GRANT SUMMARY SHEET

Grant VOCA Victim Service - Equipment 21-21 Amend. 1

Department: OFFICE OF FAMILY SAFETY

Grantor: U.S. DEPARTMENT OF JUSTICE

Pass-Through

Grantor TENN. DEPT. OF FIN. & ADMIN. OCJP

Total Award this \$0.00

Cash Match \$0.00

Department Diane Lance

862-6013

Status AMENDMENT

Program Description:

This is a one time grant to purchase equipment needed to enhance client services. Amendment 1 removes clause E.6; no other terms and conditions will be changed.

Plan for continuation of services upon

With the grant being only used to purchase equipment. There will be no need to continue the project once all equipment is purchased.

Grants Tracking Form

			Part (One				
Pre-Application ○	Application (
Department	Dept. No.			Contact			Phone	Fax
OFFICE OF FAMILY SAFETY ▼	51	Diane Lance					862-6013	
Grant Name:	VOCA Victim Se	OCA Victim Service - Equipment 21-21 Amend. 1						
Grantor:	U.S. DEPARTMENT OF							
Grant Period From:	01/01/21		(applications only) A	nticipated Application	Date:			
Grant Period To:	06/30/21		(applications only) A	pplication Deadline:				
Funding Type:	FED PASS THRU	~		Multi-Department	Grant		► If yes, list	below.
Pass-Thru:	TENN. DEPT. OF FIN. 8	& ADMIN. OCJP		Outside Consultar			, ,	
Award Type:	COMPETITIVE	▼		Total Award:		\$0.00		
Status:	AMENDMENT	▼		Metro Cash Matc	h:	\$0.00		
Metro Category:	Est. Prior.	▼		Metro In-Kind Ma	tch:	\$0.00		
CFDA#	16.575			Is Council approv	al required?	V		
Project Description:		J		Applic. Submitted Ele	•			
This is a one time grant to pure	chase equipment	needed to enhar					ns and conditi	ons will be
Plan for continuation of service after expiration of grant/Budgetary Impact: With the grant being only used to purchase equipment. There will be no need to continue the project once all equipment is purchased.								
How is Match Determined?								
Fixed Amount of \$	n/a	or	20.0%	% of Grant		Other:		
Explanation for "Other" mea	ns of determini	ng match:			'			
n/a For this Metro FY, how much of the required local Metro cash match:								
Is already in department budget?		\$0.00	Fund Business Unit					
		oinen Cuant Vaan	s in Dudwat Dal	Is not budgeted? Proposed Source of Match:				
	ource for Remail	(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)						
Other:			g	ow)				
Number of FTEs the grant w								
			0.00	Actual number of	•		0.00	
Departmental Indirect Cost	Rate		0.00 14.00%	Actual number of Indirect Cost of G	rant to Metro:	ed:	\$ 8,750.00	
Departmental Indirect Cost *Indirect Costs allowed?	Rate ○ Yes	% Allow.	0.00 14.00% 0.00%	Actual number of Indirect Cost of G Ind. Cost Request	rant to Metro: ed from Grant	ed:		in budget
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume	Rate ○ Yes		0.00 14.00% 0.00%	Actual number of Indirect Cost of G Ind. Cost Request	rant to Metro: ed from Grant	ed:	\$ 8,750.00	in budget
Departmental Indirect Cost *Indirect Costs allowed?	Rate Yes No ntation from the		0.00 14.00% 0.00%	Actual number of Indirect Cost of G Ind. Cost Request	rant to Metro: ed from Grant	ed:	\$ 8,750.00	in budget
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable?	Rate Yes No ntation from the		0.00 14.00% 0.00% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Inst	rant to Metro: ed from Grant	ed:	\$ 8,750.00	in budget
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable?	Rate Yes No ntation from the		0.00 14.00% 0.00% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Inst	rant to Metro: ed from Grant	ed:	\$ 8,750.00	in budget
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable?	Rate Yes No ntation from the		0.00 14.00% 0.00% ect costs are not	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Inst	rant to Metro: ed from Grant	ed:	\$ 8,750.00	in budget Ind. Cost Neg. from Grantor
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable? Metro or Community-based Budget Metro Fiscal Connector	Rate Yes No ntation from the Partners:	grantor that indir	0.00 14.00% 0.00% ect costs are not Part Tw Gra Local Match	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Instance of Cost	rant to Metro: ed from Grant tructions)	ed: or: Total Grant	\$ 8,750.00 \$0.00	Ind. Cost Neg. from
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable? Metro or Community-based Budget Year Year Yr 1 FY21 \$50,000.00 Yr 2	Rate Yes No ntation from the Partners:	grantor that indir	0.00 14.00% 0.00% ect costs are not Part Tw Gra Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Instance of Cost	rant to Metro: ed from Grant tructions) Local Match In-Kind	ed: or: Total Grant Each Year	\$ 8,750.00 \$0.00	Ind. Cost Neg. from Grantor
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable? Metro or Community-based Budget Year Fiscal Year Grantor Yr 1 FY21 \$50,000.00 Yr 2 Yr 3	Rate Yes No ntation from the Partners:	grantor that indir	0.00 14.00% 0.00% ect costs are not Part Tw Gra Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Instance of Cost	rant to Metro: ed from Grant tructions) Local Match In-Kind	ed: or: Total Grant Each Year	\$ 8,750.00 \$0.00	Ind. Cost Neg. from Grantor
Departmental Indirect Cost *Indirect Costs allowed? *(If "No", please attach docume Draw down allowable? Metro or Community-based Budget Year Year Yr 1 FY21 \$50,000.00 Yr 2	Rate Yes No ntation from the Partners:	grantor that indir	0.00 14.00% 0.00% ect costs are not Part Tw Gra Local Match Cash	Actual number of Indirect Cost of G Ind. Cost Request tallowable. See Instance of Cost	rant to Metro: ed from Grant tructions) Local Match In-Kind	ed: or: Total Grant Each Year	\$ 8,750.00 \$0.00	Ind. Cost Neg. from Grantor

Tot. Awarded:

Reason:

Reason:

\$0.00

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

Date Awarded:

(or) Date Denied:

(or) Date Withdrawn:

Rev. 5/13/13 5197

GCP Rec'd 03/11/21

03/10/21

GCP Approved 03/11/21

Contract#:

VW

AGRICUL MI 7786	GRAN	TAMENDN	IENT			
Agency Tracking #		Edison ID		Contract #		Amendment #
			43378		43378	1
Contractor Legal Entity Name						Edison Vendor ID
Metropolitan Government of Nashville and Davidson				idson Cou	ınty	4
	ent Purpose & Effect(oval of clause E.6.	(s)				
Amendment Changes Contract End Date: YES NO End Date			End Date:	6/30/2021		
TOTAL C N/A):	ontract Amount INC	REASE or DECREA	ASE <u>per th</u>	is Amendm	ent (zero if	\$ 0.00
Funding	_					
FY	State	Federal	Interdep	artmental	Other	TOTAL Contract Amount
2021		\$50,000.00				\$50,000.00
TOTAL:		\$50,000.00				\$50,000.00
appropriation be paid		ations hereunder are incumbered to pay o	e required ther		OCR	USE
Speed Ch	nart (optional)	Account Code (op	,			
	FA00003101	County -	71301000			

AMENDMENT 1 OF GRANT CONTRACT 43378

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Finance and Administration, Office of Criminal Justice Programs, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract section E.6. is deleted in its entirety and is not replaced.

<u>Required Approvals</u>. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

<u>Amendment Effective Date</u>. The revisions set forth herein shall be effective 4/01/2021. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

"See Next Page"	
GRANTEE SIGNATURE	DATE
PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)	
DEPARTMENT OF FINANCE AND ADMINISTRATION:	
HOWARD H. ELEY, COMMISSIONER	DATE

SIGNATURE PAGE FOR

GRANT NO. VOCA Victim Service - Equipment 21-21 Amend. 1___

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Díane Lance	03/08/2020
Diane Lance, Department Head Office of Family Safety	Date
APPROVED AS TO AVAILABILITY OF FUNDS: Docusigned by: Lunin (numbofflo Kevino@numbo, Director	3/18/2021 Date
Department of Finance	
APPROVED AS TO RISK AND INSURANCE:	
— Docusigned by: Balogun Colib	3/18/2021
Director of Insurance	Date
APPROVED AS TO FORM AND LEGALITY:	
— DocuSigned by: Miki Eke	3/18/2021
Metropolitan Attorney	Date
John Cooper	 Date
Metropolitan Mayor	
ATTEST:	
Metropolitan Clerk	Date