Resolution No. RS2020 - 591

A resolution approving amendments two, three, and four appropriating funds from the United States Department of Health and Human Services to the Metropolitan Action Commission to support the Head Start Program by funding a comprehensive child development program for disadvantaged children.

WHEREAS, the Metropolitan Action Commission previously accepted a grant from the United States Department of Health and Human Services in an amount not to exceed \$14,484,699.00 with a required cash match of \$3,621,175.00; and,

WHEREAS, the parties wish to amend the grant as follows: amendment two reduces the cash match requirement by \$600,000.00 from \$3,621,175.00 to \$3,021,175.00; amendment three increases the amount of the grant by \$1,305,029.00 from \$14,484,699.00 to \$15,789,728.00 for COVID-19 response; and amendment four extends the end date of the grant from June 30, 2020 to June 30, 2021, copies of which amendments two, three, and four are attached hereto;

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that these additional funds be appropriated to the Metropolitan Action Commission and amendments two, three, and four be accepted.

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

Section 1. That amendments two, three, and four to a grant by and between the United States Department of Health and Human Services to the Metropolitan Action Commission to support the Head Start Program by funding a comprehensive child development program for disadvantaged children, copies of which amendments two, three, and four are attached hereto and incorporated herein, be appropriated to the Metropolitan Action Commission, and the Metropolitan Mayor is authorized to execute the same.

Section 2. 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 AS TO AVAILABILITY OF FUNDS:

INTRODUCED BY:

DocuSigned by: Kenin (numbo KovinsGrumbo, Director Department of Finance

APPROVED AS TO FORM AND LEGALITY:

-DocuSigned by:

<u>Miki Eki</u> Assistant Metropolitan Attorney

an of Council

{N0372008.1}

GRANT SUMMARY SHEET

Grant Name:	Head Start/ Early Head Start 20 Amendment 4
Department:	METRO ACTION
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action:	\$0.00
Cash Match Amount	\$0.00
Department Contact:	Cynthia Croom, Executive Director 862-8860
Status:	AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 4 extends the budget and project period from 06/30/2020 through 06/30/21 for the use of approved COVID-19 funds. No additional match requirement or funding being added.

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

Grants Tracking Form

							Part One				
Pre-App	licatio	n O		Application ()	Award Accept	ance O Co	ntract Amendm	ent 🖲		
		artment		Dept. No.		<u> </u>	Contact			Phone	Fax
METRO ACT			-	075	Cynthia Croom,	Executive Direct	tor			862-8860	880-2388
Grant N	lamo:			Head Start/ Far	y Head Start 20						
Granto					HEALTH AND HUMAN		-	Other:			
Grant P		From:			TILALITI AND HOMAN	(Inticipated Applicatio				
				07/01/19	-			n Date:			
Grant P				06/30/21		(applications only) A	pplication Deadline:				
Funding		:		FED DIRECT	•		Multi-Departmen			 If yes, list b 	elow.
Pass-Th	iru:			Select Pass-Thru >	•		Outside Consulta	nt Project:			
Award [•]	Туре:			COMPETITIVE	•		Total Award:		\$0.00		
Status:				AMENDMENT	•		Metro Cash Matc	h:	\$0.00		
Metro C	Categor	ry:		Est. Prior.	•		Metro In-Kind Ma	atch:			
CFDA #	E			93.600			Is Council appro	val required?	\checkmark		
Project	Descri	ption:					Applic. Submitted El	ectronically?	✓		
A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 3 extends the budget and project period from 06/30/2020 through 06/30/21 for the use of approved COVID-19 funds. No additional match requirement or funding being added. Plan for continuation of service after expiration of grant/Budgetary Impact: Plans are to resubmit grant application for subsequent program year.								he budget			
How is	Match	Determir	ned2								
Fixed A					or	20.0%	% of Grant		Other:		
				of determining]	20.070		l			
			means								
For this	s Metro	FY, how	v much of		ocal Metro cash		Fund	10101	Business I Init	11012	204
For this Is alrea	s Metro dy in de	FY, how epartme			cal Metro cash	match: \$0.00	Fund		Business Unit	11012 General and I	
For this Is alrea Is not b	Metro dy in do oudgete	FY, how epartmei ed?	v much of nt budge	t?		\$0.00	Propos	10101 sed Source of N		11012 General and L	
For this Is alrea Is not b (Indicate	Metro dy in do oudgete	FY, how epartmei ed?	v much of nt budge	t?	cal Metro cash g Grant Years ir	\$0.00	Propos				
For this Is alrea Is not b (Indicate Other:	Metro dy in do oudgete e Match	PY, how epartmen ed? h Amoun	v much of nt budge nt & Sourc	t? ce for Remainin		\$0.00 Budget Below	Propos ()	sed Source of N	flatch:		
For this Is alrea Is not b (Indicate Other: Number	s Metro dy in do oudgete e Match r of FTE	PFY, how epartmen ed? h Amoun Es the gr	v much of nt budge nt & Sourc	t? ce for Remainin und:		\$0.00 Budget Below 264.38	Proposition (Proposition) Actual number o	sed Source of M f positions add	flatch:	General and L	
For this Is alrea Is not b (Indicate Other: Numbe Departr	Metro dy in do udgete e Match r of FTB	e FY, how epartmen ed? h Amoun Es the gr Indirect (v much of nt budge nt & Sourc rant will f Cost Rate	t? ce for Remainin und: e	g Grant Years ir	\$0.00 Budget Below 264.38 17.32%	Proposition (Proposition) Actual number o Indirect Cost of G	sed Source of M f positions add <mark>irant to Metro:</mark>	Aatch: ed:	General and L \$3,258,048	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec	Metro dy in do oudgete Match r of FTE mental ct Costs	FY, how epartmened? h Amoun Es the gr Indirect (s allowed	v much of nt budge nt & Source rant will f Cost Rate d?	t? ce for Remainin und: e © Yes () No	g Grant Years ir % Allow.	\$0.00 Budget Below 264.38 17.32% 15.00%	Proportion of G Actual number o Indirect Cost of G Ind. Cost Reques	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L	ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No",	Metro dy in do oudgete Match r of FTE nental ct Costs please	FY, how epartmened? h Amoun Es the gr Indirect (s allowed attach do	v much of nt budge nt & Source rant will f Cost Rate d? occumental	t? ce for Remainin und: e © Yes () No	g Grant Years ir % Allow.	\$0.00 Budget Below 264.38 17.32% 15.00%	Proposition (Proposition) Actual number o Indirect Cost of G	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw do	s Metro dy in do udgete e Match r of FTE mental ct Costs please own all	FY, how epartmened? h Amoun Es the gr Indirect (s allowec attach dc lowable?	v much of nt budge nt & Source rant will f Cost Rate d? occumental	t? ce for Remainin und: • • • Yes O No tion from the gra	g Grant Years ir % Allow.	\$0.00 Budget Below 264.38 17.32% 15.00%	Proportion of G Actual number o Indirect Cost of G Ind. Cost Reques	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw do	s Metro dy in do udgete e Match r of FTE mental ct Costs please own all	FY, how epartmened? h Amoun Es the gr Indirect (s allowec attach dc lowable?	v much of nt budge it & Source rant will f Cost Rate d? ocumental ?	t? ce for Remainin und: • • • Yes O No tion from the gra	g Grant Years ir % Allow.	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all	Proportion of G Actual number o Indirect Cost of G Ind. Cost Reques	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw do	s Metro dy in do udgete e Match r of FTE mental ct Costs please own all	FY, how epartmened? h Amoun Es the gr Indirect (s allowec attach dc lowable?	v much of nt budge it & Source rant will f Cost Rate d? ocumental ?	t? ce for Remainin und: • • • Yes O No tion from the gra	g Grant Years ir % Allow.	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all	Proposition Actual number o Indirect Cost of G Ind. Cost Reques Inde See Instru	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw do	s Metro dy in do udgete e Match r of FTE mental ct Costs please own all	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach de lowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? <u>ocumentat</u> ? Zased Par	t? ce for Remainin und: • • • Yes O No tion from the gra	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all	Proposition Actual number o Indirect Cost of G Ind. Cost Reques Iowable. See Instru	sed Source of M f positions add <mark>irant to Metro:</mark> ted from Granto	Aatch: ed:	General and L \$3,258,048	.ocal Funds
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro o	Metro Fiscal	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach do Iowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? <u>ocumentat</u> ? Zased Par	t? ce for Remainin und: • • • • Yes O No tion from the gra thers:	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match	t Two Grant Budget Match Source	sed Source of M f positions add irant to Metro: ted from Grante ctions)	Aatch: ed: or:	General and I	Ind. Cost Neg. from
For this Is alread Is not b (Indicate Other: Number Departr *Indirect *(If "No", Draw do Metro of Budget Year Yr 1 Yr 2	Metro Frygo Frygo Frygo Frygo Frygo Frygo	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach do Iowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? ocumentat ? ? aased Par	t? ce for Remainin und: • • • • Yes O No tion from the gra thers:	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash	Proposition Actual number of Indirect Cost of G Ind. Cost Reques lowable. See Instruct Ind. Cost Reques Ind. Cost	sed Source of M f positions add irant to Metro: ted from Grante ctions)	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00	General and I	Ind. Cost Neg. from Grantor
For this Is alrea Is not b (Indicate Other: Number *Indirec *(If "No", Draw de Metro o Budget Year Yr 1 Yr 2 Yr 3	Metro FY20 FY FY FY	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach do Iowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? ocumentat ? ? aased Par	t? ce for Remainin und: • • • • Yes O No tion from the gra thers:	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash	Proposition Actual number of Indirect Cost of G Ind. Cost Reques lowable. See Instruct Ind. Cost Reques Ind. Cost	sed Source of M f positions add irant to Metro: ted from Grante ctions)	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00	General and I	Ind. Cost Neg. from Grantor
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro of Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro Friscal Year FY FY FY FY FY	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach do Iowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? ocumentat ? ? aased Par	t? ce for Remainin und: • • • • Yes O No tion from the gra thers:	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash	Proposition Actual number of Indirect Cost of G Ind. Cost Reques lowable. See Instruct Ind. Cost Reques Ind. Cost	sed Source of M f positions add irant to Metro: ted from Grante ctions)	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00 \$0.00 \$0.00	General and I	Ind. Cost Neg. from Grantor
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro of Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro Fiscal Year FY20 FY FY FY FY FY FY FY FY_	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach dc lowable? munity-b	v much of nt budge it & Source rant will f Cost Rate d? ocumental Passed Par	t? ce for Remainin und: • • Yes O No tion from the gra tners: State Grantor	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash \$3,021,175.00	Proposition Actual number of Indirect Cost of G Ind. Cost Reques lowable. See Instruct Ind. Cost Reques Ind. Cost	sed Source of M f positions add irant to Metro: ted from Grante ctions) Local Match In-Kind \$0.00	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00 \$0.00 \$0.00 \$0.00	General and I \$3,258,048 \$699,130 Indirect Cost to Metro \$3,258,048	Ind. Cost Neg. from Grantor \$699,130.00
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro of Budget Year Yr 1 Yr 2 Yr 3 Yr 4	Metro Fiscal Year FY20 FY FY FY FY FY FY FY FY_	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach dc lowable? munity-b	v much of nt budge at & Source rant will f Cost Rate d? ocumentat ? ? aased Par	t? ce for Remainin und: • • • • Yes O No tion from the gra thers:	g Grant Years ir % Allow. ntor that indirect	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash \$3,021,175.00	Proposition Actual number of Indirect Cost of G Ind. Cost Reques Iowable. See Instru- Iowable. See Instru- Iowable	sed Source of M f positions add irant to Metro: ted from Grante ctions)	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	General and I \$3,258,048 \$699,130 Indirect Cost to Metro \$3,258,048 \$3,258,048	Ind. Cost Neg. from Grantor
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro of Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro dy in do udgete e Match r of FTE mental I tt Costs please own all or Comr Fiscal Year FY20 FY FY FY FY tal	FY, how epartmen ad? h Amoun Es the gr Indirect (s allowed attach dc lowable? munity-b	v much of nt budge it & Source rant will f Cost Rate d? ocumental Passed Par i Grantor 9,728.00	t? ce for Remainin und: • • Yes O No tion from the gra tners: State Grantor	g Grant Years in % Allow. ntor that indirect Other Grantor	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash \$3,021,175.00	Proposition Actual number of Indirect Cost of G Ind. Cost Reques lowable. See Instruct Ind. Cost Reques Ind. Cost	sed Source of M f positions add irant to Metro: ted from Grante ctions) Local Match In-Kind \$0.00	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00 \$0.00 \$0.00 \$0.00	General and I \$3,258,048 \$699,130 Indirect Cost to Metro \$3,258,048 \$3,258,048	Ind. Cost Neg. from Grantor \$699,130.00
For this Is alrea Is not b (Indicate Other: Number Departr *Indirec *(If "No", Draw de Metro of Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro dy in do udgete e Match r of FTE mental I st Costs please own all or Comr Fiscal Year FY20 FY FY FY FY FY EY D	Federal \$15,78%	v much of nt budger it & Source rant will f Cost Rate d? ocumental ? Dased Par ased Par 9,728.00 9,728.00 rded:	t? ce for Remainin und: • • Yes O No tion from the gra tners: State Grantor	g Grant Years in % Allow. ntor that indirect Other Grantor	\$0.00 Budget Below 264.38 17.32% 15.00% costs are not all Par Local Match Cash \$3,021,175.00	Proposition Actual number of Indirect Cost of G Ind. Cost Reques Iowable. See Instru- Iowable. See Instru- Iowable	sed Source of M f positions add rant to Metro: ted from Grante ctions) Local Match In-Kind \$0.00	Match: ed: or: Total Grant Each Year \$18,810,903.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	General and I \$3,258,048 \$699,130 Indirect Cost to Metro \$3,258,048 \$3,258,048	Ind. Cost Neg. from Grantor \$699,130.00

Contact: <u>trinity.weathersby@nashville.gov</u> vaughn.wilson@nashville.gov

Rev. 5/13/13 5116 GCP Rec'd 10/06/20

GCP Approved 10/06/20

SAI NUMBER:

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD					SAINUMBER: PMS DOCUMENT NUMBER:		
1. AWARDING OFFICE:			2. ASSISTANCE TYPE:	3. AWARD NO	u:	3a. AMEND. NO.:	
Office of Head Start			Discretionary Grant	04CH010156-08	5-04	4	
4. FAIN: 04CH010156							
			OF ACTION: Extension	7. AWARD A 42 USC 9801		8	
8. BUDGET PERIOD:	9. PROJECT P	ERIOD:	10. CFDA NO.:				
07/01/2019 THRU 06/30/2	021 07/01/2015 TH	RU 06/30/2021	93.600 - Head Start				
11. RECIPIENT ORGANIZA NASHVILLE & DAVIDSON (800 2nd Ave N Nashville, TN 37201-1083 Grantee Authorizing Official:	COUNTY, METROPOLI		INT OF	12, PROJECT / PROG Head Start and Early H		22	
13. COUNTY:	14. 00	NGR. DIST:	16. PRINCIPA	LINVESTIGATOR OR PI	ROGRAM	RECTOR:	
Davidson	05		Cynthia Croom		Executive	Director	
16. APPR	OVED BUDGET:			17. AWARD COMPUTA	TION:		
Personnel	\$ 9,6	953,656.00	ON-FEDERAL SHARE		3,021,175.0	0 16.06%	
Fringe Benefits	5	150,000.00 B. F	EDERAL SHARE		5,789,728.0	0 63.94%	
Trave	\$	276,481.00		ERAL SHARE COMPUT			
Equipment	\$ 4	15.000.00	OTAL FEDERAL SHARE			15,789,728.00	
Supplies	\$ 1,0	197 772 00	8. UNOBLIGATED BALANCE FEDERAL SHARE			531,946.00	
Contractual	\$ 1,2	10 227 00	19. AMOUNT AWARDED THIS ACTION:		1 4	15,257,782.00	
Facilities/Construction	\$	0.00		WASSERS & REALING DATE	-	0.00	
Other	\$ 2,0	077,462.00	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:			55,950,976.00	
Direct Costs	\$ 15,0	90,598.00	AUTHORIZED TREATMEN				
Indirect Costs	\$ 6	99,130.00	ditional Costs	IT OF PROGRAM INCOM	AC:		
In Kind Contributions	\$	0.00 22.	APPLICANT EIN:	23. PAYEE EIN:	1	24. OBJECT CLASS:	
Total Approved Budget	\$ 15,7	09,728.00 624	0894743	1620594743A2		41.51	
ORGN DOCUMENT NO.	APPRO	25. FINA PRIATION	ANCIAL INFORMATION: CAN NO.		DUNS (078217666 NONFED %	
04CH01015805	75-	20-1536	0-G044122	\$0,00			

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER	ISSUE DATE:	28. SIGNATURE(S) CERTIFYING F	UND AVAILABILITY
Dionne Bounds 61 Forsyth St SW Atlanta, GA 30303-8931	09/15/2020	Mr. Omar Barrett	09/15/2020
Phone: 4045622910			
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)		DATE:	
Ms. Heather L Wanderski - Regional Program Manager		09/15/2020	
DODU 3 200 (Door and			

DGCM-3-785 (Rev. 86)

	N FOR CHILDREN A	ND FAMILIES		PMS DOCUMENT NUMBER:	
1. AWARDING OFFICE: Office of Head Start		2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05		
4. FAIN: 04CH010156				· · · · · · · · · · · · · · · · · · ·	
		YPE OF ACTION: Cost Extension	7. AWARD A 42 USC 9801		
BUDGET PERIOD: 9. PROJECT PERIOD: 07/01/2019 THRU 06/30/2021 07/01/2015 THRU 06/30/2021		10. CFDA NO.: 93,600 - Head Start	93.600 - Head Start		

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policiesregulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements or Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. For the full text of the award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionarypost-award-requirements

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal award, bribery, or gratuity violations potentially affecting the federal award, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND

U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@olg.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 04CH010156-05-04

1. Remarks

26. REMARKS (Continued from previous page)

This grant action extends the budget and project period from 06/30/2020 through 06/30/2021 for the use of approved COVID-19 funds.

SIGNATURE PAGE FOR HEAD START/EARLY HEAD START AWARD FY20 **AMENDMENT #4**

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Cynthia Croom, Ed.D., Executive Director Metropolitan Action Commission

oneia C. Steele, Ed.D., Chair Metropolitan Action Commission

<u>9/16/20</u> Date <u>9/16/20</u>

APPROVED AS TO AVAILABILITY OF FUNDS:

-DocuSianed by:

kenin (numbo KevinaGrumbo, Director **Department of Finance**

10/9/2020

Date

APPROVED AS TO RISK AND INSURANCE:

DocuSigned by: Balogun Cobb

B₆G₄₆Gobb_c Director of Insurance

APPROVED AS TO FORM AND LEGALITY:

DocuSigned by:

Miki Eke

Metropolitan Attorney

John Cooper, Metropolitan Mayor

ATTEST:

Metropolitan Clerk RS2020-591 10/9/2020

Date

10/9/2020

Date

Date

Date

LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 10/20/20	ResolutionOrdinance
Contact/Prepared By:Rickie McQueen	Date Prepared: 09/25/20
Title (Caption): Amend. 3 to the Head Start/Early Head Start 20 awards or for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus dis	
January 20, 2020 in response to the public health emergency. An increase	
\$1,305,029.00 needs to be appropriated in the FY21 budget.	· · · · · · · · · · · · · · · · · · ·
Submitted to Planning Commission? N/A Yes-Date	e: Proposal No:
Proposing Department: Metro Action Commission	Requested By: Belva Weathersby
Affected Department(s): Metro Action Commission	Affected Council District(s): <u>1-35</u>
Legislative Category (check one): □ Contract Approv Bonds □ Donation Budget - Pay Plan □ Donation Budget - 4% □ Easement Aban Capital Improvements □ Grant Code Amendment □ Grant Applicatio Condemnation □ Improvement Acces	Image: Constraint of Claims/Lawsuits on Image: Constraint of Claims/Lawsuits on
FINANCE Amount +/-: \$ \$ 1,305,029.00 Funding Source: Capital Improvement Budget Capital Outlay Notes Departmental/Agency Budget Funds to Metro General Obligation Bonds Grant Increased Revenue Sources Docusigned by: Approved by OME: Docusigned by: Approved by Finance/AccountsideD Approved by Div Grants Coordination: Mught Willson	Match: \$ <u>\$ 0.00</u> Judgments and Losses Local Government Investment Project Revenue Bonds Self-Insured Liability Solid Waste Reserve Unappropriated Fund Balance 4% Fund Other: Date to Finance Director's Office: APPROVED BY FINANCE DIRECTOR'S OFFICE:
Approved by Administration:	Date:
Settlement Resolution/Memor	Approved by Department of Law: randum Approved by: For Council Meeting: E-mailed Clerk
All Dept. Signatures Copies Backing Legislative Summa	
Department of Law – White Copy Administration – Yell	ow Copy Finance Department - Pink Copy

GRANT SUMMARY SHEET

Grant Name:	Head Start/ Early Head Start 20 Amendment 3
Department:	METRO ACTION
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action: Cash Match	\$1,305,029.00 \$0.00
Department Contact:	Cynthia Croom, Executive Director 862-8860
Status:	AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 3 awards one-time funds of \$1,305,029 to the previous amount of \$14,484,699 for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus disease (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency. An increase in match requirement is waived for amendment 3.

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

Grants Tracking Form

Part One										
Pre-App	licatio	1 0	Application	C	Award Accept	ance O 🛛	Contract Amendn	nent 🔍		
L		rtment	Dept. No.			Conta	act		Phone	Fax
METRO ACT	TION	•	075	Cynthia Croom,	Executive Direc	tor			862-8860	880-2388
Grant N	lame [.]		Head Start/ Earl	y Head Start 20	Amendment 3					
Grantor				HEALTH AND HUMAN			 Other: 			
Grant P		rom:	07/01/19			Inticipated Applica				
Grant P			06/30/20			Application Deadlin				
				-	(applications only) /				- Kiran Kat	h - l
Funding Pass-Th			FED DIRECT			Multi-Departm			► If yes, list	below.
Award			Select Pass-Thru > COMPETITIVE	-		Outside Consu Total Award:	inani Frojeci.	\$1,305,029.00		
Status:			AMENDMENT			Metro Cash Ma	atab.	\$1,303,029.00	_	
Metro C		<i></i>	Est. Prior.			Metro In-Kind		φ0.00	-	
CFDA #		y.	93.600				oroval required?			
			93.000				-			
Project			nt program for 1	195 (area 0 5) d		Applic. Submitted		Davidson County. Amendi	mont 2 ouverde	ana tima funda
can be u Plan for	of \$1,305,029 to the previous amount of \$14,484,699 for a new total of \$15,789,728 to prevent, prepare for and respond to coronavirus disease (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency. An increase in match requirment is waived for amendment 3. Plan for continuation of service after expiration of grant/Budgetary Impact: Plans are to resubmit grant application for subsequent program year.									
How is	Match	Determined?								
Fixed A				or	20.0%	% of Grant		Other:		
]	20.0 %	70 OF Grant				
Explana	ation to	r Other means	of determining	match:						
For this	s Metro	FY, how much c	of the required lo	cal Metro cash	match:					
Is alrea	dy in de	epartment budge	et?		\$0.00	Fu	nd 10101	Business Unit	110	1204
Is not b	udgete	d?				Proj	posed Source of	Match:	General and	Local Funds
(Indicate	e Match	Amount & Sour	ce for Remainin	g Grant Years ii	n Budget Below	/)				
Other:										
Number	r of FTE	s the grant will	fund:		264.38	Actual number	r of positions add	ed:		
Departr	nental I	ndirect Cost Rat	e		17.32%	Indirect Cost o	f Grant to Metro:		\$3,258,04	В
*Indirec	t Costs	allowed?	● Yes ○ No	% Allow.	15.00%	Ind. Cost Requ	ested from Grant	or:	\$699,13	in budget
*(If "No",	please	attach documenta	tion from the gra	ntor that indirect	costs are not al	lowable. See Ins	tructions)			
Draw do	own all	owable? 🔽								
Metro o	or Comn	nunity-based Pa	rtners:							
	_									
					Pai	rt Two				
						Grant Budget				
Budget Year	Metro Fiscal Year	Federal Granto	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	e Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY20	\$15,789,728.00			\$3,021,175.00	0110101, 1101	204 \$0.00	\$18,810,903.00	\$3,258,04	3 \$699,130.00
Yr 2	FY							\$0.00		
Yr 3	FY							\$0.00		
Yr 4	FY_							\$0.00		
Yr 5	FY_	A						\$0.00	#0.050	
Tot		\$15,789,728.00	\$0.00		.,,,		\$0.00	\$18,810,903.00	\$3,258,04	8 \$699,130.00
		ate Awarded:		09/18/20	Tot. Awarded:	\$1,305,029.00	Contract#:	04CH010156-05	5-03	
		r) Date Denied:			Reason:					
	(0	r) Date Withdraw	/n:		Reason:					

Contact: <u>trinity.weathersby@nashville.gov</u> vaughn.wilson@nashville.gov

Rev. 5/13/13 5115

GCP Rec'd 10/06/20

GCP Approved 10/06/20

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

NOT	ICE OF AWARD					
1. AWARDING OFFICE:		2. ASSIS	STANCE TYPE:	3. AWARD NO.:		3a. AMEND. NO.:
Office of Head Start		nary Grant	04CH010156-05-03		3 >>	
4. FAIN: 04CH010156						
5. TYPE OF AWARD:	6. 1	TYPE OF ACTION	N:	7. AWARD AUTH	ORITY:	
Service	Sup	pplement	ement 42 USC 9801 ET SEQ			
8. BUDGET PERIOD:	9. PROJECT PERIOD:	10. CFD	A NO.:			
07/01/2019 THRU 06/30/2020	07/01/2015 THRU 06/30/2	2020 93.600 -	Head Start			
11. RECIPIENT ORGANIZATION:			12	PROJECT / PROGRAM	I TITLE:	
NASHVILLE & DAVIDSON COUN 800 2nd Ave N	ITY, METROPOLITAN GOVE	RNMENT OF	He	ad Start and Early Head S	Start	
Nashville, TN 37201-1083						
Grantee Authorizing Official: Lavo	neia Steele, Board Chair					
13. COUNTY:	14. CONGR. DIST	г:	15. PRINCIPAL INV	ESTIGATOR OR PROG	RAM DIRE	CTOR:
Davidson	05		Cynthia Croom	Ex	ecutive Dire	ector
16. APPROVE	D BUDGET:		17.	AWARD COMPUTATION	l:	
Personnel\$	9,853,656.00	A. NON-FEDE	RAL SHARE \$	3,021	1,175.00	16.06%
Fringe Benefits\$	160,000.00	B. FEDERAL S	SHARE\$		9,728.00	83.94%
Travel\$	276,481.00			L SHARE COMPUTATIO	DN:	
Equipment\$	415,000.00		ERAL SHARE			15,789,728.00
Supplies\$	1,097,772.00					531,946.00
Contractual\$	1,210,227.00		E AWARDED THIS BU		s	13,952,753.00
Facilities/Construction \$	0.00				*	1,305,029.00
Other\$	2,077,462.00	PERIOD:	. \$ AWARDED THIS P	ROJECI	\$	65,950,976.00
Direct Costs\$	15,090,598.00		TED TOFATHENT OF	BROOD AN INCOME.		
Indirect Costs\$	699,130.00			F PROGRAM INCOME:		
		Additional Co	sts			
In Kind Contributions	\$ 0.00	22. APPLICAN	IT EIN:	23. PAYEE EIN:	24.	OBJECT CLASS:
Total Approved Budget	\$ 15,789,728.00	620694743		1620694743A2	41	1.51
	28	5. FINANCIAL IN	FORMATION:	DUN	IS 078	217668
ORGN DOCUMENT NO.	APPROPRIATION			NEW AMT. UNG	OBLIG.	NONFED %
04CH01015605C3	75-2021-1536	0-G04	0900	\$1,305,029.00		

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER	ISSUE DATE:	28. SIGNATURE(S) CERTIFYING	G FUND AVAILABILITY
Dionne Bounds 61 Forsyth St SW Atlanta, GA 30303-8931 Phone: 4045622910	07/28/2020	Mr. Omar Barrett	07/27/2020
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)		DATE:	
Ms. Heather L Wanderski - Regional Program Manager		07/27/2020	

DGCM-3-785 (Rev. 86)

1.0

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

1. AWARDING OFFICE: Office of Head Start			2. ASSISTANCE TYPE: Discretionary Grant	3.AWARD NO.: 04CH010156-05-03	3a. AMEND. NO. 3	
4. FAIN: 04CH010156		-				
5. TYPE OF AWARD: 6. TYPE Service Supplement			OF ACTION: ent	7. AWARD AUTHORIT 42 USC 9801 ET SEQ	Υ:	
8. BUDGET PERIOD: 9. PROJECT PERIOD: 07/01/2019 THRU 06/30/2020 07/01/2015 THRU 06/30/2020			10. CFDA NO.: 93.600 - Head Start			

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

STANDARD TERMS

 Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policiesregulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionarypost-award-requirements.

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal award, bribery, or gratuity violations potentially affecting the strong fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal award, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND

U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 04CH010156-05-03

1. Terms and Conditions

~

1~

26. REMARKS (Continued from previous page)

This grant action awards one-time funds under Common Accounting Number 0900 to prevent, prepare for and respond to coronavirus disease 2019 (COVID-19). COVID-19 funds can be used for costs incurred from January 20, 2020 in response to the public health emergency.

This grant action approves the purchase of equipment identified on the 'Equipment' object class category, if applicable.

This grant action approves a non-federal match waiver for the federal funds awarded for COVID-19, if applicable.

SIGNATURE PAGE FOR HEAD START/EARLY HEAD START AWARD FY20 AMENDMENT #3

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Cynthia Croom, Ed.D., Executive Director Metropolitan Action Commission Date

Date

LaVoneia C. Steele, Ed.D., Chair Metropolitan Action Commission

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

Kevin (nunko Kevin⊧Grumbo, Director Department of Finance 10/9/2020 Date

APPROVED AS TO RISK AND INSURANCE:

Docusigned by: Balogun (obb

B.@046obbacDirector of Insurance

APPROVED AS TO FORM AND LEGALITY:

Nicki Tee

Metropolitan Attorney

John Cooper, Metropolitan Mayor

ATTEST:

Metropolitan Clerk RS2020-591

10/9/2020

Date

Date

Date

Date

DocuSign Envelope ID: C0FF032A-F698-4BF8-8BBC-2298F7C68D12

LEGISLATIVE TRA	
Filing for Council Meeting Date: 10/20/20	ResolutionOrdinance
Contact/Prepared By:	Date Prepared: 09/25/20
Title (Caption): Amendment 2 reduces the match requirment by \$600,000	from \$3,621,175.00 to \$3,021,175.00.
No additional funds are being awarded.	
	÷
Submitted to Planning Commission? N/A Yes-Date:	Proposal No:
Proposing Department: Metro Action Commission	Requested By: Belva Weathersby
Affected Department(s): Metro Action Commission	Affected Council District(s): <u>1-35</u>
Legislative Category (check one): □ Contract Approval Bonds □ Donation Budget - Pay Plan □ Donation Budget - 4% □ Easement Abandor Capital Improvements □ Grant Code Amendment □ Grant Application Condemnation □ Improvement Accept	Acquisition Lease Maps /Acquisition Master List A&E Settlement of Claims/Lawsuits Street/Highway Improvements
FINANCE Amount +/-: \$	Match: \$
ADMINISTRATION	
Council District Member Sponsors:	
Council Committee Chair Sponsors:	
Approved by Administration:	Date:
DEPARTMENT OF LAW Date to Dept. of Law: Settlement Resolution/Memoral Date to Council: For	Approved by Department of Law:
All Dept. Signatures Copies Backing Legislative Summary	Settlement Memo Clerk Letter Ready to File
Department of Law – White Copy Administration –Yellov	v Copy Finance Department - Pink Copy

GRANT SUMMARY SHEET

Grant Name:	Head Start/ Early Head Start 20 Amendment 2
Department:	METRO ACTION
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action:	\$0.00
Cash Match	\$(600,000.00)
Department Contact:	Cynthia Croom, Executive Director 862-8860
Status:	AMENDMENT

Program Description:

A comprehensive child development program for 1,485 (ages 0-5) disadvantaged children living in Metro Nashville, TN-Davidson County. Amendment 2 reduces the match requirment by -\$600,000 from \$3,621,175.00 to \$3,021,175.00. No additional funds are being awarded

Plan for continuation of services upon grant expiration:

Plans are to resubmit grant application for subsequent program year.

Grants Tracking Form

						Part One				
Pre-Ap	plicatio	on O	Application)	Award Accept	ance 🛈 🛛 Cor	ntract Amendm	ient 🖲		
	Depa	artment	Dept. No.			Contact			Phone	Fax
METRO AC	TION	•	075	Cynthia Croom,	Executive Direc	tor			862-8860	880-2388
Grant N	lame:		Head Start/ Ear	y Head Start 20 /	Amendment 2					
Granto				HEALTH AND HUMAN		•	Other:			
Grant F		From:	07/01/19			Anticipated Application				
Grant F			06/30/20			Application Deadline:				
				•	(4)	Multi-Department	Cront		- If yoo list b	alaw
Fundin		•	FED DIRECT			•			 If yes, list b 	elow.
Pass-Th			Select Pass-Thru >	-		Outside Consulta	nt Project:			
Award			COMPETITIVE	-		Total Award:	•	\$0.00	-	
Status:			AMENDMENT	-		Metro Cash Matcl		-\$600,000.00	-	
Metro C	-	ry:	Est. Prior.			Metro In Kind Ma				
CFDA #			93.600			Is Council approv	•			
Project						Applic, Submitted Ele	-	☑ Davidson County. Amendm		
		nuation of service submit grant applic								
How is	Match	Determined?								
Fixed A	Amount	: of \$		or	20.0%	% of Grant		Other:		
			a fala fa musi na basa a	match						
Explan	ation fo	or "Other" means	of determining							
Explan	ation fo	or "Other" means	of determining							
					match:					
For this	s Metro	FY, how much o	f the required lo			Fund	10101	Business Unit	11012	204
For this Is alrea	s Metro Idy in d	FY, how much o	f the required lo		match: -\$600,000.00	Fund	10101 sed Source of I	Business Unit Match:	11012 General and L	
For this Is alrea Is not b	s Metro Idy in d Dudgete	FY, how much o epartment budge ed?	f the required lo t?	cal Metro cash	-\$600,000.00	Propos	10101 sed Source of I			
For this Is alrea Is not t (Indicat	s Metro Idy in d Dudgete	FY, how much o	f the required lo t?	cal Metro cash	-\$600,000.00	Propos				
For this Is alrea Is not b (Indicate Other:	s Metro Idy in d Dudgete e Match	PFY, how much o lepartment budge ed? h Amount & Sour	f the required lo t? ce for Remaining	cal Metro cash	-\$600,000.00 Budget Below	Propos v)	ed Source of I	Match:		
For this Is alrea Is not to (Indicate Other: Numbe	s Metro dy in d oudgete e Match er of FTI	PFY, how much o lepartment budge ed? h Amount & Sour Es the grant will	f the required lo t? ce for Remaining fund:	cal Metro cash	-\$600,000.00 Budget Below 264.38	Propos v) Actual number of	ed Source of I	Match:	General and L	
For this Is alrea Is not b (Indicat Other: Numbe Depart	s Metro Idy in d oudgete e Match er of FTI mental	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat	f the required lo st? ce for Remainin fund: e	cal Metro cash g Grant Years ir	-\$600,000.00 Budget Below 264.38 17.32%	Propos v) Actual number of Indirect Cost of G	ed Source of I positions add rant to Metro:	Match: ed:	General and L	ocal Funds
For this Is alrea Is not b (Indicat Other: Numbe Departu *Indirec	s Metro Idy in d Dudgete e Match er of FTI mental ct Costs	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed?	f the required lo tt? ce for Remaining fund: e ● Yes ○ No	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00%	Actual number of Indirect Cost of G Ind. Cost Request	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	
For this Is alrea Is not b (Indicate Other: Numbe Departe *Indiree *(If "No"	s Metro dy in d budgete e Match er of FTI mental ct Costs , please	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta	f the required lo tt? ce for Remaining fund: e ● Yes ○ No	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00%	Propos v) Actual number of Indirect Cost of G	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta lowable?	f the required lo tt? ce for Remaining fund: e ● Yes ○ No tion from the gra	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00%	Actual number of Indirect Cost of G Ind. Cost Request	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta	f the required lo tt? ce for Remaining fund: e ● Yes ○ No tion from the gra	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00%	Actual number of Indirect Cost of G Ind. Cost Request	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta lowable?	f the required lo tt? ce for Remaining fund: e ● Yes ○ No tion from the gra	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00%	Actual number of Indirect Cost of G Ind. Cost Request	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta lowable?	f the required lo tt? ce for Remaining fund: e ● Yes ○ No tion from the gra	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al	Actual number of Indirect Cost of G Ind. Cost Request	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta lowable?	f the required lo tt? ce for Remaining fund: e ● Yes ○ No tion from the gra	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirea *(If "No", Draw d	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will Indirect Cost Rat s allowed? attach documenta lowable?	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow.	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct	ed Source of I positions add rant to Metro: red from Grant	Match: ed:	General and L	ocal Funds
For this Is alrea Is not b (Indicat Other: Numbe Departri *Indirec *(If "No"; Draw d Metro c	s Metro dy in d budgete e Match r of FTI mental ct Costs , please own all or Com	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable? munity-based Par	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct or Two Grant Budget Match Source (Fund, BU)	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year	General and L \$3,032,017 \$521,946 Indirect Cost to Metro	Ind. Cost Neg. from Grantor
For this Is alreat Is not b (Indicat Other: Numbe Departu *Indirec *(If "No", Draw d Metro c	s Metro oudgete e Match r of FTI mental ct Costs , please lown all or Com	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable?	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct or Two Grant Budget Match Source (Fund, BU)	ed Source of I positions add rant to Metro: red from Grant ctions)	Match: ed: or: Total Grant Each Year \$17,505,874.00	General and L \$3,032,017 \$521,946	in budget
For this Is alrea Is not b (Indicat Other: Numbe Departri *Indirec *(If "No"; Draw d Metro c	s Metro dy in d budgete e Match r of FTI mental ct Costs , please own all or Com	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable? munity-based Par	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct or Two Grant Budget Match Source (Fund, BU)	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year	General and L \$3,032,017 \$521,946 Indirect Cost to Metro	Ind. Cost Neg. from Grantor
For this Is alrea Is not t (Indicat Other: Numbe Departu *Indirec *(ff 'No'', Draw d Metro c	s Metro Idy in d budgete e Match r of FTI mental ct Costs , please own all or Com Fiscal Year FY20 FY_	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable? munity-based Par	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct or Two Grant Budget Match Source (Fund, BU)	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00	General and L \$3,032,017 \$521,946 Indirect Cost to Metro	Ind. Cost Neg. from Grantor
For this Is alrea Is not t (Indicate Other: Numbe Departe *Indirec *(if "No", Draw d Metro c	s Metro oudgete e Match r of FTI mental ct Costs , please own all or Com Fiscal Year FY20 FY_	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable? munity-based Par	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct or Two Grant Budget Match Source (Fund, BU)	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00 \$0.00	General and L \$3,032,017 \$521,946 Indirect Cost to Metro	Ind. Cost Neg. from Grantor
For this Is alrea Is not to (Indicat Other: Numbe Departu *Indirec *(If "No", Draw d Metro c	Metro From Fri Metro Fiscal Year FY_ FY_ FY_ FY_ FY_	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta Iowable? munity-based Par	f the required lo et? ce for Remaining fund: e ● Yes ○ No tion from the gra rtners:	cal Metro cash g Grant Years ir % Allow, ntor that indirect	-\$600,000.00 Budget Below 264.38 17.32% 15.00% Costs are not al Par Local Match Cash \$3,021,175.00	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct Grant Budget Match Source (Fund, BU) 0110101, 1101204	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00 \$0.00 \$0.00	General and L \$3,032,017 \$521,946 Indirect Cost to Metro	Ind. Cost Neg. from Grantor
For this Is alreat Is not to (Indicat Other: Numbe Departu *Indirect *(If "No", Draw d Metro co Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro Fiscal Year FY FY tal	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will f Indirect Cost Rat s allowed? attach documenta lowable? Federal Grantor \$14,484,699.00	f the required lo it? ce for Remaining fund: e	cal Metro cash g Grant Years ir % Allow, ntor that indirect Other Grantor	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Pai Local Match Cash \$3,021,175.00	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct Grant Budget Match Source (Fund, BU) 0110101, 1101204	ed Source of I positions add rant to Metro: ted from Grant ctions)	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00 \$0.00 \$0.00 \$0.00	General and L \$3,032,017 \$521,946 Indirect Cost to Metro \$3,032,017 \$3,032,017	Ind. Cost Neg. from Grantor \$521,956.00
For this Is alreat Is not to (Indicat Other: Numbe Departu *Indirect *(If "No", Draw d Metro co Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	Metro From Fri Metro Fiscal Year FY FY FY FY FY Tal	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will 1 Indirect Cost Rat s allowed? attach documenta lowable? Federal Grantor \$14,484,699.00	f the required lo it? ce for Remaining fund: e	cal Metro cash g Grant Years ir % Allow, ntor that indirect Other Grantor	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Pai Local Match Cash \$3,021,175.00 \$3,021,175.00	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct Grant Budget Match Source (Fund, BU) 0110101, 1101204	End Source of I positions add rant to Metro: add from Grant ctions) Local Match In-Kind \$0.00	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00 \$	General and L \$3,032,017 \$521,946 Indirect Cost to Metro \$3,032,017 \$3,032,017	Ind. Cost Neg. from Grantor \$521,956.00
For this Is alreat Is not to (Indicat Other: Numbe Departu *Indirect *(If "No", Draw d Metro co Budget Year Yr 1 Yr 2 Yr 3 Yr 4 Yr 5	s Metro dy in d budgete e Match r of FTI mental ct Costs , please own all or Com Fiscal Year FY FY FY FY tal	FY, how much o lepartment budge ed? h Amount & Sour Es the grant will 1 Indirect Cost Rat s allowed? attach documenta lowable? Federal Grantor \$14,484,699.00 ate Awarded:	f the required lo it? ce for Remaining fund: e	cal Metro cash g Grant Years ir % Allow, ntor that indirect Other Grantor	-\$600,000.00 Budget Below 264.38 17.32% 15.00% costs are not al Par Local Match Cash \$3,021,175.00 \$3,021,175.00 Tot. Awarded:	Actual number of Indirect Cost of G Ind. Cost Request Iowable. See Instruct Grant Budget Match Source (Fund, BU) 0110101, 1101204	End Source of I positions add rant to Metro: add from Grant ctions) Local Match In-Kind \$0.00	Match: ed: or: Total Grant Each Year \$17,505,874.00 \$0.00 \$	General and L \$3,032,017 \$521,946 Indirect Cost to Metro \$3,032,017 \$3,032,017	Ind. Cost Neg. from Grantor \$521,956.00

trinity.weathersby@nashville.gov Contact: vaughn.wilson@nashville.gov

Rev. 5/13/13 5114 GCP Rec'd 10/06/20

GCP Approved 10/06/20

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

SAI NUMBER:

PMS DOCUMENT NUMBER:

	NUTICE	JF AWARD								
1. AWARDING OFFICE:				2. ASSI	STANCE TYPE:		3. AWARD NO	.:	3a. A	MEND. NO.:
Office of Head Start				Discretio	onary Grant		04CH010156-05	-02	2	
4. FAIN: 04CH010156										
5. TYPE OF AWARD:		6	6. TYPE C	F ACTIO	N:		7. AWARD A	UTHORITY	/:	
Service		E	Budget R	evision			42 USC 9801	ET SEQ		
8. BUDGET PERIOD:	9. PR	OJECT PERIOD:		10. CFD	A NO.:					
07/01/2019 THRU 06/30/2	020 07/01/2	2015 THRU 06/3	30/2020	93.600 -	Head Start					
11. RECIPIENT ORGANIZA	TION:					12. PF	ROJECT / PROG	RAM TITL	.E:	
NASHVILLE & DAVIDSON	COUNTY, ME	TROPOLITAN GOV	VERNME	NT OF		Head S	start and Early H	ead Start		
800 2nd Ave N										
Nashville, TN 37201-1083 Grantee Authorizing Official	Louanaia Sta	ala Daard Ohain								
Graniee Authorizing Onicial	Lavoneia Ster	ele, Board Chair								
13. COUNTY:		14. CONGR. DI	IST:		15. PRINCIPAL		IGATOR OR PI	ROGRAM	DIRECTO	R:
Davidson		05			Cynthia Croom				e Director	
			-		oynana oroonn	17 AW	ARD COMPUTA			
				ON-FEDE	RAL SHARE			3,021,175.0	00 1	7.26%
Personnel	\$	9,853,656.0	B. F8	EDERAL S	HARE	\$	14	4,484,699.0	00 8	2,74%
Fringe Benefits	\$	160,000.0			18, FEDE	RAL SH	ARE COMPUT	ATION:		
Travel Equipment	\$ \$	276,481.0	A. TO	OTAL FED	ERAL SHARE		\$			14,484,699.00
Supplies	ծ \$	415,000.0	B. U	NOBLIGA	TED BALANCE FI	EDERAL	SHARE \$			531,946.00
Contractual	•	761,602.0	G. FI	ED, SHAR	E AWARDED THI	IS BUDG	ET PERIOD \$			13,952,753.00
Facilities/Construction	\$ \$	1,110,227.0	19. /	AMOUNT	AWARDED THIS	ACTION	l:		\$	0.00
	•	0.0	20.	FEDERAL	\$ AWARDED TH	IIS PRO	JECT		\$	64 645 047 00
Other Direct Costs	\$ \$	1,385,787.0 13,962,753.0		PERIOD:					Φ	64,645,947.00
Indirect Costs	\$ \$	521.946.0	21.	AUTHORI	ZED TREATMEN	t of Pr		ΛE:		
mairect Costs	φ	521,940,0		litional Cos	sts					
In Kind Contributions	\$	0.0	00 22. A	PPLICAN	IT EIN:	23	. PAYEE EIN:		24. OBJ	ECT CLASS:
Total Approved Budget	\$	14,484,699.0	620	694743		1	620694743A2		41,51	
			25. FINA	NCIAL IN	FORMATION:			DUNS	07821766	38
ORGN DOCUMENT NO		APPROPRIATIO	NC	CAN	NO.	NE	WAMT.	UNOBLIG		NONFED %
04CH01015604		75-1819-153	6	9-G04	4127		\$0.00			
04CH01015605		75-1819-153	6	9-G044	4127		\$0.00			

26. REMARKS: (Continued on separate sheets)

27. SIGNATURE - ACF GRANTS OFFICER	ISSUE DATE:	28. SIGNATURE(S) CERTIFYING	G FUND AVAILABILITY
Dionne Bounds	06/18/2020	Mr. Omar Barrett	06/17/2020
61 Forsyth St SW Atlanta, GA 30303-8931			
Phone: 4045622910			
29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)		DATE:	
Ms. Heather L Wanderski - Regional Program Manager		06/17/2020	

DGCM-3-785 (Rev. 86)

SAI NUMBER:

PMS DOCUMENT NUMBER:

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES NOTICE OF AWARD

1. AWARDING OFFICE: Office of Head Start			2. ASSISTANCE TYPE: Discretionary Grant	3. AWARD NO.: 04CH010156-05-02	3a. AMEND. NO. 2	
4. FAIN: 04CH010156						
5. TYPE OF AWARD:		6. TYPE (OF ACTION:	7. AWARD AUTHORIT	TY:	
Service Budget R			Revision 42 USC 9801 ET SEQ			
8. BUDGET PERIOD:	9. PROJECT PERIOD:		10. CFDA NO.:			
07/01/2019 THRU 06/30/2020 07/01/2015 THRU 06/30/2020			93.600 - Head Start			
11. RECIPIENT ORGANIZATION	:		l			

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

STANDARD TERMS

1. Paid by DHHS Payment Management System (PMS), see attached for payment information. This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award.

This includes requirements in Parts I and II (available at http://www.hhs.gov/grants/grants/policiesregulations/index.html of the HHS GPS. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS. This award is subject to requirements or limitations in any applicable Appropriations Act. This award is subject to the requirements of Section 106 (g) of the trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. For the full text of the award is subject to the Federal Financial Accountability and Transparency Act (FFATA or Transparency) of 2006 subaward and executive compensation reporting requirements. For the full text of the award term, go to http://www.acf.hhs.gov/discretionary-post-award-requirements. This award is subject to requirements as set forth in 2 CFR 25.110 Central Contractor Registration (CCR) and DATA Universal Number System (DUNS). For full text go to http://www.acf.hhs.gov/discretionarypost-award-requirements

Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal award, bribery, or gratuity violations potentially affecting the federal award, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

The Administration for Children for Children and Families U.S. Department of Health and Human Services Office of Grants Management ATTN: Grants Management Specialist 330 C Street, SW., Switzer Building Corridor 3200 Washington, DC 20201 AND

U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).

This award is subject to the requirements as set forth in 45 CFR Part 87. This award is subject to HHS regulations codified at 45 CFR Chapter XIII, Parts 1301, 1302, 1303, 1304 and 1305. Attached are terms and conditions, reporting requirements, and payment instructions. Initial expenditure of funds by the grantee constitutes acceptance of this award.

AWARD ATTACHMENTS

Nashville Metropolitan Action Commission

04CH010156-05-02

1. Remarks

26. REMARKS (Continued from previous page)

This grant action approves a waiver for a portion of the non-federal match requirement. This action reduces the amount of matching funds from \$3,621,175 to 3,021,175 for the 07/01/2019 - 06/30/2020 budget period.

Head Start population: 1,365 children.

Designated Head Start service area: Nashville, TN - Davidson County Approved program options for the Head Start program: Center-based.

Early Head Start population: 120 infants, toddlers and pregnant women. Designated Early Head Start service area: Nashville, TN - Davidson County Approved program options for the Early Head Start program: Center-based.

SIGNATURE PAGE FOR HEAD START/EARLY HEAD START AWARD FY20 AMENDMENT #2

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Cynthia Croom, Ed.D., Executive Director Metropolitan Action Commission

Date

LaVoneia C. Steele, Ed.D., Chair Metropolitan Action Commission Date

APPROVED AS TO AVAILABILITY OF FUNDS:

DocuSigned by:

kenin (numbo

Kevin Grumbo, Director Department of Finance

APPROVED AS TO RISK AND INSURANCE:

-Docusigned by: Balogun (obb B:@48@00bbq: Director of Insurance

APPROVED AS TO FORM AND LEGALITY:

Nicki Tes

Metropolitan Attorney

John Cooper, Metropolitan Mayor

ATTEST:

Metropolitan Clerk RS2020-591

10/9/2020

10/9/2020

Date

Date

Date

Date

Date