LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 07/21/26 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** 06/15/26

Title (Caption): Ryan White Part A HIV Emergency Relief 26-27 Amend1 - to RS2026-1871 is to obligate additional funds of $3,185,496.00 for a new total of $4,497,148.00 and update grant specific terms.

March 26 -February 27

new total $4,497,148

Submitted to Planning Commission? ☑ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** _____

Proposing Department: Health **Requested By:** Health

Affected Department(s): Health **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 +/-: $** $ 3,185,496.00 **Match: $** $ 0.00

Funding Source:

Capital Improvement Budget	Judgments and Losses
Capital Outlay Notes	Local Government Investment Project
Departmental/Agency Budget	Revenue Bonds
Funds to Metro	Self-Insured Liability
General Obligation Bonds	Solid Waste Reserve
Grant	Unappropriated Fund Balance
Increased Revenue Sources	4% Fund
	Other: _____

Approved by OMB: Aaron Pratt BN Date to Finance Director's Office: _____

Approved by Finance/Accounts: _____ **APPROVED BY**

Approved 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:	Ryan White Part A HIV Emergency Relief 26-27 Amend 1
Department:	HEALTH DEPARTMENT
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Pass-Through Grantor (If applicable):	
Total Award this Action:	$3,185,496.00
Cash Match Amount	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	AMENDMENT

Program Description:

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates finalizes funding for the next grant cycle. Amendment 1 obligates additional funding of $3,185,496.00 for a new total of $4,497,148.00 and updates grant specific terms.

Plan for continuation of services upon grant expiration:

Services will be discontinued

Grants Tracking Form

Part One

Pre-Application ○ **Application** ○ **Award Acceptance** ○ **Contract Amendment** ◉

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	Ryan White Part A HIV Emergency Relief 26-27 Amend 1		
Grantor:	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	**Other:**	
Grant Period From:	03/01/26	(applications only) **Anticipated Application Date:**	
Grant Period To:	02/28/27	(applications only) **Application Deadline:**	
Funding Type:	FED DIRECT	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$3,185,496.00
Status:	AMENDMENT	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	93.914	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS. It also includes the administration for a Minority AIDS Initiative program. This funding is meant to be the "payer of last resort." This action obligates finalizes funding for the next grant cycle. **Amendment 1 obligates additional funding of $3,185,496.00 for a new total of $4,497,148.00 and updates grant specific terms.**

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

Services will be discontinued

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:	5.80		**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.57%		**Indirect Cost of Grant to Metro:**	$970,034.82	
***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:

There are 7 organizations that will provide services in the continuum of care (Music City Prep, Meharry, Nashville Cares, Neighborhood Health, Street Works, VUMC, We Are One Recovery). All are considered subgrantees.

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	27	$4,497,148.00						$4,497,148.00	$970,034.82	$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$4,497,148.00	$0.00	$0.00	$0.00		$0.00	$4,497,148.00	$970,034.82	$0.00

Date Awarded:	06/12/26		$3,185,496.00	**Contract#:**	H89HA11433-18-01
(or) **Date Denied:**					
(or) **Date Withdrawn:**					

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

Rev. 5/13/13
6254

GCP Received 06/15/2026

JP

GCP Approved 06/15/2026

Resolution No. _____

A resolution approving amendment one to a grant from the U.S. Department of Health and Human Services to the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program.

WHEREAS, the Metropolitan Government, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the U.S. Department of Health and Human Services to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program approved by RS2026-1871; and,

WHEREAS, the parties wish to amend that grant agreement to increase the amount of the grant by $3,185,496.00 from $1,311,652.00 to $4,497,148.00 and update specific grant terms, 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 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 grant by and between the U.S. Department of Health and Human Services and the Metropolitan Government, acting by and through the Metropolitan Board of Health, to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS and to administer a Minority AIDS Initiative program, a copy of which amendment one is attached hereto and incorporated herein, is hereby 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/mjw
Jenneen Reed, Director
Department of Finance

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Assistant Metropolitan Attorney

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 05/12/2026

Recipient Information

1. Recipient Name
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A7

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Beverly Glaze-Johnson
beverly.glaze-johnson@nashville.gov
(615)340-8605

8. Authorized Official
Beverly D GlazeJohnson
Project Director
beverly.glaze-johnson@nashville.gov
(615)340-8605

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

11. Award Number
6 H89HA11433-18-01

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
Ryan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2026 - End Date 02/28/2027	
20. Total Amount of Federal Funds Obligated by this Action	$3,185,496.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$4,497,148.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$4,497,148.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$9,280,200.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Inge Cooper on 05/12/2026

30. Remarks

This award consists of the following amounts:
FY26 FRML - $2,854,493
FY26 MAI - $319,981
FY26 SUPPL - $1,322,674
Total Funding – $4,497,148

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA11433-18-01
Federal Award Date: 05/12/2026

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$0.00
b.	Fringe Benefits:	$0.00
c.	Total Personnel Costs:	$0.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$0.00
g.	Travel:	$0.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$0.00
j.	Consortium/Contractual Costs:	$0.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$4,497,148.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$4,497,148.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$4,497,148.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$4,497,148.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$1,311,652.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$3,185,496.00**

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
19	$3,185,496.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
26 - 377RA34	93.914	26H89HA11433	$1,633,587.00	$0.00	FRML	26H89HA11433
26 - 377RA35	93.914	26H89HA11433	$1,322,674.00	$0.00	SUPPL	26H89HA11433
26 - 377RA33	93.914	26H89HA11433	$229,235.00	$0.00	MAI	26H89HA11433

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. In accordance with 2 CFR § 200.305, payments to the recipient and any subrecipients must be made in advance, provided the recipient maintains financial management systems that comply with applicable federal standards.
   The recipient must adhere to the following requirements:
   1) Written Procedures: The recipient must maintain written procedures designed to minimize the time elapsing between the transfer of funds from the Federal Government and the disbursement of such funds for program purposes.
   2) Immediate Cash Requirements: Advance payments must be limited to the minimum amounts necessary to meet the recipient's actual and immediate cash requirements for carrying out the approved program or project.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2026 (FY26) funding based on HRSA's FY26 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. HRSA HIV/AIDS Bureau recipients must comply with all applicable local, state, and federal laws as a condition of receiving a Ryan White HIV/AIDS Program award. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Award Issue Date**
   The recipient must submit a FY26 Program Terms Report no later than 60 days after the receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly D Glazejohnson	Authorizing Official	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Sammi Areola
0872295CD81A4B1...

Director, Metro Public Health Department — Date: 6/12/2026

Signed by:
Tené Hamilton Franklin
BEBF0BBF14B14B0...

Chair, Board of Health — Date: 6/12/2026

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennieen Reed/mjw

Director, Department of Finance — Date: 7/8/2026 | 10:27 AM CDT

APPROVED AS TO RISK AND INSURANCE:

Lora Fox

Director of Risk Management Services — Date: 7/9/2026 | 2:48 PM PDT

APPROVED AS TO FORM AND LEGALITY:

Abby Greer

Metropolitan Attorney — Date: 7/8/2026 | 10:30 AM CDT

Metropolitan Mayor — Date

ATTEST:

Metropolitan Clerk — Date