Minimal funds are investments valued based on qUotcd prices on the last trading date of the principal market on or betore Jrine 30. 2025 and 2024. They include investments that are funded in diversified holdings.

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NOTE' B — INVESTMENTS (CONTINUED)

An **azc/u/›tge** *Iraded fund* il clude invcsttnents wl i li rracf:s a stock índex, a comtztodity;' bonds or basket of" assets for investizieizt strategy. Excl ange trsded fuxds are valued by the tnarket based on flze underlying Yalue of the investrhents held by IIie fluid. A clqsed-end fund is a collective investlnertt ‹n.ode! based on issuing a fixed number o(shares which are nut redeeinabl‹i .from the fuhd. Clösed-end ruiids have quoted püoes on the market exchange to detenntne .the value of the itis*estments held by the fund,

A sumM ary al" ihvesttnertt accounts as of JuIy 3 I, 2ò23 and 2024 is as follows:

	2025	?024
Mutual Funds - :equit1s	S 550.407	$
Mutual funds - fixzd indome	4f9,289	163,053
Mütual Fünds - precÓus metzik	39,053	
Mutual. £unds - reaÏ estate	5,109	-
Nlutiial furids - akernate investrnents	165.902	
Exciiange traded funds	2;O2l.594	
Totals	$ 3J0i.354	$ l63.£i53

As od Junc 30; 202'S the investïzients'invested in domestic aild intematiónal funds tótaled $2,396,07 I and $803,283, respcctively. As of"June 3'0, 2024 the iizvestmcnls wom invested in d'omestic £unds.

Unrealized grins recorded .as increases to net ussets without donor restrictions, during. the years ended .Jutz¢ 30, 2025 and 2024 totaled 548,002' and $-0-, respectively. Dividend. and interest incom'e, included as 'an increase to net assen without dònorreürctiohv dudng theyeai s»ded June 3ò, 2025 and 2024 to‹a|ed]217,625 «»d &g1, 89, respectively.

NO4'E C — NOTES RECEIVABLE. N8T

during the year ended Jinie 30, 2025 the Organization invested in Botes receivable bearing an interest raie of 0.00% due on demand witli various privately held businesses. 'Flzese notes feñeivable has been **valued. at** tlie inicial I\ii ds **çrnvi'deÒ. As of'Jutie 30. 2025 fiotea recofvabïe, net tgtaled 53.00,000.**

NOTE D- PROPÚRTY AND sour i-lsN'F, UE F

Properiy atid equipinent, net conSÍets Cif tha Following as of)urlR 30, 2025 and 2024:

	2025	2024
building and rcnoYations	$ 15.722,453	$13,831,370
Leasehold improvements	157,351	
Equjpment	703,78S	624,220
Vehicl'«	37 i:921	i.s4,gxs
yp|g	16,955,508	14,620,539
Less:. Accu›yulatsd doprâciatioil	(1,653.402)	(1.103,237)
Add:: Constr ictiox in process	314,607	-
Property and equipnient,.set	$ 15,61ò,7l3	$ 13.517,302

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MUSIC CITY PREP CLINIC
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 and 2024

NO'1'E D — PROPER FY AN D EQUJ PM ENT, N ET (CON'1'IN ULD)

Geprecialioii expense for the years ended June 30, 2025 and 2024 totaled $350,163 and $306.3fi8, respectively.

l3iiring ihe year ended Jtine 30, 2025 the Oi'ganizmion began construction on a facility which had not been placed in service as of June 30, 2025. These costs have been capitnlizcd as construction in process atid included in property and equipment, net on the statement of financial position. As the construction in process is placed ili service the Organization will begiti recording depreciation for the costs. As of Jtine 30, 2025 construction in proccss totaled $3.14.607.

NOTE E — NOTEü PAYABLE

A stiiiiiiiinry ol'tlie iaotes payable as of 2une 30, 2025 and 2024 is as foI lo vs:

	1025	2024
Note payable dated May 2022 for $3,375.000 to u hank bearing an interest rate of 4. t9% requiring monthly interest and prirtc ipal payment of $20,899 with a final balloon payment of the remaining principal and interest babnces in January 203.1. The note psyabL is sec Mred by certain real estate.	**$ 1,654.808**	**.'$ 1,83 l, l97**
]"Jote payable dated January Z025 for 52,0 i 8,750 to n bank bearing an interest rate of 6,99ºX«requiring monthly interest and principal yaymcnt of S2Jñ30 through January 2035, The note payable is secured tɔy certain mal estate.	1,959.588	
Note payable dated January 2025 for $22,500 to a bsnk bearing an interest rate of 6.69°% requiring monthly interest and principal payment of $443 through January 2030. The npte paynblt2 L8 SeC blfed *by* certain real estate,	20,897	-
Note paysbie dated May 2022 for $3,244,000 to a bank bearing an interest rate cr 5.49% requiring filulJthly interest and principal payment of 522.447 wâh a final balloon principal and interest payment liar the remaining balance in Moy 2032. The note payable is sccui'ed by certain real estnte.	2,94éi,963	3,049,169
”Futak	6,582,256	4,8C0.366
mess: Current maturitîes of nutes payabk	9 79	(282,531)
Notes payable, less curreizt n aturitioa	à 6.132,777	$ 4,597,835

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MUSIC CI'FY PREP CLINiC
NOTES TO FINANCIAL. STATEMENTS
JUNE 3tl, 2ll2ii .and 2024

NOTE E— NOTES PAYABLE (CONTINUED)

Future maturities of notes payable are as follows:

June 30.		
2026	$	44S.479
2027		474,708
2028		501,426
2029		529,722
2030		557,395
Thereafter		4.069,f26
"l"ota1	$	6.382.256

N()'FL F — ACCOUNTS PAYABLE AND ACCRUED EXPENSES

A sumiiiaiy of **accounts** payable and accrued expenses as of lune 30, **2025** ***and 2024*** Je as fol!ows:

	2025	2024
Accounts payable	s L328,‹so	s iao7.8i2
Compensation artd relatad costs		9,337
PrEP drug posts	**4,556,243**	**3,l04,44C**
Administrative fees	93.165	160,256
Totals	$ 5,977.C68	$ 4,481,851

NO'1'E G — MANAGEMENT FEE

touring the year coded June 30, 2fi23 the Organization had An agreement with Nitisic City Physicians' Group, PUC ("Physicians" Ciroup") to provide support as Physicians' Group provide physician services in line wiih the mission of the Organization, The Physicians' Grotip reimburses the Organization for thu cost of the support pltis 18%, The reimbursement calculation is based on number of patient visits to ivizet the emission of tho Organization. These **icimbursement costs have been reCorded as management lee revenue ö›1 the statement of a«tivities. Dtiring the ycar ›sd=•I Ju•s+= 30, 202S •i*J 2024 *wanagernont £'oes charged to Physicians" Group totalcd $)6I,725 and $32t;OO7, respectively.**

Un June I , 2ö2S, the Pl\ysicians" Group entsrcd jrito a rctroactivc agreelllent witly IVttisic City Prep Clinic ("MCPreF'1 to provide services and suppon, FurtherinS the OrgRnization's mission. As consideration fbr the services to bo provided by the Physicians' Grouy under the Agieement, MCPreP st all pay the Physicia»s' Group at an hourly rate that varies by practitioner, as set North iit the ggreetncnt. The billing /or s«rvicos is doi e monthly and i cccrdeô as a service lee expexse on the statei»ent où activities. DurÏflg the ÿ0Brs ended Juno 30, 2024 and 2024, service becs paid to 1e J?i1ysicians* Group totaied 53,270,625 and $2,838,429, iespectivety,.

In January 2024, the agreenient with the Physicians Group inatured and an agreonient was entered into with Rod Bragg Diversity Health, **LLC** ("Diversity Health") to provide management services for the Organization. Diversily Health will provide the management services för the cost of the support plus 18%. The agreeinent verbal agreeirienl was signed Jtine 1 2025 J'he management fee iias been recorded within "Phannacy contfaet ad@nistrntive fee" on the statement of funclionnl expenses. During the years ended June 30, 2025, and 2024. the iiianagement fee totaled $1,609,62 1 and $687,37 1. respectively.

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MUSIC CITY PMP CLINIC
NOTES TO FINANCIAL STATEMENTS
JUNE 311, 2025 and 2024

NO'FS G — MANAGEMENT FEE (CONTINU ED)

On Julie 1, 2025, Diversity Health entered into a retroactive agi eminent with Music City Prep Clinic ("MCPreP"). **Under this agieeineizL tire ?vtanager providcs management, administrative, ‹••'»*^b• ītDd cɑizsultiizg services to** Médical practices. sexual healtli services providers, and other hoolth sei vices providers. "the Manager also offors various systems designed to support these practices and providers, enabling the provision of quality medical and lJetiltli seivices. Consistent with the budget, MC1°reP revenues wi!l i eirnburse the Manager for all direct costs incurred in fulfilling its obligations under the Agreement. These costs include, but are not IOmited to, daily d irect ex)ienses, salary, bonus, benefit expenses, and other compensation for non-cl inical persorinel employed or engaged d irectly by the Manager to provide services at the MCPrEP Locations. This is billed monthly as a service fee. For the years ended June 30, 2025, and 2024, service fees paid (salary. bonus, and benefits) to the Manager totaled 57,065,925 and $6,239,47S. respectively. For the 3'oars eiided func 30. 202S, and 7024. nxpense reimburseinents paid (al! oiher daily dimct expcnses) to ihe Manager toialcd $ 1.425.836 and $ 1.038,661, respeciively.

NOTE l4 — R6T1REVIENT PLAN

”Ï"lie Cein{›any ohh s a 40 I(k) retirenzent plan tn nil enzplcyees after 30 days où etllployinei t. *FI e Organisation iJ›atcI›es 100% oftlze lirst 6% où einployee contributions. Dui ing **the years** ended June **30, 2023** and 2024 emyloyci iTiatch contributions totaled SI2,fi69 and SI 3. l33, respectivcly.

NO'FE I — AVAILAB1 CITY OF FINANCIAL ASSE”FS

The Orgaiiizntioi i» substantially supportcd by PrüP prescription rcvcnuc. Bccausc n donor's restriction requises r«üuui¢:e» ttj be used in a ¡jaiticular inanridr or in 8 future yes iod, the OrgaiJiz8tioiJ must inaiiltain sufficient rcsuurccs to meet tltose responsibilities to its donors. ’bleus. financial assois may not be avnilable for general cxpcnditurc wÎthin one year. As part où the Organizaticri*s iiq»idity management, it sends out cash as the restricted contributions come in and inaintains a level où cash ielated to contributions without donor restrictions.

’l“he following reflects the Drganization's financial asscts as June 30, 2025 and 2024, reduced by amounts not invariable for general use beciiuse of donor imposed restrictions within one year of June 30. 2025 and 2024,

	2025	2024
Financial assets, nt year-end	8 10,401,050	$ 8,296,960
mess those unavailable tor general cx/›cnditurc wihin omc year due to:		
Donor-inposed restrictions:		
ltesiricted by donor wàh time or purpose restrictions	-	-
Financial assets available to meet cash needs for general expenditurcs within one year	$ 10,401,050	$ 8,296,960

NO'ff J — CONCENTRATION OF RISK

During the yuars ended June 30, 2025 and 2024, the Organization received PrliP prescription revenue from a j›ha n ‹tceuticol company totaling $62,726,892 and $46,9 I 4.2tJf/ or 79% and 80%, reypectively, où PrEP prescription

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NOTE J — CONCENTRA3'1ON OF RISK (CONTINU EO)

The Organization may be .subject in the futureto credit risk to its cash and equivalents accounts, which are p!aced with high credit-quality financial institutions. Tire Fedei at Deposit lnsuiaiiee Corpoi ation ("EDIC") offers covufagc up to $250,000 lot substantially a]l depository accounts. As of June 30, 2025 and 2024, the Organization had $ti.364,979 and $7.858,962. respectively in funds over the FDlC limit.

NOTL K — CASH FLOW INFORMATION

During the years ended June 30, 2025 and 2024 the Organisation had cash disburseinents for interest totaling $300.650 and $255,057, respectively. 'f'liere were tio cash disbursements incoinc taxes during Ille years ended Jtltle 30. 2025 and 2024.

NOTE L — SUBSEQUENT EVENTS REVleW

Subsequent events have b4en evaluated througi Octobst 17, 2025, whicl is the date the financiaÏ statements were svaillble to be issued. There were no subsequent cvcnts or transacrioi s requiririg the financial stateinerits to be adjusted.

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Attachment I

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/4/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Pam Madden	
Insight Risk - Nashville 2699 Fessey Ct Suite 100 Nashville TN 37204	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: pmadden@southpointrisk.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United Fire Group	
INSURED	INSURER B : National Indemnity Company	
Music City Prep Clinic, LLC 901 Woodland St. Suite 104 Nashville TN 37206	INSURER C : Chubb Group of Insurance Companies	
	INSURER D : CRC Group/Houston Specialty Insurance	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: CL2482326108 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ___ PRO-JECT ___ LOC OTHER:			60540463	9/2/2025	9/2/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS			74APR437115	7/24/2025	7/24/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	UMBRELLA LIAB / x OCCUR x EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			60540463	9/2/2025	9/2/2026	EACH OCCURRENCE AGGREGATE	$ $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Directors and Officers			J06020124	8/26/2025	8/26/2026	Aggregate Limit	$2,000,000
D	Medical Malpractice			AHHSPL000056902	11/01/2025	11/01/2026	Aggregate Limit	$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy #: AH-HS-PL-0000569-02
Sexual Misconduct/Physical Abuse Liability
$1,000,000

Cyber Liability Policy # C-4LPT-161996
Coalitiion Insurance Company
$5,000,000

CERTIFICATE HOLDER

Metro Public Health Department
Attn: Beverly Glaze-Johnson
2500 Charlotte Avenue
Nashville, TN 37209

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

R Harwell/JTAYLO

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COMMENTS/REMARKS

Metro Government of Nashville & Davidson County, its officials, officers, employees and volunteers are added as Additional Insured as respects to the General Liability as required by written contract.

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