

# LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 12/01/20

☒ Resolution ☐ Ordinance

Contact/Prepared By: Judith Tackett and Yuri Hancock

Date Prepared: 11/09/20

Title (Caption): Resolution to accept the HMIS Development grant renewal for FY21 and FY22

Submitted to Planning Commission? ☒ N/A ☐ Yes-Date: \_\_\_\_\_ Proposal No: \_\_\_\_\_

Proposing Department: Metro Social Services Requested By: Renee Pratt

Affected Department(s): Metro Social Services Affected Council District(s): Throughout Davidson County

## Legislative Category (check one):

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

**FINANCE** Amount +/-: \$ \$ 141,508.00

Funding Source: Capital Improvement Budget  
Capital Outlay Notes  
Departmental/Agency Budget  
Funds to Metro  
General Obligation Bonds  
**Grant**  
Increased Revenue Sources

Match: \$ \$ 0.00

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: vaughn wilson

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

## GRANT SUMMARY SHEET

**Grant** HUD HMIS Technical Assistance (Development) 20-21

**Department:** SOCIAL SERVICES

**Grantor:** U.S. DEPARTMENT OF HOUSING &  
URBAN DEVELOPMENT

**Pass-Through  
Grantor (If**

**Total Award this** \$141,508.00

**Cash Match** \$0.00

**Department** Yuri Hancock and Judith Tackett  
880-2360

**Status** CONTINUATION

**Program Description:**

Maintain 2 staff positions to fulfilled the HUD required function for the Homeless Management Information System.

**Plan for continuation of services upon**

We plan to apply for continued funding in future periods; in addition private donations will be generated to continue efforts.

# Grants Tracking Form

## Part One

<b>Pre-Application</b> <input type="radio"/>		<b>Application</b> <input type="radio"/>		<b>Award Acceptance</b> <input checked="" type="radio"/>		<b>Contract Amendment</b> <input type="radio"/>	
<b>Department</b>	<b>Dept. No.</b>	<b>Contact</b>				<b>Phone</b>	<b>Fax</b>
SOCIAL SERVICES	037	Yuri Hancock and Judith Tackett				880-2360	862-6404
<b>Grant Name:</b>		HUD HMIS Technical Assistance (Development) 20-21					
<b>Grantor:</b>		U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT				<b>Other:</b>	
<b>Grant Period From:</b>		07/01/20		(applications only) Anticipated Application Date:			
<b>Grant Period To:</b>		06/30/21		(applications only) Application Deadline:			
<b>Funding Type:</b>		FED DIRECT		<b>Multi-Department Grant</b>		<input type="checkbox"/> If yes, list below.	
<b>Pass-Thru:</b>				<b>Outside Consultant Project:</b>		<input type="checkbox"/>	
<b>Award Type:</b>		FORMULA		<b>Total Award:</b>		\$141,508.00	
<b>Status:</b>		CONTINUATION		<b>Metro Cash Match:</b>		\$0.00	
<b>Metro Category:</b>		Est. Prior.		<b>Metro In-Kind Match:</b>		\$37,000.00	
<b>CFDA #</b>		14.267		<b>Is Council approval required?</b>		<input checked="" type="checkbox"/>	
<b>Project Description:</b>		Applic. Submitted Electronically? <input type="checkbox"/>					
Maintain 2 staff positions to fulfilled the HUD required function for the Homeless Management Information System.							
<b>Plan for continuation of service after expiration of grant/Budgetary Impact:</b>							
We plan to apply for continued funding in future periods; in addition private donations will be generated to continue efforts.							
<b>How is Match Determined?</b>							
<b>Fixed Amount of \$</b>		or		<b>% of Grant</b>		<b>Other:</b> <input type="checkbox"/>	
<b>Explanation for "Other" means of determining match:</b>							
<b>For this Metro FY, how much of the required local Metro cash match:</b>							
<b>Is already in department budget?</b>		No		<b>Fund</b>		<b>Business Unit</b>	
<b>Is not budgeted?</b>				<b>Proposed Source of Match:</b>			
<b>(Indicate Match Amount &amp; Source for Remaining Grant Years in Budget Below)</b>							
<b>Other:</b>							
<b>Number of FTEs the grant will fund:</b>		2.00		<b>Actual number of positions added:</b>		0.00	
<b>Departmental Indirect Cost Rate</b>		30.67%		<b>Indirect Cost of Grant to Metro:</b>		\$27,800.00	
<b>*Indirect Costs allowed?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>% Allow.</b>		<b>Ind. Cost Requested from Grantor:</b>		\$14,200.00	
<b>in budget</b>							
*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)							
<b>Draw down allowable?</b> <input type="checkbox"/>							
<b>Metro or Community-based Partners:</b>							

## Part Two

Grant Budget										
Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost Metro	Ind. Cost Neg. from Grantor
Yr 1	FY21	\$70,000.00			\$0.00		\$18,500.00	\$88,500.00	\$13,751.87	\$7,024.34
Yr 2	FY22	\$71,508.00			\$0.00		\$18,500.00	\$74,200.33	\$14,048.13	\$7,175.66
Yr 3	FY__									
Yr 4	FY__									
Yr 5	FY__									
<b>Total</b>		\$141,508.00	\$0.00	\$0.00	\$0.00		\$37,000.00	\$162,700.33	\$27,800.00	\$14,200.00
<b>Date Awarded:</b>				11/09/20	<b>Tot. Awarded:</b>	\$141,508.00	<b>Contract#:</b>	TN0060L4J041912		
<b>(or) Date Denied:</b>					<b>Reason:</b>					
<b>(or) Date Withdrawn:</b>					<b>Reason:</b>					

Contact: [trinity.weathersby@nashville.gov](mailto:trinity.weathersby@nashville.gov)  
[vaughn.wilson@nashville.gov](mailto:vaughn.wilson@nashville.gov)

VW



U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
710 Locust Street, SW  
Suite 300  
Knoxville, TN 37902

**Grant Number: TN0060L4J041912**  
**Tax ID Number: 62-0694743**  
**DUNS Number: 969356513**

**CONTINUUM OF CARE PROGRAM (CDFA# 14.267)**  
**GRANT AGREEMENT**

This Grant Agreement (“this Agreement”) is made by and between the United States Department of Housing and Urban Development (“HUD”) and Metropolitan Social Services (the “Recipient”).

This Agreement is governed by title IV of the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 et seq. (the “Act”); the Continuum of Care Program rule (the “Rule”), as amended from time to time; and the Notice of Funds Availability for the fiscal year competition in which the funds were awarded.

The terms “Grant” or “Grant Funds” mean the funds that are provided under this Agreement. The term “Application” means the application submissions on the basis of which the Grant was approved by HUD, including the certifications, assurances, technical submission documents, and any information or documentation required to meet any grant award condition. All other terms shall have the meanings given in the Rule.

The Application is incorporated herein as part of this Agreement, except that only the project (those projects) listed below are funded by this Agreement. In the event of any conflict between any application provision and any provision contained in this Agreement, this Agreement shall control.

HUD’s total funding obligation for this grant is \$141,508, allocated between the projects listed below and, within those projects, between budget line items, as shown below.

<b>Project No.</b>	<b>Grant Term</b>	<b>Performance Period</b>	<b>Total Amount</b>
TN0060L4J041912	12 months	07-01-2020 - 06-30-2021	\$141,508
a. Continuum of Care planning activities			\$0
b. Acquisition			\$0
c. Rehabilitation			\$0
d. New construction			\$0
e. Leasing			\$0
f. Rental assistance			\$0
g. Supportive services			\$0
h. Operating costs			\$0
i. Homeless Management Information System			\$138,961
j. Administrative costs			\$2,547
k. Relocation Costs			\$0
l. HPC homelessness prevention activities:			
Housing relocation and stabilization services			\$0
Short-term and medium-term rental assistance			\$ 0

If any new projects funded under this Agreement are for project-based rental assistance for a term of fifteen (15) years, the funding provided under this Agreement is for the performance period stated herein only. Additional funding is subject to the availability of annual appropriations.

The performance period of renewal projects funded by this Agreement will begin immediately at the end of the performance period under the grant agreement being renewed. Eligible costs incurred between the end of Recipient's final operating year under the grant agreement being renewed and the date of this Agreement is executed by both parties may be reimbursed with funds from the first operating year of this Agreement. No funds for renewal projects may be drawn down by Recipient before the end date of the project's final operating year under the grant that has been renewed.

For any transition project funded under this Agreement the performance period of the transition project(s) will begin immediately at the end of the Recipient's final operating year under the grant being transitioned. Eligible costs, as defined by the Act and the Rule incurred between the end of Recipient's final operating year under the grant being renewed and the execution of this Agreement may be paid with funds from the first operating year of this Agreement.

HUD designations of Continuums of Care as High-performing Communities (HPCS) are published in the HUD Exchange in the appropriate Fiscal Years' CoC Program Competition Funding Availability page. Notwithstanding anything to the contrary in the Application or this Agreement, Recipient may only use grant funds for HPC Homelessness Prevention Activities if the Continuum that designated the Recipient to apply for the grant was designated an HPC for the applicable fiscal year.

The Recipient must complete the attached "Indirect Cost Rate Schedule" and return it to HUD with this Agreement. The Recipient must provide HUD with a revised schedule when any change is made to the rate(s) included in the schedule. The schedule and any revisions HUD receives from the Recipient will be incorporated into and made part of this Agreement, provided that each rate included satisfies the applicable requirements under 2 CFR part 200 (including appendices).

This Agreement shall remain in effect until the earlier of 1) written agreement by the parties; 2) by HUD alone, acting under the authority of 24 CFR 578.107; 3) upon expiration of the performance periods for all projects funded under this Agreement; or 4) upon the expiration of the period of availability of funds for all projects funded under this Agreement.

HUD notifications to the Recipient shall be to the address of the Recipient as stated in the Application, unless the Recipient changes the address and key contacts in e-snaps. Recipient notifications to HUD shall be to the HUD Field Office executing the Agreement. No right, benefit, or advantage of the Recipient hereunder may be assigned without prior written approval of HUD.

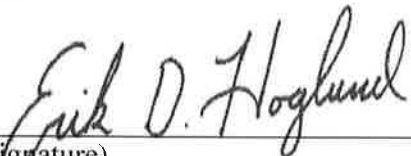
The Agreement constitutes the entire agreement between the parties, and may be amended only in writing executed by HUD and the Recipient.

By signing below, Recipients that are states and units of local government certify that they are following a current HUD approved CHAS (Consolidated Plan).

This agreement is hereby executed on behalf of the parties as follows:

**UNITED STATES OF AMERICA,  
Secretary of Housing and Urban Development**

By:

  
\_\_\_\_\_  
(Signature)

Erik D. Hoglund, Director  
\_\_\_\_\_  
(Typed Name and Title)

July 14, 2020  
\_\_\_\_\_  
(Date)

**RECIPIENT**

Metropolitan Social Services  
\_\_\_\_\_  
(Name of Organization)

By:

  
\_\_\_\_\_  
(Signature of Authorized Official)

Renee Pratt 11/9/2020 Executive Director  
\_\_\_\_\_  
(Typed Name and Title of Authorized Official)

11/9/2020  
\_\_\_\_\_  
(Date)

**SIGNATURE PAGE  
FOR  
GRANT NO. HUD HMIS Technical Assistance (Development) 20-21**

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

  
\_\_\_\_\_  
**Department Name**

11/9/2020  
\_\_\_\_\_  
**Date**

**APPROVED AS TO AVAILABILITY  
OF FUNDS:**

\_\_\_\_\_  
Kevin Crumbo, Director  
Department of Finance

\_\_\_\_\_  
**Date**

**APPROVED AS TO RISK AND INSURANCE:**

\_\_\_\_\_  
Director of Insurance

\_\_\_\_\_  
**Date**

**APPROVED AS TO FORM AND  
LEGALITY:**

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
John Cooper  
Metropolitan Mayor

\_\_\_\_\_  
**Date**

**ATTEST:**

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

\_\_\_\_\_  
**Date**



### Indirect Cost Schedule

Agency/Dept./Major Function	Indirect Cost Rate	Direct Cost Base
Metro Social Services	30.6445%	6,601,628 LH 11/9/2020

This schedule must include each indirect cost rate that will be used to calculate the Recipient's indirect costs under the grant. The schedule must also specify the type of direct cost base to which each included rate applies (for example, Modified Total Direct Costs (MTDC)). Do not include indirect cost rate information for subrecipients.

For government entities, enter each agency or department that will carry out activities under the grant, the indirect cost rate applicable to each department/agency (including if the de minimis rate is used per 2 CFR §200.414), and the type of direct cost base to which the rate will be applied.

For nonprofit organizations that use the Simplified Allocation Method for indirect costs or elects to use the de minimis rate of 10% of Modified Total Direct Costs in accordance with 2 CFR §200.414, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

For nonprofit organizations that use the Multiple Base Allocation Method, enter each major function of the organization for which a rate was developed and will be used under the grant, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

To learn more about the indirect cost requirements, see 24 CFR 578.63; 2 CFR part 200, subpart E; Appendix IV to Part 200 (for nonprofit organizations); and Appendix VII to Part 200 (for state and local governments).