LEGISLATIVE TRACKING FORM

Filing for Council Meeting Date: 06/16/26 ☑ **Resolution** ☐ **Ordinance**

Contact/Prepared By: Brad Thompson **Date Prepared:** 05/11/26

Title (Caption): Nashville Cares Ryan White subgrant for the provision of Early Intervention Services, Emergency Financial Assistance, Food Assistance, Housing Services, Linguistic Services, Medical Case Management, Mental Health, Non-Medical Case Management, Outpatient Ambulatory, Psychosocial Services, Referral Services and Transportation for participants in the Ryan White Part A program. Also, for the provision of Medical Case Management, Outpatient Ambulatory and Outreach Services for the participants in the Ryan White Part A MAI program. 3/26- 2/27 RS2026-1871

Submitted to Planning Commission? ☐ **N/A** ☐ **Yes-Date:** _____ **Proposal No:** BU 38351137 38351037

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 +/-: $** $ 1,621,095.00 **Match: $** _____

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: _____
Approved by Finance/Accounts: _____
Approved by Div Grants Coordination: _____
Date to Finance Director's Office: _____
APPROVED BY 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***

RESOLUTION NO. _____

A resolution appropriating a total of $1,621,095 from the Metropolitan Government, acting by and through the Metropolitan Board of Health, to Nashville Cares and approving a grant contract between the Metropolitan Government, acting by and through the Metropolitan Board of Health, and Nashville Cares for the provision of early intervention services, emergency financial assistance, food assistance, housing services, linguistic services, medical case management, mental health services, non-medical case management, outpatient ambulatory, psychosocial services, referral services, and transportation for patients in the Ryan White Part A program.

WHEREAS, Section 7-3-314 of the Tennessee Code Annotated states that metropolitan forms of government may provide financial assistance to nonprofit organizations in accordance with the guidelines of the Metropolitan Government; and,

WHEREAS, Section 5.04.070 of the Metropolitan Code of Laws provides that the Council may, by Resolution, appropriate funds for the financial aid of nonprofit organizations; and,

WHEREAS, Metropolitan Charter Section 10.104 provides that the Board of Health has the duty to contract for such services as will further the program and policies of the Board, subject to confirmation by Resolution of Council; and,

WHEREAS, Resolution No. RS2026-1871 approved a grant award of $1,311,652 from the U.S. Department of Health and Human Services to the Metropolitan Board of Health to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS; and,

WHEREAS, Resolution No. RS2026-_____ approved a grant award of $3,185,496 from the U.S. Department of Health and Human Services to the Metropolitan Board of Health to provide for the prevention, surveillance, diagnosis, and treatment of HIV/AIDS; and,

WHEREAS, the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, wishes to appropriate funding and contract with Nashville Cares to provide early intervention services, emergency financial assistance, food assistance, housing services, linguistic services, medical case management, mental health services, non-medical case management, outpatient ambulatory, psychosocial services, referral services, and transportation for patients in the Ryan White Part A program; and,

WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that the funding is appropriated and the contract approved.

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

Section 1. There is hereby appropriated One Million Six Hundred Twenty-One Thousand Ninety-Five Dollars ($1,621,095) from the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to Nashville Cares for the purposes herein stated.

Section 2. The Metropolitan Government is hereby authorized to enter into a grant contract, attached hereto and incorporated herein, with Nashville Cares for the amount provided herein and the purposes stated.

Section 3. 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 FOR PROPER BUDGET PROCEDURES:

Aaron Pratt

Budget Officer

INTRODUCED BY:

Member(s) of Council

APPROVED AS TO AVAILABILITY OF FUNDS:

Jenneen Reed/mjw

Director of Finance

APPROVED AS TO FORM AND LEGALITY:

Matthew Garth

Assistant Metropolitan Attorney

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
NASHVILLE CARES

This Grant Contract issued and entered into pursuant to Resolution RS2026- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Nashville Cares, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through I incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

a. Early Intervention Services

i. Link newly diagnosed people with HIV in the transitional grant area to care.

ii. Link previously diagnosed individuals in the transitional grant area to care that have been lost to care.

iii. Increase early intervention services points of entry to improve outreach to clients.

b. Emergency Financial Assistance

i. Provide people with HIV one or more utility payments.

c. Food Assistance

i. Distribute food bags to people with HIV.

ii. Distribute frozen meals to people with HIV.

iii. Distribute fresh food bags or vouchers to people with HIV.

d. Housing Services

i. Provide people with HIV one or more rental payments.

e. Linguistic Services

i. Provide people with HIV interpretation services.

ii. Provide people with HIV translation services.

f. Medical Case Management

i. Provide people with HIV medical case management including bio-psycho-social assessments, CARE planning and implementation, monitoring and reassessment.

ii. Ninety percent (90%) of people with HIV receiving medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people with HIV receiving routine HIV medical care will achieve and maintain viral suppression.

g. Mental Health

i. Provide people with HIV will receive and recognize a mental health diagnosis through referrals to behavioral health services and completion of diagnostic screening.

ii. One hundred percent (100%) of people with HIV receiving one or more mental health diagnoses will develop an individualized mental health care plan.

iii. Twenty-four percent (24%) of people receiving one or more mental health diagnoses will participate in group sessions.

iv. Twenty percent (20%) of people with HIV receiving one or more mental health diagnoses will receive psychiatric medication services.

v. Sixty percent (60%) of people with HIV receiving one or more mental health diagnoses will follow their individualized mental health care plan until resolution of their initial mental health symptoms.

h. Non-Medical Case Management

i. Provide people with HIV with non-medical case management including bio-psycho-social assessments and CARE planning and implementation.

ii. Ninety percent (90%) of people with HIV receiving non-medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people with HIV receiving HIV medical care will achieve and maintain viral suppression.

i. Outpatient Ambulatory Care

i. Provide people with HIV with outpatient ambulatory care, including provider visits, diagnostic testing and laboratory services.

ii. Fifty percent (50%) of newly diagnosed people with HIV will receive rapid antiretroviral therapy within 72 hours of diagnosis.

iii. Ninety-six percent (96%) of people with HIV receiving outpatient ambulatory care will be retained in care.

iv. Ninety percent (90%) of people with HIV retained in care will achieve viral suppression.

j. Psychosocial Services

i. Provide people with HIV with individual and group support, including recruitment and referral services, assessments, and links to other services.

k. Referral Services

i. Provide people with HIV with pharmacy assistance applications.

ii. Provide people with HIV with free medication.

l. Transportation

i. Provide people with HIV with bus passes.

ii. Provide people with HIV with access ride bus passes.

iii. Provide people with HIV with ride share services.

m. Minority Aids Initiative – Medical Case Management

i. Provide people with HIV medical case management including bio-psycho-social assessments, CARE planning and implementation, monitoring and reassessment.

ii. Ninety percent (90%) of people with HIV receiving medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people with HIV receiving routine HIV medical care will achieve and maintain viral suppression.

n. Minority Aids Initiative – Outpatient Ambulatory Care

i. Provide people with HIV with outpatient ambulatory care, including provider visits, diagnostic testing and laboratory services.

ii. Fifty percent (50%) of newly diagnosed people with HIV will receive rapid antiretroviral therapy within 72 hours of diagnosis.

iii. Ninety-six percent (96%) of people with HIV receiving outpatient ambulatory care will be retained in care.

iv. Ninety percent (90%) of people with HIV retained in care will achieve viral suppression.

o. Minority Aids Initiative – Outreach Services

i. Engage people at high risk for HIV in the Hispanic community.

ii. Host testing and engagement events in the Hispanic community.

iii. Test 70% of engaged individuals that are high risk for HIV in the Hispanic community.

iv. Link newly diagnosed people with HIV to care within 72 hours of diagnosis.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred to, encouraged and assisted in enrolling in other private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

A.5. The Recipient shall utilize Program Income as required by Program Specific Term 29 of the Ryan White Part A Notice of Award for grant #H89HA11433-18 (RS2026-1871) and all applicable modifications and further explained in provision 2 CFR § 200.307.

A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.

A.7. The Recipient must spend funds consistent with the Grant Spending Plan, attached and incorporated herein as **Attachment A**. The Recipient must collect data to evaluate the effectiveness of their services and must provide those results to Metro according to a mutually acceptable process and schedule, and when needed, upon request.

A.8. The Recipient must comply with all quarterly reporting requirements. Recipient must submit quarterly reports that contain the following:

- Implementation Plans
- Provider Data Import Report
- Other data as requested.

A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.

A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the provisions of 2 CFR § 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, the Health & Human Services specific provisions at 2 CFR § 300, the Ryan White Part A Notice of Award for grant #H89HA11433-18 (RS2026-1871) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will commence on the date filed with the Metropolitan Clerk after receiving all required Metro approvals and ending on February 28, 2027. Metro will have no obligation for services rendered by the Recipient that are not performed within this term, although it is understood that Recipient has provided services prior to the commencement of the term of this agreement and will be allowed to submit invoices and be paid for services rendered beginning March 1, 2026.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed One Million, Six Hundred Twenty-One Thousand Ninety-Five dollars ($1,621,095). The Grant Spending Plan will constitute the maximum amount to be provided to the Recipient by Metro for all of the Recipient's obligations hereunder. The Grant Spending Plan 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 Recipient.

Subject to modification and amendments as provided in section D.2 of this agreement, this amount will constitute the Grant Amount and the entire compensation to be provided to the Recipient by Metro.

C.2. **Payment Methodology.** The Recipient will only be compensated for actual costs based upon the Grant Spending Plan, not to exceed the maximum liability established in Section C.1

Recipient may invoice for an upfront payment of Nine Hundred Seventy-Two Thousand Six Hundred Fifty-Seven ($972,657) dollars upon approval of the Grant Contract.

Upon progress toward the completion of the work, as described in Section A of this Grant Contract, the Recipient shall submit invoices and any supporting documentation as requested by Metro to demonstrate that the funds are used as required by this Grant, prior to any payment for allowable costs. Such invoices shall be submitted no more often than monthly and indicate at a minimum the amount charged by Spending Plan line-item for the period invoiced, the amount charged by line-item to date, the total amount charged for the period invoiced, and the total amount charged under this Grant Contract to date.

Recipient must send all invoices to Metro Public Health Department, Beverly.glaze-johnson@nashville.gov**.**

Final invoices for the contract period should be received by April 15, 2027. Any invoice not received by the deadline date will not be processed and all remaining grant funds will expire.

C.3. **Annual Expenditure Report.** The Recipient must submit a final grant Annual Expenditure Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said report must be in form and substance acceptable to Metro and must be prepared by a Certified Public Accounting Firm or the Chief Financial Officer of the Recipient Organization.

C.4. **Payment of Invoice.** The payment of any invoice by Metro will not prejudice Metro's right to object to the invoice or any other related matter. Any payment by Metro will neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs included therein.

C.5. **Unallowable Costs.** The Recipient's invoice may be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by Metro, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs. Any unallowable cost discovered after payment of the final invoice shall be returned by the Recipient to Metro within fifteen (15) days of notice.

C.6. **Deductions.** Metro reserves the right to adjust any amounts which are or become due and payable to the Recipient by Metro under this or any Contract by deducting any amounts which are or become due and payable to Metro by the Recipient under this or any Contract.

C.7. **Travel Compensation.** Payment to the Recipient for travel, meals, or lodging is subject to amounts and limitations specified in Metro's Travel Regulations and subject to the Grant Spending Plan.

C.8. **Electronic Payment**. Metro requires as a condition of this contract that the Recipient have on file with Metro a completed and signed "ACH Form for Electronic Payment". If Recipient has not

previously submitted the form to Metro or if Recipient's information has changed, Recipient will have thirty (30) days to complete, sign, and return the form. Thereafter, all payments to the Recipient, under this or any other contract the Recipient has with Metro, must be made electronically.

D. **STANDARD TERMS AND CONDITIONS**:

D.1. **Required Approvals.** Metro is not bound by this Grant Contract until it is approved by the appropriate Metro representatives as indicated on the signature page of this Grant and approved by the Metropolitan Council.

D.2. **Modification and Amendment.** This Grant Contract may be modified only by a written amendment that has been approved in accordance with all Metro procedures and by appropriate legislation of the Metropolitan Council.

D.3. **Termination - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. Should the Recipient fail to properly perform its obligations under this Grant Contract or if the Recipient violates any terms of this Grant Contract, Metro will have the right to immediately terminate the Grant Contract and the Recipient must return to Metro any and all grant monies for services or programs under the grant not performed as of the termination date. The Recipient must also return to Metro any and all funds expended for purposes contrary to the terms of the Grant Contract. Such termination will not relieve the Recipient of any liability to Metro for damages sustained by virtue of any breach by the Recipient.

D.4. **Termination - Notice.** Metro may terminate the Grant Contract without cause for any reason. Said termination shall not be deemed a breach of Contract by Metro. Metro shall give the Recipient at least thirty (30) days written notice before effective termination date.

a. The Recipient shall be entitled to receive compensation for satisfactory, authorized service completed as of the effective termination date, but in no event shall Metro be liable to the Recipient for compensation for any service that has not been rendered.

b. Upon such termination, the Recipient shall have no right to any actual general, special, incidental, consequential or any other damages whatsoever of any description or amount.

D.5. **Termination - Funding.** The Grant Contract is subject to the appropriation and availability of local, State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, Metro shall have the right to terminate the Grant Contract immediately upon written notice to the Recipient. Upon receipt of the written notice, the Recipient shall cease all work associated with the Grant Contract on or before the effective termination date specified in the written notice. Should such an event occur, the Recipient shall be entitled to compensation for all satisfactory and authorized services completed as of the effective termination date. The Recipient shall be responsible for repayment of any funds already received in excess of satisfactory and authorized services completed as of the effective termination date.

D.6. **Subcontracting.** The Recipient shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of Metro. Notwithstanding any use of approved Sub-Grantee, the Recipient will be considered the prime Recipient and will be responsible for all work performed.

D.7. **Conflicts of Interest.** The Recipient warrants that no part of the total Grant Amount will be paid directly or indirectly to an employee or official of Metro as wages, compensation, or gifts in

exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Recipient in connection with any work contemplated or performed relative to this Grant Contract.

D.8. **Nondiscrimination.** The Recipient hereby agrees, warrants, and assures that no person will be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Recipient on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification which is in violation of applicable laws. The Recipient must, upon request, show proof of such nondiscrimination and must post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.9. **Records.** The Recipient must maintain documentation for all charges to Metro under this Grant Contract. The books, records, and documents of the Recipient, insofar as they relate to work performed or money received under this Grant Contract, must be maintained for a period of three (3) full years from the date of the final payment or until the Recipient engages a licensed independent public accountant to perform an audit of its activities. The books, records, and documents of the Recipient insofar as they relate to work performed or money received under this Grant Contract are subject to audit at any reasonable time and upon reasonable notice by Metro or its duly appointed representatives. Records must be maintained in accordance with the standards outlined in the Metro Non-Profit Grants Manual. The financial statements must be prepared in accordance with generally accepted accounting principles.

D.10. **Monitoring.** The Recipient's activities conducted and records maintained pursuant to this Grant Contract are subject to monitoring and evaluation by The Metropolitan Office of Financial Accountability or Metro's duly appointed representatives. The Recipient must make all audit, accounting, or financial records, notes, and other documents pertinent to this grant available for review by the Metropolitan Office of Financial Accountability, Internal Audit or Metro's representatives, upon request, during normal working hours.

D.11. **Reporting.** The Recipient must submit a Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, within forty-five (45) days of the end of the Grant Contract. Said reports shall detail the outcome of the activities funded under this Grant Contract.

D.12. **Strict Performance.** Failure by Metro to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement is not a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract is considered to be waived, modified, or deleted except by a written amendment by the appropriate parties as indicated on the signature page of this Grant.

D.13. **Insurance.** The Recipient agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all applicable taxes incident to this Grant Contract.

D.14. **Metro Liability.** Metro will have no liability except as specifically provided in this Grant Contract.

D.15. **Independent Contractor.** Nothing herein will in any way be construed or intended to create a partnership or joint venture between the Recipient and Metro or to create the relationship of principal and agent between or among the Recipient and Metro. The Recipient must not hold itself out in a manner contrary to the terms of this paragraph. Metro will not become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.

D.16. **Indemnification and Hold Harmless.**

a. Recipient agrees to indemnify, defend, and hold harmless Metro, its officers, agents and employees from any claims, damages, penalties, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Recipient, its officers, employees and/or agents, including its sub or independent Grantees, in connection with the performance of the contract, and any claims, damages, penalties, costs and attorney fees arising from any failure of Recipient, its officers, employees and/or agents, including its sub or independent Grantees, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

b. Metro will not indemnify, defend or hold harmless in any fashion the Recipient from any claims, regardless of any language in any attachment or other document that the Recipient may provide.

c. Recipient will pay Metro any expenses incurred as a result of Recipient's failure to fulfill any obligation in a professional and timely manner under this Contract.

d. Recipient's duties under this section will survive the termination or expiration of the grant.

D.17. **Force Majeure.** "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party. Except as provided in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a breach under this Grant Contract. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.

D.18. **Iran Divestment Act.** In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Recipient certifies that to the best of its knowledge and belief, neither Recipient nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

D.19. **State, Local and Federal Compliance.** The Recipient agrees to comply with all applicable federal, state and local laws and regulations in the performance of this Grant Contract. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under this Grant Contract.

D.20. **Governing Law and Venue.** The validity, construction and effect of this Grant Contract and any and all extensions and/or modifications thereof will be governed by and construed in accordance with the laws of the State of Tennessee. The venue for legal action concerning this Grant Contract will be in the courts of Davidson County, Tennessee.

D.21. **Completeness.** This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

D.22. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.23. **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

D.24. **Metro Interest in Equipment.** The Recipient will take legal title to all equipment and to all motor vehicles, hereinafter referred to as "equipment," purchased totally or in part with funds provided under this Grant Contract, subject to Metro's equitable interest therein, to the extent of its *pro rata* share, based upon Metro's contribution to the purchase price. "Equipment" is defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds Five Thousand dollars ($5,000).

The Recipient agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at any time during the term of the Grant Contract, the Recipient must request written approval from Metro for any proposed disposition of equipment purchased with Grant funds. All equipment must be disposed of in such a manner as parties may agree as appropriate and in accordance with any applicable federal, state or local laws or regulations.

D.25. **Assignment—Consent Required.** The provisions of this contract will inure to the benefit of and will be binding upon the respective successors and assignees of the parties hereto. Except for the rights of money due to Recipient under this contract, neither this contract nor any of the rights and obligations of Recipient hereunder may be assigned or transferred in whole or in part without the prior written consent of Metro. Any such assignment or transfer will not release Recipient from its obligations hereunder. Notice of assignment of any rights to money due to Recipient under this Contract must be sent to the attention of the Metro Department of Finance.

D.26. **Gratuities and Kickbacks.** It will be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparations of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. It will be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from participation in Metropolitan Government contracts.

D.27. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications from the Recipient required or contemplated by this Grant Contract must be in writing and must be made by email transmission, or by first class mail, addressed to the respective party at the appropriate email or physical address as set forth below or to such other party, email, or address as may be hereafter specified by written notice.

Metro

For contract-related matters:
Metro Public Health Department
2500 Charlotte Avenue

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue

Nashville, TN 37209
(615) 340-8900
Holly.Rice@nashville.gov

Nashville, TN 37209
(615) 340-5634
Nancy.Uribe@nashville.gov

Recipient
Nashville Cares
Director
633 Thompson Lane
Nashville, TN 37204

D.28. **Lobbying.** The Recipient certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The Recipient will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subcontractors of federally appropriated funds shall certify and disclose accordingly.

D.29. **Certification Regarding Debarment and Convictions.**

a. Recipient certifies that Recipient, and its current and future principals:

i. are not presently debarred, suspended, or proposed for debarment from participation in any federal or state grant program;

ii. have not within a three (3) year period preceding this Grant Contract been convicted of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) grant;

iii. have not within a three (3) year period preceding this Grant Contract been convicted of embezzlement, obstruction of justice, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

iv. are not presently indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in Sections D.29(a)(ii) and D.29(a)(iii) of this certification.

b. Recipient shall provide immediate written notice to Metro if at any time Recipient learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals fall under any of the prohibitions of Section D.29(a).

D.30. **Effective Date.** This contract will not be binding upon the parties until it has been signed first by the Recipient and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract will be effective as of the date first written above.

D.31. **Health Insurance Portability and Accountability Act.** Metro and Recipient shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its accompanying regulations.

a. Recipient warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.

b. Recipient warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.

c. Recipient agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep Metro and Recipient in compliance with HIPAA. This provision shall not apply if information received by the Recipient from Metro under this Agreement is not "protected health information" as defined by HIPAA, or if HIPAA permits Recipient and Metro to receive such information without entering into a Business Associate agreement or signing another such document.

D.32. **Federal Funding Accountability and Transparency Act (FFATA).** This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

a. Reporting of Total Compensation of the Recipient's Executives.

i. The Recipient shall report the names and total compensation of each of its five most highly compensated executives for the Recipient's preceding completed fiscal year, if in the Recipient's preceding fiscal year, it received:

(1) Eighty percent (80%) or more of the Recipient's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(2) Twenty-Five Million Dollars ($25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and

(3) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

ii. Total compensation means the cash and noncash dollar value earned by the executive during the Recipient's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):

(1) Salary and bonus.

(2) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(3) Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives and are available generally to all salaried employees.

(4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(5) Above-market earnings on deferred compensation which is not tax qualified.

(6) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds Ten Thousand dollars ($10,000).

b. The Recipient must report executive total compensation described above to Metro by the end of the month during which this Grant Contract is established.

c. If this Grant Contract is amended to extend its term, the Recipient must submit an executive total compensation report to the Metro by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Recipient will obtain a Unique Entity Identifier and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: https://www.sam.gov.

The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.

D.33. **Assistance Listing Number.** When applicable, the Recipient shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers:

a. 93.914 HIV Emergency Relief Project Grants.

(THE REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK.)

Grant contract between the Metropolitan Government of Nashville and Davidson County and Nashville Cares Contract #_____

Recipient: Nashville Cares

By: _____

Title: CEO

Sworn to and subscribed to before me, a Notary Public this 14 day of May, 2026, by _____, the _____ of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: _____

My Commission Expires: 01/01/2038

TSHAKA CHAMBERS
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
MY COMMISSION EXPIRES 1-15-2030

Grant contract between the Metropolitan Government of Nashville and Davidson County and Nashville Cares Contract #_____

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Saumi Arcola
0872295CD81A4B1...
Director, Metro Public Health Department — 5/21/2026 Date

Signed by:
Tené Hamilton Franklin
BEBE0BBE14D14B0...
Chair, Board of Health — 5/21/2026 Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Signed by:
Jennieen Reed/mjw
62377A2A8742469...
Director, Department of Finance — Initial BN DS AP — 5/25/2026 Date

APPROVED AS TO RISK AND INSURANCE:

Signed by:
Balogun Cobb
68804BF12FD741C...
Director of Risk Management Services — 5/26/2026 Date

APPROVED AS TO FORM AND LEGALITY:

Signed by:
Matthew Garth
66E60922930844F...
Metropolitan Attorney — 5/26/2026 Date

FILED:

Metropolitan Clerk — Date

Table of Contents of Attachments:

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares Rollup

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$942,400.00	$0.00	$942,400.00
2	Benefits & Taxes	$236,990.19	$0.00	$236,990.19
4, 15	Professional Fee/ Grant & Award [2]	$15,258.43	$0.00	$15,258.43
5	Supplies	$6,205.31	$0.00	$6,205.31
6	Telephone	$19,375.78	$0.00	$19,375.78
7	Postage & Shipping	$2,100.00	$0.00	$2,100.00
8	Occupancy	$35,723.90	$0.00	$35,723.90
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$16,501.03	$0.00	$16,501.03
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$181,930.86	$0.00	$181,930.86
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$162,109.50	$0.00	$162,109.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,621,095.00	$0.00	$1,621,095.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares Part A Rollup

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$884,800.00	$0.00	$884,800.00
2	Benefits & Taxes	$222,438.94	$0.00	$222,438.94
4, 15	Professional Fee/ Grant & Award [2]	$14,266.17	$0.00	$14,266.17
5	Supplies	$5,233.48	$0.00	$5,233.48
6	Telephone	$18,115.78	$0.00	$18,115.78
7	Postage & Shipping	$2,100.00	$0.00	$2,100.00
8	Occupancy	$33,400.78	$0.00	$33,400.78
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$15,625.68	$0.00	$15,625.68
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$176,855.97	$0.00	$176,855.97
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$152,815.20	$0.00	$152,815.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,528,152.00	$0.00	$1,528,152.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA EFA

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 5,121.00	$0.00	$5,121.00
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 (10% of direct cost)	$569.00	$0.00	$569.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$5,690.00	$0.00	$5,690.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	-

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	$ -
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
36 Utility pymts supports safe & stable housing for PLWHA	$ 5,121.00
ROUNDED TOTAL	$ 5,121.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA EIS

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$94,700.00	$0.00	$94,700.00
2	Benefits & Taxes	$23,755.69	$0.00	$23,755.69
4, 15	Professional Fee/ Grant & Award [2]	$1,735.78	$0.00	$1,735.78
5	Supplies	$596.69	$0.00	$596.69
6	Telephone	$2,204.16	$0.00	$2,204.16
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$4,063.92	$0.00	$4,063.92
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 2,892.96	$0.00	$2,892.96
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$14,438.80	$0.00	$14,438.80
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$144,388.00	$0.00	$144,388.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Holley, Lamont C.	65,000.78	x	4%	+	$	2,652.03
Milliken, Rachel M.	66,996.80	x	30%	+	$	20,501.02
Stockard, Kyle J.	56,992.00	x	50%	+	$	29,065.92
Templeton, Raymond M.	52,000.00	x	50%	+	$	26,520.00
Vennitti, Kayla A.	52,000.00	x	30%	+	$	15,912.00
		x	100%	+	$	-
ROUNDED TOTAL					$	94,700.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	1377.60
Payroll processing fees ($18.20 x 12 mos per FTEs)	358.18
	$ 1,735.78
ROUNDED TOTAL	$ 1,735.78

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (210 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 2,892.96
ROUNDED TOTAL	$ 2,892.96

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA NUTRITION

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$34,400.00	$0.00	$34,400.00
2	Benefits & Taxes	$8,623.25	$0.00	$8,623.25
4, 15	Professional Fee/ Grant & Award [2]	$635.04	$0.00	$635.04
5	Supplies	$524.31	$0.00	$524.31
6	Telephone	$806.40	$0.00	$806.40
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,486.80	$0.00	$1,486.80
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 32,690.00	$0.00	$32,690.00
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 (10% of direct cost)	$8,796.20	$0.00	$8,796.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$87,962.00	$0.00	$87,962.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Garcia, Elizabeth	48,006.40	x	25%	+	$	12,241.63
Halliwell, Hailey A.	62,004.80	x	35%	+	$	22,135.71
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	34,400.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	504.00
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	131.04
	$	635.04
ROUNDED TOTAL	$	635.04

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
467 clients receive food assistance x avg $70/ea	$	32,690.00
ROUNDED TOTAL	$	32,690.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA HOUSING

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 45,522.90	$0.00	$45,522.90
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 (10% of direct cost)	$5,058.10	$0.00	$5,058.10
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$50,581.00	$0.00	$50,581.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	-

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
99 rental pymts stable housing through short-term assistance to prevent/avoid eviction.	$ 45,522.90
.	$ 45,522.90

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA LINGUISTICS

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 1,279.80	$0.00	$1,279.80
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 (10% of direct cost)	$142.20	$0.00	$142.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,422.00	$0.00	$1,422.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+		$ -
ROUNDED TOTAL						$ -

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	$ -
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Interpretation and translation services	$ 1,279.80
ROUNDED TOTAL	$ 1,279.80

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA MCM

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$523,500.00	$0.00	$523,500.00
2	Benefits & Taxes	$131,662.84	$0.00	$131,662.84
4, 15	Professional Fee/ Grant & Award [2]	$ 9,112.82	$0.00	$9,112.82
5	Supplies	$ 1,323.00	$0.00	$1,323.00
6	Telephone	$ 11,571.84	$0.00	$11,571.84
7	Postage & Shipping	$ 2,100.00	$0.00	$2,100.00
8	Occupancy	$ 21,335.58	$0.00	$21,335.58
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 11,210.22	$0.00	$11,210.22
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$ 79,090.70	$0.00	$79,090.70
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$790,907.00	$0.00	$790,907.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+ Longevity Bonus		
Aboubaker, Maria D.	77,001.60	x	40%	+	$	31,416.65
Bailey, Tia N.	69,992.00	x	40%	+	$	28,556.74
Baker, Quincy J.	54,995.20	x	15%	+	$	8,414.27
Burgess, LaNese D.	65,000.00	x	40%	+	$	26,520.00
Carlew, Tony L.	65,000.00	x	15%	+	$	9,945.00
Carter, Tony C.	65,000.00	x	15%	+	$	9,945.00
Davis, Shamari T.	46,009.60	x	35%	+	$	16,425.43
DeYoung, Lauren A.	52,000.00	x	40%	+	$	21,216.00
Early, Darrell S.	48,006.40	x	50%	+	$	24,483.26
Hmun, Yin Y.	64,001.60	x	41%	+	$	26,765.47
Holley, Lamont C.	65,000.78	x	30%	+	$	19,890.24
Johnson, Knokeya	60,000.00	x	40%	+	$	24,480.00
Kallberg, Kimberly A.	57,990.40	x	10%	+	$	5,915.02
Murdock, Kenna J.	65,000.00	x	40%	+	$	26,520.00
Murphy, Kaleb	48,006.40	x	44%	+	$	21,545.27
Myatt, Aaron T.	72,009.60	x	25%	+	$	18,362.45
Neeck, Megan E.	39,665.60	x	40%	+	$	16,183.56
Pickney, Erin E.	104,000.00	x	15%	+	$	15,912.00
Polk, Eric J.	50,003.20	x	40%	+	$	20,401.31
Pruden, Jennifer A.	54,995.20	x	38%	+	$	21,316.14
Roberto, Jennifer D.	52,000.00	x	40%	+	$	21,216.00
Ross, Carlos	60,008.00	x	40%	+	$	24,483.26
Spyers, Brittany A.	65,000.00	x	23%	+	$	15,249.00
Vennitti, Kayla A.	52,000.00	x	25%	+	$	13,260.00
Williams, Jernice	69,992.00	x	40%	+	$	28,556.74
Williams, RiTara N.	65,000.00	x	40%	+	$	26,520.00
					$	-
ROUNDED TOTAL					$	523,500.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	7,232.40
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	1,880.42
	$	9,112.82
ROUNDED TOTAL	$	9,112.82

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT

In-State mileage reimbursement for travel for EE duties (155 mil/mo per FTEs at $0.70/mi for 12 mos)	$	11,210.22
ROUNDED TOTAL	$	11,210.22

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA MENTAL HEALTH

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$95,000.00	$0.00	$95,000.00
2	Benefits & Taxes	$23,855.92	$0.00	$23,855.92
4, 15	Professional Fee/ Grant & Award [2]	$973.73	$0.00	$973.73
5	Supplies	$913.71	$0.00	$913.71
6	Telephone	$1,236.48	$0.00	$1,236.48
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$2,279.76	$0.00	$2,279.76
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$579.60	$0.00	$579.60
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (10% of direct cost)	$14,148.80	$0.00	$14,148.80
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$141,488.00	$0.00	$141,488.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	13%	+	$	39,780.03
Catalano, Lily L.	29,255.20	x	20%	+	$	5,968.06
Harris, Paige	36,881.00	x	60%	+	$	22,571.17
Powell, Daniel J.	102,003.20	x	6.5%	+	$	6,762.81
Rauscher, Kara A.	81,993.60	x	20%	+	$	16,726.69
Zhu, Chenxi	62,004.80	x	5%	+	$	3,162.24
		x	100%	+	$	-
ROUNDED TOTAL					$	95,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	772.80
Payroll processing fees ($18.20 x 12 mos per FTEs)	200.93
	$ 973.73
ROUNDED TOTAL	$ 973.73

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (75 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 579.60
ROUNDED TOTAL	$ 579.60

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA NONMCM

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$35,600.00	$0.00	$35,600.00
2	Benefits & Taxes	$9,006.80	$0.00	$9,006.80
4, 15	Professional Fee/ Grant & Award [2]	$560.95	$0.00	$560.95
5	Supplies	$757.09	$0.00	$757.09
6	Telephone	$712.32	$0.00	$712.32
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,313.34	$0.00	$1,313.34
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 445.20	$0.00	$445.20
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$5,377.30	$0.00	$5,377.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$53,773.00	$0.00	$53,773.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Aboubaker, Maria D.	77,001.60	x	10%	+	$	7,854.16
Myatt, Aaron T.	72,009.60	x	12%	+	$	8,813.98
Tinguee, Sintrell T.	60,008.00	x	31%	+	$	18,974.53
		x	100%	+	$	-
ROUNDED TOTAL					$	35,600.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	445.20
Payroll processing fees ($18.20 x 12 mos per FTEs)	115.75
	$ 560.95
ROUNDED TOTAL	$ 560.95

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (100 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 445.20
ROUNDED TOTAL	$ 445.20

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA OUTPATIENT

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$43,700.00	$0.00	$43,700.00
2	Benefits & Taxes	$11,043.60	$0.00	$11,043.60
4, 15	Professional Fee/ Grant & Award [2]	$317.52	$0.00	$317.52
5	Supplies	$297.28	$0.00	$297.28
6	Telephone	$403.20	$0.00	$403.20
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$743.40	$0.00	$743.40
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$34,800.00	$0.00	$34,800.00
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 (10% of direct cost)	$10,145.00	$0.00	$10,145.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$101,450.00	$0.00	$101,450.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	5%	+	$	15,300.01
Campbell, Zachary M.	111,000.24	x	20%	+	$	22,644.05
Davis, Rachel A.	113,692.80	x	5%	+	$	5,798.33
		x	100%	+	$	-
ROUNDED TOTAL					$	43,700.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	252.00
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	65.52
	$	317.52
ROUNDED TOTAL	$	317.52

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
HIV viral load and related laboratory diagnostic tests	$	34,800.00
ROUNDED TOTAL	$	34,800.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA PYSCHOSOCIAL

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$41,500.00	$0.00	$41,500.00
2	Benefits & Taxes	$10,393.15	$0.00	$10,393.15
4, 15	Professional Fee/ Grant & Award [2]	$666.79	$0.00	$666.79
5	Supplies	$821.40	$0.00	$821.40
6	Telephone	$846.72	$0.00	$846.72
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,561.14	$0.00	$1,561.14
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 264.60	$0.00	$264.60
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$6,228.20	$0.00	$6,228.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$62,282.00	$0.00	$62,282.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Early, Darrell S.	48,006.40	x	20%	+	$	9,793.31
Ezell, Temya L.	46,009.60	x	20%	+	$	9,385.96
Link, Tiye U.	94,993.60	x	23%	+	$	22,285.50
		x	100%	+	$	-
ROUNDED TOTAL					$	41,500.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	529.20
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	137.59
	$	666.79
ROUNDED TOTAL	$	666.79

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
In-State mileage reimbursement for travel for EE duties (50 mil/mo per FTEs at $0.70/mi for 12 mos)	$	264.60
ROUNDED TOTAL	$	264.60

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA REFERRAL

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$4,100.00	$0.00	$4,100.00
2	Benefits & Taxes	$1,047.23	$0.00	$1,047.23
4, 15	Professional Fee/ Grant & Award [2]	$67.74	$0.00	$67.74
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$86.02	$0.00	$86.02
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$158.41	$0.00	$158.41
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$606.60	$0.00	$606.60
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$6,066.00	$0.00	$6,066.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Stafford, Elizabeth J.	63,003.20	x	6.4%	+	$	4,112.85
		x	100%	+	$	-
ROUNDED TOTAL					$	4,100.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$ 53.76
Payroll processing fees ($18.20 x 12 mos per FTEs)	$ 13.98
	$ 67.74
ROUNDED TOTAL	$ 67.74

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA TRANSPORTATION

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$12,300.00	$0.00	$12,300.00
2	Benefits & Taxes	$3,050.46	$0.00	$3,050.46
4, 15	Professional Fee/ Grant & Award [2]	$195.80	$0.00	$195.80
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$248.64	$0.00	$248.64
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$458.43	$0.00	$458.43
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 233.10	$0.00	$233.10
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 57,442.27	$0.00	$57,442.27
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 (10% of direct cost)	$8,214.30	$0.00	$8,214.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$82,143.00	$0.00	$82,143.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Holley, Lamont C.	65,000.78	x	18.5%	+		$ 12,265.65
		x	100%	+		$ -
ROUNDED TOTAL						$ 12,300.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$ 155.40
Payroll processing fees ($18.20 x 12 mos per FTEs)	$ 40.40
	$ 195.80
ROUNDED TOTAL	$ 195.80

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (150 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 233.10
ROUNDED TOTAL	$ 233.10

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Client transportation assistance; 325 clients	$ 57,442.27
ROUNDED TOTAL	$ 57,442.27

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares MAI Rollup

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$57,600.00	$0.00	$57,600.00
2	Benefits & Taxes	$14,551.25	$0.00	$14,551.25
4, 15	Professional Fee/ Grant & Award [2]	$992.26	$0.00	$992.26
5	Supplies	$971.83	$0.00	$971.83
6	Telephone	$1,260.00	$0.00	$1,260.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$2,323.12	$0.00	$2,323.12
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$875.35	$0.00	$875.35
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$5,074.89	$0.00	$5,074.89
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 (0% of S&B)	$9,294.30	$0.00	$9,294.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$92,943.00	$0.00	$92,943.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI MCM

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries[2]	$47,900.00	$0.00	$47,900.00
2	Benefits & Taxes	$12,046.85	$0.00	$12,046.85
4, 15	Professional Fee/ Grant & Award [2]	$836.14	$0.00	$836.14
5	Supplies	$971.83	$0.00	$971.83
6	Telephone	$1,061.76	$0.00	$1,061.76
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,957.62	$0.00	$1,957.62
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings[2]	$ 829.50	$0.00	$829.50
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals[2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$7,289.30	$0.00	$7,289.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$72,893.00	$0.00	$72,893.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Hmun, Yin Y.	64,001.60	x	49%	+	$	31,988.00
Roberto, Jennifer D.	52,000.00	x	30%	+	$	15,912.00
		x	100%	+	$	-
ROUNDED TOTAL					$	47,900.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	663.6
Payroll processing fees ($18.20 x 12 mos per FTEs)	172.54
	$ 836.14
ROUNDED TOTAL	$ 836.14

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (125 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 829.50
ROUNDED TOTAL	$ 829.50

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI OUTPATIENT

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$3,200.00	$0.00	$3,200.00
2	Benefits & Taxes	$866.00	$0.00	$866.00
4, 15	Professional Fee/ Grant & Award [2]	$21.17	$0.00	$21.17
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$26.88	$0.00	$26.88
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$49.56	$0.00	$49.56
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$5,074.89	$0.00	$5,074.89
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 (10% of direct cost)	$1,026.50	$0.00	$1,026.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$10,265.00	$0.00	$10,265.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	0.50%	+	$	1,530.00
Campbell, Zachary M.	111,000.24	x	0.75%	+	$	849.15
Davis, Rachel A.	113,692.80	x	0.75%	+	$	869.75
		x	100%	+	$	-
ROUNDED TOTAL					$	3,200.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)		16.8
Payroll processing fees ($18.20 x 12 mos per FTEs)		4.37
	$	21.17
ROUNDED TOTAL	$	21.17

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
HIV viral load and related laboratory diagnostic tests	$	5,074.89
ROUNDED TOTAL	$	5,074.89

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI OUTREACH

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$6,500.00	$0.00	$6,500.00
2	Benefits & Taxes	$1,638.40	$0.00	$1,638.40
4, 15	Professional Fee/ Grant & Award [2]	$134.95	$0.00	$134.95
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$171.36	$0.00	$171.36
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$315.94	$0.00	$315.94
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings [2]	$ 45.85	$0.00	$45.85
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
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 (10% of direct cost)	$978.50	$0.00	$978.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$9,785.00	$0.00	$9,785.00

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

[3] A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the “Grant Contract” column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Jimenez, Grisell N.	50,003.20	x	13%	+	$	6,502.92
		x	100%	+	$	-
ROUNDED TOTAL					$	6,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	107.1
Payroll processing fees ($18.20 x 12 mos per FTEs)	27.85
	$ 134.95
ROUNDED TOTAL	$ 134.95

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (42.81 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 45.85
ROUNDED TOTAL	$ 45.85

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

BUSINESS ASSOCIATE AGREEMENT

This agreement is initiated by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY (METRO)**, a metropolitan form government organized and existing under the laws and constitution of the State of Tennessee ("**Metro**" or "**Covered entity**") and **Nashville Cares** ("**Business Associate**").

SECTION 1 – DEFINITIONS

a. **Business Associate**. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Nashville Cares.**

b. **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Metro**, which must fall under one of the following categories:

(1) A health plan.

(2) A health care clearinghouse.

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

c. **Disclosure.** "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

d. **Electronic Media.** "Electronic Media" shall have the same meaning as set forth in 45 CFR § 160.103.

e. **Employer.** "Employer" is defined as it is in 26 U.S.C. § 3401(d).

f. **Genetic Information.** "Genetic Information" shall have the same meaning as set forth in 45 CFR § 160.103.

g. **HITECH Standards**. "HITECH Standards" means the privacy, security and security Breach notification provisions under the Health Information Technology for Economic and Clinical Health (HITECH) Act, Final Rule of 2013, and any regulations promulgated thereunder.

h. **Individual.** "Individual" shall have the same meaning as set forth in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

i. **Person.** "Person" means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

j. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

k. **Protected Health Information.** "Protected Health Information" or “PHI”:

(1) Shall have the same meaning as set forth in 45 CFR § 160.103.

(2) Includes, as set forth in 45 CFR § 160.103, any information, *now also including genetic information*, whether oral or recorded in any form or medium, that:

(i) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

l. **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

m. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

n. **Security Rule**. "Security Rule" shall mean the Standards for Security of Individually Identifiable Health Information at 45 CFR part 160 and subparts A and C of part 164.

o. **Subcontractor.** “Subcontractor” means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

p. **Transaction.** "Transaction" shall have the same meaning as set forth in 45 CFR § 160.103.

q. **Catch-all definition.** Terms used but not otherwise defined in this Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology Act of 2009, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH Act"), implementing regulations at 45 Code of Federal regulations Parts 160-164 and any other current and future regulations promulgated under HIPAA or the HITECH Act.

SECTION 2 - OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

a. **Permitted Uses of Protected Health Information**. Business Associate shall not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law. Business Associate may: 1) use and disclose PHI to perform its obligations under its contract with Metro; (2) use PHI for the proper management and administration of Business Associate; and (3) disclose PHI for the proper management and administration of Business Associate, if such disclosure is required by law or such disclosure is authorized by Metro.

b. **Safeguards.** Business Associate shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall develop and implement policies and procedures that comply with the Privacy Rule, Security Rule, and the HITECH Act. The Business Associate must obtain satisfactory assurances that any subcontractor(s) will appropriately safeguard PHI.

c. **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. **Notice of Use or Disclosure, Security Incident or Breach.** Business Associate shall notify Metro of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident (as defined in 45 C.F.R. section 164.304) involving Electronic PHI, and any Breach of Protected Health Information within five (5) business days.

(i) Business Associate shall provide the following information to Metro within ten (10) business days of discovery of a Breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Metro the following information as soon as possible and without unreasonable delay, but in no event later than thirty (30) calendar days from the date of discovery of a Breach:

(1) The date of the Breach;

(2) The date of the discovery of the Breach;

(3) A description of the types of PHI that were involved;

(4) identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed; and

(5) Any other details necessary to complete an assessment of the risk of harm to the Individual.

(ii) Business Associate shall cooperate with Metro in investigating the breach and in meeting Metro's notification obligations under the HITECH Act and any other security breach notification laws.

(iii) Business Associate agrees to pay actual costs for notification after a determination that the Breach is significant enough to warrant such measures.

(iv) Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Metro in the time and manner reasonably requested by Metro.

(v) Business Associate shall report to Metro any successful: (1) unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information; and (2) interference with Business Associate's information systems operations, of which Business Associate becomes aware.

e. **Compliance of Agents.** Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Metro, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. **Access**. Business Associate agrees to provide access, at the request of Metro, and in the time and manner designated by Metro, to Protected Health Information in a Designated Record Set, to Metro or, as directed by Metro, to an Individual, so that Metro may meet its access obligations under 45 CFR § 164.524, HIPAA and the HITECH Act.

g. **Amendments**. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Metro directs or agrees at the request of Metro or an Individual, and in the time and manner designated by Metro, so that Metro may meet its amendment obligations under 45 CFR § 164.526, HIPAA and the HITECH Act.

h. **Disclosure of Practices, Books, and Records**. Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Metro available to Metro, or at the request of Metro to the Secretary, in a time and manner designated by Metro or the Secretary, for purposes of determining Metro's compliance with the HIPAA Privacy Regulations.

i. **Accounting**. Business Associate shall provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR § 164.528 (including without limitation a disclosure permitted under 45 CFR § 164.512) and under the HITECH Act. Business Associate shall make the disclosure Information available to Metro within thirty (30) days of Metro’s request for such disclosure Information to comply with an individual’s request for disclosure accounting. If Business Associate is contacted directly by an individual based on information provided to the individual by Metro and as required by HIPAA, the HITECH Act or any accompanying regulations, Business Associate shall make such disclosure Information available directly to the individual.

j. **Security of Electronic Protected Health Information.** Business Associate agrees to: (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Metro; (2) ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (3) report to Metro any security incident of which it becomes aware.

k. **Minimum Necessary**. Business Associate agrees to limit its uses and disclosures of, and requests for, PHI: (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

l. **Compliance with HITECH Standards.** Business Associate shall comply with the HITECH Standards as specified by law.

m. **Compliance with Electronic Transactions and Code Set Standards**: If Business Associate conducts any Standard Transaction for, or on behalf, of Metro, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulations. Business Associate shall not enter into, or permit its subcontractor or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of Metro that:

(i) Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;

(ii) Adds any Health Information elements or segments to the maximum defined Health Information Set;

(iii) Uses any code or Health Information elements that are either marked “not used” in the Standard’s Implementation Specification(s) or are not in the Standard’s Implementation Specifications(s); or

(iv) Changes the meaning or intent of the Standard’s Implementations Specification(s).

n. **Indemnity.** Business Associate shall indemnify and hold harmless Metro, its officers, agents and employees from and against any claim, cause of action, liability, damage, cost or expense, including attorneys’ fees, arising out of or in connection with any non-permitted use or disclosure of Protected Health Information or other breach of this Agreement by Business Associate or any subcontractor or agent of the Business Associate.

SECTION 3 - OBLIGATIONS OF METRO

a. Metro shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

b. Metro shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Metro has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

SECTION 4 – TERM, TERMINATION AND RETURN OF PHI

a. **Term**. The Term of this Agreement shall be effective when file in the office of the Metropolitan Clerk and shall terminate when all of the Protected Health Information provided by Metro to Business Associate, or created or received by Business Associate on behalf of Metro, is destroyed or returned to Metro, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section. The maximum length of the effective term of the contract is sixty (60) months from the effective date.

b. **Termination for Cause.** Upon Metro's knowledge of a material breach by Business Associate, Metro shall provide an opportunity for Business Associate to cure the breach or end the violation. Metro may terminate this Agreement between Metro and Business Associate if Business Associate does not cure the breach or end the violation within fourteen (14) days. In addition, Metro may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not feasible.

c. **Obligations on Termination.**

(i) Except as provided in subsection (ii), upon termination of this Agreement, for any reason, Business Associate shall return or destroy as determined by Metro, all Protected Health Information received from Metro, or created or received by Business Associate on behalf of Metro. This provision shall apply to Protected Health Information that is in the possession of subcontractor or agents of the Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business Associate shall complete such return or destruction as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement. Within such sixty (60) day period, Business Associate shall certify on oath in writing to Metro that such return or destruction has been completed.

(ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Metro notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Metro does not agree that return or destruction of Protected Health Information is infeasible, subparagraph (i) shall apply. Business Associate shall complete these obligations as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement.

Section 5 – Miscellaneous

a. **Regulatory References.** A reference in this Agreement to a section in HIPAA or the HITECH Act means the section as in effect or as amended, and for which compliance is required.

b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Metro to comply with the requirements of HIPAA or the HITECH Act and any applicable regulations in regard to such laws.

c. **Survival.** The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

d. **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Metro to comply with HIPAA or the HITECH Act or any applicable regulations in regard to such laws.

e. **Governing Law.** The validity, construction, and effect of this Agreement and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that Business Associate may provide.

f. **Venue.** Any action between the parties arising from this Agreement shall be maintained in the courts of Davidson County, Tennessee.

RFP Number: RW-2024-01
Ryan White Part A Services 2025 (3 year duration)
Nashville CARES

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A. Organization & Team Qualifications (25 Points)

I. Organization Background:

1. Describe in detail the background of your agency. Include the purpose of your organization, years of experience in providing services to People Living With HIV/AIDS (PLWHAs) and the years of providing these services (note if any HIV specific services are provided and/or if you currently collaborate with an HIV agency) and number of unduplicated persons served last year.

Founded in 1985, Nashville CARES is the largest community-based HIV organization in TN. As a 501(c)3 AIDS service organization that serves the 39 counties of Middle Tennessee, including the 13 counties of the Ryan White TGA, Nashville CARES has extensive experience providing services to people living with HIV (PLWH), having hired its first case manager in 1986 and shortly after opening the first food bank in Nashville to provide services exclusively to those living with HIV. CARES' **mission** is to end the HIV/AIDS epidemic in Middle Tennessee through education, advocacy and support for those at risk for or living with HIV. CARES **vision** is a community where HIV infections are rare, and when they do occur, everyone with HIV has access to the care, treatment, and support to achieve optimal health and self-sufficiency without stigma or discrimination.

Nashville CARES is the only service provider in Nashville that has provided comprehensive core medical and support services funded by Ryan White for 30 years. Ryan White Part A services have been provided throughout the 13 TGA counties (Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Wilson and Williamson) since the TGA was established in 2007. Prior to Nashville being established as a Part A TGA, Nashville CARES provided comprehensive Ryan White core medical and support services funded through Part B beginning in 1994.

Last year, Nashville CARES provided a full range of prevention, core medical, and support services (HIV services) across the state of Tennessee. 10,857 unduplicated persons received prevention and/or HIV support services. Of those 7,018 PLWH received HIV services. 6,559 people living in the TGA received prevention and/or HIV services. Of those, 3,078 PLWH in the TGA received HIV services. **(See Table 1)**

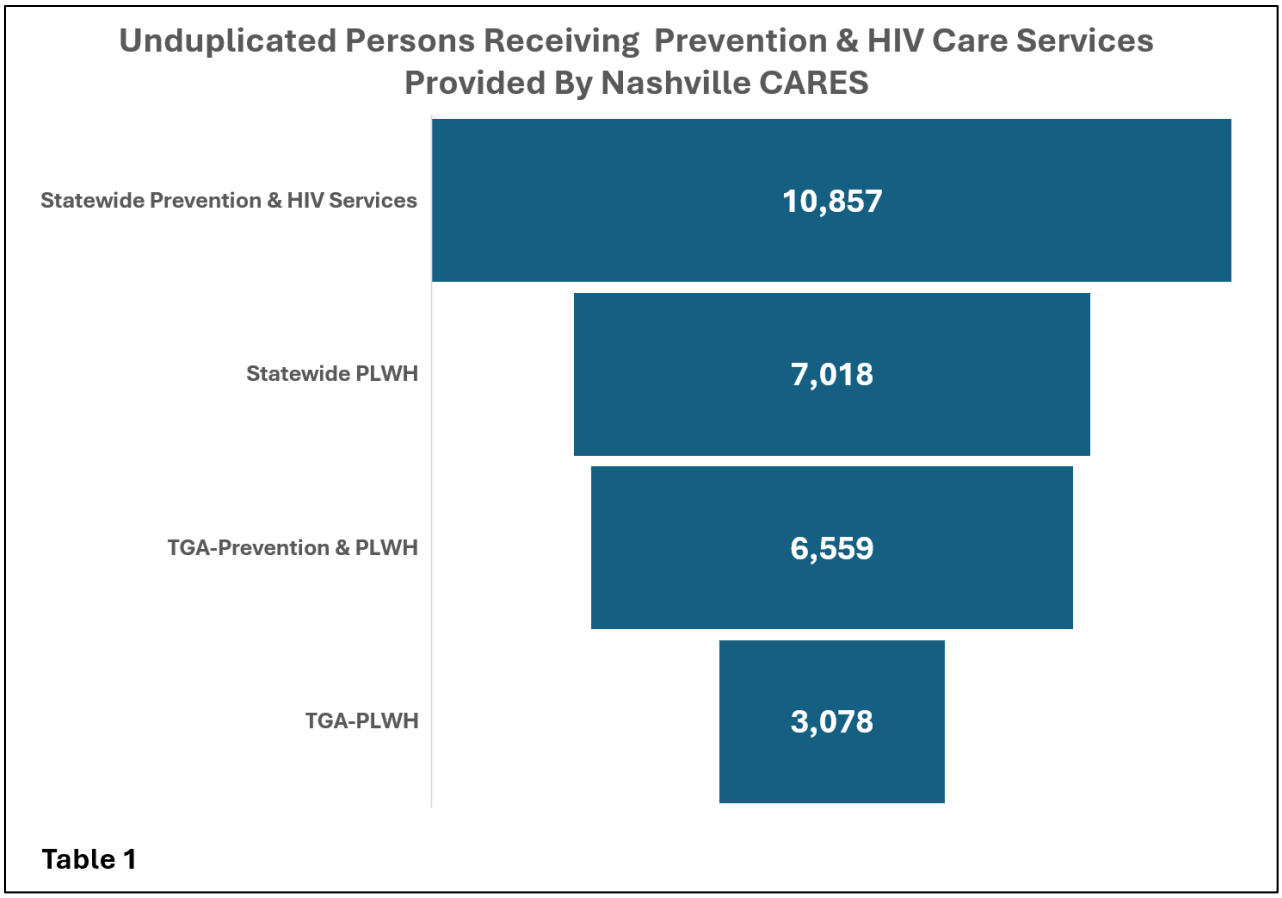


Table 1

Of the 3,078 PLWH in the TGA receiving HIV services, 76% identify as male, 21% identify as women, and 3% identify as transgender; 2% are under 24 years of age, 44% are 24-44 years; 44% are 44-64 years; 10% are over 65 years of age. 46% identify as Black, 46% White, 8% other, with 14% identifying as Hispanic and 86% Non-Hispanic. **(See Figure 1)**

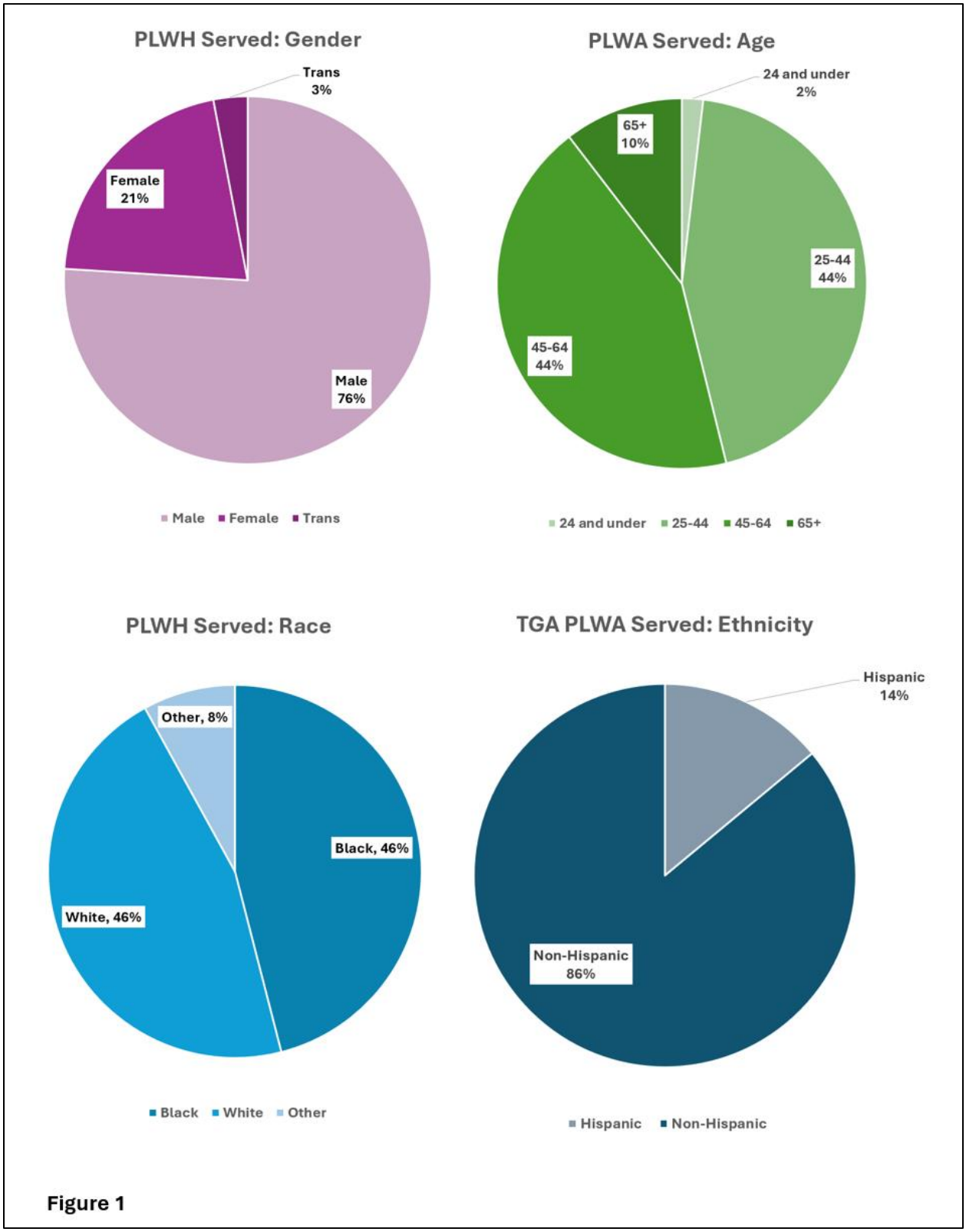


Figure 1

Nashville CARES' goals are focused on addressing gaps in services and alleviating barriers to care and treatment. In 2020, due to the gaps in medical services and equitable access to comprehensive HIV care in the TGA, CARES' launched a medical clinic, creating a one-stop shop providing HIV medical, primary care, prevention, and supportive services to meet the needs of people living with HIV and those at risk, focusing on communities of color and African American Men who have Sex with Men (AAMSM), and individuals disproportionately impacted by social determinants of health (SDOH). The Nashville CARES Clinic provides a low-barrier drop-in clinic option for individuals who have increased barriers to care, including unstable housing, substance use disorders, mental health barriers, and other challenges that make regular attendance at appointments difficult. This ensures that clients with high barriers can be retained in care and maintain medication adherence even when life challenges impact their ability to attend regularly scheduled appointments. Initiation of Rapid Antiretroviral Therapy (ART) was established to alleviate barriers to care and increase retention. This serves to achieve viral suppression in a matter of months, which sets The Nashville CARES Clinic apart from other medical clinics in Nashville, with 90% of patients achieving viral suppression and 96% retained in care.

In 2023, CARES began providing services on a Mobile Medical Unit to increase access to services and reduce barriers to care for PLWH especially for those individuals who reside in rural areas of the TGA and to provide prevention and harm reduction services to people at risk for HIV in their communities. Research has proven a 50% increase in access to medical care on mobile units among black and brown communities (Yu et al., 2017). Through this expansion of services, over 2,000 events have been attended, reaching over 20,000 individuals with outreach, education, and comprehensive prevention and care services. The integration of a mobile unit as part of CARES' strategic efforts has further reduced barriers to care and created additional and new access points for PLWH in communities that are underserved. The mobile unit has been in great demand, with CARES purchasing an additional unit to support the expansion of services and providing multiple engagements on the same day to broaden our reach.

The agency also has administered the statewide Insurance Assistance Program for over 25 years. The Insurance Assistance Program (IAP) provides financial assistance for health insurance premiums and medical/prescription deductibles and co-payments to 6,077 HIV-positive individuals across Tennessee. Nashville CARES medical case managers have provided access to insurance to nearly 600 PLWH in the last year, through assisting clients with completing Affordable Care Act Marketplace applications and enrolling them in IAP, greatly improving their access to life saving and sustaining healthcare.

CARES currently provides the following services with support from Ryan White Part A as part of comprehensive services offered: **Medical Case Management** (MCM), **Mental Health** (MH), **Non-Medical Case Management** (CM), **Minority AIDS Initiative MCM** (MAI MCM)**, Psychosocial**, **Early Intervention Services** (EIS), **Medical Transportation, Emergency Financial Assistance, Housing Assistance,** and **Food Bank and Home Delivered Meals**.

CARES is proposing funding for the following services and amounts;

- **Medical Case Management (MCM)** **$1,235,792.53**
- **Outpatient Ambulatory Medical Care** **$158,514.78**
- **Mental Health** **$221,075.37**
- **Early Intervention Services** **$225,606.33**
- **Non-Medical Case Management** **$84,020.81**
- **Psychosocial** **$97,315.04**
- **Food Bank and Home Delivered Meals** **$137,441.06**
- **Medical Transportation** **$128,348.56**
- **Referral** **$9,478.43**
- **Emergency Financial Assistance** **$8,888.89**
- **Housing Assistance** **$79,033.00**
- **Linguistics** **$2,222.22**

- **Minority AIDS Initiative Outpatient Ambulatory** **$13,160.31**
- **Minority AIDS Initiative MCM** **$93,451.76**
- **Minority AIDS Initiative Outreach** **$11,451.83**

2. Describe in detail the current HIV counseling and testing capacity of your organization, and any existing collaborative arrangements with other organizations within your service area that provide HIV counseling and testing services.

Counseling and Testing Services (CTS) have been a mainstay of CARES' services for the past 20 years, with more than 16 years of experience providing Clinical HIV Testing in Hospital Emergency Departments (EDs), Federally Qualified Health Centers (FQHCs), drug treatment facilities, and other Community Health Centers to individuals that are at high risk for HIV. Unique to Nashville CARES prevention services is the ability to reach high risk populations with HIV prevention and testing services. Nashville CARES positivity rate for tests among high-risk populations is 1.4%, exceeding CDC's 1% positivity rate.

In the fall of 2023, CARES added the DART program to its Prevention portfolio, a syringe services program (SSP) to address the opioid epidemic in Tennessee. The DART program utilizes the mobile unit, providing a rapid response to reach people who inject drugs (IWID) where they were located, allowing for streamlined service delivery and increased reach to people at high risk for HIV. The DART Program has demonstrated significant success since its launch. It has reached 473 unduplicated clients with 820 encounters, achieved 456 overdose reversals, collected 14,776 returned needles, and distributed 18,494 syringes. 100% of SSP clients received an HIV test, **with five HIV positive diagnoses,** all of whom were linked to HIV medical care, with 3 of the 5 starting on Rapid Initiation of ART within 72 hours of diagnosis, which has been proven to greatly improve treatment outcomes.

CARES' HIV CTS program includes all elements essential to develop and maintain the program as an effective and efficient public health strategy. These elements include administrative, capacity building, operational, quality assurance, data-to-care, community mobilization, and health department coordination components. CARES provides training and certification throughout the region to organizations and institutions including the use of testing devices for

HIV. This includes personnel at CARES, local human services agencies, local health departments, academic institutions and community health centers.

CARES serves as a fiduciary for HIV Prevention and Testing services to other organizations in the TGA, providing testing devices, supplies, SSP and technical assistance and support. As one of the six agencies receiving funding from the State of Tennessee, CARES serves in this capacity to scale up HIV testing, prevention services, SSP and linkage to care and treatment.

The scope of CARES' HIV CTS has grown through the following partnerships, which has included certifying testers, training students, medical providers and providing technical assistance and capacity building. CARES supports partners to build their infrastructure and capacity to provide CTS within their organization, these are the partners CARES supports and provides HIV tests and supplies:

- **Belmont School of Pharmacy**
- **Center for AIDS Research**
- **Drug Court: Davidson, Rutherford, Williamson counties**
- **Matthew Walker Comprehensive Health Centers**
- **Remote Area Medical Volunteer Corp (RAM)**
- **Recovery Fest**
- **Samaritan**
- **St. Thomas Midtown**
- **Metro Nashville General Hospital**
- **Neighborhood Health**
- **Middle Tennessee State University**
- **TSU Nursing**
- **Vanderbilt Emergency Department**
- **Vanderbilt University**

CARES’ model for providing CTS includes housing CARES’ CTS personnel at some of the above partners, where there is a high volume of high-risk clients being seen at these partnership institutions and organizations in addition to deploying CTS staff throughout the community at health and community festivals, unhoused encampments, and places where there are high concentrations of people using drugs.

3. Describe in detail how the proposed project fit with the your agency's mission and capabilities?

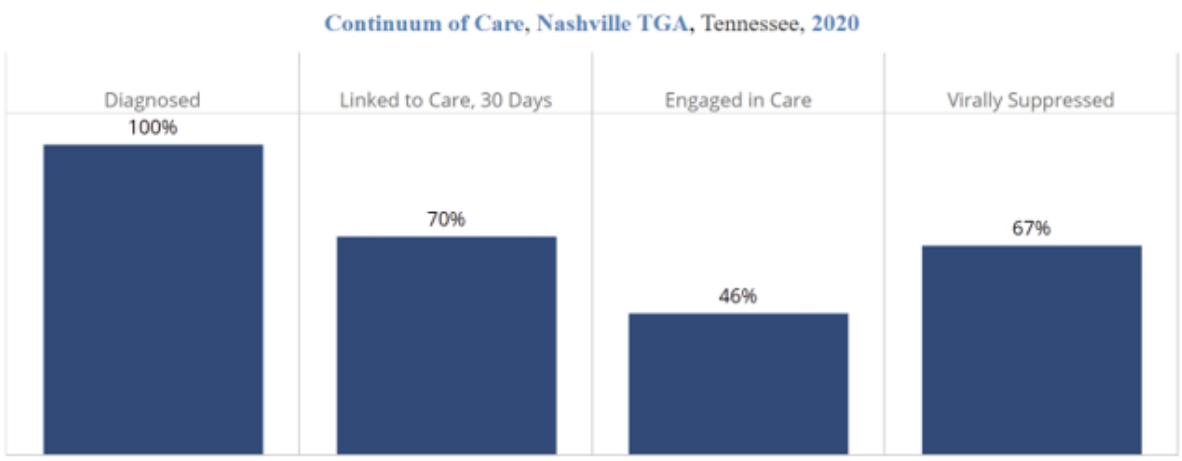
Serving People Living with HIV is the mainstay of CARES. The main goals of CARES are supporting people living with HIV, preventing new infections, and linking individuals to prevention, care, and treatment. As the largest and oldest HIV service organization in Tennessee, this proposal fully fits within the mission and capabilities of the organization. CARES has over 40 years of experience providing comprehensive support services for people living with HIV, medical care, and prevention services in the TGA. CARES provided direct prevention and/or HIV core medical and support services to 10,857 unduplicated individuals statewide during the calendar year of 2024. 3,647 received an HIV test, 473 received SSP services, 422 received HIV and primary care medical services, and 3,078 received core medical and supportive services, including outpatient ambulatory medical care, insurance assistance, case management, psychosocial, mental health, nutrition services, emergency financial assistance, transportation services, and housing assistance. Combined, CARES' staff collectively have more than 500 years of experience delivering these HIV services for which we are requesting funding, with 30% of the personnel having lived experience. Additionally, CARES has a proven track record of spending not only RWA funds initially awarded to the agency but also additional RWA funds in the community that other organizations have not been able to spend, spending on average 99% of awarded funds since Grant Year 2021 to ensure funds are dispersed to clients and communities to address gaps and service needs in the TGA based on the Needs Assessments identified in the TGA.

Demonstration of CARES capabilities in providing services is best seen by looking at the level of comprehensive services provided and the medical outcomes of the people accessing CARES' services.

In 2022 per TDH, there were **6,264** PLWH in the TGA and of that CARES provided services to **3,078, 49%** of all people living with HIV in the TGA.

Also, in the TGA it was reported that **67%** of individuals were virally suppressed. At CARES **85%** of PLWH receiving comprehensive HIV services who have available medical data are virally suppressed, exceeding the TGA average by **18%**.

Regarding engagement in care, the latest Nashville TGA Continuum of Care data shows that only 46% of PLWH in the TGA are engaged in care, with only 67% achieving viral suppression. In comparison to PLWH receiving medical care at Nashville CARES Clinic, 96% of patients are engaged in care and 90% have achieved viral suppression. See **Table 2**, TGA Continuum of Care progress, compared to **Table 3**, CARES progress across the continuum.



Source: https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html

Table 2

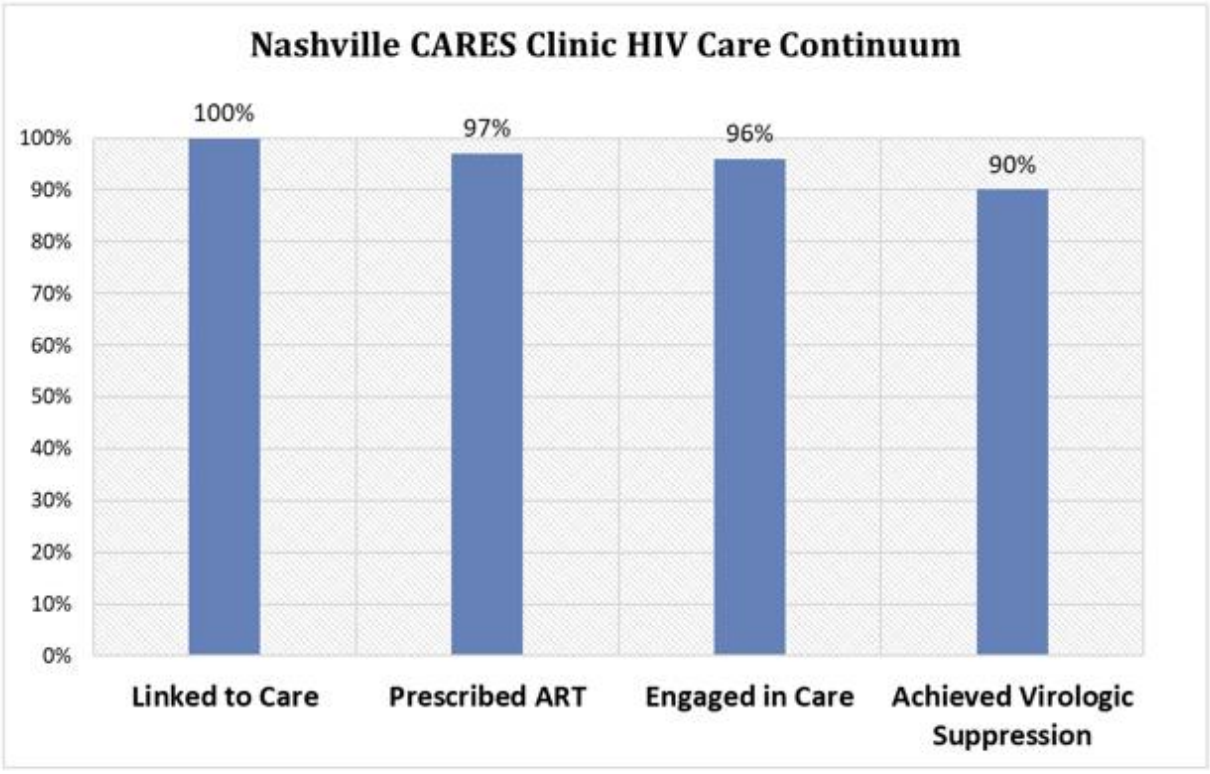


Table 3

4. Describe in detail how your background, mission and past experience contribute to the ability of your organization to conduct the proposed project and meet the expectations of the program requirements. In addition, Metro Health may conduct pre-award on-site visits to determine if the contractor's facilities are appropriate for the services intended.

With nearly half a century of experience providing services to the Nashville TGA jurisdiction, Nashville CARES is uniquely positioned to provide the services requested in this proposal and to meet the needs of PLWH in the TGA. Nashville CARES mission is to end the HIV epidemic within Middle Tennessee through education, advocacy, and support to those at risk for or living with HIV. As a service provider, CARES has led the community in setting the standard for service delivery, having had agency representatives serve on each of the Ryan White Part A Planning Council's committees, including Standards of Care. Nashville CARES has participated as a service provider in meetings with HRSA during the last three HRSA site visits of the RWA program at MPHD, demonstrating the breadth of CARES services and knowledge of the TGA. CARES' personnel serve on the EHE Advisory Council providing leadership and implementing the EHE goals.

CARES provides services throughout all 13 TGA counties through a system of outwardly deployed staff to ensure that clients living in these respective communities can access services closer to home, which reduces barriers to care **(See Table 4).** This includes staff who live in areas with high concentrations of PLWH, such as Rutherford county, which has the second highest number to Davidson county's population of PLWH. CARES is the only HIV provider that has the capacity to reach clients in the community in which they reside. CARES has built the infrastructure to deliver Outpatient Ambulatory Care, Medical Case Management, Mental Health and Psychosocial services via brick and mortar, mobile, satellite location and telehealth platforms. Additionally, to alleviate barriers and reduce service gaps, Nashville CARES' comprehensive service delivery system provides multiple approaches to serve all individuals within the TGA living with HIV. See below for CARES comprehensive service locations:

- Two primary CARES office locations in Davidson county
- Satellite office located in Robertson county
- Medical Mobile Unit that is deployed throughout the TGA to provide on-site HIV medical care, and services.
- Correctional Facilities
- Staff living in ex-urban counties with high populations of PLWH are strategically hired to improve client access by meeting in client homes, local libraries, and other locations identified by the client.

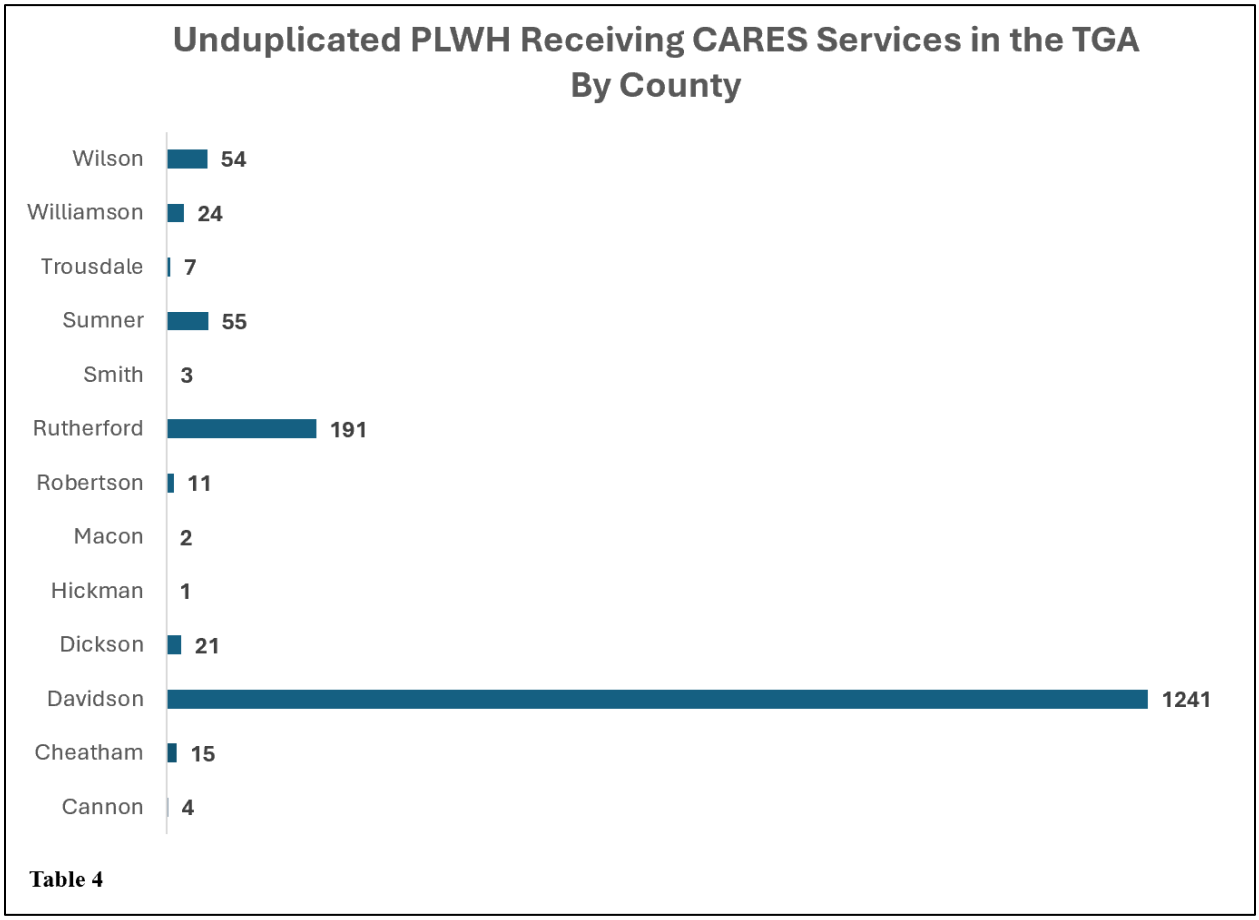


Table 4

Through CARES' extensive history of providing Ryan White services, the agency has developed innovative strategies to ensure that all clients are served. This has included developing a multidisciplinary approach with client service teams that include HIV-positive peers as staff and volunteers who are uniquely positioned to understand the lived experiences and barriers to services for PLWH throughout our services delivery environment. CARES utilizes a client-centered approach and empowerment model to serve all clients with an understanding that each client is unique. Each interdisciplinary team includes a medical provider, HIV+ peer specialist, medical case manager, early intervention specialist, and behavioral health therapist. Integration of this interdisciplinary team allows CARES to assess and meet each client's unique challenges to accessing and remaining in HIV medical care, supporting the achievement of optimal health outcomes.

The Nashville CARES Clinic opened in 2020. With the addition of this clinic, Nashville CARES became the only agency in the service region to provide all services a client may need in a single location. An individual can receive an HIV diagnosis through CARES testing, meet with a HIV+ peer who can help them navigate the feeling of a new diagnosis, have their Ryan White intake completed by a medical case manager, meet with an early intervention specialist, be seen by a medical provider for labs and initial prescription for Rapid ART, meet with a mental health specialist, and pickup their ART from the on-site pharmacy all in one stop, the same day as their diagnosis. Additionally, if during the medical case management intake, barriers to adequate

nutrition and transportation are identified, they can receive a bus pass, fresh produce, eggs, proteins, and pantry staples all before leaving the agency. If the client reports challenges with housing stability, the case manager can assist the client with obtaining financial assistance or refer them for community housing support services, such as Shelter Plus Care or other subsidized housing. This comprehensive approach to service delivery has improved health outcomes, engagement, and retention in medical and supportive services.

II. Agency Capacity:

1. Provide copies of the following:

- Resume and job description of proposed Finance Manager
- Organizational chart for your agency; chart must clearly include the program components funded by Part A/MAI.
- Copies of most recent State Licensure or Accreditations for relevant services.
- Articles of Incorporation.
- Documentation of 501(c) 3 designation.
- Current State of Tennessee Charitable Solicitations Letter.
- System for Award Management (SAM) exclusion report.

See documents in Appendix 1

2. Describe agency's experience in administering federal, state and/or local government funds. Include funding source(s) and number of years administering those funds. Provide information for the following:

Nashville CARES' experience with administration of government funds began in 1986 with the receipt of Centers for Disease Control funds administered by the TN Department of Health (TDH) for AIDS prevention. That experience increased significantly in 1994 with receipt of both Housing Opportunities for Persons with AIDS (HOPWA) and Ryan White Part B funds through TDH. Nashville CARES has administered Ryan White Part A Funds since the Nashville TGA was designated as a Part A jurisdiction in 2007. Current government funding sources are the following, which have been received continuously since the indicated first year of funding:

Source	**Current Funding**	**First Yr Funded**
HOPWA – TN Department of Health (TDH)	$130,000	1994
Ryan White Part B Services – TDH	$604,500	1994
HOPWA – Metropolitan Department of Housing (MDHA)	$1,626,609	1997
Ryan White Part B – United Way	$858,981	2000
Ryan White Part B State/funds Health Insurance TDH	$ 35,932,686	2000
Ryan White Part A Metro Public Health Department (MPHD)	$2,123,582	2007
Ryan White Minority AIDS Initiative MPHD	$99,771	2007
CDC Ending the HIV Epidemic—United Way (formerly CDC/TN State Testing Funds)	$172,030	2008
Emergency Solutions Grant—MDHA	$30,000	2012
CDC HIV High Impact Intervention	$414,625	2015
TN State Direct Appropriations—TDH	$500,000	2023
TN State Opioid Abatement Council	$495,000	2024

• *Agency restrictions from receiving federal funds or placed on restrictive measures in the last five years (e.g., increased reporting, increased monitoring visits), please explain.*

Nashville CARES has never been restricted from receiving federal funds. In fact, funding and scopes of services have increased annually.

• *Corrective action plan(s) in the last three years from any funding source, please describe (include the name of the funder, overview of issues identified and the current status of addressing the identified issues and/or recommendations).*

In the last three years of funding from all funding sources, Nashville CARES has not had any fiscal corrective action plans.

• *Audit finding(s) in the last three years. Please describe an overview of issues identified and the current status of addressing the identified issues.*

Each year Nashville CARES conducts an external A-122 audit based on the federal funding threshold received by the organization. Three years ago, the agency received one finding for:

- Certain account reconciliations were not performed prior to the start of the audit, and certain reconciliations were performed, but reconciling items were not investigated and properly corrected.

To correct this finding, the finance department ensures that all account reconciliations are performed before audit fieldwork begins, and reconciling items are invested and necessary corrections are made. Nashville CARES has received no audit findings in the most recent two years' external audits.

• *If Contractor(s) is currently a Ryan White Part A provider, an administrative review will be conducted of the previous year's spending of grant funds and will be included as part of the score. If Contractor(s) is not a current Ryan White Part A provider, Contractor(s) must provide a letter of reference from a funder to include a description of Contractor's performance in spending allocated grant funds. This letter will be included as part of the score.*

Nashville CARES is a current Ryan White Part A Provider and has spent an average of 99% of total awarded funds, including midyear re-allocations, since grant year 2021 and expects to fully expend current grant year funds, including mid year re-allocated funds as part of the community carry over.

- *Submit copies of most recent A-122 Audit (for the last reporting year) conducted be an independent certified public accountant or 990 form, if not required by federal regulations to complete an A-122 Audit.*

See in Appendix 1

3. Describe agency's current system for collecting data on client demographics, service utilization and performance data. Include all software used to collect this data, staff resources for data collection and hardware resources.

ClientTrack is CARES' data collection software. This is a HIPAA-level encrypted, web-based electronic records system built on a Microsoft.NET framework that incorporates SQL server and Microsoft Report Building that allows for real-time access by CARES personnel. The agency uses ClientTrack for:

- Data Collection including client level data and demographics
- Service Utilization
- Documentation of client interaction
- Eligibility documentation
- Performance Data
- Data Analysis and Reporting
- Outcome Performance

The system is equipped with baseline functions which have been customized by CARES' program personnel to capture multi-grant requirements, including those for Part A. ClientTrack users include:

- Program Management Personnel
- Direct Service Personnel for each service area
- Data Management Team

Hardware: The Director of Data Systems runs a a Lenovo Yoga with 16 GB of RAM and a 13 Gen Intel Core i7-1360P CPU processor @ 2.20GHz (748GB free of 951GB). The agency server is run on a Dell OptiPlex Small Form Factor CPU 16 GB DDR5 x 512 GB M.2 PCIe @ 2.4 GHz.

4. Describe agency's system for managing fiscal and accounting responsibilities. Address the following:

• *Define who oversees this area, what staff is responsible for these activities;*

CARES' Fiscal Department is responsible for the agency's fiscal and accounting management. It is overseen by the Chief Financial Administrative Officer, who is responsible for adherence to all federal and state fiscal standards and ensuring the agency is operating within general accounting practices. CARES' Accounting Manager and/or Grant Specialist is responsible for financial status reporting, fiscal monitoring, forecasting, and budgeting for all government grants. The Chief Executive Officer is responsible for the supervision and oversight of the Chief Financial Administrative Officer.

• *Identify what software is used to manage financial information;*

Abila MIP Fund Accounting software is a commonly used nonprofit fund accounting and financial management software solution used to plan and manage budgets, maximize grants, manage Human Resources, and produce accurate customized reports.

• *Describe the accounting system that is in place; and*

CARES' finances are managed on an accrual basis through a restricted fund accounting system that uses MIP accounting software, described above. Agency finances, along with our accounting and fiscal management procedures, are audited annually by an external certified CPA entity. The accounting system has also been inspected without findings by multiple federal and state entities for its reliability and validity.

• *Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a Federal award.*

The agency utilizes board approved Financial Policies that guide monitoring of grant expenditures. Monthly reports are prepared by the Grant Specialist and distributed to Department Directors. Reports include:

- Approved Grant Budgets by Line Item
- Monthly Spending by Line Item
- Year To Date Spending by Line Item
- Balance Remaining by Line Item
- Projected Spending Plan by Line Item

Program income is generated by Clinic and Mental Health services in this proposal through third party billing and generated through 340b pharmacy sales. The Grants Specialist is responsible for reporting the monthly quarterly program income.

5. Describe agency's process for completing program reports in a timely and accurate manner. Include descriptions of how responsibility for reporting responsibilities are assigned to staff, how reports are reviewed for accuracy and who assures reports are completed on time.

CARES' program reporting is the responsibility of the Director of Data. Monthly program reports are compiled by the Director of Data and provided to the Program Director and CEO to ensure accuracy and for program improvements and enhancements. Based on contractual obligations, reports are submitted as required by the respective funders on monthly, quarterly, semi-annual, and annual basis. Each report is reviewed by the Program Director and CEO prior to being submitted to the funder for accuracy. CARES has an exemplary track record of timely and accurate submission of program reports to local, state, and federal funders.

Nashville CARES is prepared to implement CAREWare at the time that Ryan White Part A identifies.

III. Cultural and Linguistic Competency:
Cultural and Linguistic Standards Requirements:

1. *Describe your agency's cultural competency capabilities as it relates to the population being served by this funding announcement.*

CARES is an organization that adheres to the standards of culturally and linguistically appropriate services to respond effectively to the cultural and linguistic needs of all clients served. The agency serves all cultural groups with a significant focus on racial and ethnic minorities. Equitable services are provided to racial, ethnic, sexual, gender and religious minorities, as well as individuals with disabilities. The agency's policies, procedures, and practices support culturally and linguistically appropriate services to all clients.

2. *Describe the agency's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent staff. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations.*

Based on the national standards developed by the Office of Minority Health and adopted in 2000 by HRSA, CARES practices Culturally and Linguistically Appropriate Standards (CLAS) by focusing on the provision of culturally appropriate care, language access, and organizational support for cultural competence.

Culturally Appropriate CARE

- CARES' personnel provide clients effective, understandable, and respectful care, in a manner that is compatible with their cultural health beliefs, practices, and preferred language.
- CARES is intentional at recruiting, retaining, and promoting, at all levels of the organization, a diverse staff and leadership that is representative of the characteristics of the service area. This includes a diverse Board of Directors.
- CARES ensures that staff at all levels and across all disciplines receive ongoing education and training in culturally appropriate linguistic service delivery.

Language Access

- CARES utilizes community translators to alleviate language barriers for clients receiving services. CARES has existing relationships with AVAZA Language Translation and Interpret Service who provide immediate phone access to over 200 languages and provides in person face-to-face services when needed.
- CARES has bilingual personnel for clients with limited English proficiency and materials in Spanish and English to reduce barriers to care.
- Client material is reviewed by a panel of peers for appropriate reading level and language comprehension.

Organizational Support and Competency

- CARES collects data on client race, ethnicity, and language to strengthen the organizational support for CLAS. Programmatic and agency procedures include information regarding the right to receive culturally appropriate services.
- Language signs are posted at each reception area, allowing a client to point to language needed.
- Instruction guides for accessing translation services are housed in an easily accessible location for staff to ensure that all clients can be served in a timely manner using appropriate translation services

3. *It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well being and incorporating those variables into your service delivery system. Include any innovative or successful activities your agency has undertaken in order to improve your cultural and linguistic capacity.*

As part of CARES' commitment to address CLAS, innovative initiatives have been developed that target highly impactful service delivery for three subpopulations of PLWH. These populations have been identified as having increased cultural barriers to accessing and being retained in services:

- Same Gender Loving Men of Color
- Hispanic People Living with HIV and at increased risk of HIV
- Immigrants/Refugees for whom English or Spanish is not their first language

This includes services that are provided by personnel who share the same cultural backgrounds as the identified population. To address the social determinants of health through a CLAS lens, CARES established a medical home to focus on communities of color that are disproportionately affected by HIV, especially African American Men who have Sex with Men (AAMSM) and Hispanic individuals, with 15% of the clinic patients served identifying as Hispanic.

CARES is committed to enhancing CLAS standards not solely at the service provision level, but throughout the organization and its culture.

IV. Collaboration:
Describe a plan for creating a new or improving an existing network to improve collaboration with HIV agencies that will link PLWHAs to HIV testing and HIV medical care and support services. If applicable, identify any collaborating organizations that will assist the applicant through HIV testing and linkage to HIV medical care and services.

Contractor(s) must demonstrate their commitment to work with or collaborate with organizations representing the HIV/AIDs community through a signed and dated letter of support or memoranda of agreement or understanding. The letter must specify example activities that each entity provides that will help connect high risk clients to HIV testing and services.

Collaborations and partnerships are an integral part of CARES' delivery of services to PLWH. CARES has a long-standing history of formal and informal collaborations with a diverse set of agencies, universities, medical centers, and faith-based institutions that support access to care, linkage to care, and retention in care. Collaborative relationships exist with the following partners that support and enhance seamless services throughout the region promoting access to external services within the continuum of care. **(See Figure 2)**:

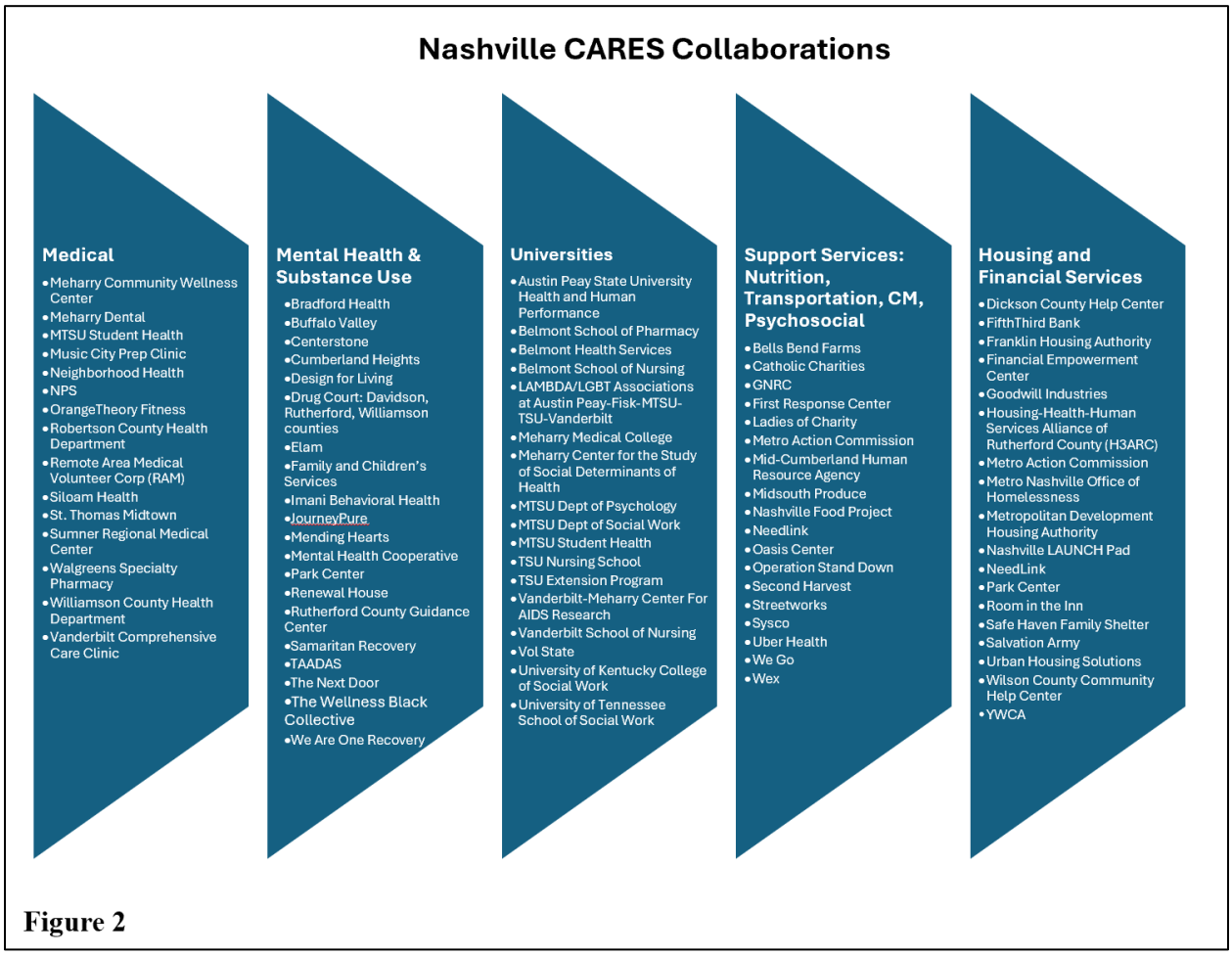


Figure 2

See MOU's and Letters of Support in Appendix 2

The mission of Tennessee AIDS Advocacy Network (TAAN) is to improve awareness among policy makers and the public about HIV as a continuing public health priority within Tennessee. The goal of TAAN is preservation and expansion of HIV care, treatment and support that meets the needs of Tennesseans who are living with and at risk for HIV. TAAN engages a diverse network of partners to collaborate to achieve the HIV policies and goals of the Ending the Epidemic plan and to influence and educate by striving to be the leading resource on HIV policy in Tennessee. Regionally, TAAN advocates on behalf of HIV needs in the South through the Southern AIDS Coalition & Southern AIDS Strategy Initiative, and on the federal level through AIDS United.

B. Reference Projects (10 Points) Service History & References: The file is limited to 5 pages and should in PDF format titled "Reference Projects."

1. If your agency currently provides this service(s) to the HIV/AIDs client population, describe the number of years you have provided this service and the funder of the service. Please provide a reference name and phone number.

As the oldest HIV organization in the TGA, the mission of Nashville CARES remains intently focused on serving PLWH and people at risk for HIV. As the HIV epidemic has evolved, CARES' service provision has aligned with and adapted to the changing HIV epidemic so that CARES' services are intentionally designed to assist populations disproportionately impacted by HIV and to do so through a holistic approach and comprehensive service hub where clients receive each of the services requested. CARES is the only TGA Ryan White provider that provides all services from core medical to support services to prevention services. It is through this comprehensive service delivery model that CARES uniquely helps PLWH to reduce barriers to care and better engage in services throughout the TGA. Ryan White Part A funding is critical to CARES' ability to offer this level of care. 3,087 PLWH in the TGA depend on the comprehensive services provided by CARES. Hence, each service outlined in this proposal plays an instrumental role in CARES' ability to comprehensively meet the needs of PLWH in the TGA.

Case Management (CM) has been an integral part of CARES' services provided to PLWH since 1986. Since that time, CM has evolved at CARES and across the nation to incorporate a focus on medical outcomes. The shift to the medical model began in 2004 with the inception of the Ryan White **Medical Case Management** (MCM) service, which focuses on medical outcomes, including access, linkage, and retention in care. Medical Case Managers then began engaging with medical homes to be part of multidisciplinary teams, so that medication adherence and monitoring of viral load began to drive the medical and supportive service delivery through Standards of Care (SOC). With the evolution in Standards of Care, Case Management incorporated professional standards and training requirements to increase attention to medical outcomes. **MAI MCM** has been funded since 2017. Current funding for this service is provided by Ryan White Part A, Ryan White Part A MAI, Ryan White Part B, and Housing Opportunities for People with AIDS (HOPWA).

Since 2020, Nashville CARES has expanded its service model to incorporate comprehensive **Outpatient Ambulatory Care** (OAC) and **Referral** for PLWH. The goal of this expansion has been to improve health outcomes by integrating HIV care, primary medical care, rapid antiretroviral therapy (ART) initiation, and chronic disease management into CARES' existing framework of HIV services. Between 2022 and 2024, CARES engaged 422 PLWH in clinical services, ensuring continuity of care through a patient-centered approach. Rapid start of ART has been a key focus, and since 2022, 66% of new diagnoses were linked to care in 24 hours or less, with 100% being linked to care within 30 days, reinforcing the importance of early intervention in achieving individual viral suppression and reduction of the community viral load.

Demographically, CARES continues to serve a diverse patient population, with a significant representation of Black/African American individuals (52%), those identifying as lesbian, gay, or bisexual (77%), and Hispanic (15%) populations that remain disproportionately affected by HIV.

Additionally, recognizing the high burden of metabolic and mental health comorbidities among PLWH, CARES has integrated screening and treatment services for conditions such as hypertension (22%), hyperlipidemia (10%), and depressive and anxiety disorders (13% and 16%, respectively). By addressing these coexisting conditions, CARES enhances medication adherence and overall health outcomes.

The success of CARES' OAC approach is reflected in its HIV care continuum outcomes. Among patients engaged in care, 97% have been prescribed ART, 90% have achieved viral suppression, and 96% are engaged in care, demonstrating the program's effectiveness in retention and adherence. CARES' multidisciplinary team works closely with patients to ensure long-term viral load suppression through medication management, adherence counseling, wrap around support services and regular monitoring. This integrated medical management model remains a cornerstone of CARES' mission, ensuring that PLWH receive high-quality, holistic care tailored to their unique needs. Current funding for this service is provided by CDC.

Mental Health Services are an essential component of HIV care. CARES formally began providing mental health services in 1995, when CARES was first licensed by the Tennessee Department of Mental Health. Mental health services are provided by licensed mental health professionals who are trained to meet the psychological wellbeing of PLWH, including mental health and substance use disorders. CARES provides comprehensive behavioral health services within the framework of the medical model and integration in the Nashville CARES Clinic with a focus on clients who are disproportionately affected by the HIV epidemic, as these individuals are often experiencing intersecting comorbidities that require complex treatment plans. These comprehensive mental health plans work to sensitively address the social determinants of health orbiting around race/ethnicity, sexual identity and orientation, and poverty and stigma that are the cornerstones of the health disparities faced by CARES' clients.

CARES' MH program is provided by therapists trained in multiple modalities including EMDR, Brainspotting, IFS, Gottman, EFT, ACT, DBT, MI, and CBT, among others. CARES MH services follow a synergistic approach in treating mental health, trauma, and substance use disorder concurrently. To assess for co-occurring disorders, mental health clients receive standardized screenings using standard assessment tools that are the most appropriate based on client need and include; the ASAM, AUDIT-C, PHQ-4, the Patient Health Questionnaire, ACEs, LEC-5, YBOCS and the PCL-5 (copies of assessment tools provided upon request). CARES' behavioral health therapists formulate diagnostic impressions based on DSM-5 criteria that help to inform the treatment process. On the basis of the assessment, the client and therapist collaboratively develop a plan of treatment with identified goals and action steps to address addiction and mental health issues that can exacerbate the progression of HIV. Action steps generally include individual and group counseling. As needed, program staff maintain contact for follow-up care and coordination of services with external clinical providers. Mental health scopes of services include individual, couples, group, and family therapy. Current funding for this service is provided by Ryan White Part A, and Ryan White Part B.

Early Intervention Services (EIS) have been offered by CARES since 2007 and are part of the continuum of services integrated into the Medical Case Management intake and clinic services, often being the first interaction PLWH have with the agency. EIS targets two groups of PLWH as a means for reducing barriers to medical care engagement: (1) those who are newly diagnosed,

and 2) those who are lost to care. EIS does this through a two-pronged approach: one focused on building points of care for PLWH throughout the community, including medical, corrections, and social service agencies and the other focused on providing individual services directly to PLWH to identify and resolve barriers to care so that PLWH can progress along each phase of the Continuum of Care. Current funding for this service is provided by Ryan White Part A.

CARES acknowledged the importance of providing **Psychosocial support** from the inception of the agency. As the agency's case management model evolved into Medical Case Management, the agency formalized Psychosocial Services to provide a person-centered, peer-based approach to care for people living with HIV. Peer support provides opportunities for shared and lived experiences that are vital to the health and wellbeing of PLWH, as it helps decrease internalized stigma and promote healthy behaviors and positive coping mechanisms. Nashville CARES' Healthy University (HU) was founded over 15 years ago as a Peer-to-Peer model for improving the quality of life, health outcomes, and psychosocial wellbeing of PLWH. Through this model, HU participants can leverage the shared experiences and understanding of living with HIV to foster a supportive community. Opportunities for information exchange and knowledge, emotional support, and assisting clients in navigating the service delivery system to support access to and retention in care. HU Peers provide vital support and operations of programs throughout CARES service areas, including running the Choice Pantry described under food.

Since it's inception as Psychosocial support, HU has offered the "prevention for positives," peer-based program, Healthy Relationships, to help address stigma and discrimination and to support PLWH with HIV disclosure. CARES psychosocial groups have expanded over time to meet the needs of PLWH currently offering 13 unique groups a month each facilitated by an HIV+ peer, to provide space for tailored support to participants. See **figure 3** provided under section Best Practices.

In 2025, HU initiated G.R.O.W.T.H. (Gaining Realistic Outcomes and Weaving-in Transformational Health), an innovative, multi-year project to improve mental and physical health by engaging PLWH through a 16-week health and wellness intervention to reduce stigma and isolation and improve health outcomes. The project will integrate art therapy, music, literature, physical fitness and mindfulness practices to foster self-awareness, mental health, and community support. The project is being provided in collaboration with The Black Wellness Collective and OrangeTheory Fitness.

Delivery of Psychosocial Service continues to be a core component of CARES' services, with peer-to-peer support as CARES' central method for assisting PLWH in improving medical outcomes and overall wellbeing. Engagement in HU support groups correlates with engaging in additional support services, with 38% accessing behavioral health services versus only 3% of the broader client base. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and CDC.

Beginning in 1995, CARES began to offer nutritional support services through a **Food Bank and Home Delivered Meals.** Initial nutritional services began with creation of a designated food pantry, prepared frozen meals, and delivery of in-home nutritional services to PLWH across the TGA, since 2016 CARES nutritional services have expanded to meet a greater need. PLWH

struggle to access healthy nutrition services and require regular access to healthy foods to take alongside their HIV medication. While limited research in the U.S. has focused on food security among those living with HIV, several studies have shown that 25-50% of adults living with HIV in the US are food insecure, nearly twice that of the general US population, with women experiencing the highest rates. Moreover, food insecurity was associated with higher viral loads and lower CD4 cell counts (Spinella et al, (2017). Food Insecurity is associated with Poor HIV Outcomes in Women in the United States. AIDS and Behavior, 21(12), 3473-3477.) Nashville CARES data gathered in 2019 reflects that 97% of CARES' most vulnerable clients reported food insecurity. The last several years have seen rapidly rising food costs and decreased food stock, especially in areas already considered food deserts. The need for nutrition assistance remains high, but access and affordability remain out of reach for many clients. CARES has partnered with several local farms and produce vendors to increase the availability and variety of produce for clients. CARES comprehensive nutrition services support clients in receiving the nutritional support they need based on their unique needs. See description of Food Bank and Home Delivered Meals programs under Best Practices section **(Figure 4)**. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and HOPWA.

CARES **Medical Transportation** program ensures all CARES' clients have access to reliable transportation so they may attend medical and supportive service appointments. CARES transportation services have grown tremendously since initially being offered in 1985, from volunteers transporting clients in their personal vehicles to the present-day combination of Uber Medical transportation, client gas cards, and bus passes. The need for comprehensive transportation services for CARES' clients is ongoing and is a critical aspect of successfully retaining individuals in care. Over the last five years, regional needs assessments consistently list transportation among the highest barriers to accessing and maintaining HIV medical care. As people living with HIV are living longer and consequently are aging with disabilities, adequate access to transportation becomes a key indicator for access to health care. The lack of a comprehensive public transportation system in most of the areas of the TGA makes the gas card and Uber program vital to ensuring clients stay in medical care. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and HOPWA.

Recognizing stable housing had a direct correlation to the achievement of positive health outcomes, CARES began providing housing-related financial assistance in 1993. **Emergency Financial Assistance** (EFA) and **Housing Assistance** has been provided through Ryan White Part A continuously since 2007. These services have been instrumental in supporting PLWH with sustainable housing and alleviating barriers to care. These services have been particularly impactful in bridging the gap in community services where no other funding is available, including HOPWA (due to HOPWA regulations), to meet the needs of the most economically-challenged PLWH who live in subsidized housing. Current funding for this service is provided by Ryan White Part A, ESG and HOPWA.

Please see community MOUs in Appendix 2

2. If your agency does not currently provide service(s) to the HIV/AIDs client population, explain any related experience that would demonstrate the agency's competency in providing services to this population. Please provide a reference name and phone number.

Not applicable, Nashville CARES currently provides services to PLWH.

3. *Describe any related experience that would demonstrate your agency's competency in providing HIV medical or support services to this population. Please provide a reference name and phone number.*

Integration of services has been a core part of CARES' strategic planning from the beginning of service provision. Engaging diverse stakeholders in the planning process, including people living with HIV, ensures a comprehensive and collaborative approach that allows us to tailor services to meet the needs of the populations CARES serves. This has increased CARES' capacity and competency to scale up CARES' services over time, which has led to the creation of a hub that provides comprehensive HIV medical care and wraparound support services today. Nashville CARES has an in-depth understanding of the Standards of Care and client eligibility and has built a system of care that integrates quality assurance processes to ensure compliance with all standards and quality management goals. Below is a snapshot of services delivered to PLWH in the TGA in calendar year 2024 for the service areas requested in this proposal.

Service Area	**Unduplicated PLWH**
Case Management Services (MCM, Non-MCM, MAI MCM)	2,091
Outpatient Ambulatory	422
Mental Health	152
Early Intervention Services	261
Psychosocial	377
Food Bank and Home Delivered Meals	1,376
Medical Transportation	602
Housing and Emergency Financial Assistance	283

For references, please see MOU's and Letters of Support in Appendix 2

C. Project Approach and Process (30 Points)
I. Staffing:
Present in detail your organization's staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time/hours per month being requested for each proposed staff position.
If applicable, describe in detail the roles and responsibilities of any consultants and/or subcontractors will be used to carry out aspects of the proposed project.

CARES is unique as it relates to the diversity of personnel who work in direct services which mirror the populations served. Combined, CARES' personnel have over 600 years of service and expertise serving vulnerable populations including PLWH. CARES staff meet the education and experience specified in Standards of Care. Supervision of staff is provided by qualified individuals and all training and required monthly supervision is provided consistent with Standards of Care.

The following tables illustrate by service area the personnel responsible for fulfilling the contractual obligations of this proposal. No personnel time is being requested to operate Emergency Financial Assistance, Housing Assistance, or Linguistic services. Services will be operated within existing leveraged personnel resources allowing for maximizing direct financial assistance for PLWH within Standards of Care. No consultants or subcontractors will be used.

Project Staffing	Medical Case Management			
Total FTE Requested	13.43 FTE			
Justification: Personnel provide direct services, providing support to access and linkage point to medical care and supportive services with a focus on housing stability. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Maria Aboubaker	MS Social Work, BS Social Work	28	75%	Personnel time is dedicated to case management services, CARES is requesting 75% of FTE for this proposal.
Tia Bailey	MBA, BS Psychology	8	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Quincy Baker	Masters Health Admin	6	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
LaNese Burgess	MS Public Service Mgmt	16	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Tony Carlew	BS Criminal Justice	21	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Tony Carter	BS Social Work	16	15%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Shamari Davis	BS Social Work	2	35%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.

Lauren DeYoung	BS Exercise Science	4	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Darrell Early	BS Psychology	6	52%	Personnel time is dedicated to case management services, CARES is requesting 52% of FTE for this proposal.
Yin Hmun (bi-lingual)	MS Physics, BS Physics	14	50%	Personnel time is dedicated to case management services, CARES is requesting 50% of FTE for this proposal.
Lamont Holley	MS Social Work, BA Finance	26	30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.
Knokeya Johnson	MS Social Work, BS Social Work	9	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal
Kimberly Kallberg	BS Social Work	12	10%	Personnel time is dedicated to case management services, CARES is requesting 10% of FTE for this proposal.
Kenna Murdock	BS Psychology	12	40%	Personnel time is dedicated to case management services, CARES is requesting 40% of FTE for this proposal.
Kaleb Murphy	BS Public Health	3	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Aaron Myatt	MS Social Work, BS Psychology	32	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.
Megan Neeck	BS	9	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.

Erin Pickney	MS Social Work, BS Psychology	20	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Eric Polk	BA Communicatio ns	12	80%	Personnel time is dedicated 50% to case management services, CARES is requesting 80% of FTE for this proposal.
Jennifer Pruden	BS Social Work	27	38%	Personnel time is dedicated to case management services, CARES is requesting 38% of FTE for this proposal
Jennifer Roberto (bi-lingual)	BS Allied Health Sciences	3	50%	Personnel time is dedicated to case management services, CARES is requesting 50% of FTE for this proposal
Carlos Ross	MS Criminal Justice, BS Criminal Justice	12	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal
Brittany Spyers	MS Social Work, BS Social Work	5	23%	Personnel time is dedicated to case management services, CARES is requesting 23% of FTE for this proposal
Kayla Vennitti	BS Education	4	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal
Jernice Williams	MS Human Service, BS Human Service	19	70%	Personnel time is dedicated to case management services, CARES is requesting 70% of FTE for this proposal
RiTara Williams	MS Social Work, BBA	9	80%	Personnel time is dedicated to case management services, CARES is requesting 70% of FTE for this proposal
TBH	Meet SOC		20%	Personnel time is dedicated to case management services, CARES is requesting 20% of FTE for this proposal

TBH	Meet SOC		20%	Personnel time is dedicated to case management services, CARES is requesting 20% of FTE for this proposal

Project Staffing	**Outpatient Ambulatory Care**			
Total FTE Requested	0.45 FTE			
Justification: Personnel provide direct clinical services, to PLWH who have no insurance or other medical payor for medical care. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Dr. Kassem Bourgi (bi-lingual)	MD, BS Biology	14	9%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 9% of FTE for this proposal.
Zach Campbell	MS Nursing, Nurse Practicioner	2	30%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 30% of FTE for this proposal.
Rachel Davis, PA	MS Physician Assistant, MPH, MSW	8	6.50%	Personnel time is dedicated to ooutpatient ambulatory services, CARES is requesting 6.5% of FTE for this proposal.

Project Staffing	**Mental Health**
Total FTE Requested	2.09 FTE

Justification: Personnel provide direct mental health services, offering crisis support, mental health screenings, develop Care plan and on-going counseling support. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Lily Catalano	MSSW, BA	16	20%	Personnel time is split between mental health services and research, CARES is requesting 20% of FTE for this proposal.
Dr. Kassem Bourgi	MD, BS Biology	14	12.60%	Personnel time as the Medical Director prescribes psychotropic medications, and consults consistent with mental health license and SOC. CARES is requesting 12.6% of FTE for this proposal.
Paige Harris	LMSW, MSSW	5	50%	Personnel time is dedicated to mental services, CARES is requesting 50% of FTE for this proposal.
Daniel Powell	BA	16	6.5%	Personnel time is dedicated to collection of client level information, reviews records, and ensures appropriate eligibility for services. CARES is requesting 6.5% of FTE for this proposal.
Kara Rauscher	LCSW, MSSW	14	15%	Personnel time is dedicated to mental services, CARES is requesting 15% of FTE for this proposal.
SanTasha Wright	LMSW, MSSW	10	50%	Personnel time is dedicated to mental services, CARES is requesting 50% of FTE for this proposal.

Chenxi Zhu	MEd. Human Dvpt Counseling, BA Neuro.	3	5%	Personnel time is dedicated to mental services, CARES is requesting 5% of FTE for this proposal.
TBH, Mental Health Therapist	Meeting SOC requirements		50%	Personnel time is dedicatedA7:E12 to mental services, CARES is requesting 50% of FTE for this proposal.

Project Staffing	Early Intervention Services			
Total FTE Requested	2.55 FTE			
Justification: Personnel provide linkage, education, and follow up to clients new and lost to care focused on engagement and retention to HIV medical care. Personnel maintain relationships with 'Points of Entry' in the TGA. Services are consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Lamont Holley	MSSW	26	5%	Personnel time is dedicated to EIS, CARES is requesting 5% of FTE for this proposal.
Rachel Milliken	BS Psychology	12	50%	Personnel time is dedicated to EIS, CARES is requesting 50% of FTE for this proposal.
Kyle Stockard	BS Social Work	6	70%	Personnel time is dedicated to EIS, CARES is requesting 70% of FTE for this proposal.
Raymond Templeton	BS Psychology	12	80%	Personnel time is dedicated to EIS, CARES is requesting 80% of FTE for this proposal.
Kayla Vennitti	BS Education	4	50%	Personnel time is dedicated to EIS, CARES is requesting 50% of FTE for this proposal.

Project Staffing	Non-Medical Case Management
Total FTE Requested	.79 FTE

Justification: These personnel serve populations who are housing vulnerable. Personnel provide direct services, providing support to access and linkage point to medical care and supportive services with a focus on housing stability. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Maria Aboubaker	MS Social Work, BS Social Work	28	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Aaron Myatt	MS Social Work, BS Psychology	32	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.
Sintrell Tinguee	BS	16	39%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.

Project Staffing	Psychosocial
Total FTE Requested	1.02 FTE

Justification: Personnel provide direct services, to PLWH providing emotional and social support, linkage to care, medication adherence strategies and retention in care. PLWH receive both individual and group services. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Darrell Early	BS Psychology	6	20%	Personnel time is dedicated to psychosocial services, CARES is requesting 20% of FTE for this proposal.
Temya Ezell	High School diploma, Recovery Specialist Certification	20	48%	Personnel time is dedicated to psychosocial services, CARES is requesting 48% of FTE for this proposal.
Tiye Uhura Link	EdD, MDIV, MS, MBA, BA	20	34%	Personnel time is dedicated to psychosocial services, CARES is requesting 34% of FTE for this proposal.

Project Staffing	Food Bank			
Total FTE Requested	.90 FTE			
Justification: Personnel ensures the distribution of food bank items and home delivered meals consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Elizabeth Garcia (bi-lingual)	High School Diploma	37	50%	Personnel time is dedicated to food bank and nutrition services, CARES is requesting 50% of FTE for this proposal.
Hailey Halliwell	MNM, BS	13	40%	Personnel time is dedicated to food bank and nutrition services, CARES is requesting 40% of FTE for this proposal.

Project Staffing	**Medical Transportation**			
Total FTE Requested	.25 FTE			
Justification: Personnel ensures coordination and distribution of medical transportation services consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Lamont Holley	MSSW	26	25%	Personnel time is dedicated to Medical Transportation, CARES is requesting 25% of FTE for this proposal.

Project Staffing	Referral
Total FTE Requested	.10 FTE
Justification: These personnel serve PLWH on maintaining access to HIV medications when PLWHA are unable to access ADAP or another source of funding for medications. Services are consistent with SOC eligible clients.	

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Elizabeth Stafford	AS, Medical Assistant	14	10	Personnel time is dedicated to referral services, CARES is requesting 10% of FTE for this proposal.

Project Staffing	Outpatient Ambulatory Care, Minority AIDS Initative			
Total FTE Requested	.03 FTE			
Justification: Personnel provide direct clinical services, to PLWH who have no insurance or other medical payor for medical care to clients who meet Minority AIDS Initative definition. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Dr. Kassem Bourgi (bi-lingual)	MD, BS Biology	14	1%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.
Zach Campbell	MS Nursing, Nurse Practicioner	2	1%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.
Rachel Davis, PA	MS Physician Assistant, MPH, MSSW	8	1%	Personnel time is dedicated to ooutpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.

Project Staffing	Medical Case Management, Minority AIDS Initiative
Total FTE Requested	1.0 FTE

Justification: These personnel serve minority populations as defined as people of color and Hispanic. Personnel provide direct services, providing support to access and linkage point to medical care and supportive services. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with RW Part A Standards of Care (SOC) to MAI eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Yin Hmun (bi-lingual)	MS Physics, BS Physics	14	40%	Personnel time is dedicated to case management services, CARES is requesting 40% of FTE for this proposal.
Jennifer Roberto (bi-lingual)	BS Allied Health Services	3	30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.
TBH MAI MCM (bi-lingual)	Meet SOC		30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.

Project Staffing	Outreach, Minority AIDS Initiative
Total FTE Requested	.15 FTE

Justification: These personnel serve minority populations as defined as people of color and Hispanic. Personnel provide direct services, serve as a liaison between the HIV service system and high risk targeted population and community "gatekeepers". Coordinate services with Early Intervention Services (EIS), Medical Case Management (MCM), and HIV Counseling and Testing (CTS) Providers in the Nashville TGA. Services are consistent with SOC to MAI eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Grisell Jimenez (bi-lingual)	BS Professional Development	6	15%	Personnel time is dedicated to outreach services within the Hispanic community, CARES is requesting 15% of FTE for this proposal.

I. Overview of Population:

Describe in detail the HIV/AIDs population in Davidson County. Describe in the detail the issues that interfere with identifying, engaging and retaining PLWHAs in routine HIV testing and HIV services.

In 2022, Tennessee had 20,830 individuals living with HIV, with an overall rate of 12.2 per 100,000. In the same year, Tennessee also saw a continuous increase of individuals who were living with HIV from 2018 to 2022 (respectively, 17,844 vs. 20830). Though the TGA accounts for only 27% of the state's total population, an estimated 31% of the state's people living with HIV (6,264) live in the TGA, and 76% of people living with HIV live in Davidson County (Nashville), despite the area accounting for only 38% of the TGA. Within the TGA, whereas Whites make up more than half (56%) of the population but represent 43% of all HIV disease cases, AA (African American) represents approximately 27% of persons living in Nashville but accounts for 48% of all HIV disease cases (Healthy Nashville Leadership Council [HNLC] 2021).

Linkage to care rates for both Non-Hispanic AAMSM and youth (aged 25-34 years) lag at only 35%, and viral suppression rates (51%) are lowest among non-Hispanic AA individuals. These findings are particularly alarming considering 70% of new infections are due to MSS, placing AA MSM as the highest risk category (MPHD, 2022). In 2022, 205 new cases of HIV diagnoses were made in the TGA; the majority of new cases were among men (78%) (TDH, 2022) and AA (55.1%) compared with Whites 26.8% and Hispanics 11.8%. By transmission category, 65% of new HIV cases were from MSM (compared with only 20% from heterosexual contact) and 7% among Injecting Drug Users.

Despite national progress along the HIV Continuum of Care (CDC, 2020), racial and sexual minorities in the South continue to bear the brunt of the HIV epidemic. Based on the epidemiological data from the Tennessee Department of Health (TDH) in 2021, 62% of newly diagnosed individuals were linked to HIV medical care within 30 days of diagnosis, 80% of PLWH received any HIV medical care, 57% were retained in HIV medical care and 68% were virally suppressed. Of the 6,264 individuals living with HIV in the TGA, 77% of individuals received any medical care or lab results and 49% retained in HIV medical care. This is less than the State of Tennessee, reporting 57% of those living with HIV retained HIV healthcare showing lapses in care for those living with HIV. In the TGA only 69% of individuals were virally suppressed (TDH, 2022).

Risk Behaviors/Barriers to engaging and retaining in HIV services. Regional and cultural factors exacerbate common challenges faced by people with HIV and those at risk with Southern religiosity, homophobia, poverty, and racism compounding existing stigma and intensifying disparate disease outcomes for PWLH (TDH, 2021). These multiple forms of oppression and discrimination create and add barriers to engaging AA PWLH and MSM and to the ability to end the HIV epidemic in the region (TDH, 2016). Environmental factors often connected to poverty—lack of transportation, affordable housing, social support and childcare, and financial issues—and influence barriers to care in the area. Tennessee's lack of Medicaid expansion adds to access challenges experienced by persons with HIV, especially AA.

According to the two most recent Ryan White Need's Assessments (2018 and 2019), there are many social determinants presenting as barriers to engagement along the HIV Continuum of Care. Socioeconomic status is associated with many barriers PLWH experienced when attempting to access services or stay engaged in care. Lack of financial resources contributes to insufficient transportation, housing instability, and food insecurity. The greatest barrier for PLWH is HIV stigma, underscoring the importance of stigma-reducing initiatives like those employed in psychosocial and peer-based programs. Stigma and discrimination affect the transgender population disproportionately.

The 2022 End the Syndemic Tennessee Consumer Needs Assessment identified several service gaps within the Nashville Transitional Grant Area (TGA) regarding HIV prevention and care:

Limited Access to Pre-Exposure Prophylaxis (PrEP): Approximately 37% of respondents indicated a gap in accessing HIV PrEP services, highlighting the need for increased availability and awareness of PrEP in the Nashville TGA.

Disparities in HIV Diagnoses: Non-Hispanic Black individuals in Tennessee are diagnosed with HIV at a rate 6.5 times higher than non-Hispanic White individuals, indicating significant disparities in prevention and care services.

Delayed HIV Diagnoses: Approximately 19% of individuals in the Nashville TGA received a late HIV diagnosis, suggesting missed opportunities for early detection and intervention.

Retention in HIV Medical Care: Only 49% of persons living with HIV in the Nashville TGA were retained in HIV medical care, indicating challenges in maintaining continuous care and support services.

Transportation: Limited access to reliable transportation hinders individuals from attending medical appointments, accessing support services, and obtaining necessary medications. This is exacerbated for individuals living in rural areas.

Housing: Stable housing is crucial for positive health outcomes for PLWH. The report indicates a shortage of affordable and supportive housing options for individuals living with HIV, which can lead to challenges in maintaining treatment adherence.

Support Services: There is a noted deficiency in comprehensive support services, including mental health counseling and peer support groups, which are essential for holistic care. Peer programs are essential to support optimal health and positive outcomes.

Financial Assistance (e.g., Gas Cards): Financial barriers, such as the inability to afford transportation costs, are significant obstacles. Providing gas cards and uber health could alleviate these challenges to assessing and retention in care and treatment.

Nutritional Support (Food): Access to nutritious food is vital for PLWH. The report points to gaps in food assistance programs tailored to meet the needs of PWLH with other health issues.

Translation Services: Language barriers impede access to care for non-English speaking individuals. The lack of adequate translation services limits effective communication between healthcare providers and patients, affecting the quality of care.

Harm Reduction Services: The report highlighted a need for expanded harm reduction services, including syringe service programs (SSPs) that provide sterile syringes, safe disposal options, HIV and hepatitis C testing, and overdose prevention education. These services are essential for reducing transmission rates and connecting individuals to care.

Mental Health Services: There is a significant gap in accessible mental health care for individuals affected by the syndemic. Integrating mental health services with HIV care can improve overall health outcomes.

Health Literacy and Education: The report emphasizes the need for enhanced health education initiatives to improve understanding of HIV prevention, treatment options, and the importance of regular HIV testing among individuals at risk of HIV.

Community-Based Outreach: Strengthening community outreach programs to engage populations disproportionately affected by HIV, including those with substance use and unhoused individuals, is crucial for effective prevention and care efforts.

Nashville CARES proposal for Ryan White Part A services as described addresses these gaps and promotes access and retention in care.

See the grids below that describe in detail for each service proposed:

1)The number of persons you plan to serve with the funding.
2) The number of units of service you plan to provide by type of intervention (e.g., number of face to face contacts with clients and amount of time each client will be seen each year, number of educational sessions provided, number of contacts with gatekeepers); and
3) the average amount of service a client is expected to receive each year (e.g., 2 face to face each year) and the amount of time that will be spent with gatekeepers (e.g., 3 hours/gatekeeper/year).

Service Area	**Medical Case Management**	
1. Number of persons to be served	**1,700**	
2. Type of Service	**Units**	
a. Face to Face	20,000	
b. Other	20,000	
Total Service Unit	**40,000**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	11.75	3
b. Other	11.75	3
Total Per Client during grant year	**23.5**	**6**

Service Area	Outpatient Ambulatory Medical Care	
1. Number of persons to be served	**40**	
2. Type of Service	**Units**	
a. Face to Face	240	
b. Lab and Diagnostic test	160	
Total Service Unit	**400**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	6	1.5
b. Lab and Diagnostic test	4	NA
Total Per Client during grant year	**10**	**1.5**

Service Area	**Mental Health**	
1. Number of persons to be served	**125**	
a. Individual	125	
b. Group	30	
c. Psychiatric	25	
2. Type of Service	**Units**	
a. Individual	2,000	
b. Group	600	
c. Psychiatric	125	
Total Service Units	**2,725**	
3. Average Service Units per client	**Units**	**Hours**
a. Individual	16	4
b. Group	20	5
c. Psychiatric	5	1.25

Service Area	**Early Intervention Services**	
1. Number of persons to be served	**150**	
a. New to Care	75	
b. Lost to Care	75	
2. Type of Service	**Units**	
a. New to Care	2,000	
b. Lost to Care	2,500	
Total Service Units	**4,500**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. New to Care Average per Client	28	7
b. Lost to Care Average per Client	33	8

Service Area	Non-Medical Medical Case Management	
1. Number of persons to be served	**50**	
2. Service Units	**Units**	
a. Face to Face	1,200	
b. Other	1,200	
Total Service Unit	**2,400**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	24	6
b. Other	24	6
Total Per Client during grant year	**48**	**12**

Service Area	Psychosocial	
1. Number of persons to be served	**300**	
a. Individual	**250**	
b. Group	**200**	
2. Type of Service	**Units**	
a. Individual	1600	
b. Group	4000	
Total Service Units	**5,600**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Individual	6.4	1.6
b. Group	20	5

Service Area	Food Bank and Home Delivered Meals	
1. Number of persons to be served	**800**	
a. Food Bags	800	
b. Frozen & Home Delivered Meals	150	
c. Food Voucher / Fresh Food	800	
2. Type of Service	**Units (@$20.00)/Bags, Meals, Voucher**	
a. Food Bags	3,215 Units, 1923 Bags	
b. Frozen & Home Delivered Meals	1,072 Units, 2400 Meals	
c. Food Voucher / Fresh Food	3,215 units, 1,923 Vouchers/Fresh Food	
Total Service Units	**7,502**	
3. Average Service Units per client	**Units**	**Bags/Meals**
a. Food Bags	4	2.4
b. Frozen & Home Delivered Meals	7	16
c. Food Voucher / Fresh Food	4	2.4

Service Area	Medical Transportation
1. Number of persons to be served	**590**
a. Bus Passes	500
b. Ride Share	100
2. Type of Service	**Units (@$20.00)**
a. Bus Passes Distributed	7,878 units
b. Ride Share	5,000 units
Total Service Units	**12,878**
3. Average Service Units per client	**Units**
a. Bus Passes Distributed	16
b. Ride Share	50

Service Area	Referral	
1. Number of persons to be served	**10**	
a. Pharmacy assistance applications	10	
b. Obtain free medications	10	
2. Type of Service	**Units**	
a. Pharmacy assistance applications	10	
b. Obtain free medications	10	
Total Service Units	**10**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Pharmacy assistance applications	1	1
b. Obtain free medications	1	1

Service Area	Emergency Financial Assistance	
1. Number of persons to be served	**84**	
2. Type of Service	**Units**	
a. Months of Bills Paid	105	
b. # of Checks Written	105	
3. Average Service Units per client	**Units**	**$ Amount**
a. Months of Bills Paid Per Client	1.25	$212.50
b. # of Checks Written Per Client	1.25	NA

Service Area	Housing Assistance	
1. Number of persons to be served	**70**	
2. Type of Service	**Units**	
a. Months of Bills Paid	105	
b. # of Checks Written	105	
3. Average Service Units per client	**Units**	**$ Amount**
a. Months of Bills Paid Per Client	1.5	$644
b. # of Checks Written Per Client	1.5	NA

Service Area	Linguistics	
1. Number of persons to be served	**40**	
a. Provide PLWH with interpretation	40	
b. Provide PLWH with translation	40	
2. Type of Service	**Units**	
a. Provide PLWH with interpretation	160	
b. Provide PLWH with translation	40	
Total Service Units	**200**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Provide PLWH with interpretation	4	1
b. Provide PLWH with translation	1	1

Service Area	MAI: Outpatient Ambulatory Medical Care	
1. Number of persons to be served	**20**	
2. Type of Service	**Units**	
a. Face to Face	120	
b. Lab and Diagnostic test	80	
Total Service Unit	**200**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	6	1.5
b. Lab and Diagnostic test	4	NA
Total Per Client during grant year	**10**	**1.5**

Service Area	MAI: Medical Case Management	
1. Number of persons to be served	**120**	
2. Service Units	**Units**	
a. Face to Face	1,500	
b. Other	1,500	
Total Service Unit	**3,000**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	12.5	3
b. Other	12.5	3
Total Per Client during grant year	**25**	**6**

Service Area	MAI: Outreach	
1. Number of persons to be served	**100**	
a. Number of high risk or HIV+ contacted	100	
b. Community events hosted	10	
c. Number of persons linked to HIV testing	70	
d. Number of persons linked to medical care	4	
2. Type of Service	**Units / Test / Linkage**	
a. Number of high risk or HIV+ contacted	200	
b. Community events hosted	400	
c. Number of persons linked to HIV testing	70 (tests)	
d. Number of persons linked to medical care	4 (linked to care)	
Total Service Units	**670**	
3. Average Service Units per client	**Units**	**Hours / Test / Linkage**
a. Number of high risk or HIV+ contacted	2	.5
b. Community events hosted	4	1
c. Number of persons linked to HIV testing	1	1 (test)
d. Number of persons linked to medical care	1	4 (linked)

III. Implementation Plan:

The importance of improving progress along the HIV care continuum is supported by the use of scientific research that leads to the identification of best practices and evidence based practices. The use of best practices/evidenced informed models is preferred for all services and as applicable/available.

Describe in detail any evidence bases or best practice models you will use to provide the service. Include a reference to the model name and source of the best practice (e.g., "Healthy Living Project," CDC Evidence-Based Intervention-EBI). https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html Ideally, interventions will be based upon proven outreach and engagement models; and/or adaptations of proven models; and /or novel models of outreach and engagement in care, particularly developed for the HIV/AIDs population.

HIV Continuum of Care and Evidenced Based Practices

CARES' mission is to end the HIV epidemic. This mission is achieved through the use of evidence-based practices designed to help PLWH engage in each phase of the HIV Continuum of Care. CARES' utilizes these evidence-based practices to create a seamless, integrated system of care that supports PLWH from the time of diagnosis throughout the stages of care until viral suppression is achieved and maintained. In doing so, CARES' plays a critical role in improving the quality of life of PLWH and ending the local HIV epidemic.

Figure 3 illustrates the Stages of the Continuum, and the evidenced-based practices utilized throughout the service delivery model of CARES.

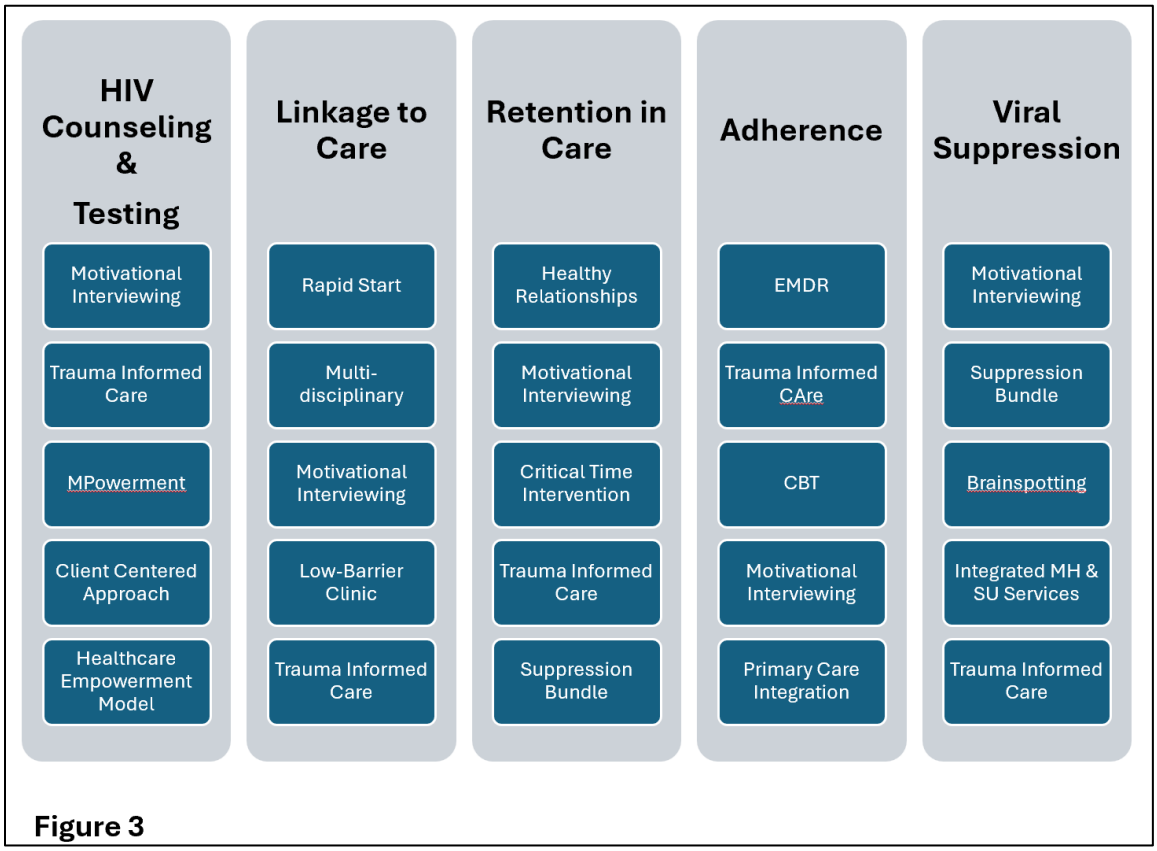


Figure 3

Nashville CARES has a long history of utilizing evidence-based practices to meet the goals of each service area. This proposal incorporates best practices for service delivery with an integrated model across all service areas, which are: Medical Case Management (which also includes Medical Case Management MAI and Non-Medical Case Management), Outpatient Ambulatory Care, Mental Health, Early Intervention Services, Psychosocial services, Food Bank and Home Delivered Meals, Medical Transportation, Referral, Emergency Financial Assistance, Housing Assistance, Linguistics and Outreach. Some of the most well-known models CARES utilizes throughout service delivery areas are described below.

Motivational Interviewing

Motivational Interviewing is a technique designed to increase an individual's motivation to change. This technique helps individuals resolve feelings of ambivalence (indecision or uncertainty) by building discrepancy between current behaviors and desired goals. This approach is used to increase client motivation by promoting change talk and ultimately increase action towards established goals. Motivational Interviewing is a SAMHSA- and HRSA-supported intervention used to mobilize people through the stages of change.

Five Principles of Motivational Interviewing

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Accept client resistance rather than opposing it.
- Support self-efficacy and optimism.

Motivational Interviewing is the foundation of all service areas and is utilized for developing the client – service provider relationship.

Suppression Bundle

The concept of a "Suppression Bundle" is a model of combining three to five evidenced based services to impact access to care, with the outcome of improving viral suppression. This model is utilized through identifying needs during the Medical Case Management assessment, completed biannually or when the circumstances of the PLWH change. This approach is delivered by a interdisciplinary team combining medical, case management, behavioral health and a peer for maximum engagement and support.

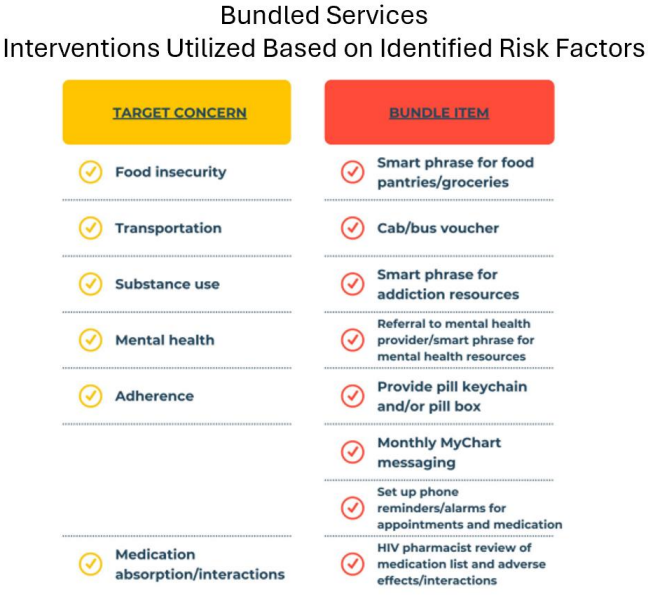


Figure 4

Client Centered Approach

A Client Centered Approach focuses on treating clients with dignity, respect, and compassion. This has been the guiding principle of CARES since its inception. This approach focuses on the whole person and sees each client as unique. Clients guide their own health and wellbeing outcomes, making autonomous decisions with the support of a CARES' service provider. This approach intersects all service areas and is applied across the Care Continuum.

MPowerment

MPowerment is a CDC-endorsed prevention intervention for young same-gender loving men to reduce HIV risk and encourage HIV testing and PrEP initiation. This program utilizes peer support and programming to develop healthy, supportive communities of men who have sex with men that reduces stigma of HIV testing and prevention practices, such testing, safer sex, and PrEP.

Healthcare Empowerment Model

The Healthcare Empowerment Model was designed to increase self-care behaviors of linkage to care, retention, adherence, and viral suppression. Utilization of the empowerment model builds on the strengths and resilience of PLWH and helps them navigate the continuum of care, with service providers assisting to alleviate barriers for successful outcomes.

While each of our service areas operates from the empowerment model, it is the central underpinning of our Psychosocial services, in which peers empower PLWH by modeling self-care and offering ongoing support to achieve positive health outcomes.

Critical Time Intervention

Critical Time Intervention (CTI) is a SAMHSA-endorsed evidence based practice designed to improve outcomes among clients struggling with housing instability. CTI involves 4 stages, with the first being Pre-CTI which focuses on development of the relationship between client and case manager. Moving into Phase 1 - Transition: Through frequent interactions, the case manager and client build rapport and identify stakeholders and other organizations who are part of the support system to create a plan. Phase 2 - Try-Out: During this phase, the client is empowered to implement the plan utilizing the support system that was identified in Phase 1, which results in less frequent interaction as the client interacts with their internal and external support systems. Phase 3 - Transfer of Care: During this phase, most clients have achieved consistent support systems and the case manager's role is to interact as needed to alleviate unforeseen barriers.

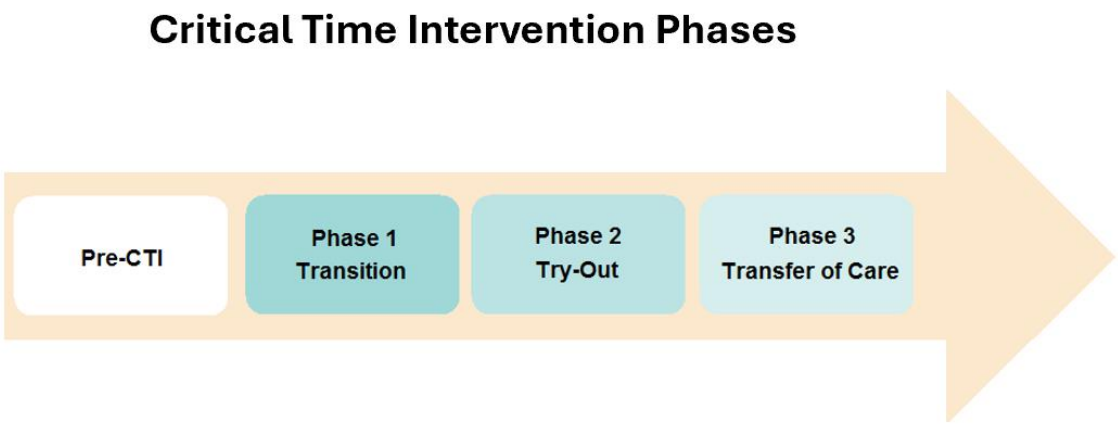


Figure 5

The CTI model is utilized in case management services for clients who experience housing vulnerability, and is adapted to be utilized with clients who have complex bio-psycho-social circumstances that increase barriers to accessing and maintaining HIV health care.

Trauma-Informed Care

Trauma Informed Care (TIC) is defined as an agency-wide approach where providers realize trauma is pervasive, recognize trauma signs and symptoms, and respond by integrating trauma knowledge into service delivery. TIC seeks to resist re-traumatization by providing services through a trauma sensitive lens utilizing six principles:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender issues

TIC has been implemented throughout the service areas to promote wellness and wellbeing for clients. A study conducted at CARES clinic on PLWH exposed to prior trauma or with a current trauma response suggested that an HIV-trauma intervention to improve trauma response increases viral suppression in PLWH who have unsuppressed viremia (Brown et al, 2024).

Healthy Relationships

Healthy Relationships is a CDC-developed High Impact Prevention intervention designed to effect community-level change through peer-led support to PLWH to reduce risky sexual behaviors. Healthy Relationships focuses on addressing stigma to improve an individual's ability to disclose their HIV status to appropriate family, friends, and sexual partners.

This model is utilized in Psychosocial Services.

Cognitive Behavioral Therapy (CBT)

CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. The goal of CBT is to change patterns of thinking or behavior that create barriers that impact individuals overall emotional, physical and mental health and wellbeing.

This approach is utilized in Mental Health and case management services.

Brainspotting

Brainspotting is a somatic psychotherapy treatment that focuses on the connection between the brain and body. It uses a person's field of vision to access the limbic brain and unlock trauma memories that are not typically accessible with traditional talk therapy. The brain is able to reprocess the memories and associated feelings to return one's system to homeostasis. Because this intervention relies on brain-body connection, it can also help alleviate body pain and tension. This intervention aides PLWH, who are disproportionately affected by trauma, in achieving optimal physical and mental wellness.

This approach is utilized in Mental Health Services.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a structured psychotherapy treatment that helps people process traumatic memories and resolve symptoms associated with PTSD. EMDR incorporates eye movements and rhythmic bilateral stimulation to access the traumatic memory and change the way it is stored in the brain, therefore reducing the emotional distress associated with that memory. Like Brainspotting, this intervention is particularly beneficial for PLWH who are disproportionately impacted by trauma and PTSD. This approach is utilized in Mental Health Services.

Best Practices for Outpatient Ambulatory Care services have proven positive health outcomes for PLWH. The CARES clinic has implemented several specific best practice strategic interventions to enhance patient engagement and retention in care, ensuring that PLWH receive consistent and comprehensive medical services. These interventions are designed to reduce barriers to care, improve adherence to treatment, viral suppression and enhance long-term health outcomes.

Rapid HIV Start Program:
The clinic has prioritized rapid initiation of ART. Since October 2024, >90% of new HIV diagnoses (21 total) were started on ART within 72 hours. This early intervention has been shown to reduce time to viral suppression, improve engagement in care, and enhance long-term retention. Rapid initiation is 96% effective in reducing HIV transmission (more effective than any delayed treatment approach) (Cohen, et al. 2011). Some strategies used as part of Rapid Initiation include Observation Therapy (i.e. staff observe newly diagnosed individuals administer first pill), same-day and two-week follow-up blood draws (WHO staging), Teach-back method (ensuring health knowledge acquisition).

Multidisciplinary Care Coordination:
The clinic has strengthened case management and medical care integration, ensuring that PLWH receive multidisciplinary support from a team of medical providers, case managers, behavioral health specialists, and other health navigators. This approach has streamlined referrals, minimized gaps in care, and enhanced retention in medical services.

Integrated Mental Health and Substance Use Services:
Addressing co-occurring mental health and substance use disorders has been central to CARES' retention strategy. With 16% of patients experiencing anxiety disorders and 13% diagnosed with depression, CARES has expanded access to on-site behavioral health services, including individual counseling and medication management. This integrated approach helps stabilize mental health conditions, improving adherence to HIV treatment.

Low-Barrier HIV Clinic for Flexible Access
In response to patient needs, Nashville CARES launched a low-barrier HIV clinic every Tuesday afternoon to accommodate individuals who struggle to attend regular appointments due to mental health and substance use disorders, transportation issues, or other barriers to care. This initiative provides flexible, walk-in access to HIV care, ensuring that patients remain engaged in treatment without the limitations of traditional scheduling.

Expanded Medical Access and Primary Care Integration
To further enhance patient engagement and retention, Nashville CARES has incorporated primary care (PCP) services into its HIV care model, ensuring that PLWH receive comprehensive, whole-person medical care beyond HIV management. Additionally, CARES has streamlined appointment scheduling, making in-person visits available within 72 business hours for all patients to reduce delays in care. To further improve accessibility, CARES has also expanded telemedicine availability, offering flexible virtual appointments for patients who face barriers to in-person visits.

IV. Best Practices:

Provide a clear and succinct description of the proposed project to implement an intervention model designed to create access to HIV testing, improve timely entry, engagement and retention in quality HIV medical care for persons living with HIV infection.

Describe the strategies you will use to identify and engage with key stakeholders recognized and trusted by the HIV/AIDs community; include the names of specific people and entities.

Describe the components of your intervention model and its specific strategies that will:
a) Increase awareness of HIV disease, with a focus on reaching persons at high risk for becoming infected with HIV disease;
b) Identification of high risk persons who need but do not access regular HIV tests and how you will link those persons to HIV testing agencies; and
c) Identification of persons who are HIV positive but have never or who have dropped out of HIV medical care and services and how you will facilitate linking those persons with needed HIV services and care.

Proposed interventions must address personal, financial, sociocultural and structural barriers, especially stigma, that affect PLWHAs access to HIV testing and retention in HIV medical care and services. Define specific barriers that may be encountered by the population being served and discuss how your proposed interventions will positively address each of these barriers.

CARES strives to reduce health-related disparities and address the social determinants of health. PLWH in the Middle Tennessee region receive holistic services at CARES. These services promote empowerment for the individual and are provided in an appropriate cultural and linguistic environment. All service areas proposed in this project focus on the HIV Continuum of Care through an integrated evidence-based approach. CARES is a comprehensive hub providing prevention, care, and treatment services. There are two entry points at CARES to access services. The first entry point is part of a comprehensive prevention program that targets high risk negatives. The second is for people who know their HIV status and are seeking care.

CARES HIV Counseling and Testing Services (CTS) is a core component of the comprehensive prevention program. Targeted testing initiatives to reach high risk individuals as defined by the CDC and TN Department of Health is the focus of prevention services. Additionally, CARES provides clinical HIV testing opportunities for individuals who present at emergency departments, health, and social service organizations to reach those who otherwise do not access routine HIV testing. HIV CTS personnel work closely with Early Intervention Specialists to refer HIV positive individuals either from targeted or clinical testing venues to link newly diagnosed individuals to CARES' services.

Figure 6 and 7 below demonstrate the routes individuals enter CARES services and the path they take to access comprehensive services.

Intervention Model: Nashville CARES HIV Testing, Access and Linkage Model

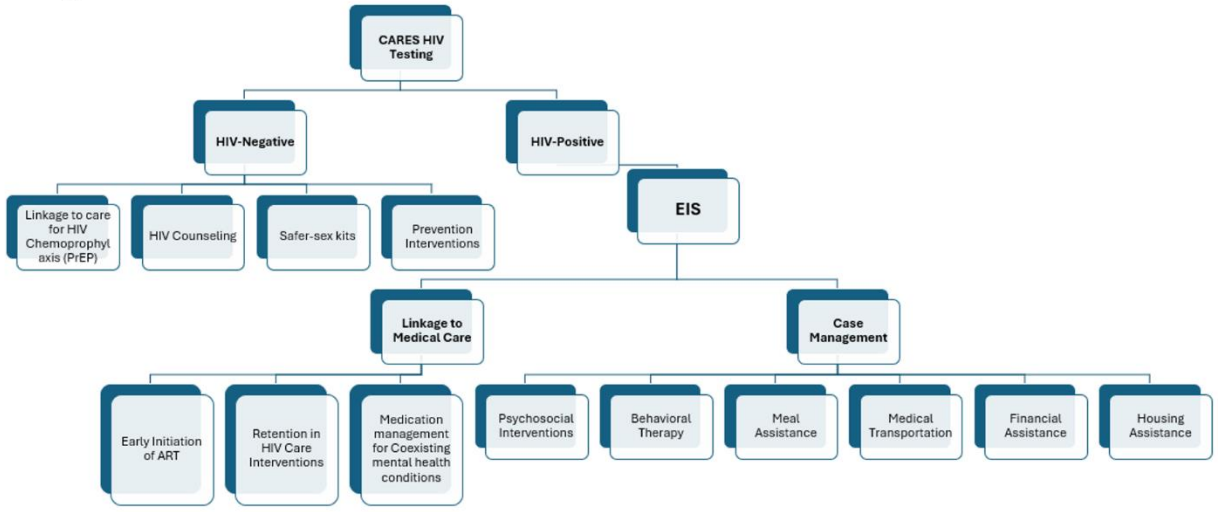


Figure 6 – Entry Point CARES HIV Testing

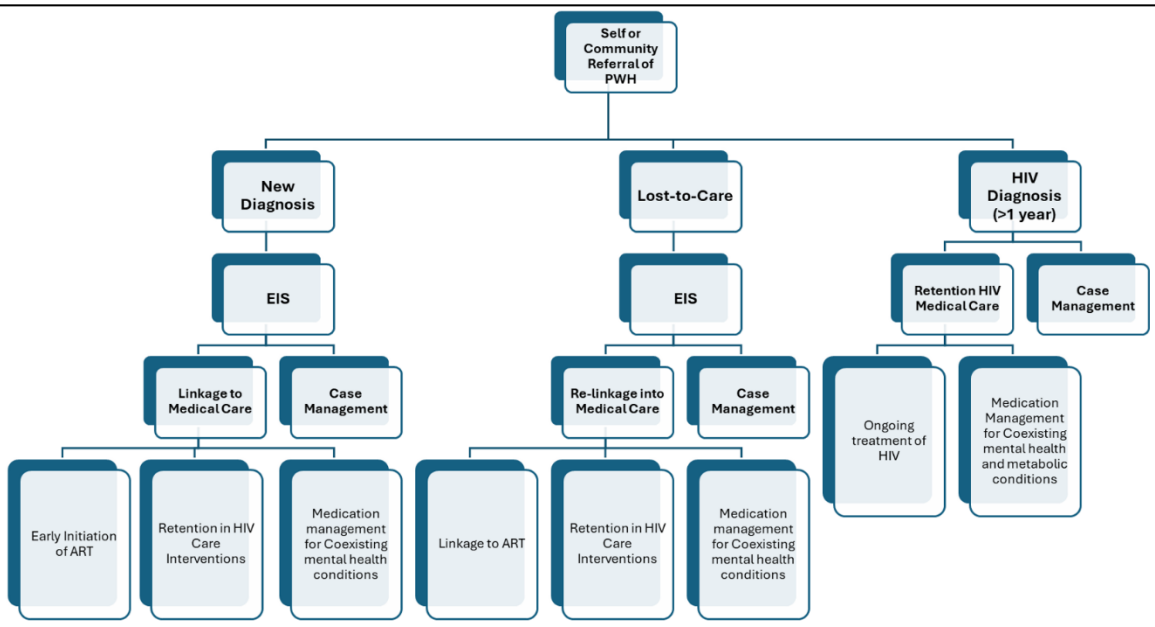


Figure 7 – Entry Point Self or Community Referral

Services represented above in the intervention models are the components of CARES' comprehensive hub that supports PLWH. CARES acknowledges a wide range of stakeholders is

critical to alleviating barriers and ensuring seamless services throughout the community for all clients. For each service area proposed, CARES has formal MOUs and informal partnerships to collaborate and coordinate care for PLWH through the TGA. See list in Team and Qualification section, and MOUs included in attachments.

Each service area within CARES' model is designed to address a full range of psychosocial barriers including: personal, financial, sociocultural, and structural, with the goal of linkage, retention in care, and achieving and maintaining viral suppression. While all services intersect with the others, each service area has a clear strategy to achieve this goal.

Medical Case Management (including MCM MAI and Non-Medical Case Management)

CARES MCM help PLWH address the inherent physical, medical, emotional, and practical issues that arise from living with HIV. MCM assist PLWH gain and maintain access to a full continuum of needed healthcare services, and supportive resources to reduce barriers. This is accomplished through three distinct, but concurrent activities. First, MCMs provide ongoing outreach to medical clinics, health departments, and social services providers throughout the TGA to better coordinate care for PLWH. Second, MCM complete biopsychosocial assessments that serve as the foundation of the individualized CARE Plan. The plan delineates the activities and timeframes to address and resolve the issues and concerns that inhibit the PLWH's ability to become and remain treatment adherent and virally suppressed. Third, a MCM advocates on behalf of a PLWH in an ongoing way to ensure that needed care and services are provided, both by other CARES programs and by private and public stakeholders in the community.

To reduce the structural and social barriers that impede disproportionately impacted PLWH from accessing and staying engaged in care, CARES provides services in traditional and non-traditional locations to meet the needs of all PLWH. CARES' services have been designed to meet PLWH where they are the most comfortable receiving care, reducing inherent structural barriers. This is achieved through a combination of traditional office-based and unique "outwardly deployed" services that are designed to reduce barriers that occur due to PLWH physical needs/limitations, geographical location, stigma and/or access to transportation. This includes home visits, satellite offices throughout the TGA, MCM housed in both HIV clinics and other community social services organizations. Additionally, MCM provides specialized services for clients with unique barriers, including older adults, non-English-speaking clients, men of color who have sex with men, clients with complex medical needs, and clients with housing vulnerabilities. All activities are consistent with the TGA's Standards of Care for MCM services both in design and day-to-day implementation.

Psychosocial

Psychosocial services are primarily provided through PLWH peers. The focus of the services is to provide health and wellness education, as well and emotional support and systems navigation. Peer personnel and volunteers engage PLWH to determine the real or perceived behavioral, psychological, or environmental barrier(s) to HIV treatment adherence and viral suppression. Peers foster trusting relationships between the client and CARES personnel to assist the client in engaging with the appropriate interventions and programs to achieve his/her personal health goals.

As part of the psychosocial service delivery model and in an effort to reduce structural barriers, Healthy University was established. Healthy University programs create a normalizing environment for individuals living with HIV that is respectful, non-discriminatory, and safe. PLWH receive education, support, recreation, and freedom from judgment of gender identity, sexual orientation, race/ethnicity or socioeconomic status. Programs are delivered with the following foundational pillars to increase knowledge, skills, and behaviors: 1) To educate individuals who are HIV+ and their affected family and friends regarding living with HIV successfully; 2) To provide skills to individuals who are HIV+ and their affected family and friends to advocate for themselves within the service delivery system; 3) To provide support for individuals who are HIV+ and their affected family and friends via the CDC's high impact interventions, psychosocial groups, one-on-one counseling, and Alcohol and Substance abuse programs; 4)To provide engagement among peers to practice positive behavior and negotiation skills. Psychosocial programs affect healthy behavior choices, modeling behavior from peer staff and volunteers, addressing stigma and health literacy, and coping with real world stress to decrease sexual risk taking and/or lack of self-care.

During 2020, psychosocial groups rapidly pivoted to offering groups via telehealth platforms. This greatly enhanced access to groups reducing the transportation barrier many participants had experienced prior. Today groups are offered in a variety of formats and times to reduce barriers to access such as transportation, stigma, and travel time. The following are psychosocial groups and programs: *Women's Empowerment Group* (SWEET - Strong Women Empowering Each other Together), *MALES* (Men Advocating Life Education Support), Express Yourself, *Under Construction* (Alcohol & Drug recovery support group), *Silver Strong 50+* (Support group for individuals over 50), *Spiritual Connection* (Spiritual and Emotional Wellness), *Artsy Hearts, The B Side, OrangeTheory Fitness, S.E.T.* (Support, Encourage, Trust), *Healthy Relationships* (CDC- high impact EBI), *StartHere* (Newly Diagnosed, Lost to Care, Affected family/or friends), *Fun Fridays, TSU Cooking, Movie Day, Employment Seminars, Ask-a-Pharmacist, Speaker's Bureau* (Telling your Stories), and various client-suggested programs.

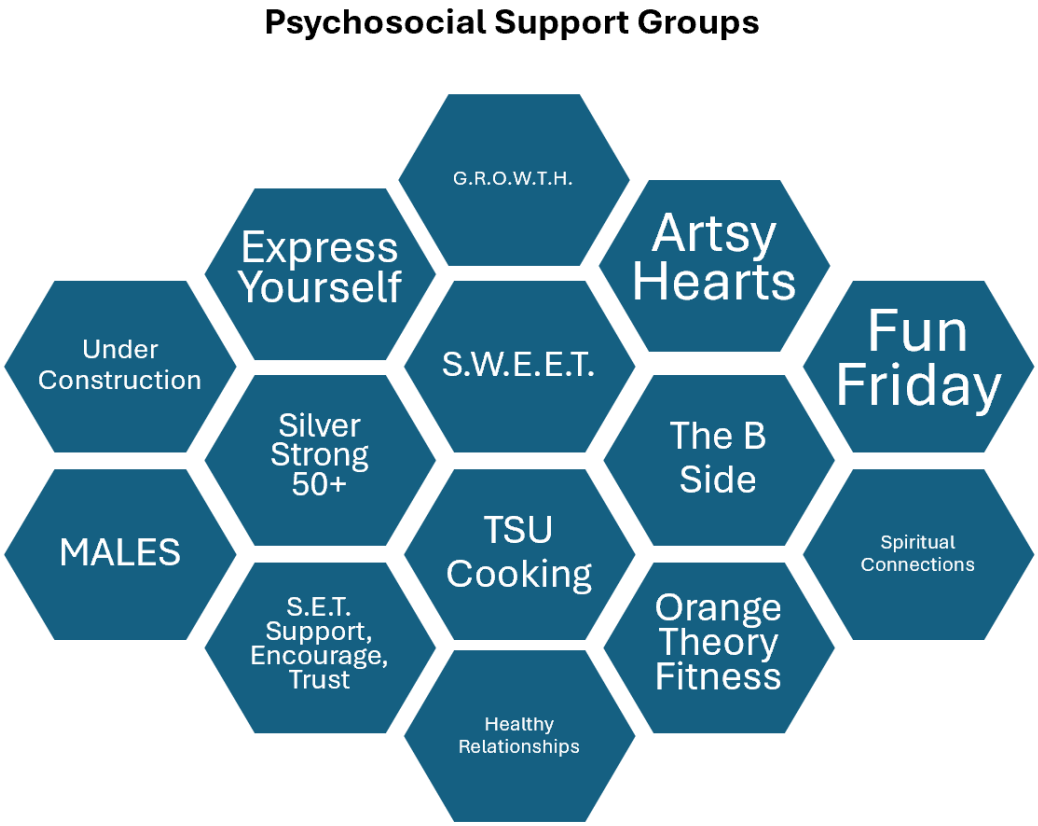


Figure 8

Early Intervention Services (EIS)

EIS personnel assesses newly diagnosed and lost-to-care individuals and then follow routine standards of care to educate, motivate, assess readiness for, and directly accompany individuals to initial HIV primary care visits. EIS are specialized to ensure that the wide variation in PLWH's readiness and understanding are addressed more efficiently to drive enrollment into medical case management and dis-enrollment with EIS. Ultimately, each individual exercises autonomy in making decisions regarding HIV medical care and other support services referrals. This includes PLWH who are not in care, though previously diagnosed and informed of their HIV infection.

This EIS program has worked systemically for more than 15 years to identify and work with four groups of agencies (key stakeholders) that have the potential to serve as ongoing "points of entry" for PLWH who are new to care. First, EIS staff routinely build working relationships with existing community health services providers (outside of Lentz), assuring connections are maintained through staff turnover at each agency. Specifically, CARES' staff collaborate with Federally Qualified Health Centers (NH, MWCHC), HIV/STD testing programs/agencies, and others to enhance and improve the coordination of their services with existing HIV medical and

social services. Second, EIS staff continually identify, contact, and develop services connections with specific EDs, mental health, and AOD treatment centers, correctional settings and social services agencies (predominately for those who are unstably housed) throughout the TGA where PLWH are receiving services but may not be linked to HIV medical and social services care. Much is done through systematic review with TDH of all new HIV diagnoses for the most currently reported year to identify service providers within the TGA. Third, EIS staff will work with local providers of HIV outreach and testing services (especially new programs) to coordinate their efforts with HIV medical and social services providers. Where needed, EIS continues to assist with the ongoing implementation of strategies to identify and address the barriers that keep PLWH from accessing HIV medical care following a positive test result. As noted in the EIS Standards of Care, an entity becomes formally eligible to be a "Point of Entry" when it has identified at least three HIV-positive cases in the last year. For these agencies, Memoranda of Understanding and/or HIPAA Business Agreements defining respective roles and responsibilities will be developed and staff will be trained in the provision of coordinated services. The EIS/Intake Coordinator provides oversight and conducts most of the activities associated with creation of a POE. CARES continually adds to its system of care access points, as well as POEs, to increase access to care for PLWH in the TGA. These activities are in line with the Nashville 'Ending the Epidemic" recommendation to strengthen this component of EIS.

Mental Health

The service model CARES uses to administer mental health services is a standard behavioral health model that employs a clinical psychotherapy approach. To address a client's mental health, clinicians first conduct biopsychosocial assessments utilizing standardized psychometric instruments. After completing the assessment, clinicians then determine a mental health diagnosis. In partnership with the client, a treatment plan is developed and monitored by the clinician. CARES' approaches individualized client plans from a strengths-based and client-centered framework and utilizes interventions like Motivational Interviewing to discuss the process of change. CARES utilizes multiple treatment modalities—including Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma-Informed Care, as well as validated psychometric scales to measure progress with mental health symptoms. The Clinic Medical Director oversees the psychiatric needs of PLWH.

Medical Transportation

The transportation program is designed to increase client access to available medical and social service resources so that they can improve their ability to manage and live with HIV/AIDS. The primary target areas for clients to improve access are: medical and dental appointments, acute medical or dental care, public and private social services appointments, pharmacy services, addiction and mental health services, job training and search, and grocery shopping. Transportation services at Nashville CARES are based on the individual's demonstrated need for assistance, be it economic and/or lack of appropriate access to needed resources. Transportation resources are assessed through a case manager as part of the comprehensive biopsychosocial assessment. This assessment will be updated twice annually or as the individual's needs or circumstances change.

Assistance will be provided to clients who use the "WeGo" Public Transit bus line as a primary means for transportation, and includes Access Ride which serves PLWH who have disabilities and are unable to access standard bus service.

CARES has implemented a new transportation program that provides Ride Share transportation to and from medical appointments for clients within specialized services (older adult, rural, non-virally suppressed, isolated, new-to-care, lost-to-care, etc.) via Uber Health.

For individuals with private automobiles and limited gas funds a Gas Voucher is provided to reduce barriers and address transportation needs. The gas card program is *not* requested through this proposal, as other leveraged resources are funding this initiative.

Emergency Financial Assistance (EFA) and Housing Assistance

By design, the proposed EFA and Housing Assistance services enhance CARES' direct financial assistance program by targeting specific populations whose economic vulnerability directly impacts their health, participation in healthcare, and ability to achieve/maintain viral suppression. EFA provides resources for utility payments, and Housing Assistance provides rental assistance. Both prioritize resources specifically to PLWH living in subsidized housing, who are at risk of homelessness, or who reside in unstable housing. Additionally, services are designed to serve individuals who are experiencing a short-term/temporary financial crisis due to illness, significant medical/prescription expenses, loss of income, and/or significant costs associated with maintaining a safe and healthy living environment. All of the PLWH served will have experienced one of these circumstances. To be eligible for EFA or Housing Assistance, clients must be unable to access other financial assistance resources within the community. Therefore, Ryan White Part A is the payor of last resort.

Medical Case Managers serve as the access point to EFA and Housing Assistance services. The goal of EFA and Housing Assistance service is to achieve economic and housing stability. EFA and Housing services are part of a comprehensive medical case management plan that alleviates barriers to empower PLWH to achieve medical, emotional, and practical stability and self-sufficiency.

Food Bank and Home Delivered Meals

CARES believes in the philosophy that "food is medicine." Across the TGA, food deserts, food swamps, and food insecurity impact PLWH. Studies support that PLWH with food insecurity who receive effective food & nutrition services are less likely to miss medical appointments, have fewer hospitalizations and emergency room visits, and are more likely to receive and comply with HIV medication regimen (Academy of Nutrition and Dietetics).

The Food Bank and Home Delivered Meal program provides PLWH with comprehensive options for supplementing and meeting their nutritional needs. These include 1) Traditional Food Pantry services in the form of pre-packed bags of fresh produce and dry and canned goods; 2) Ready-to-Eat food bags designed for PLWH who are homeless or have no access to cooking facilities; 3) The Choice Food Pantry where clients are able to choose preferred vegetables, fruits, grains, protein, etc; 4) Care-a-Van Cuisine which provides frozen meals for easy

preparation; 5) Specialized Nutrition which provides food items to meet special dietary and cultural needs. **See Figure 9**

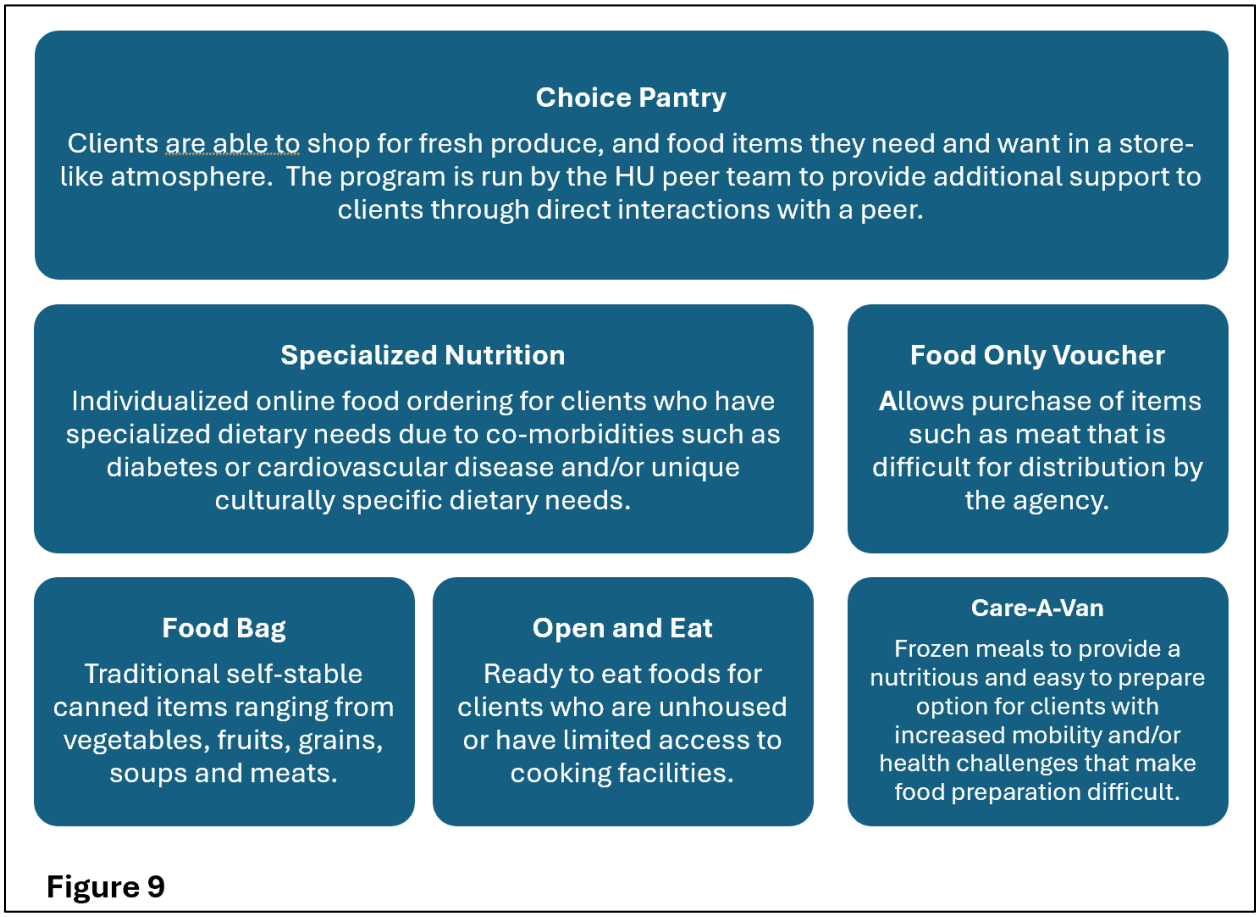


Figure 9

CARES' nutritional services provide clients with ingredients to prepare healthy and nutritional meals to support a balanced diet essential to effective HIV treatment adherence. Choice Pantry and the Specialized Nutrition Program also allow clients to ensure the contents are their food bags are culturally appropriate and meet any specialized dietary needs they may have.

Food Bank services at Nashville CARES are based on the individuals' demonstrated need for assistance, be it economic and/or lack of appropriate access to quality food. Nutritional needs are assessed through a case manager as part of the comprehensive biopsychosocial assessment. This assessment will be updated twice annually or as the individual's needs or circumstances change.

V. Service Specific Questions:

1. Service Model

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in each activity.

MCM GOAL: Assist PLWH to identify and address barriers that limit a person's ability to connect to HIV medical care and then link with needed services and to support the coordination and follow up of a person's medical care so they successfully participate in adhere to HIV medical care and achieve viral suppression.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
1,700 PLWH will receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning • Implementation • Monitoring • Reassessment	• Complete assessment and care plan • Case notes and care plan needs documented • Reported engagement in medical care	MCM Staff	February 28, 2026
1,530 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • % attended medical care	MCM Staff	February 28, 2026
1,377 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

OUTPATIENT AMBULATORY CARE GOAL: Provide comprehensive, accessible and culturally competent HIV outpatient/ambulatory care in accordance with PHS Guidelines, in order to improve health outcomes for individuals who do not have access to other payors for HIV health care.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
40 PLWH will receive Outpatient Ambulatory Care	• Provider visit • Lab and diagnostic services	• Appointment attendance	Clinic Staff	February 28, 2026
20 newly diagnosed receive Rapid ART	• Linkage to clinic for new diagnosis • Provider visit • Lab and diagnostic services • Prescribed ART within 72 hours of diagnosis	• Positive HIV tests are reported to clinic staff within same business day • 20 of newly diagnosed patients prescribed ART within 72 hours	Clinic Staff	February 28, 2026
38 (96%) PLWH will be retained in care	• Provider visit • Assessing and navigating barriers to retention in care • Monitor adherence	• At least 96% of PWH enrolled in clinic are engaged in care (at least 2 viral loads and/or office visits per year). •	Clinic Staff	February 28, 2026
34 (90%) PLWH retained in care will achieve viral suppression	• Lab and diagnostic services • Assessing and navigating barriers to viral suppression • Monitor adherence	• Viral suppression lab value	Clinic Staff	February 28, 2026

MENTAL HEALTH GOAL: Increase emotional support for people living with HIV who are experiencing mental health symptoms				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
125 PLWH recognize mental health diagnosis	Referred into BH and screening conducted.	Initial behavioral health assessment conducted.	BH Therapists	February 28, 2026
125 PLWH develop an individualized MH care plan	• Schedule initial meeting • Complete initial assessment • Care plan is created collaboratively	Care plan is completed in full and updated every 180 days.	BH Therapists	February 28, 2026
30 PLWH will participate in group sessions	• Attend group sessions	Care plan is completed in full and updated every 180 days.	BH Therapists	February 28, 2026
25 PLWH will receive psychiatric medication services	• Schedule initial meeting • Complete initial assessment • Care plan is created collaboratively	Care plan is completed in full and updated every 180 days.	Psychiatric Prescriber	February 28, 2026
75 PLWH follow MH care plan until resolution of initial MH symptoms	After completion of baseline assessment, client receives follow-up assessments at least every 180 days or by end of planned termination.	Changes in symptoms are assessed qualitatively (verbally) and through validated psychometric instruments.	BH Therapists	February 28, 2026

EIS GOAL 1: Link HIV Positive Individuals to HIV Outpatient Ambulatory Care				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**

Link 75 newly diagnosed individuals in the TGA to care	• Outreach • Assessment • Referral • Linkage • Reassessment	• -% linked within 30 days of diagnosis • % achieving 2 HIV apts within a year (at least 3 months apart) • - % achieving viral suppression	EIS Coordinator and EIS Specialists	February 28, 2026
Link 75 previously diagnosed individuals in the TGA that have been lost to care	Outreach, Assessment, referral, linkage and reassessment	• -% linked within 30 days of referral • - % achieving 2 HIV apts within a year (at least 3 months apart) • -Establish base line viral load • -% achieving viral suppression	EIS Coordinator and EIS Specialists	February 28, 2026
EIS GOAL 2: Identify "Points of Entry" in the TGA where PLWH not linked to care may receive services				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Increase EIS Points of Entry to outreach to clients	Meet with providers that test for HIV.	Signed MOA Staff trained on EIS	EIS Coordinator and Director of Client Serivces	February 28, 2026

Non-Medical Case Management GOAL: Assist PLWH by providing guidance and assistance in improving access to needed services, with a focus on housing stability.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
50 PLWH receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning	• Complete assessment and care plan	MCM Staff	February 28, 2026

	• Implementation • Monitoring • Reassessment	• Case notes and care plan needs Reported engagement in medical care		
45 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • Link eligible clients to Insurance Assistance Program • % linked to medical care	MCM Staff	February 28, 2026
41 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

PSYCHOSOCIAL SERVICES GOAL: To assist PLWHA with supportive services that enhances the person's ability to maintain/improve overall health status.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 300 PLWH with individual and group support	• Recruitment, Referral • Assessments • Linkage to other services	• 96% of newly diagnosed or lost-to-care clients linked within 30 days of diagnosis/EIS to Peer Services • 90% achieving medication adherence and increased health literacy • 85% virally suppressed	Psychosocial staff and peer volunteers	February 28, 2026

FOOD BANK AND HOME DELIVERED MEALS GOALS: Increase food access for PLWH				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Distribute food bags to 800 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026
Distribute frozen meals to 150 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026
Distribute fresh food bag / voucher to 800 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026

MEDICAL TRANSPORTATION GOAL: Provide transportation resources to ensure access to medical and supportive services				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 500 PLWH with bus passes	Assess eligibility Distribute bus pass	Receipt of pass documented in client record	Support Services Coordinator	February 28, 2026
Provide 40 PLWH with access ride bus vouchers	Assess eligibility Distribute bus pass	Receipt of pass documented in client record	Support Services Coordinator	February 28, 2026
Provide 100 PLWH with Ride Share	Assess eligibility and set up ride	Completion of Ride Share	Support Services Coordinator	February 28, 2026

REFERRAL GOAL: Provide access to needed services in order to improve engagement and maintenance in HIV medical care and services.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
10 PLWH receive pharmacy assistance application	• Assessment of medication assistance need • Complete Patient Assistance Application	Completed application	Patient Lead	February 28, 2026
10 PLWH receive free medication	• Qualify and enroll in assistance program	Obtainment of medication	Patient Lead	February 28, 2026

EFA GOAL: Provide short-term financial support with utility payment to A) support access of and/or to maintain medical care adherence to medical care and/or health and wellness B) Address financial need that due to high and/or unexpected medical cost.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
84 PLWH receive utility payment	• Assessment of financial need • Develop / Implement	Attainment of financial assistance to maintain utility service	Medical Case Manager	February 28, 2026

	CARE plan to address need • Approval from ad-hoc committee			

HOUSING GOAL: Provide short-term financial support with rental payments to maintain PLWH in stable housing in order to facilitate continuation of HIV medical care and appropriate medication adherence and improving quality of life and health outcomes.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
70 PLWH receive rental payment	• Assessment of financial need • Develop / Implement CARE plan to address need • Approval from ad-hoc committee	Attainment of financial assistance to maintain utility service	Medical Case Manager	February 28, 2026

LINGUISTIC GOAL: Provide access to needed linguistic services in order to facilitate the delivery of HIV medical care and services in order to improve overall health status.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 40 PLWH with interpretation services	• Assessment of need • Delivery of interpretation service	• Utilization of interpretation service • Documented in client record	Client Service staff	February 28, 2026
Provide 40 PLWH with translation services	• Assessment of need • Delivery of translation service	• Utilization of translation service • Documented in client record	Client Service staff	February 28, 2026

MAI OUTPATIENT AMBULATORY CARE GOAL: Provide comprehensive, accessible and culturally competent HIV outpatient/ambulatory care in accordance with PHS Guidelines, in order to improve health outcomes for individuals who do not have access to other payors for HIV health care.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**

20 PLWH will receive Outpatient Ambulatory Care	• Provider visit • Lab and diagnostic services	• Appointment attendance	Clinic Staff	February 28, 2026
10 newly diagnosed receive Rapid ART	• Linkage to clinic for new diagnosis • Provider visit • Lab and diagnostic services • Prescribed ART within 72 hours days of diagnosis	• Positive HIV tests are reported to clinic staff within same business day • 20 of newly diagnosed patients prescribed ART within 72 hours	Clinic Staff	February 28, 2026
19 (96%) PLWH will be retained in care	• Provider visit • Assessing and navigating barriers to retention in care • Monitor adherence	• At least 96% of PWH enrolled in clinic are engaged in care (at least 2 viral loads and/or office visits per year). •	Clinic Staff	February 28, 2026
17 (90%) PLWH retained in care will achieve viral suppression	• Lab and diagnostic services • Assessing and navigating barriers to viral suppression • Monitor adherence	• Viral suppression lab value	Clinic Staff	February 28, 2026

MAI MCM GOAL: Assist PLWH to identify and address barriers that limit a person's ability to connect to HIV medical care and then link with needed services and to support the coordination and follow up of a person's medical care so they successfully participate in adhere to HIV medical care and improving viral suppression for MAI population.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
120 PLWH receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning • Implementation • Monitoring • Reassessment	• Complete assessment and care plan • Case notes and care plan needs documented • Reported engagement in medical care	MCM Staff	February 28, 2026
108 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • % linked to medical care	MCM Staff	February 28, 2026
97 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

MAI OUTREACH GOAL: Provide community focused outreach services to high risk communities (Hispanic) in order to increase HIV knowledge of HIV prevention, identification and treatment in order to assure early identification				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Engage 100 people at high risk for HIV in the Hispanic community	• Provide direct prevention to community in face to face and group interactions	• Individuals engaged in targeted prevention services	Outreach staff	February 28, 2026
Host 10 testing and engagement events in the Hispanic community	• Attend community events	• Attended events in target population	Outreach staff	February 28, 2026
Test 70 high risk individuals for HIV in the Hispanic community	• Provide HIV testing and counseling services	• Completed HIV test	Outreach staff	February 28, 2026
Link new diagnosis to care	• Link to medical care within 72 hours of diagnosis	• Attend first medical appointment	Outreach staff	February 28, 2026

Attachment D

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Certifications of Assurance

As a condition of receipt of this funding, the Recipient assures that it will comply fully with the provisions of the following laws.

- The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116;
- Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements

By accepting this funding, the signee hereby certifies, to the best of his or her knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

c. The Recipient shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly.

Signature of Authorized Representative

Name: Jessica Hoke

Title: CCO

Agency Name: Nashville CARES

Date: 1/13/2026

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Non-Profit Grants Manual Receipt Acknowledgement

As a condition of receipt of this funding, the recipient acknowledges the following:

- Receipt of the Non-Profit Grants Manual, updated February 2, 2023, issued by the Division of Grants and Accountability. Electronic version can be located at the following: Non-Profit Grant Resources
- The recipient has read, understands and hereby affirms that the agency will adhere to the requirements and expectations outlined within the Non-Profit Grants Manual.
- The recipient understands that if the organization has any questions regarding the Non-Profit Grants Manual or its content, they will consult with the Metro department that awarded their grant.

**Note to Organizations: Please read the Non-Profits Grants Manual carefully to ensure that you understand the requirements and expectations before signing this document.*

Signature of Authorized Representative
Name: Jessica Hoke
Title: COO
Agency Name: Nashville CARES
Date: 1/13/2026

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222395
July 07, 2011 LTR 4168C E0
62-1274532 000000 00
00018810
BODC: TE

NASHVILLE C A R E S INC
633 THOMPSON LN
NASHVILLE TN 37204

036876

Employer Identification Number: 62-1274532
Person to Contact: Miss Converse
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 27, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1986.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

Details

NASHVILLE CARES

633 THOMPSON LANE NASHVILLE TN 37204
ANGELA MURRAY
(615) 330-2103
www.nashvillecares.org
Status: Active
CO Number: CO883
Registration Date: 04/01/1996
Renewal Date: 03/31/2026

Purpose

Nashville CARES exists to end the HIV epidemic, promote comprehensive sexual health, and end sexual health stigmatization and discrimination through prevention, education, treatment, support, advocacy, and strategic partnership.

Financials (28)

Fiscal Year End	Total Revenue
06/30/2024	$63,162,061.00
06/30/2023	$40,203,854.00
06/30/2022	$39,079,457.00
06/30/2021	$35,952,679.00
06/30/2020	$39,053,257.00

Details

NASHVILLE CARES

633 THOMPSON LANE NASHVILLE TN 37204
ANGELA MURRAY
(615) 330-2103
www.nashvillecares.org
Status: Active
CO Number: CO883
Registration Date: 04/01/1996
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Nashville CARES exists to end the HIV epidemic, promote comprehensive sexual health, and end sexual health stigmatization and discrimination through prevention, education, treatment, support, advocacy, and strategic partnership.

Financials (28)

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06/30/2024	$63,162,061.00
06/30/2023	$40,203,854.00
06/30/2022	$39,079,457.00
06/30/2021	$35,952,679.00
06/30/2020	$39,053,257.00

NASHVILLE CARES (COUNCIL ON AIDS RESOURCES, EDUCATION, AND SERVICES)

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Mutual Benefit Corporation

Status: Active
Control Number: 000163095
Initial Filing Date: 10/21/1985 4:30:00 PM
Fiscal Ending Month: June
AR Due Date: 10/01/2026

Registered Agent

AMNA OSMAN, MPA
633 THOMPSON LN
NASHVILLE, TN 37204

Principal Office Address

633 THOMPSON LANE
NASHVILLE, TN 37204-3616

Mailing Address

633 THOMPSON LANE
NASHVILLE, TN 37204-3616

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (44)

Type	Date	Tracking Number	Change History
2025 Annual Report for NASHVILLE CARES (COUNCIL C AIDS RESOURCES, EDUCATION AND SERVICES)	9/29/2025 5:56:26 PM	B2025791296	○ Annual Report Due Date changed from: 10/1/2025 to: 10/1/2026 ○ Officers Changed
2024 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2024 7:27:13 AM	B1629-8797	
2023 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2023 5:14:34 PM	B1457-5405	
2022 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/28/2022 5:35:47 PM	B1296-3145	○ Principal Address 1 changed from: 633 THOMPSON LN to: 633 THOMPSON LANE
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/4/2022 2:14:00 AM		

Assumed Name for Nashville CARES (Council on AIDS Resources, Education, and Services)	4/20/2022 1:58:22 PM	B1203-2989	○ New Assumed Name changed from: No Value to: Nashville CARES' Clinic at My House
2021 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	7/26/2021 11:13:56 AM	B1071-6486	
2020 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/11/2020 10:46:57 AM	B0955-4053	○ Principal Address 3 changed from: PATRICIA M HIGGINS to: NASHVILLE CARES - CEO/CFO
Notice of Determination for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/2/2020 1:40:21 AM	B0935-4462	
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2020 1:40:34 AM		
2019 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/10/2019 4:43:09 PM	B0765-9373	○ Principal Address 3 changed from: TAMMY GLASS to: PATRICIA M HIGGINS ○ Registered Agent First Name changed from: JOSEPH to: AMNA ○ Registered Agent Last Name changed from: INTERRANTE, PHD to: OSMAN, MPA ○ Registered Agent Physical Address 1 changed from: 633 THOMPSON LANE to: 633 THOMPSON LN ○ Registered Agent Physical Postal Code changed from: 37204 to: 37204-3616
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2019 1:40:25 AM		
2018 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	7/17/2018 1:28:01 PM	B0571-6336	

2017 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/29/2017 4:04:49 PM	B0447-0965	○ Principal Address 3 changed from: ROBERT ADAMS to: TAMMY GLASS
2016 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/26/2016 1:50:50 PM	B0300-1912	
2015 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2015 1:26:19 PM	B0156-3786	○ Principal Address 3 changed from: No value to: ROBERT ADAMS
2014 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2014 12:27:44 PM	B0002-8877	
2013 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2013 1:31:04 PM	A0202-0766	
2012 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2012 8:00:00 AM	A0144-2577	○ Principal Address 1 changed from: 633 THOMPSON LANE to: 633 THOMPSON LN ○ Principal Postal Code changed from: 37204 to: 37204-3616
2011 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/26/2011 8:00:00 AM	A0098-0950	○ Principal Address 1 changed from: 501 BRICK CHURCH PARK DRIVE to: 633 THOMPSON LANE ○ Principal Postal Code changed from: 37207 to: 37204 ○ Registered Agent Last Name changed from: INTERRANTE PH D to: Interrante, PhD ○ Registered Agent Physical Address 1 changed from: 501 BRICK CHURCH PARK DR to: 633 THOMPSON LANE ○ Registered Agent Physical Postal Code changed from: 37207 to: 37204
Notice of Determination for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/3/2011 3:04:49 AM	A0096-1202	

System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/5/2011 3:02:57 AM		
2010 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2010 8:00:00 AM	A0047-0566	
2009 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/5/2009 9:23:35 AM	A0001-0366	○ Principal Address 1 changed from: 501 BRICK CHURCH to: 501 BRIC CHURCH PARK DRIVE
2008 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2008 12:08:05 AM	6384-1511	
2007 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/27/2007 12:06:19 AM	6137-0627	
2006 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/25/2006 12:06:41 AM	5866-1846	
2005 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/29/2005 12:05:34 AM	5572-0638	
2004 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2004 12:05:53 AM	5244-1271	○ Principal Address Changed ○ Registered Agent Physical Address Change ○ Mail Address Changed
2003 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2003 12:05:34 AM	4926-0668	

2002 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/23/2002 12:03:08 AM	4606-0254	
2001 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/26/2001 12:05:22 AM	4307-0649	
2000 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	8/4/2000 12:04:48 AM	3969-0550	
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/4/1995 12:01:53 AM	3061-1489	○ Principal Address Changed ○ Registered Agent Physical Address Change
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/19/1994 12:02:12 AM	2905-0907	○ Registered Agent Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/8/1992 12:01:23 AM	2603-0655	○ Registered Agent Physical Address Change ○ Mail Address Changed ○ Fiscal Year Close Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	1/28/1992 12:01:54 AM	2365-1521	○ Principal Address Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	1/30/1991 12:03:48 AM	2063-0564	○ Registered Agent Changed
Administrative Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	3/13/1990 12:01:09 AM	1675-0504	○ Mail Address Changed

Articles of Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	3/12/1990 12:01:54 AM	1675-0507	○ Principal Address Changed
Registered Agent Change (by Agent)	9/16/1987 12:02:56 AM	711 01200	○ Registered Agent Physical Address Change ○ Registered Agent Changed
Articles of Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	8/18/1987 12:01:41 AM	705 01267	○ Name Changed
Administrative Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	5/4/1987 12:02:18 AM	684 02607	○ Mail Address Changed
Initial Filing for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/21/1985 12:03:49 AM	571 02400	

Name History (2)

CHARTER

OF

NASHVILLE C.A.R.E.S. INC.

The undersigned natural person or persons, having capacity to contract and acting as the incorporator or incorporators of a corporation under the Tennessee General Corporation Act, adopt the following charter for such corporation: BOOK 6712 PAGE 993

1. The name of the corporation is NASHVILLE C.A.R.E.S., INC.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be:

131 15th Ave No. Nashville, Tn 37203

4. The purpose or purposes for which the corporation is organized are:

(a) To provide support, counseling, social services relief, and direct services to persons suffering from AIDS and to those persons families and loved ones.

(b) To educate and inform the general public by providing the most current medical and scientific information about AIDS, evaluation methods, and risk reduction practices.

(c) To provide for research opportunities for those interested in providing data about the various aspects of the disease and evaluation methods.

(d) To work with community leaders, the news media, governmental agencies and private organizations to insure that the issues surrounding the AIDS virus are addressed responsibly and accurately.

5. This corporation is to have members.

Corporation not for profit.

6. No part of the net earnings of this corporation shall inure to the benefit of any member, director, or other individual.

7. This corporation shall not carry on propaganda, or otherwise attempt to influence legislation, and shall not participatre in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

1985 OCT 2[illegible]

8. In the event of the dissolution of this corporation, the net assets shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations, which are not for profit, and which themselves are exempt organizations as described in Section 501(c)(3) and Section 170(c)(2) of the Federal Internal Revenue Code of 1954, or corresponding sections of any prior or future Federal Internal Revenue Code: or to the State of Tennessee or any County or Municipality of the State of Tennessee, for exclusively public purposes.

Notwithstanding any other provisions of these articles, this corporation will not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States internal revenue law or (b) a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States internal revenue law.

9. Whenever the members or directors are required or permitted to take any action by vote, such action may be taken without a meeting on written consent, setting forth the action so taken, signed by all of the persons entitled to vote thereon.

DATED, this 21 day of October, 1985.

INCORPORATOR

Janet E. Pierce

bakertilly

Nashville CARES

Financial Statements and
Supplementary Information

June 30, 2025 and 2024

Nashville CARES

Table of Contents
June 30, 2025 and 2024

Nashville CARES

2025 Board of Directors

Officers

Terrance Bond, J.D., President

Richard D. Bird, Jr., CPA, Treasurer

Claire Wisely, Secretary

Beth-Ann Martorello, CISA, CCSA, CRISA, Immediate Past President

At-Large Members

David Andrews

Josephine (Betsy) Bahn, ACNP-BC

Christopher Ott, MD, FACEP

Shamille Wharton

George Rowe, III, J.D.

Gerran Thomas, PhD, M.S., M.A.

Nashville CARES

2024 Board of Directors

Officers

Beth-Ann Martorello, CISA, CCSA, CRISC, President

Christopher Ott, MD, FACEP, Past President

Richard D. Bird, Jr., CPA, Treasurer

Claire Wisely, Secretary

At-Large Members

David Andrews

Terrance Bond, J.D.

George Rowe, III, J.D.

Josephine (Betsy) Bahn, ACNP-BC

Sheri Nichols Bucy

Gerran Thomas, PhD, M.A.

Independent Auditors' Report

To the Board of Directors of
Nashville Cares

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Nashville Cares (the Organization), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

The financial statements of Nashville CARES as of and for the year ended June 30, 2024, were audited by other auditors whose report thereon, dated February 11, 2025, expressed an unmodified opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

Additional Information

Management is responsible for the accompanying introductory section on page 1 (the additional information), which is presented for purposes of additional analysis and is not a required part of the basic financial statements. Our opinion on the financial statements does not cover the additional information, and we do not express an opinion or any form of assurance thereon.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* and State of Tennessee Audit Manual is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 27, 2026 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Baker Tilly US, LLP

Nashville, Tennessee
March 27, 2026

Nashville Cares

Statements of Financial Position
June 30, 2025 and 2024

	2025	2024
Assets		
Cash and cash equivalents	$ 21,360,960	$ 19,545,958
Accounts receivable	872,890	1,261,348
Federal, state and local government grants and contracts receivable	1,873,609	1,386,261
Prepaid expenses and other	222,687	176,836
Property and equipment, net	5,019,951	4,041,198
Operating lease, right-of-use asset	150,873	178,164
Beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	50,513	48,115
Total assets	$ 29,551,483	$ 26,637,880
Liabilities and Net Assets		
Liabilities		
Accounts payable	$ 1,886,722	$ 3,076,275
Accrued payroll and compensated absences	661,423	371,246
Deferred revenue	10,884,277	9,558,143
Operating lease liability	153,663	178,586
Notes payable	1,269,664	1,541,026
Total liabilities	14,855,749	14,725,276
Net Assets		
Without donor restrictions:		
Undesignated	10,556,593	9,179,148
Designated for property and equipment, less related debt	3,750,287	2,500,172
Designated for beneficial interest in agency endowment fund	50,513	48,115
Total without donor restrictions	14,357,393	11,727,435
With donor restrictions	338,341	185,169
Total net assets	14,695,734	11,912,604
Total liabilities and net assets	$ 29,551,483	$ 26,637,880

See notes to financial statements

Nashville Cares

Statement of Activities
Year Ended June 30, 2025

	Without Donor Restrictions	With Donor Restrictions	Total
Public Support and Revenue			
Public support:			
Contributions	$ 166,865	$ -	$ 166,865
Contributed nonfinancial assets	8,030	-	8,030
Special events	263,110	-	263,110
Less direct expenses	(415,784)	-	(415,784)
Federal, state and local grants and contracts	42,664,623	437,500	43,102,123
Foundation and corporate grants	1,549,016	-	1,549,016
Total public support	44,235,860	437,500	44,673,360
Medication revenue	29,951,012	-	29,951,012
Interest income	242,077	-	242,077
Other revenue	80,614	-	80,614
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	4,842	-	4,842
Net assets released resulting from satisfaction of donor restrictions	284,328	(284,328)	-
Total public support and revenue	74,798,733	153,172	74,951,905
Expenses			
Program services:			
Case management services	2,996,604	-	2,996,604
Housing and financial assistance	704,144	-	704,144
Emotional and practical support	1,609,404	-	1,609,404
Educational services	2,081,326	-	2,081,326
Public policy and advocacy	303,360	-	303,360
Insurance assistance	36,982,335	-	36,982,335
Healthcare	23,777,631	-	23,777,631
Supporting services:			
Management and general	2,922,948	-	2,922,948
Marketing	468,194	-	468,194
Fund development	252,176	-	252,176
Volunteer services	70,653	-	70,653
Total expenses	72,168,775	-	72,168,775
Change in net assets	2,629,958	153,172	2,783,130
Net Assets, Beginning	11,727,435	185,169	11,912,604
Net Assets, Ending	$ 14,357,393	$ 338,341	$ 14,695,734

See notes to financial statements

Nashville Cares

Statement of Activities
Year Ended June 30, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
Public Support and Revenue			
Public support:			
Contributions	$ 686,558	$ -	$ 686,558
Contributed nonfinancial assets	6,750	-	6,750
Special events	250,560	-	250,560
Less direct expenses	(310,616)	-	(310,616)
Federal, state and local grants and contracts	37,483,226	387,500	37,870,726
Foundation and corporate grants	553,791	-	553,791
Total public support	38,670,269	387,500	39,057,769
Medication revenue	23,126,230	-	23,126,230
Interest income	129,179	-	129,179
Other revenue	538,267	-	538,267
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	4,435	-	4,435
Net assets released resulting from satisfaction of donor restrictions	289,719	(289,719)	-
Total public support and revenue	62,758,099	97,781	62,855,880
Expenses			
Program services:			
Case management services	2,456,239	-	2,456,239
Housing and financial assistance	386,975	-	386,975
Emotional and practical support	1,219,943	-	1,219,943
Educational services	1,871,398	-	1,871,398
Public policy and advocacy	246,458	-	246,458
Insurance assistance	30,001,507	-	30,001,507
Healthcare	18,788,483	-	18,788,483
Supporting services:			
Management and general	1,828,870	-	1,828,870
Marketing	152,971	-	152,971
Fund development	322,685	-	322,685
Volunteer services	34,128	-	34,128
Total expenses	57,309,657	-	57,309,657
Change in net assets	5,448,442	97,781	5,546,223
Net Assets, Beginning	6,278,993	87,388	6,366,381
Net Assets, Ending	$ 11,727,435	$ 185,169	$ 11,912,604

See notes to financial statements

Nashville Cares

Statement of Functional Expenses
Year Ended June 30, 2025

	Program Services							Supporting Services				
	Case Management Services	Housing and Financial Assistance	Emotional and Practical Support	Educational Services	Public Policy and Advocacy	Insurance Assistance	Healthcare	Management and General	Marketing	Fund Development	Volunteer Services	Totals
Salaries	$ 1,935,550	$ -	$ 429,361	$ 1,235,964	$ 201,001	$ 711,757	$ 506,883	$ 901,176	$ 106,663	$ 97,279	$ 52,679	$ 6,178,313
Employee taxes and fringe benefits	645,612	-	110,727	246,688	20,038	115,144	98,128	307,887	18,056	7,479	13,074	1,582,833
Total payroll and related expenses	2,581,162	-	540,088	1,482,652	221,039	826,901	605,011	1,209,063	124,719	104,758	65,753	7,761,146
Advertising	-	-	-	17,803	-	-	4,400	10,537	17,440	20,549	-	70,729
Audit	-	-	-	-	-	-	-	42,761	-	-	-	42,761
Bank fees	-	-	-	-	-	-	2,813	73,489	-	6,242	-	82,544
Client assistance	845	704,087	892,926	42,275	-	35,461,672	-	-	-	-	-	37,101,805
Conferences and training	78,098	-	34,098	14,003	9,445	1,341	18,919	151,370	582	10,675	314	318,845
Contracts	-	-	-	94,616	-	418,722	-	-	-	-	-	513,338
Depreciation	-	-	-	-	-	-	-	137,832	-	-	-	137,832
Equipment	550	-	123	245	36	165	98	12,155	19	15	12	13,418
Insurance	-	-	-	165	-	-	3,497	103,226	-	-	-	106,888
Licenses and permits	1,008	-	1,129	298	940	-	959	2,128	-	-	-	6,462
Medication	-	-	-	-	-	-	22,750,164	-	-	-	-	22,750,164
Memberships	317	-	-	880	286	-	435	31,764	1,507	2,180	-	37,369
Miscellaneous	212	-	-	-	-	55	624	15,502	-	8,645	-	25,038
Occupancy	84,421	-	17,766	79,168	4,527	23,966	26,952	374,695	2,705	2,164	1,623	617,987
Postage	2,232	-	19	414	-	34,879	137	821	128	3,916	-	42,546
Printing	1,795	-	414	1,155	628	1,427	39	1,848	-	866	28	8,200
Professional fees	121,257	-	66,588	96,852	57,083	191,890	337,121	699,241	319,027	87,781	1,732	1,978,572
Special event production	406	-	-	28,355	34,539	-	-	-	2,350	350,134	-	415,784
Supplies	22,564	57	28,912	138,609	64	7,686	6,581	30,802	402	3,144	96	238,917
Telephone	73,638	-	17,482	27,652	3,647	13,540	7,730	21,146	1,665	839	583	167,922
Travel/mileage	28,505	-	1,092	5,817	-	91	146	4,464	-	171	512	40,798
Vehicle costs	-	-	-	-	-	-	12,005	104	-	231	-	12,340
Volunteer incentives	-	-	8,767	78,722	5,665	-	-	-	-	-	-	93,154
Total expenses	2,997,010	704,144	1,609,404	2,109,681	337,899	36,982,335	23,777,631	2,922,948	470,544	602,310	70,653	72,584,559
Less expenses netted with revenue on statement of activities												
Special event production	(406)	-	-	(28,355)	(34,539)	-	-	-	(2,350)	(350,134)	-	(415,784)
Total expenses by function	$ 2,996,604	$ 704,144	$ 1,609,404	$ 2,081,326	$ 303,360	$ 36,982,335	$ 23,777,631	$ 2,922,948	$ 468,194	$ 252,176	$ 70,653	$ 72,168,775

See notes to financial statements

Nashville Cares

Statement of Functional Expenses
Year Ended June 30, 2024

	Program Services							Supporting Services				
	Case Management Services	Housing and Financial Assistance	Emotional and Practical Support	Educational Services	Public Policy and Advocacy	Insurance Assistance	Healthcare	Management and General	Marketing	Fund Development	Volunteer Services	Totals
Salaries	$ 1,713,649	$ -	$ 368,956	$ 990,972	$ 152,274	$ 566,518	$ 379,428	$ 676,624	$ 110,607	$ 85,863	$ 28,457	$ 5,073,348
Employee taxes and fringe benefits	379,802	-	69,212	180,521	12,675	85,512	73,695	119,816	20,938	10,256	3,782	956,209
Total payroll and related expenses	2,093,451	-	438,168	1,171,493	164,949	652,030	453,123	796,440	131,545	96,119	32,239	6,029,557
Advertising	-	-	-	47,000	-	-	-	2,500	-	3,625	-	53,125
Audit	-	-	-	-	-	-	-	35,450	-	-	-	35,450
Bank fees	-	-	-	-	-	-	2,332	12,335	-	-	-	14,667
Client assistance	-	386,674	651,954	53,987	-	28,908,550	188	-	-	-	-	30,001,353
Conferences and training	43,116	-	18,523	8,367	10,287	1,199	17,742	114,377	92	4,708	16	218,427
Contracts	-	-	-	74,681	-	352,588	-	-	-	-	-	427,269
Depreciation	-	-	-	-	-	-	-	121,735	-	-	-	121,735
Equipment	589	-	137	210	19	156	85	11,952	28	9	6	13,191
Insurance	-	-	-	-	-	-	3,155	83,048	-	-	-	86,203
Licenses and permits	1,210	-	2,319	44	4	31	1,627	1,136	7	3	3	6,384
Medication	-	-	-	-	-	-	18,197,393	-	-	-	-	18,197,393
Memberships	-	-	-	1,212	12,054	-	1,119	10,623	1,656	4,214	-	30,878
Miscellaneous	81	-	-	57	-	-	-	12,719	200	7,779	-	20,836
Occupancy	78,324	-	17,323	38,571	2,614	20,575	13,657	135,913	3,544	1,752	972	313,245
Postage	1,896	-	938	105	-	18,167	-	553	-	8	2	21,669
Printing	3,952	-	650	556	57	1,194	-	805	-	3,249	4	10,467
Professional fees	86,126	-	48,343	131,050	54,493	30,250	82,091	462,283	12,871	166,469	276	1,074,252
Special event production	-	-	-	6,845	46,307	-	-	1,936	155	255,373	-	310,616
Supplies	22,805	301	15,357	265,028	90	5,035	5,893	10,650	379	33,002	20	358,560
Telephone	71,590	-	15,696	20,824	1,324	10,814	4,693	15,267	2,649	1,160	354	144,371
Travel/mileage	53,099	-	935	8,803	567	918	330	1,084	-	93	236	66,065
Vehicle costs	-	-	-	-	-	-	5,055	-	-	145	-	5,200
Volunteer incentives	-	-	9,600	49,410	-	-	-	-	-	350	-	59,360
Total expenses	2,456,239	386,975	1,219,943	1,878,243	292,765	30,001,507	18,788,483	1,830,806	153,126	578,058	34,128	57,620,273
Less expenses netted with revenue on statement of activities												
Special event production	-	-	-	(6,845)	(46,307)	-	-	(1,936)	(155)	(255,373)	-	(310,616)
Total expenses by function	$ 2,456,239	$ 386,975	$ 1,219,943	$ 1,871,398	$ 246,458	$ 30,001,507	$ 18,788,483	$ 1,828,870	$ 152,971	$ 322,685	$ 34,128	$ 57,309,657

See notes to financial statements

Nashville Cares

Statements of Cash Flows
Years Ended June 30, 2025 and 2024

	2025	2024
Cash Flows From Operating Activities		
Change in net assets	$ 2,783,130	$ 5,546,223
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	137,832	121,735
Non-cash lease expense	2,368	422
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	(4,842)	(4,435)
(Increase) decrease in:		
Accounts receivable	388,458	102,851
Federal, state and local government grants and contracts receivable	(487,348)	2,278,721
Prepaid expenses and other	(45,851)	134,879
Increase (decrease) in:		
Accounts payable	(1,189,553)	965,582
Accrued payroll and compensated absences	290,177	12,898
Deferred revenue	1,326,134	6,480,309
Net cash provided by operating activities	3,200,505	15,639,185
Cash Flows From Investing Activities		
Purchases of property and equipment	(1,116,585)	(594,223)
Distributions from agency endowment fund	2,444	2,291
Net cash used in investing activities	(1,114,141)	(591,932)
Cash Flows From Financing Activities		
Payments on notes payable	(271,362)	(260,725)
Net change in cash and cash equivalents	1,815,002	14,786,528
Cash and Cash Equivalents, Beginning	19,545,958	4,759,430
Cash and Cash Equivalents, Ending	$ 21,360,960	$ 19,545,958
Supplemental Cash Flow Disclosure		
Cash paid during the year for:		
Interest paid	$ 61,157	$ 76,197
Operating cash outflows, payments on operating leases	$ 27,736	$ 4,512
Non-cash operating activities are as follows:		
ROU asset obtained in exchange for operating lease liabilities	$ -	$ 182,602

See notes to financial statements

1. Summary of Significant Accounting Policies

General

Nashville CARES (the Agency) was founded in 1985 as a Tennessee not-for-profit corporation with the mission of ending the HIV epidemic in Middle Tennessee. The Agency serves northern Middle Tennessee and other Tennessee areas by providing practical, financial, material and emotional support services to persons living with HIV infection and to those persons' families and loved ones. The Agency educates and informs the general public by providing the most current medical and scientific information about HIV infection and risk reduction practices. The Agency also provides HIV testing and screening to identify individuals infected with HIV and link them to medical care and support. Funding for the Agency's services is provided principally by grants from the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services and from individual, foundation and corporate donors.

Basis of Presentation

The financial statements of the Agency have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), which require the Agency to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets Without Donor Restrictions - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Agency's management and the Board of Directors.

Net Assets With Donor Restrictions - Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Agency or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Agency did not have any net assets with donor restrictions that are perpetual in nature as of June 30, 2025 and 2024.

Contributions, Support and Revenues

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions, depending on the existence and/or nature of any donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the Statements of Activities.

Contributions are recognized when cash, securities or other assets or an unconditional promise to give is received. A contribution is conditional if an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets exists. The presence of both a barrier and a right of return or right of release indicates that a recipient is not entitled to the contribution until it has overcome the barrier(s) in the agreement. Conditional promises to give are not recognized until the barrier(s) in the agreement are overcome.

A significant portion of the Agency's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Agency has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the Statements of Financial Position. The Agency had remaining available award balances on federal and state conditional grants and contracts of approximately $2,665,000 and $5,350,000 at June 30, 2025 and 2024, respectively, that had not been recognized as revenue because qualifying expenditures had not yet been incurred. Advance payments under such grants/contracts of $10,884,277, $9,558,143 and $3,077,834 were recognized in the Statements of Financial Position as deferred revenue as of June 30, 2025, 2024 and 2023 respectively.

The Agency reports any gifts of equipment or materials as unrestricted support unless explicit donor restrictions specify how the assets must be used. Gifts of long-lived assets, and/or support that is restricted to the acquisition of long-lived assets, are reported as restricted support. Expirations of donor restrictions are recognized when the donated or acquired long-lived assets are placed in service.

340B Pharmacy Program Revenue

The Agency is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to covered entities at a reduced price. The Agency has one contracted pharmacy that is co-located with the Agency, and the contracted pharmacy contracts with other pharmacies as part of the pharmacy program consistent with Health Resources and Services Administration Office of Pharmacy Affairs. The contract pharmacies dispense drugs to eligible patients of the Agency and bill Medicare and commercial insurances on behalf of the Agency. Reimbursement received by the contract pharmacies is remitted to the Agency, less dispensing and administrative fees. The Agency recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. 340B drug pricing is recognized once it has been confirmed that the patient receiving the service meets the qualifications to receive 340B drug pricing. Net revenue from the 340B program was approximately $7,200,848 and $4,928,837 in 2025 and 2024, respectively. The medication revenue is reported as separate line on the Statement of Activities and the expense is reported under medication on the Statement of Functional Expenses.

Contributed Nonfinancial Assets

Contributed nonfinancial assets are recorded at fair value at the date of donation. Contributions of nonfinancial assets with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions of nonfinancial assets are recorded as net assets without donor restrictions.

Donated services are recognized if the services (a) create or enhance non-financial assets; or (b) require specialized skills, are performed by people with those skills and would have otherwise been purchased by the Agency. Contributions of nonfinancial assets consist of donated professional services utilized in the Agency's program and are valued at fair values if purchased. The Agency received contributed nonfinancial assets of $8,030 and $6,750 for the year ended June 30, 2025 and 2024, respectively.

A substantial number of unpaid volunteers have contributed their time to the Agency's program and supporting services. The value of this contributed time is not reflected in these statements since it does not meet the criteria noted above.

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits with banks and money market funds.

Promises to Give

Unconditional promises to give that are expected to be collected within one year are recorded as contributions receivable at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discount on those amounts is computed using a risk-free interest rate applicable to the year in which the promise is received. Amortization of the discount, if any, is recognized on the interest method over the term of the gift and included in contribution revenue.

An allowance for uncollectible contributions is provided based on management's estimate of uncollectible pledges and historical trends. Pledges deemed uncollectible are charged off against the allowance in the period of determination. As of June 30, 2025 and 2024, no allowance for doubtful accounts is considered necessary.

Property and Equipment

Property and equipment are recorded at cost at the date of purchase or at estimated fair value at the date of gift to the Agency. The Agency's policy is to capitalize purchases with a cost of $5,000 or more and an estimated useful life greater than one year. Depreciation is calculated by the straight-line method over the estimated useful lives of five years for vehicles, software, furniture and equipment and most building improvements and forty years for buildings and significant building improvements.

Agency Endowment Fund

The Agency's beneficial interest in an agency endowment fund held by the Community Foundation of Middle Tennessee (the Community Foundation) is recognized as an asset. Investment income and changes in the value of the fund are recognized in the Statements of Activities, and contributions made or distributions received from the fund are recorded as increases (decreases) in the beneficial interest. (See Note 5.)

Fair Value Measurements

The Agency classifies its assets measured at fair value based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available) and Level 3 (valued based on significant unobservable inputs).

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The beneficial interest in an agency endowment fund held by the Community Foundation represents the Agency's interest in pooled investments with other participants in the funds. The Community Foundation prepares a valuation of the fund based on the fair value of the underlying investments using quoted market prices and allocates income or loss to each participant based on market results. The Agency reflects this asset within Level 2 of the valuation hierarchy.

There have been no changes in the valuation methodologies used at June 30, 2025 and 2024.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Agency believes its valuation method is appropriate and consistent with that of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Leases

The Agency made an accounting policy election available under Financial Accounting Standards Board Topic 842 (Topic 842) not to recognize right-of-use (ROU) assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or July 1, 2022, for existing leases upon the adoption of Topic 842). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives. To determine the present value of lease payments, the Agency used the discount rate implicit in the lease agreement, if readily determinable. For leases in which the rate implicit in the lease agreement is not readily determinable, the Agency made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Advertising/Marketing

The Agency expenses advertising/marketing expenses as incurred. Advertising/marketing expenses amounted to $523,833 and $206,251 for the years ended June 30, 2025 and 2024, respectively.

Program and Supporting Services

The following functional expense allocations are included in the accompanying financial statements:

Program Services

Case management services - medical case management is provided to individuals living with HIV, to coordinate medical care, and access including assistance with social services needs such as housing, nutrition, transportation and other life areas that impact a persons ability to stay in medical care. This includes completing eligibility for Ryan White services.

Housing and financial assistance - provides social services to meet housing and related financial needs of those living with HIV and their families living in counties of northern Middle Tennessee. These clients also receive case management services.

Emotional and practical support - social services to meet emotional and/or therapeutic needs of those living with HIV and their families living in counties of northern Middle Tennessee.

Educational services - provision of HIV prevention, and awareness to communities and target populations throughout TN. This includes HIV/HCV testing and screening, distribution of prevention and harm reduction materials, linkage to medical care for treatment and prevention.

Public policy and advocacy - works to inform the community about the importance of the challenges of HIV in Tennessee and the benefits of federal, state and community partnerships to address the needs of prevention, treatment and care in the state.

Insurance assistance - financial assistance for payment of medical insurance premiums and/or medical and prescription deductibles and co-payments for persons with HIV throughout the State of Tennessee.

Healthcare - primary healthcare clinic for those living with or at risk of contracting HIV. Provides HIV treatment and maintenance, routine testing for HIV and STIs and prescriptions for biomedical prevention.

Supporting Services

Management and general - includes the functions necessary to ensure an adequate working environment, board operations, community planning and networking activities.

Marketing - includes activities to inform the public and agency constituencies about the organization and its work, as well as education to raise and sustain community awareness of domestic HIV issues. Includes the cost of the Agency newsletter and any public relations campaigns.

Fund development - includes costs of activities directed toward appeals for financial support, including special events. Other activities include the cost of solicitations and creation and distribution of fundraising materials.

Volunteer services - includes recruitment, training and placement of volunteers within the various departments of the Agency. There are currently more than 400 volunteers that work in all areas of the Agency.

Allocation of Functional Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the Statements of Activities. The Statements of Functional Expenses present the natural classification detail of expenses by function. Expenses that can be directly attributed to a particular function are charged to that function. Certain costs have been allocated among more than one program and supporting services benefited. Such allocations are determined by management on a basis of time and effort. The expenses that are allocated include salaries, employee taxes and fringe benefits, printing, postage, supplies, telephone, conferences and training, travel/mileage, volunteer incentives, depreciation and occupancy.

Income Taxes

The Agency qualifies as a not-for-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, income taxes are not provided.

The Agency files a U.S. Federal Form 990 for organizations exempt from federal income tax.

Management performs an evaluation of all income tax positions taken or expected to be taken in the course of preparing the Agency's income tax returns to determine whether the income tax positions meet a "more likely than not" standard of being sustained under examination by the applicable taxing authorities. Management has performed its evaluation of all income tax positions taken on all open income tax returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. Accordingly, there are no provisions for income taxes, penalties or interest receivable or payable relating to uncertain income tax positions in the accompanying financial statements.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain amounts in the prior year financial statements have been classified to conform to the current year's presentation. Such reclassifications had no effect on net assets or the change in net assets as previously reported.

Subsequent Events

The Agency has evaluated events and transactions that occurred between June 30, 2025 and March 27, 2026, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

2. Liquidity and Availability of Resources

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of June 30 are as follows:

	2025	2024
Financial assets at year end:		
Cash and cash equivalents	$ 21,360,960	$ 19,545,958
Receivables:		
Accounts	872,708	1,261,348
Grants and contracts	1,873,609	1,386,261
	24,107,277	22,193,567
Less amounts not available for general expenditures within one year:		
Amounts received for advocacy	(331,515)	(82,764)
Amounts received for building sustainable organizational capacity	(5,000)	(5,000)
Amounts received for prevention	(1,825)	(1,825)
Amounts received for operating	-	(95,580)
Balance, ending	$ 23,768,937	$ 22,008,398

Certain donor-restricted assets are limited as to use, and are not available for general expenditure. Other donor-restricted contributions receivable are only subject to time restrictions and will be met within one year.

As part of the Agency's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations become due.

3. Grants and Contracts Receivable

Federal, state and local government grants and contracts receivable consisted of the following as of June 30:

	2025	2024
HUD - Housing Opportunities for Persons with AIDS (HOPWA) - TDH	$ -	$ 21,864
HUD - Housing Opportunities for Persons with AIDS (HOPWA) - MDHA	1,355,605	512,726
HUD - Emergency Solutions Grant - MDHA	795	4,630
CDC - High Impact Prevention - Direct	34,967	245,167
CDC - HIV Prevention and Education - UWMN	46,141	22,621
CDC - Counseling and Testing Services - TDH	-	-
Ryan White Part B - TDH	89,319	100,289
Ryan White Part A - MPHD	273,515	278,177
Ryan White Part B - UWMN	26,123	174,868
Vanderbilt National Institutes of Health	47,144	25,919
Total	$ 1,873,609	$ 1,386,261

4. Property and Equipment

Property and equipment consisted of the following as of June 30:

	2025	2024
Land	$ 795,000	$ 795,000
Buildings	2,270,361	2,270,361
Building improvements	2,543,656	1,324,161
Vehicles	364,189	294,288
Software	116,797	116,797
Furniture and equipment	689,093	345,836
Construction in progress	-	516,068
	6,779,096	5,662,511
Less accumulated depreciation	(1,759,145)	(1,621,313)
Total	$ 5,019,951	$ 4,041,198

Construction in progress at June 30, 2024 consisted of renovations to the Thompson Lane office. The project was completed during the year end June 30, 2025.

5. Agency Endowment Fund

The Agency has established a beneficial interest in the Nashville CARES Endowment Fund (the Fund), an agency endowment fund held by the Community Foundation. The Community Foundation administers the Fund and the income derived therefrom. The Fund is charged a .4% administrative fee annually. Upon request by the Agency, income from the Fund representing a 5% annual return may be distributed to the Agency or to another suggested beneficiary.

A schedule of changes in the Agency's beneficial interest in this fund for the years ended June 30, 2025 and 2024, follows:

	2025	2024
Balance, Beginning	$ 48,115	$ 45,971
Contributions to the fund	-	-
Change in value of beneficial interest in agency endowment fund:		
Investment income	5,157	4,713
Administrative expenses	(315)	(278)
	52,957	50,406
Distributions to the Agency	(2,444)	(2,291)
Total	$ 50,513	$ 48,115

6. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Agency's assets at fair value as of June 30:

	2025			
	Level 1	Level 2	Level 3	Total
Beneficial interest in agency endowment fund	$ -	$ 50,513	$ -	$ 50,513

	2025			
	Level 1	Level 2	Level 3	Total
Beneficial interest in agency endowment fund	$ -	$ 48,115	$ -	$ 48,115

7. Leases

The Agency leases office space under a non-cancelable operating lease commencing May 2024 through April 2030. The monthly rent is $2,781 with an escalation clause of 3.0% per year after the first 12 months.

The lease expense amounted to $34,860 and $8,488 at June 30, 2025 and 2024, respectively.

Additional information related to the lease is as follows for the year ended June 30:

	2025	2024
Operating lease:		
Operating lease right-of-use asset	$ 150,873	$ 178,164
Operating lease liability	$ 153,663	$ 178,586
Weighted-average remaining lease term:		
Operating lease	4.84 years	5.84 years
Weighted-average discount rate:		
Operating lease	4.84%	4.64%

Future undiscounted cash flows and a reconciliation to the operating lease liability recognized on are as follows as of June 30, 2024:

Years ending June 30:	
2026	$ 33,539
2027	34,545
2028	35,581
2029	36,649
2030	31,302
Total lease payments	171,616
Less imputed interest	(17,953)
Total present value of operating lease liability	$ 153,663

8. Debt

In May 2013, the Agency entered into a loan agreement with BancorpSouth Bank for $2,015,000. The loan requires principal and interest installments, with interest accrued at 4.49% per annum, through June 3, 2028. On that date, the interest rate will be modified to be prime plus 0.25% (with a floor of 4.5%) until the note's maturity on June 3, 2033. This note may be prepaid in whole or in part at any time without penalty. The outstanding balance on the note was $1,023,394 and $1,128,211 at June 30, 2025 and 2024, respectively.

In November 2016, the Agency entered into a new loan agreement with BancorpSouth Bank for $1,500,000. The loan requires principal and interest installments, with interest accrued at 3.499% per annum, through November 15, 2026. This note may be prepaid in whole or in part at any time without penalty. The outstanding balance on the note was $246,270 and $412,815 at June 30, 2025 and 2024, respectively.

Both loans are subject to deeds of trust on the real estate acquired with the loan proceeds and security agreements covering all other assets of the Agency.

Future maturities of notes payable based on the outstanding balances at June 30, 2025 are as follows:

Years ending June 30:	
2026	$ 284,179
2027	189,428
2028	121,542
2029	113,711
2030	121,931
Thereafter	438,873
Total	$ 1,269,664

The Agency had a line of credit agreement with a bank that allowed for maximum borrowings up to $950,000. The line of credit bore interest monthly at the current Wall Street Journal Prime Rate with a floor of 5.5% and matured on October 28, 2025. This line was renewed effective November 14, 2025, with the maximum borrowing up to $999,000. The line of credit bears interest monthly at the current Wall Street Journal Prime Rate with a floor of 5.5% and will mature on November 14, 2026.

There was no outstanding balance on the line of credit as of June 30, 2025 and 2024.

Both the facility notes place certain restrictions and limitations on the Agency, including maintenance of a specified debt service coverage ratio.

Total interest expense incurred by the Agency was $61,157 and $71,793 in 2025 and 2024, respectively and is included in occupancy expense.

9. Net Assets With Donor Restrictions

Net assets with donor restrictions consisted of the following as of June 30:

	2025	2024
Net assets with purpose restrictions:		
Advocacy	$ 331,516	$ 82,764
Building Sustainable Organizational Capacity	5,000	5,000
Operating	-	95,580
Prevention	1,825	1,825
Total	$ 338,341	$ 185,169

10. Employee Benefit Plan

The Agency sponsors a Section 403(b) retirement plan. Employees may participate in the plan upon hiring. Under the plan, the Agency has the discretion to vary the rate of the Employer match on an annual basis up to a maximum of 6% of each eligible employee's compensation. Management elected to not make matching contributions during 2025 and 2024.

11. Concentrations of Credit Risk

Financial instruments that potentially subject the Agency to concentrations of credit risk consist of cash and cash equivalents, various state and federal grants and accounts receivable. Contributions receivable consist of individual and corporate contribution pledges which are widely dispersed to mitigate credit risk. Grant receivables and revenue represent concentrations of credit risk to the extent they are receivable from concentrated sources.

The Agency maintains cash balances at financial institutions whose accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to statutory limits. As of June 30, 2025, the Agency's depository accounts exceeded FDIC insurance limits by approximately $20.9 million. Management does not believe the Agency is exposed to any significant credit risk on cash.

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Independent Auditors' Report

To the Board of Directors of
Nashville Cares

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of Nashville Cares (the Organization), which comprise the Organization's statement of financial position as of June 30, 2025, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 27, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Baker Tilly US, LLP

Nashville, Tennessee
March 27, 2026

Report on Compliance for the Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Independent Auditors' Report

To the Board of Directors of
Nashville Cares

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Nashville Cares's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended June 30, 2025. The Organization's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2025.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Nashville, Tennessee
March 27, 2026

Nashville CARES

Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

Federal Grantor/ Program Title	Assistance Listing Number	Pass-Through Entity	Pass-Through Entity Identifying Number	Federal Expenditures
U.S. Department of Housing and Urban Development				
Housing Opportunities for Persons with AIDS	14.241	State of Tennessee Department of Health	GR-25-84179-00	$ 130,000
Housing Opportunities for Persons with AIDS	14.241	Metropolitan Development and Housing Agency	N/A	287,468
Housing Opportunities for Persons with AIDS	14.241	Metropolitan Development and Housing Agency	N/A	1,066,362
Subtotal				1,483,830
Emergency Solutions Grants	14.231	Metropolitan Development and Housing Agency	N/A	3,812
Emergency Solutions Grants	14.231	Metropolitan Development and Housing Agency	N/A	3,680
Subtotal				7,492
Total U.S. Department of Housing and Urban Development				1,491,322
U.S. Department of Health and Human Services				
Centers for Disease Control-High Impact HIV Prevention	93.939	N/A	N/A	441,625
Ending the Epidemic HIV	93.940	Middle Tennessee Regional Community Planning Group in Collaboration with the United Way of Metropolitan Nashville	N/A	160,586
Ryan White CARE Act - Part B Core Medical Services	93.917	State of Tennessee Department of Health	GR-24-83163-00	455,263
Ryan White CARE Act - Part B Core Medical Services	93.917	State of Tennessee Department of Health	GR-25-86574-00	141,996
Ryan White CARE Act - Part B Care nonTGA	93.917	United Way of Metropolitan Nashville	N/A	135,474
Ryan White CARE Act - Part B Care TGA	93.917	United Way of Metropolitan Nashville	N/A	535,196
Ryan White CARE Act - Part B Care nonTGA	93.917	United Way of Metropolitan Nashville	N/A	38,660
Subtotal				1,306,589
Ryan White CARE Act - Part A Care	93.914	Metropolitan Public Health Department	6485129 Amendment 4	1,606,653
Ryan White CARE Act - Part A Care	93.914	Metropolitan Public Health Department	6485129 Amendment 4	573,762
Ryan White CARE Act - Part A Minority AIDS Initiatives Care	93.914	Metropolitan Public Health Department	N/A	69,400
Ryan White CARE Act - Part A Minority AIDS Initiatives Care	93.914	Metropolitan Public Health Department	N/A	18,170
Subtotal				2,267,985
National Institute on Minority Health and Health Disparities	93.307	Vanderbilt University	N/A	49,319
National Institutes of Health - Tennessee Center for AIDS Research	93.855	Vanderbilt University	5P30AI110527-10	66,910
Total U.S. Department of Health and Human Services				4,293,014
Total expenditures of federal awards				$ 5,784,336

See notes to schedule of expenditures of federal awards

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Nashville CARES (the Agency) under programs of the federal government for the year ended June 30, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance) and the *Audit Manual* issued by the Comptroller of the Treasury of the State of Tennessee. Because the Schedule presents only a selected portion of the operations of the Agency, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Agency.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available.

3. Indirect Cost Rate

The Agency has not elected to use the 10% de minimis indirect cost rate, as allowed under the Uniform Guidance.

Nashville CARES

Schedule of Findings and Questioned Costs
Year Ended June 30, 2025

Section I - Summary of Auditors' Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:		Unmodified
Internal control over financial reporting:		
Material weakness(es) identified?	____ yes	X no
Significant deficiency(ies) identified?	____ yes	X none reported
Noncompliance material to financial statements noted?	____ yes	X no

Federal Awards

Internal control over major programs:		
Material weakness(es) identified?	____ yes	X no
Significant deficiency(ies) identified?	____ yes	X none reported
Type of auditor's report issued on compliance for major programs:		Unmodified
Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516(a) of the Uniform Guidance?	____ yes	X no
Auditee qualified as low-risk auditee?	X yes	____ no
Dollar threshold used to distinguish between type A and type B programs:	$750,000	

Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
14.241	Housing Opportunities for Persons with AIDS

Section II - Financial Statement Findings

None

Section III - Federal Awards Findings and Questioned Costs

None

Section IV - Summary of Prior Year Findings

None

Attachment I

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/18/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Autumn OBrien	
James A. Rothberg & Associates, Inc. 2000 Glen Echo Road Suite 208 Nashville TN 37215	PHONE (A/C, No, Ext): (615) 997-1822	FAX (A/C, No): (615) 665-1300
	E-MAIL ADDRESS: aobrien@jarinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Nashville CARES Inc 633 Thompson Lane Nashville TN 37204	INSURER A : Wesco Insurance Company	002468
	INSURER B : Technology Insurance Company	011234
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 25-26 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			WPP1900297-05	12/31/2025	12/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Social Work, Foster Care	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			WPP1900297-05	12/31/2025	12/31/2026	~~COMBINED SINGLE LIMIT~~ (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			TUM1759216-00	12/31/2025	12/31/2026	~~COMBINED SINGLE LIMIT~~ EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC465913	06/15/2025	06/15/2026	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			WPP1900297-05	12/31/2025	12/31/2026	General Aggregate Each Incident	$3,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Metro Public Health Department ATTN: Beverly Glaze-Johnson
2500 Charlotte Avenue
Nashville TN 37209

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Sexual abuse Liability			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Employee Benefits Liabiltiy			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Underinsured motorist BI split limit	UNDSP		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist combined single limit	UMCSL		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist BI split limit	UMISP		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured motorist property damage	UMPD		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date
	Underinsured motorist property damage	UNDPD		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date
	Medical payments	MEDPM		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
5,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Social Worker			

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
1,000,000					

Ref #	Description	Coverage Code	Form No.	Edition Date
	Premium discount	PDIS		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
					-$1,732.00

Ref #	Description	Coverage Code	Form No.	Edition Date
	Expense constant	EXCNT		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
					$165.00

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Experience Mod Factor 1	EXP01		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
					-$13,814.00

Ref #	Description	Coverage Code	Form No.	Edition Date
	WC & Employer's liability	WCEL		

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Ref #	Description	Coverage Code	Form No.	Edition Date

Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium