

LEGISLATIVE TRACKING FORMFiling for Council Meeting Date: 08/04/26☒ Resolution ☐ OrdinanceContact/Prepared By: Angela WilliamsDate Prepared: 06/29/26Title (Caption): Continuum of Care Transfer of Funds from MDHA 26 Amendment

This amendment is to extend the end date of the contract from 6/30/26 to 10/31/26 with the remaining funds of \$330,373.57.

Submitted to Planning Commission? ☒ N/A ☐ Yes-Date: _____ Proposal No: _____Proposing Department: Office of Homeless Services Requested By: Angela WilliamsAffected Department(s): _____ Affected Council District(s): All**Legislative Category (check one):**

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

FINANCE Amount +/-: \$ \$ 0.00**Match:** \$ \$ 0.00
Funding Source:

- ☐ Capital Improvement Budget
- ☐ Capital Outlay Notes
- ☐ Departmental/Agency Budget
- ☐ Funds to Metro
- ☐ General Obligation Bonds
- ☒ **Grant**
- ☐ Increased Revenue Sources

- ☐ Judgments and Losses
- ☐ Local Government Investment Project
- ☐ Revenue Bonds
- ☐ Self-Insured Liability
- ☐ Solid Waste Reserve
- ☐ Unappropriated Fund Balance
- ☐ 4% Fund
- ☐ Other: _____

Approved by OMB: Aaron Pratt

JE

Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____

APPROVED BYApproved by Div Grants Coordination: Juanita Paulsen**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 Name: Continuum of Care Transfer of Funds from MDHA 26
Amendment

Department: OFFICE OF HOMELESS SERVICES

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

**Pass-Through Grantor
(If applicable):**

Total Award this Action: \$0.00

Cash Match Amount \$0.00

Department Contact: Angela Williams
880-2349

Status: AMENDMENT

Program Description:

This amendment is to extend the end date of the contract from 6/30/26 to 10/31/26 with the remaining funds of \$330,373.57. A grant award from the U.S. Department of Housing & Urban Development for the provision and development of the Continuum of Care system, development of community coordination, evaluating and monitoring projects for program compliance and project outcomes.

Plan for continuation of services upon grant expiration:

This grant is renewable on an annual basis to the local Collaborative Applicant: The Office of Homeless Services

Grants Tracking Form

Part One

Pre-Application

Application

Award Acceptance

Contract Amendment

Department

Dept. No.

Contact

Phone

Fax

OFFICE OF HOMELESS SERVICES

053

Angela Williams

880-2349

Grant Name:

Continuum of Care Transfer of Funds from MDHA 26 Amendment

Grantor:

U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

Other:

Grant Period From:

07/01/25

(applications only) Anticipated Application Date:

Grant Period To:

10/31/26

(applications only) Application Deadline:

Funding Type:

FED DIRECT

Multi-Department Grant

Pass-Thru:

Outside Consultant Project:

Award Type:

COMPETITIVE

Total Award:

Status:

AMENDMENT

Metro Cash Match:

Metro Category:

Est. Prior.

Metro In-Kind Match:

CFDA #

14.267

Is Council approval required?

Project Description:

Applic. Submitted Electronically?

This amendment is to extend the end date of the contract from 6/30/26 to 10/31/26 with the remaining funds of \$330,373.57. A grant award from the U.S. Department of Housing & Urban Development for the provision and development of the Continuum of Care system, development of community coordination, evaluating and monitoring projects for program compliance and project outcomes.

Plan for continuation of service after expiration of grant/Budgetary Impact:

This grant is renewable on an annual basis to the local Collaborative Applicant: The Office of Homeless Services

How is Match Determined?

Fixed Amount of \$

or

% of Grant

Other:

Explanation for "Other" means of determining match:

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?

Fund

Business Unit

Is not budgeted?

Proposed Source of Match:

(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)

Other:

Number of FTEs the grant will fund:

0.00

Actual number of positions added:

0.00

Departmental Indirect Cost Rate

10.00%

Indirect Cost of Grant to Metro:

\$46,570.10

*Indirect Costs allowed?

Yes

No

% Allow.

0.00%

Ind. Cost Requested from Grantor:

\$0.00

in budget

*(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)

Draw down allowable?

Metro or Community-based Partners:

This is a grant by and between the TN Department of Mental Health and Substance Use Services and the Metropolitan Government of Nashville and Davidson County acting by and through the Metropolitan Office of Homeless Services.

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 to Metro	Ind. Cost Neg. from Grantor
Yr 1	FY26	\$465,701.00						\$465,701.00	\$46,570.10	\$0.00
Yr 2	FY27									
Yr 3	FY28									
Yr 4	FY__									
Yr 5	FY__									
Total		\$465,701.00						\$465,701.00	\$46,570.10	\$0.00
Date Awarded:				06/29/26	Tot. Awarded:	\$0.00	Contract#:	TN0487L4J042400 Amendment		
(or) Date Denied:					Reason:					
(or) Date Withdrawn:					Reason:					

Contact: grantscoordination@nashville.gov

JP

GCP Received 6/30/26

GCP Approved 6/30/26

Resolution No. _____

A resolution approving amendment one to a Continuum of Care grant from the U.S. Department of Housing and Urban Development (HUD) to the Metropolitan Government, acting by and through the Office of Homeless Services, as the local HUD Continuum of Care (CoC) Program Collaborative Applicant to develop a CoC system.

WHEREAS, the Metropolitan Government, acting by and through the Office of Homeless Services, previously entered into a grant agreement with the U.S. Department of Housing and Urban Development (HUD) to develop a Continuum of Care (CoC) system; and,

WHEREAS, the parties wish to amend that grant agreement to extend the term of the grant from June 30, 2026, to October 31, 2026, in order to expend remaining funds of \$330,373.57, a copy of which amendment one is attached hereto; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one to the grant be approved.

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

Section 1. That amendment one to the Continuum of Care grant by and between the U.S. Department of Housing and Urban Development (HUD) and the Metropolitan Government, acting by and through the Office of Homeless Services, as the local HUD Continuum of Care (CoC) Program Collaborative Applicant, to develop a CoC system, a copy of which amendment one is attached hereto and incorporated herein, is approved, 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:

Jenneen Reed/mjr
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

APPROVED AS TO FORM AND
LEGALITY:

Abby Greer
Assistant Metropolitan Attorney

Member(s) of Council

FREDDIE O'CONNELL
MAYOR

APRIL CALVIN
DIRECTOR



METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

**OFFICE OF HOMELESS SERVICES
PO BOX 196300
NASHVILLE, TENNESSEE 37219-6300**

Mr. Calvin Whitaker
Director Knoxville Field Office
U.S. Department of Housing and Urban Development
Office of Community Planning and Development
John J. Duncan Federal Building
710 Locust St. SW, Suite 300
Knoxville, TN 37902

Dear Mr. Calvin Whitaker,

The Metro Nashville Office of Homeless Services (OHS) is requesting a four month extension of the Continuum of Care Program Planning Grant (TN0487L4J042400), with a new expiration date of October 31, 2026.

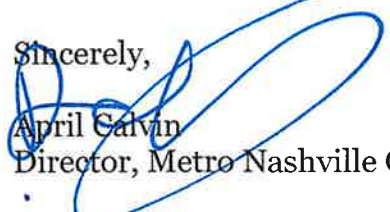
The Nashville-Davidson County Continuum of Care voted in November 2023 to transfer the role of Collaborative Applicant from the Metropolitan Development and Housing Agency (MDHA) to the Metro Nashville OHS. The transition of the FY 2023 CoC Program Planning Grant took place in February 2025. As MDHA was still recognized by HUD as the Collaborative Applicant in the fall of 2024, they submitted the Collaborative Application on behalf of the CoC, and therefore applied for the FY 2024 CoC Program Planning Grant; this grant began on 7/1/2025.

MDHA, OHS, and the Knoxville field office worked together to approve an amendment to the grant agreement to change the recipient of the grant from MDHA to OHS. For OHS to accept this amendment, a resolution had to be filed with the Metro Nashville Council to be approved by the body, which passed in March 2026.

While the grant had been transferred to OHS, both the OHS Coordinator and Approving Official experienced technical issues within the eLOCCS system, which further delayed the drawing down of funds.

Due to these aggravating circumstances, the disbursement of funds has been impeded and OHS is requesting a grant extension of four months to fully expend the grant.

Sincerely,


April Calvin
Director, Metro Nashville Office of Homeless Services



AMENDMENT EXTENDING THE TERM OF THE CONTINUUM OF CARE PROGRAM GRANT AGREEMENT

This Amendment is made by and between the United States Department of Housing and Urban Development (HUD) and Metropolitan Government of Nashville and Davidson County, Office of Homeless Services (OHS) (the Recipient), whose business address is P.O. Box 196300, Nashville, TN 37219 and whose Tax ID number is 62-069473, for CoC Project Number TN0487L4J042400, located in Davidson County, Tennessee.

RECITALS

1. HUD and the Recipient entered into a CoC Grant Agreement dated July 23, 2025, Grant No. TN0487L4J042400 which expires June 30, 2026 (the Grant Agreement).
2. At expiration of the Grant Agreement, Recipient expects to have unspent funds remaining in its grant account. HUD and the Recipient are desirous of allowing the Recipient to retain those funds and to continue to use them for eligible project expenditures.
3. The need for the assistance provided by the project continues to exist within the jurisdiction where the project is located.
4. HUD has reviewed the performance of the Recipient and has determined that the grant funds remaining at the end of term should not be deobligated.

AGREEMENTS

The Grant Agreement is hereby amended as follows:

1. The term of the Grant Agreement is extended through October 31, 2026.
2. As of June 23, 2026, the following amounts remain available for this project:

CoC Planning Costs	\$ 330,373.57
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This Amendment to Grant Agreement constitutes the entire agreement of the parties as to amendment of the Grant Agreement and will become effective only upon the execution hereof by all parties. The remaining terms of the Grant Agreement remain in full force and effect.

The parties, on the dates set forth below their respective signatures, hereby execute this Amendment to Grant Agreement, as follows:



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

BY: _____
(Signature)

Calvin Whitaker, CPD Director

(Date)

RECIPIENT

Metro Nashville and Davison County Government Office of Homeless Services
(Name of Organization)

BY: _____
Signed by: *April Calvin*
(Signature of Authorized Official)

April Calvin Director
(Typed Name and Title of Authorized Official)

6/29/2026
(Date)

SIGNATURE PAGE
FOR
GRANT NO. HUD COL Grant TN0487245042400

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**

6/29/2026

Date

7/26/2026 | 12:38 PM CDT

Date

7/27/2026 | 8:54 AM CDT

Date

7/27/2026 | 8:53 AM CDT

Date

Date _____

Date _____