#### **GRANT SUMMARY SHEET**

**Grant** Emergency Medical Service Ambulance Assistance Program 20-21

**Department:** FIRE DEPARTMENT

**Grantor:** TENNESSEE DEPARTMENT OF HEALTH

Pass-Through

**Grantor** HORNE LLP

**Total Award this** \$24,150.00

Cash Match \$0.00

**Department** Leigh Anne Burtchaell

862-6364

**Status** NEW

#### **Program Description:**

This grant award covers the purchase and installation of UV lights for ambulances as part of the CARES Act with the US Department of Health, TN Department of Health, and Horne LLP. NFD was selected as a recipient of these funds without applying for the grant.

#### Plan for continuation of services upon

NFD will fund through future 4% allocations.

#### **Grants Tracking Form**

					Part	One						
Pre-Ap	plicatio	n O	Application (	)	Award Accept	ance <b>●</b> Co	ntract Amendm	ent O				
Department			Dept. No.			Contact			Phone	Fax		
FIRE DEPA	RTMENT	•	032	Leigh Anne Burt	chaell				862-6364	214-3680		
Grant N	Name:		Emergency Med	Emergency Medical Service Ambulance Assistance Program 20-21								
Granto	r:		TENNESSEE DEPARTI	MENT OF HEALTH		▼	Other:					
Grant F	Period F	rom:	03/01/20		(applications only) A	nticipated Application	n Date:					
Grant F	Period T	Го:	03/31/21		(applications only) A	pplication Deadline:						
Fundin	g Type:		OTHER	-		Multi-Departmen	t Grant		► If yes, list	below.		
Pass-TI	hru:		HORNE	▼		<b>Outside Consulta</b>	nt Project:		-			
Award	Type:		COMPETITIVE	•		Total Award:		\$24,150.00				
Status:			NEW	▼		Metro Cash Mato	:h:	\$0.00				
Metro (	Categor	y:	New Initiative	▼		Metro In-Kind Ma	itch:	\$0.00				
CFDA #	#		N/A			Is Council appro	val required?	<b>✓</b>				
Project	Descri	ption:		1		Applic. Submitted Ele	ectronically?					
This grant award covers the purchase and installation of UV lights for ambulances as part of the CARES Act with the US Department of Health, TN Department of Health, and Horne LLP. NFD was selected as a recipient of these funds without applying for the grant.  Plan for continuation of service after expiration of grant/Budgetary Impact:  NFD will fund through future 4% allocations												
How is	Match	Determined?										
		Determined?	\$0.00	or	0.0%	% of Grant		Other:				
Fixed A	Amount	of \$	\$0.00		0.0%	% of Grant		Other:				
Fixed A Explan	Amount ation fo	of \$ or "Other" mea	ns of determini	ng match:		% of Grant		Other: □				
Fixed A Explan For this	Amount ation fo s Metro	of \$ or "Other" mea	ns of determini									
Explan  For this Is alrea	Amount ation fo s Metro ady in de	of \$ or "Other" mea FY, how muclepartment bud	ns of determini	ng match:		Fund		Business Unit				
Fixed A Explan  For this Is alrea Is not b	Amount ation fo s Metro ady in de oudgete	of \$ or "Other" mea  FY, how muclepartment bud d?	ns of determining the second of the required the second of the required the second of	ng match:	sh match:	Fund Propo	sed Source of I	Business Unit				
For this is alreadis not be (Indicated)	Amount ation fo s Metro ady in de oudgete	of \$ or "Other" mea  FY, how muclepartment bud d?	ns of determining the second of the required the second of the required the second of	ng match:	sh match:	Fund Propo		Business Unit				
For this is alread is not to (Indicate Other:	Amount ation fo s Metro ady in do budgete se Match	of \$ or "Other" mea  FY, how mucl epartment buck d? a Amount & So	ns of determining of the required liget?	ng match:	sh match: s in Budget Be	Fund Proposition	sed Source of I	Business Unit Match:	0.00			
For this Is alread Is not to (Indicate Other: Number	Amount ation fo s Metro ady in de budgete e Match	of \$ or "Other" mea  FY, how muck epartment buck d? n Amount & So  Es the grant w	ns of determining of the required liget?	ng match:	sh match: s in Budget Be	Fund Proposition Proposition Proposition	sed Source of I	Business Unit Match:	0.00			
For this is alread is not to (Indicate Other: Number	Amount ation fo s Metro ady in de budgete e Match er of FTE mental	of \$ or "Other" mea  FY, how muclepartment buck d? of Amount & So  Es the grant w Indirect Cost if	ns of determining of the required dget?  Durce for Remaining the second of the required dget?	ng match: d local Metro cas	sh match: s in Budget Be 0.00 29.54%	Fund Propos  low)  Actual number o  Indirect Cost of G	sed Source of I f positions add Grant to Metro:	Business Unit Match: ed:	\$7,133.91			
For this Is alread Is not to (Indicate Other: Number Departer *Indiread Is not to the Indicate Is not the Island Is not the Island Is not the Island	Amount ation fo s Metro ady in de budgete e Match er of FTE mental	of \$ or "Other" mea  FY, how mucle partment but of ? or Amount & So  Es the grant we lindirect Cost is allowed?	no of the required dget?  Durce for Remaining the state  Ores No	ng match: d local Metro cas	sin Budget Be  0.00  29.54%  0.00%	Fund Propos  low)  Actual number of Guidenct Cost of Guidenda Reques	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:		in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No"	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? of Amount & So  Es the grant we indirect Cost is allowed?  attach document	no of the required dget?  Durce for Remaining the state  Ores No	ng match: d local Metro cas	sin Budget Be  0.00  29.54%  0.00%	Fund Propos  low)  Actual number o  Indirect Cost of G	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No" Draw do Its and Its	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? a Amount & So  Es the grant we indirect Cost is allowed? attach document owable?	n of the required dget?  Durce for Remaining the state of the required state of the required state of the sta	ng match: d local Metro cas	sin Budget Be  0.00  29.54%  0.00%	Fund Propos  low)  Actual number of Guidenct Cost of Guidenda Reques	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No" Draw do Its and Its	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? of Amount & So  Es the grant we indirect Cost is allowed?  attach document	n of the required dget?  Durce for Remaining the state of the required state of the required state of the sta	ng match: d local Metro cas	sin Budget Be  0.00  29.54%  0.00%	Fund Propos  low)  Actual number of Guidenct Cost of Guidenda Reques	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No" Draw do Its and Its	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? a Amount & So  Es the grant we indirect Cost is allowed? attach document owable?	n of the required dget?  Durce for Remaining the state of the required state of the required state of the sta	ng match: d local Metro cas	sin Budget Be  0.00  29.54%  0.00% ct costs are not a	Fund Proposition  Actual number of Indirect Cost of Cost Reques allowable. See Instruction	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No" Draw do not be the state of	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? a Amount & So  Es the grant we indirect Cost is allowed? attach document owable?	n of the required dget?  Durce for Remaining the state of the required state of the required state of the sta	ng match: d local Metro cas	sh match: s in Budget Be  0.00 29.54% 0.00% ct costs are not a	Actual number of Ind. Cost Requestallowable. See Instruction	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget		
For this Is alread Is not to (Indicate Other: Number Departer *Indirect *(If "No" Draw do not be the state of	Amount ation for s Metro ady in de budgete e Match er of FTE mental i ct Costs , please	of \$ or "Other" mea  FY, how mucle partment but of? a Amount & So  Es the grant we indirect Cost is allowed? attach document owable?	n of the required dget?  Durce for Remaining the state of the required state of the required state of the sta	ng match: d local Metro cas ning Grant Year % Allow. grantor that indire	sh match: s in Budget Be  0.00 29.54% 0.00% ct costs are not a	Fund Proposition  Actual number of Indirect Cost of Cost Reques allowable. See Instruction	sed Source of I f positions add frant to Metro: ted from Grant	Business Unit Match: ed:	\$7,133.91	in budget  Ind. Cost Neg. from Grantor		

Contact: <a href="mailto:trinity.weathersby@nashville.gov">trinity.weathersby@nashville.gov</a><a href="mailto:vaughn.wilson@nashville.gov">vaughn.wilson@nashville.gov</a>

\$0.00

Date Awarded:

(or) Date Denied:

(or) Date Withdrawn:

FY

FΥ

Rev. 5/13/13 5183

Yr 3

Yr 5 Total

GCP Rec'd 02/16/21

\$24,150.00

02/09/21

\$0.00

\$24,150.00

Tot. Awarded:

Reason:

Reason:

\$0.00

GCP Approved 02/16/21

\$0.00

Contract#:

\$24,150.00

N/A

\$7,133.91

\$0.00



To: Nashville Fire Department

From: HORNE LLP Date: 02/09/2021

Re: EMS Ambulance Assistance Program

Dear Mr. Frederick Smith,

We would like to confirm that Nashville Fire Department has been identified as a recipient of the EMS Ambulance Assistance Program. Recipients in this program will receive federal funding from the CARES Act Fund.

Nashville Fire Department has been allocated \$24,150. This allocation is based on having 42 ambulances. Each ambulance is eligible to receive up to \$575.00 total to cover equipment and installation costs.

Recipients are expected to adhere to the terms provided in the program guidelines: https://tncaresact.tn.gov/ems-program-guidelines

As you know, all funds are limited by the terms of the CARES Act and regulation by the US Treasury and may only be used to cover expenses that:

- are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
- were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or governments; and
- were incurred during the period that begins on March 1, 2020 and ends on March 31, 2021.

Based on the facts and circumstances provided to HORNE LLP by Nashville Fire Department, we have determined the expense(s) are eligible under the terms of the CARES Act and regulation of the US Treasury, as well as the Tennessee CARES Act EMS Ambulance Assistance program.

Please note eligibility, and ultimately approval in TN CAMS, does also depend on the following items being provided within TN CAMS upon submission of the RFF:

- A detailed narrative describing the expenses, as well as why the expenses were necessary due to COVID-19.
- Adequate documentation, including but not limited to, (1) invoice, purchase or work order; (2) proof of payment for the good or service; (3) proof of delivery for the good or service as applicable.

In the event the recipient uses the funds for a purpose other than that outlined in the request noted above, funds may be required to be returned to the state.

Please let us know if you have additional questions.

Respectfully,

Rachelle Dominique

## SIGNATURE PAGE FOR

### GRANT NO. 2021 EMS Ambulance Assistance Program

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

# METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

6-1	7-11-2021	
William Swann, Director-Chief Fire Department	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	