LEGISLATIVE TRACKING FORM

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

Contact/Prepared By: Angela Williams **Date Prepared:** _____

Title (Caption): Supported Employment Expansion- Individualized Placement and Support Grant 26-28 Amendment 1

Amendment 1 decreases the maximum liability by -$74,000.00 for a new total of $376,000.00 and updates Attachments 1 and 2.

A grant awarded for the provision of staff to support a program within the Office of Homeless Services to provide employment training and assistance to eligible clients by utilizing the Individualized Placement and Support model.

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

Proposing Department: Office of Homeless Services **Requested By:** Angela Williams

Affected 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 +/-: $** -$ 74,000.00 **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 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:	Supported Employment Expansion - Individualized Placement and Support 26-28 Amend 1
Department:	OFFICE OF HOMELESS SERVICES
Grantor:	U.S. DEPT. OF EDUCATION
Pass-Through Grantor (If applicable):	TENN.DEPT.OF MENTAL HEALTH & SUBSTANCE ABU
Total Award this Action:	($74,000.00)
Cash Match Amount	$0.00
Department Contact:	Angela Williams 880-2349
Status:	AMENDMENT

Program Description:

Amend 1 is to decrease the maximum liability by -$74,000.00 for a new total of $376,000.00 and updates Attachments 1&2.This grant is for the provision of staff to support a program within the Office of Homeless Services to provide employment training and assistance to eligible clients by utilizing the Individualized Placement and Support Model.

Plan for continuation of services upon grant expiration:

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:	Supported Employment Expansion - Individualized Placement and Support 26-28 Amend 1		
Grantor:	U.S. DEPARTMENT OF EDUCATION	**Other:**	
Grant Period From:	07/01/25	(applications only) **Anticipated Application Date:**	
Grant Period To:	06/30/28	(applications only) **Application Deadline:**	
Funding Type:	FED PASS THRU	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:	TENN.DEPT. OF MENTAL HEALTH & SUI	**Outside Consultant Project:** ☐	
Award Type:	COMPETITIVE	**Total Award:**	-$74,000.00
Status:	AMENDMENT	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	84.126	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

Amend 1 is to decrease the maximum liability by -$74,000.00 for a new total of $376,000.00 and updates Attachments 1&2. This grant is for the provision of staff to support a program within the Office of Homeless Services to provide employment training and assistance to eligible clients by utilizing the Individualized Placement and Support Model.

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

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:	1.00	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	15.00%	**Indirect Cost of Grant to Metro:**	$56,400.00	
***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	$76,000.00						$76,000.00	$11,400.00	$0.00
Yr 2	FY27	$150,000.00						$150,000.00	$22,500.00	$0.00
Yr 3	FY28	$150,000.00						$150,000.00	$22,500.00	$0.00
Yr 4	FY__									
Yr 5	FY__									
Total		$376,000.00	$0.00	$0.00	$0.00		$0.00	$376,000.00	$56,400.00	$0.00

Date Awarded:		**Tot. Awarded:**	-$74,000.00	**Contract#:**	DGA 86348_2025-2028_011
(or) **Date Denied:**		**Reason:**			
(or) **Date Withdrawn:**		**Reason:**			

Contact:
grantscoordination@nashville.gov

Rev. 6/4/26
6263

GCP Received 06/29/26

GCP Approved 06/29/26

Resolution No. _____

A resolution approving amendment one to a Supported Employment Expansion grant from the Tennessee Department of Mental Health and Substance Abuse Services to the Metropolitan Government, acting by and through the Office of Homeless Services, to provide staff to help promote Individual Placement and Support/Supported Employment (IPS/SE) programs in the recovery of people who have serious mental illness through work.

WHEREAS, the Metropolitan Government, acting by and through the Office of Homeless Services, previously entered into a grant agreement with the Tennessee Department of Mental Health and Substance Abuse Services to provide staff to help promote Individual Placement and Support/Supported Employment (IPS/SE) programs in the recovery of people who have serious mental illness through work approved by RS2025-1531; and,

WHEREAS, amendment one amends the grant agreement to decrease the amount of the grant by $74,000 from $450,000 to $376,000 and deletes Attachments One and Two in their entirety and replaces with new Attachments One and Two, 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 Supported Employment Expansion grant by and between the Tennessee Department of Mental Health and Substance Abuse Services to the Metropolitan Government, acting by and through the Office of Homeless Services, to provide staff to help promote Individual Placement and Support/Supported Employment (IPS/SE) programs to help promote the recovery of people who have serious mental illness through work, 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

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Assistant Metropolitan Attorney

INTRODUCED BY:

_____

_____

_____
Member(s) of Council

GRANT AMENDMENT

Agency Tracking #	Edison ID	Contract # DGA 86348_2025-2028_011	Amendment #
No longer used			1

Contractor Legal Entity Name	Edison Vendor ID
Metropolitan Government of Davidson County	00004

Amendment Purpose & Effect(s)

The purpose of this amendment is to decrease the maximum liability as well as update Attachments One (1) and Two (2) of this grantee's contract.

Amendment Changes Contract End Date: ☐ YES ☒ NO **End Date:** June 30, 2028

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A)**:** **($74,000.00)**

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2026			$76,000.00		$76,000.00
2027			$150,000.00		$150,000.00
2028			$150,000.00		$150,000.00
TOTAL:			**$376,000.00**		**$376,000.00**

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

CPO USE

Speed Chart (optional)	Account Code (optional)

AMENDMENT ONE
OF GRANT DGA 86348_2025-2028_011

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Mental Health and Substance Abuse Services, hereinafter referred to as the "State" and Metropolitan Government of 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 C.1. Maximum Liability is deleted in its entirety and replaced with the following:

   C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Three Hundred Seventy-Six Thousand Dollars ($376,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment One [1] is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

2. Grant Contract Attachment One (1) Year One (1) (Grant Budget) is deleted in its entirety and replaced with new Attachment One (1) Year One (1) (Grant Budget) attached hereto.

3. Grant Contract Attachment Two (2) Federal Award Identification Worksheet) is deleted in its entirety and replaced with the new Attachment Two (2) (Federal Award Identification Worksheet) attached hereto.

Required Approvals. 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).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

FOR THE PROVISION OF THE SUPPORTED EMPLOYMENT EXPANSION PROGRAM:

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Signed by:
April Calvin
1DEEF45945504FF...

6/29/2026

GRANTEE SIGNATURE **DATE**

April Calvin

Dorector

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:

MARIE WILLIAMS, COMMISSIONER **DATE**

Year 1

GRANT BUDGET SUMMARY

Agency Name: Metropolitan Government of Davidson County

Program Code Name: Supported Employment Expansion 26

The grant budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN 7/1/2025 END: 6/30/2026

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes [2]	$72,091.00	$0.00	$72,091.00
4, 15	Professional Fee, Grant & Award [2]	$0.00	$0.00	$0.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications [2]	$909.00	$0.00	$909.00
11. 12	Travel, Conferences & Meetings [2]	$2,000.00	$0.00	$2,000.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance [2]	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$1,000.00	$0.00	$1,000.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost [2]	$0.00	$0.00	$0.00
24	In-Kind Expense [2]	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	**$76,000.00**	**$0.00**	**$76,000.00**

[1] Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, *and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).*

[2] Applicable detail follows this page if line-item is funded.

GRANT BUDGET LINE-ITEM DETAIL:

Year 1

Agency Name:	Metropolitan Government of Davidson County
Program Code Name:	Supported Employment Expansion 26
Begin Date:	7/1/2025
End Date:	6/30/2026

SALARIES, BENEFITS & TAXES	AMOUNT
Salaries	$60,852.00
Benefits and Taxes	$11,239.00
TOTAL	**$72,091.00**

SUPPLIES (includes "Sensitive Minor Equipment"), TELEPHONE, POSTAGE & SHIPPING, OCCUPANCY, EQUIPMENT RENTAL & MAINTENANCE, PRINTING & PUBLICATION	AMOUNT
Supplies	$909.00
TOTAL	**$909.00**

TRAVEL, CONFERENCES & MEETINGS	AMOUNT
Local Travel	$1,000.00
Training and Conferences Attended by Staff	$1,000.00
TOTAL	**$2,000.00**

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Specific Assistance to Individuals	$1,000.00
TOTAL	**$1,000.00**

ATTACHMENT REFERENCE
subreport - FED workshe
For contract # 86348

Federal Award Identification Worksheet

Metropolitan Government of Davidson County

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Nashville & Davidson County, Metropolitan Government Of
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	H126A230063
Federal Award Date	July 01, 2025 - June 30, 2028
Subaward Period of Performance Start and End Date	07/01/2025 - 06/30/2028
Subaward Budget Period Start and End Date	07/01/2025 - 06/30/2028
Assistance Listing Number (formerly known as the CFDA Number) and Assistance Listing program title	84.126 State Vocational Rehabilitation Services Program
Grant Contract's Begin Date	July 01, 2025
Grant Contract's End Date	June 30, 2028
Amount of Federal Funds Obligated by this Grant Contract	$376,000.00
Total Amount of Federal Funds Obligated to the Subrecipient	$510,000.00
Total Amount of the Federal Award to the Pass-through Entity (Grantor State Agency	$21,692,568.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Coordination of Employment Services for Individuals with a Mental Health Diagnosis and Co-occurring Disability
Name of the Federal Awarding Agency	Department of Education
Name of pass-through entity	Department of Mental Health and Substance Abuse Services
Name and contact information for the pass-through entity awarding official	Marie Williams, LCSW, Commissioner Mental Health and Substance Abuse Services Marie.Williams@tn.gov
Name and Contact Information for the Federal Awarding Official	Suzanne Mitchell (202) 245-7454 suzanne.mitchell@ed.gov
Is the Federal Award for Research and Development	Yes No [X]
Indirect Cost Rate for the Federal Award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	

SIGNATURE PAGE
FOR
GRANT NO. Supported Employment Expansion FY2026

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
April Calvin
1DFEF45945504FF...

Department

6/29/2026
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennieen Reed/mjw
Director of Finance
Department of Finance

7/7/2026 | 11:55 AM CDT
Date

APPROVED AS TO RISK AND INSURANCE:

Lora Fox
Director of Insurance

7/9/2026 | 2:41 PM PDT
Date

APPROVED AS TO FORM AND LEGALITY:

Abby Greer
Metropolitan Attorney

7/7/2026 | 12:02 PM CDT
Date

Freddie O' Connell
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

FREDDIE O'CONNELL
MAYOR

WALLACE W. DIETZ.
DIRECTOR OF LAW

DEPARTMENT OF LAW
METROPOLITAN COURTHOUSE, SUITE 108
P.O. BOX 196300
NASHVILLE, TENNESSEE 37219-6300
(615) 862-6341 • (615) 862-6352 FAX

July 2, 2026

Brittney Whitson, Program Manager
Department of Finance and Administration
Office of Criminal Justice Programs
312 Rosa L. Parks Avenue, Suite 1800
Nashville, TN 37243
Brittney.whitson@tn.gov

Ms. Whitson,

This letter serves as written notice to the State regarding compliance with the Debarment and Suspension clause in the grant contract. That clause requires the grantee to certify that it "ha[s] not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default." We provide this correspondence as a way of explanation. It does not constitute an amendment to the grant.

On March 25, 2025, the Health Department of the Metropolitan Government of Nashville and Davidson County ("Metro") received a notification from the Centers for Disease Control and Prevention ("CDC") that a Community Healthcare Workers grant was terminated "for cause" due to the end of the Covid-19 pandemic. The notification did not indicate any wrongdoing on the part of Metro that prompted the termination.

On April 24, 2025, Metro filed a lawsuit against the CDC challenging the illegal termination of the above-mentioned grant, including the "for cause" termination designation. On June 17, 2025, the Court granted a preliminary injunction preventing the CDC from enforcing the termination of the grant. Subsequently, the CDC paid all grants in full. Metro interprets that to be a rescission of the termination for cause.

If you require any further information, please let us know.

Sincerely,

Wallace W. Dietz, Director of Law
Metropolitan Government of Nashville and
Davidson County