



Regular meetings of the Board of Health are scheduled on the second Thursday of each month. This meeting was rescheduled to November 19, 2021, to follow the Board of Health annual retreat.

**PROPOSED AGENDA**

**BOARD OF HEALTH MEETING**

**Lentz Public Health Center**

**Centennial Room, on the first floor**

**2500 Charlotte Avenue, Nashville TN 37209**

**Friday, November 19, 2021**

**3:00 p.m.**

**APPEAL OF DECISIONS FROM THE METROPOLITAN BOARD OF HEALTH**

Pursuant to the provisions of § 2.68.030 of the Metropolitan Code of Laws, notice is hereby given that a contested case hearing before the Metropolitan Board of Health, acting as a Civil Service Commission, which affects the employment status of a civil service employee is appealable to the Chancery Court of Davidson County pursuant to the provisions of the Uniform Administrative Procedures Act. Any such appeal must be filed within sixty (60) days after the entry of the Board’s final order in the matter. A common law writ of certiorari is the appropriate appeal process of any decision of the Metropolitan Board of Health that does not involve a contested case hearing affecting the employment status of a civil service employee. This appeal must be filed within sixty (60) days of the action taken by the Board. You are advised to seek your own independent legal counsel to ensure that your appeal is filed in a timely manner and that all procedural requirements are met.

**CIVIL SERVICE BOARD**

1. [Public Hearing: Requesting Changes to Metro Animal Care and Control Job Descriptions](#) ..... Diamond
2. Request to Schedule a Public Hearing for Requested Changes to Engineering Job Descriptions ..... Diamond
3. [Personnel Changes](#)..... Diamond

**BOARD OF HEALTH**

1. [Approval of October 14, 2021 Meeting Minutes](#)..... Franklin
2. New Business ..... Franklin
3. [Approval of Grant Applications](#)..... Diamond
4. [Approval of Grants and Contracts](#)..... Diamond
5. MPHD Organizational Chart Discussion ..... Wright
6. [Report of Director](#) ..... Wright
7. Report of Chair ..... Franklin
8. [Review of Board Requests](#) ..... Franklin
9. Ethics Training ..... Smith

# Summary of Proposed Changes to Job Descriptions and Pay Plan of the Metro Public Health Department

## 1. Create Position of Shelter Veterinary Assistant with Pay Grade of ST06

**Action Requested:** Create new position of Shelter Veterinary Assistant and add it to the Pay Plan at Pay Grade ST06.

**Justification:** An internal analysis of the operations at MACC revealed the need for this position to handle some functions currently performed by a Licensed Veterinary Technician, but not needing the same level of education and certification.

**Impact:** The Department currently has one vacancy in the Licensed Veterinary Technician classification and this vacant position will likely be reclassified to Shelter Veterinary Assistant upon approval from the Civil Service Board of Health.

## 2. Change Title and Job Description for Animal Care and Control Manager.

**Actions Requested:** Change title of Animal Care and Control Manager to Animal Care and Control Director. Reduce the number of years' experience for the position from seven (7) to five (5). Make minor adjustments to Major Job Responsibilities section of the Job Description, inclusive of outlining roles as liaison with community partners and media responsibilities.

**Justification:** Change in title is to make it consistent with other similar positions in other jurisdictions. Slight reduction in years of experience needed for the position to potentially attract more candidates.

**Impact:** No financial impact. The position remains at Salary Grade OR09.



**Metro Public Health Dept**  
 Nashville / Davidson County  
 Protecting, Improving, and Sustaining Health

Position Title: Shelter Veterinary Assistant	Fair Labor Standards Act (FLSA): Non-Exempt
Salary Grade: ST06	Effective Date: 11/19/2021

**Position Objective:**

Provide routine medical care and assist with surgical procedures for animals in shelter’s custody, in addition to animals fostered and recently placed. Assist veterinarian with diagnostic procedures, administering medications, and record keeping associated with animal medical care.

**Major Responsibilities:**

- Perform routine medical evaluations and diagnostic procedures, including but not limited to taking digital and dental radiographs, and collecting blood, urine, and stool samples.
- Provide nursing care or emergency first aid to injured or recovering animals.
- Prepare animals for surgery.
- Assist other shelter staff in proper observation, diagnostic methods, safety, and animal handling techniques.
- Responsible for the daily care of animals, including providing appropriate food and water, and basic grooming and bathing.
- Clean animal cages and runs; and performs general housekeeping of shelter.
- Maintain daily log sheets and treatment histories, complete related animal care reports, and maintain other record keeping as required.
- Respond to patron inquiries.
- Maintain inventory of clinic supplies; research specifications, prices and availability of materials and equipment, and establish maintenance schedules for clinic equipment.
- Ensure compliance with applicable laws established by the Tennessee Board of Veterinary Medicine and the US Drug Enforcement Administration (DEA).
- Perform euthanasia of animals.
- Work cooperatively with the shelter manager and staff and foster a spirit of teamwork.
- Support and participate in departmental response to disaster and emergency events.
- Demonstrates MPH’s core values of Professionalism, Respect, Integrity, Dedication, and Equity (P.R.I.D.E.) when interacting with the public and employees of the Metropolitan Government.
- Supports and participates in departmental response to disaster/emergency events.
- Regular, reliable, and predictable attendance; and
- Performs other duties as assigned.

## Supervision Exercised/Supervision Received

Non-supervisory position.  
Supervised by Veterinarian and Shelter Director.

### COMPETENCIES

The following competencies are required for this position:

Competency	Definition
<b><i>Judgment/Decision Making</i></b>	Evaluates the best method of research and then exercises appropriate judgment in establishing priorities and resolving complex matters. Considers the relative costs and benefits of potential actions to choose the most appropriate one.
<b><i>Stress Tolerance</i></b>	Remaining effective even when situations become stressful.
<b><i>Coordinating Work Activities</i></b>	Coordinate the work-related activities necessary for task completion for all staff and volunteers, (both inside and outside of the group/organization). Adjusting one's own plans in light of how others are acting or how the environment is changing.
<b><i>Multi-Tasking</i></b>	Working on a variety of tasks simultaneously and shifting one's resources between multiple systems when needed.
<b><i>Interpersonal Relationships/Customer Service</i></b>	Develops and maintains cooperative and professional relationships with employees and the public. Effectively handles customer's inquiries, complaints, or disputes.
<b><i>Communicating with Coworkers</i></b>	Communicating information face-to-face, in writing, or via telephone or computer.
<b><i>Task-Relevant Knowledge</i></b>	Knowledge of standard practices and procedures necessary to accomplish tasks
<b><i>Seeking Improvement</i></b>	Constantly looking for ways that one can improve one's organization.
<b><i>Creative Problem Solving</i></b>	Using novel ideas to solve problems as a leader.
<b>Computer Skills</b>	Utilizes a personal computer with word processing, spreadsheet, and related software to effectively complete a variety of administrative tasks with reasonable speed and accuracy.

## Minimum Qualifications:

### EDUCATION AND EXPERIENCE

High School diploma.

1-2 years of professional animal care experience or an equivalent combination of relevant education and experience.

Must have and be able to demonstrate knowledge of:

- Basic animal care standards, including safe animal handling procedures for domestic and wild animals.
- Proper use, secure storage, and disposal of lethal chemicals, syringes, and related equipment.

### LICENSURE

- Certificate of completion from a NAVTA-approved veterinary assistant program preferred. This Certification must be obtained within six months of hire.
- Must be a Certified Animal Euthanasia Technician (CAET), or obtain that certification within six months of hire.
- Valid class "D" driver's license.

## Working Environment/Physical Demands:

- Regular walking and standing.
- Lift up to 50 pounds on a regular and recurring basis.
- Perform routine keyboard operations.
- Lift and move objects and animals weighing up to 50 pounds for short distances.
- Humanely restrain an animal.
- Use protective clothing or gear.
- Must receive pre-exposure rabies vaccinations.
- Have normal visual acuity, field of vision, hearing, and speaking.
- May risk exposure to toxic and caustic chemicals, and animals/wildlife, including exposure to animal bites, scratches, and diseases such as Rabies, Ringworm, Lyme disease and other zoonoses.

NOTE: This job description is not intended to be all-inclusive. This job description has been designed to indicate the general nature and level of work performed by employees within this classification. Employee may perform other related duties as needed to meet the ongoing needs of the department.



Position Title: Animal Care and Control Director	Fair Labor Standards Act (FLSA): Exempt
Salary Grade: OR09	3 <sup>rd</sup> Revision Date: 11/19/2021 2 <sup>nd</sup> Revision Date: 05/13/2008 1 <sup>st</sup> Revision Date: 08/11/1998 Effective Date: 11/11/1997

**Position Objective:**

Under general administrative direction, supervises the overall operation of the Animal Care and Control Program and performs related duties as required. Ensures humane animal care, efficient animal flow, exceptional customer service and appropriate allocation of resources.

**Major Responsibilities:**

- Plans, organizes, and directs programs that carry out the organization’s goals.
- Develops the mission and direction of the organization in conjunction with the Metro Public Health Department.
- Oversees and directs planning and implementation of departmental programs for community outreach, including education of the public and the licensing of animals.
- Develops long-range plans and strategies.
- Ensures that all policies, plans, and programs are regularly reviewed and modified in an efficient manner.
- Stays abreast of current animal welfare issues as well as the changing needs of the community.
- Serves as key spokesperson and visible community leader, represents the organization at local and regional meetings of city government officials and other animal welfare organizations.
- Acts as liaison and advocate with the media and community partners.
- Recommends, implements, and monitors policies and procedures for compliance with the applicable state and local rules and regulations.
- Supervises the daily activities of all personnel of the Animal Care and Control Program.
  - Performs administrative duties, including monitoring work and evaluating staff.
  - Assists in the preparation and administration of personnel policies.
- Ensures staff receive required training and monitors staff adherence to Title VI, Title VII and other federal and state civil rights and employment laws and regulations.
- Monitors the division budget, payroll processing, and related fiscal functions.
  - Directs collection and recording of all fees authorized by the Animal Control Ordinance.
  - Prepares the division budget and program estimates for the Animal Care and Control Program.

- Develops and maintains cooperative working relationships with the community and other agencies relative to the activities of the Animal Care and Control Program, including programs to support pet retention and protect public health and safety.
- Develops division goals to meet overall Health Department mission and strategic plans.
- Mitigates public health risks through protocol oversight and staff training.
- Works cooperatively with the shelter supervisors, program coordinators, medical director, and staff to foster a spirit of teamwork.
- Leads, supports, and participates in departmental response to disaster and emergency events.
- Serves as liaison to other government and non-profit agencies during disaster response.
- Utilizes software, including Chameleon, and technology tools to document activities and accurately report relevant data and metrics to staff and community stakeholders.
- Ensures compliance with all federal, state, and local laws and ordinances. Ensures compliance with OSHA regulations.

**Supervision Exercised/Supervision Received**

Supervises all professional, officer, and support staff.

Develops and advances the skills of staff members by providing timely and effective performance evaluations, informal feedback, responsive coaching, and ongoing support to direct reports. Ensures that staff members receive effective orientation, training, and continuing education.

Works under the supervision of a Bureau Director who defines overall objectives and priorities of the work and is consulted on unusual or complex matters.

**COMPETENCIES**

The following competencies are required for this position:

Competency	Definition
<b><i>Judgment/Decision Making</i></b>	Evaluates the best method of research and then exercises appropriate judgment in establishing priorities and resolving complex matters. Considers the relative costs and benefits of potential actions to choose the most appropriate one.
<b><i>Stress Tolerance</i></b>	Remaining effective even when situations become stressful.
<b><i>Coordinating Work Activities</i></b>	Coordinate the work-related activities necessary for task completion for all staff and volunteers, (both inside and outside of the group/organization). Adjusting one’s own plans in light of how others are acting or how the environment is changing.
<b><i>Multi-Tasking</i></b>	Working on a variety of tasks simultaneously and shifting one’s resources between multiple systems when needed.
<b><i>Attention to Detail</i></b>	Placing focus on the details of the task to be accomplished.

<b><i>Interpersonal Relationships/Customer Service</i></b>	Develops and maintains cooperative and professional relationships with employees and the public. Effectively handles customer's inquiries, complaints, or disputes.
<b><i>Resolving Conflicts/Negotiating</i></b>	Dealing with complaints, resolving conflicts and grievances of others. Encouraging others to come together and reconcile differences.
<b><i>Communicating with Coworkers</i></b>	Communicating information face-to-face, in writing, or via telephone or computer.
<b><i>Task-Relevant Knowledge</i></b>	Knowledge of standard practices and procedures necessary to accomplish tasks
<b><i>Creative Problem Solving</i></b>	Using novel ideas to solve problems as a leader.
<b><i>Computer Skills</i></b>	Utilizes a personal computer with word processing, spreadsheet, and related software to effectively complete a variety of administrative tasks with reasonable speed and accuracy.

**PERFORMANCE STANDARDS**

- Knowledge of current laws and regulations governing animal control.
- Knowledge of the goals and objectives of the Metro Public Health Department relating to animal care and control.
- Knowledge of the overall animal care and control operation.
- Ability to supervise.
- Ability to remain calm and make decisions in stressful, emotionally charged, and emergency situations.
- Ability to establish and maintain effective working relationships.
- Excellent written and verbal communication skills.

**Minimum Qualifications:**

**EDUCATION AND EXPERIENCE**

- Bachelor's degree in Public Administration, Animal Science, Public Health, Law Enforcement, or related area; and five (5) years' experience in Animal Services with three (3) years' supervisory experience in Animal Services.
- Ten (10) years' experience in directing and managing an Animal Services Program may be substituted for the Bachelor's degree.
- Demonstrated ability to gather and analyze facts, devise solutions, and implement plans through effective leadership and interpersonal communications.
- History of staff/team management, project management, and developing collaborative relationships essential.

**LICENSURE**

- Valid class "D" driver's license.
- National Animal Control Association (NACA) I and NACA II Certification.
- Animal Cruelty Investigation Certification.



- Must complete sixteen (16) hours in additional approved continuing education credits in Animal Care and Control annually.
- Certified Animal Welfare Administrator (CAWA) preferred.

#### **Working Environment/Physical Demands:**

- The work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress which may require a range of safety and other precautions.
- The work requires considerable and strenuous physical exertion such as lifting heavy objects over 50 pounds, crouching or crawling in restricted areas, and defending oneself or others against physical attack from animals.
- Perform routine keyboard operations.
- Humanely restrain an animal, regardless of behavior or temperament.
- Use protective clothing or gear.
- Must receive pre-exposure rabies vaccinations.
- Must control allergies through medication.
- May risk exposure to toxic and caustic chemicals, and animals/wildlife, including exposure to animal bites, scratches, and diseases such as Rabies, Ringworm, Bartonella, Lyme disease, and other zoonoses.
- Noise level is moderate to very noisy.

NOTE: This job description is not intended to be all-inclusive. This job description has been designed to indicate the general nature and level of work performed by employees within this classification. Employee may perform other related duties as needed to meet the ongoing needs of the department.

## **PERSONNEL CHANGES**

### **October 2021**

#### **NEW HIRES**

Olubummi Oyebanji, Public Health Nurse 1, 10/02/2021, \$58,725.92 (Woodbine)  
Julia Jenkins, AC&C Kennel Assistant 1, 10/11/2021, \$32,206.37 (MACC)  
Felix Duggan AC&C Kennel Assistant 1, 10/16/2021, \$32,206.37 (MACC)  
Charlotte Skey, AC&C Kennel Assistant 2, 10/16/2021, \$36,292.13 (MACC)  
Timothy McDaniel-McCluney, Office Support Specialist 2, 10/25/2021, \$41,767.04 (Health Equity)  
Charnisha Azubuike, Program Specialist 2, 10/30/2021, \$41,767.04 (TB)  
Stacey McCormick, Dental Hygienist 1 (71%), 10/30/2021, \$35,720.55 (Oral Health Services)

#### **RE-HIRE**

Melva Black, Deputy Director of Health, 10/16/2021, \$135,000.00 (Director's Office)

#### **TERMINATIONS (VOLUNTARY)**

Lauren Bluestone, AC&C Manager, 10/01/2021, resigned (MACC)  
Dawn Little, Public Health Nurse 1 (71%), 10/01/2021, resigned (School Health)  
Susan Gulley, Dental Hygienist 1, 10/07/2021, service pension (Oral Health Services)  
Ashley Ewald, Communicable Disease Investigator, 10/08/2021, resigned (STD/HIV/Sexual Health)  
Jessica Owen, Public Health Nurse 1 (71%), 10/15/2021, resigned (School Health)  
Roaa Yousif, Communicable Disease Investigator, 10/15/2021, resigned (Notifiable Disease)  
Kelly Davidson, Public Health Nurse 1, 10/26/2021, resigned (Immunizations)  
Marianne Sung, AC&C Kennel Assistant 2, 10/27/2021, resigned (MACC)  
James Dickerson, Program Specialist 1, 10/28/2021, resigned (STD/HIV/Sexual Health)  
Felix Duggan, AC&C Kennel Assistant 1, 10/29/2021, resigned (MACC)

#### **TERMINATION (INVOLUNTARY)**

Joanne Hilliard, Public Health Nurse 1 (71%), 10/05/2021, medical disability (School Health)

#### **PROMOTIONS**

Olivia Reagan, Nutrition Educator – WIC, promoted to Nutritionist 1 effective 10/02/2021  
Sarabay Johnson, Public Health Administrator 1 – PHEP, promoted to Epidemiologist 1  
effective 10/30/2021

#### **STATUS CHANGE**

Stacie Davis, Public Health Nurse 1 (71%) – School Health, status change to Public Health Nurse 2  
effective 10/30/2021

#### **BUSINESS UNIT TRANSFERS**

Anthony Johnson, Public Health Administrator 1 – Youth and Adolescent Health Programs, transferred to  
Health Equity effective 10/16/2021  
Drew Ratzel, Environmental Health Specialist 1 – FPPF, transferred to Pest Management  
effective 10/16/2021

**Metropolitan Board of Health of Nashville and Davidson County  
October 14, 2021, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

**Present**

Tené H. Franklin, MS, Chair  
Calvin M. Smith III, MD, Vice-Chair  
David Frederick, MS, Member  
Lloyda B. Williamson, MD, Member  
Gill C. Wright, III, MD, Director of Health  
Jim Diamond, MBA, Director of Finance and Administration Bureau  
Stephanie Kang, DrPH, Director of Health Equity Bureau  
Matthew Garth, JD, Metropolitan Department of Law

**BOARD OF HEALTH**

**Approval of September 9, 2021, Meeting Minutes**

**Mr. Frederick made a motion to approve the September 9, 2021, meeting minutes, as distributed. Dr. Williamson seconded the motion, which passed unanimously.**

**Approval of Grant Applications**

Mr. Diamond presented one item:

**Ryan White Part A 22-23 Application to the US Department of Health and Human Services**

Term: March 31, 2022-February 28, 2023  
Amount: \$4,955,957

**Vice-Chair Smith made a motion to approve the grants and contracts. Dr. Williamson seconded the motion, which passed unanimously.**

**Approval of Grants and Contracts**

Jim Diamond presented nine items:

- 1. Nashville Health Accelerator Plan 22 Grant from the Centers for Disease Control and Prevention**  
Term: September 30, 2021-September 29, 2022  
Amount: \$125,000
- 2. Public Health Associate Program 22-24 Grant from the Centers for Disease Control and Prevention**  
Term: October 12, 2021-October 13, 2023  
Amount: NA
- 3. Emergency Medical Fund Grant from Friends of Metro Animal Care and Control**  
Term: NA  
Amount: \$5,000
- 4. A Step Ahead Foundation 22 Grant from A Step Ahead Foundation of Middle Tennessee**  
Term: Execution-December 31, 2022  
Amount: \$48,000
- 5. Child Fatality Review Services 19-24 Contract Amendment**  
Term: September 30, 2018-September 29, 2023  
Amount: \$28,000

- 6. Ryan White Part A 20-21 A3 Grant Amendment from the Health Resources & Services Administration**  
Term: March 1, 2020-February 28, 2021  
Amount: -\$426,692
- 7. Ryan White Part A 21-22 A2 Grant Amendment from the Health Resources & Services Administration**  
Term: March 1, 2021-February 28, 2022  
Amount: \$426,692
- 8. Marjorie A. Neuhoff Foundation Grant to Metro Animal Care and Control**  
Term: NA  
Amount: \$7,500
- 9. Healthy Start Initiative-Nashville Strong Babies 21-22 A1 and A2 Grant from Health Resources and Services Administration**  
Term: April 1, 2021-March 31, 2022  
Amount: \$125,000

**Mr. Frederick made a motion to approve the grants and contracts. Vice-Chair Smith seconded the motion, which passed unanimously.**

**Report of the Finance Director**

Mr. Diamond presented an update to the Board ([Attachment I](#)).

**Health Equity Update**

Dr. Kang presented an update to the Board ([Attachment II](#)).

**Report of the Director**

Dr. Wright referred to the update provided in the Board packet ([Attachment III](#)) and gave a brief update of the latest COVID numbers.

Dr. Wright advised that the Fight the Flu event would be November 9, and that the Department would be offering flu shots at the drive-through locations, and flu shots would be free after November 9.

MPHD has started to collect data regarding COVID immunization status of all employees. All Metro departments are collecting this data to prepare for President Biden’s vaccination mandate. 12.7% have not yet responded; 13.5% are not vaccinated or have chosen to not provide their status; 73% are fully vaccinated; 0.8% are partially vaccinated.

Over the past two weeks MPHD has been working with the Tennessee Department of Health (TDH) and the Mid-Cumberland Region (MCR) on a Meningitis Outbreak within our homeless encampments:

- Three positive cases, all are deceased, all were serogroup C;
- Prophylactic antibiotics have been distributed to 35-40 close contacts;
- Will begin vaccination efforts starting tomorrow, continuing through next week and as needed in the encampments; and
- MPHD is working with Metro Social Services, Tennessee Department of Health and other partners to provide vaccine to all of those experiencing homelessness that may be at risk.

**Report of Chair and Discussion**

Chair Franklin shared that she and Dr. Wright plan to meet formally twice monthly with emails or phone calls as needed.

Chair Franklin advised that she had or would be participating in interviews with Dr. Stephanie Kang on WPLN and 92Q radio stations.

Chair Franklin recognized and thanked Trevor Henderson and other staff for efforts in the opioid response.

The Board retreat is scheduled on Friday, November 19 from 9:30 a.m.-2:30 p.m. She invited Board members' input on desired agenda items. She encouraged the Executive Leadership Team to share their thoughts about agenda items with Dr. Wright as well.

Chair Franklin encouraged Board members to reach out to Dr. Wright if they felt the need for more information about the Department or its programs.

Chair Franklin expressed her appreciation for the robust conversation held at the September 9, 2021 regular meeting, and looked forward to the Board speaking with one voice in evidence-based public health strategies.

Chair Franklin noted that October is Breast Cancer Awareness Month and thanked the public health family for supporting her during her journey during the past year. She encouraged Board members to promote breast cancer screenings and health education in their own spheres of influence, both public and private.

### **Review of Board Requests**

- Add new business to regular meeting agendas
- Bureau directors will provide a synopsis on each program in their oversight at the retreat
- Program updates will be reinstated at regular Board meetings
- Email Finance Presentation and Health Equity Presentation to Board
- Health Equity Newsletters and Health Announcements related to events will be forwarded to Board
- Keep Board apprised of new Woodbine facility

**Vice-Chair Smith made a motion to adjourn the regular meeting. Dr. Williamson seconded the motion, which passed unanimously.**

### **CIVIL SERVICE BOARD**

Chair Franklin opened the Civil Service Board meeting.

### **Request to Schedule a Public Hearing for Requested Changes to Metro Animal Care and Control Job Descriptions**

Mr. Diamond requested the Board schedule a public hearing on November 19, at the next Civil Service Board of Health meeting, regarding changes to MACC Job Descriptions.

**Mr. Frederick made a motion to schedule a public hearing on November 19, 2021, regarding changes to Metro Animal Care and Control Job Descriptions. Vice-Chair Smith seconded the motion, which passed unanimously.**

### **Personnel Changes**

Mr. Diamond referred to the September 2021 Personnel Changes and noted one correction to the Business Unit Transfers.

**Vice-Chair Smith made a motion to adjourn the Civil Service Board meeting. Mr. Frederick seconded the motion, which passed unanimously.**

### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 3:00 p.m. on Friday, November 19, 2021 in the Centennial Room (first floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

**DRAFT**

The meeting adjourned at 5:08 p.m.

Tené H. Franklin, MS  
Chair

**PRELIMINARY SUMMARY OF APPLICATIONS FOR BOARD APPROVAL**

To: Board of Health  
From: Jim Diamond  
Date: November 19, 2021  
Re: Summary of applications presented for Board approval

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**There are no applications at this time.**

**PRELIMINARY SUMMARY OF GRANTS & CONTRACTS FOR BOARD APPROVAL**

To: Board of Health  
From: Jim Diamond  
Date: November 19, 2021  
Re: Summary of grants & contracts presented for Board approval

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**1. Opioid High Impact Area Substance Misuse grant** (pp. 18-44)

A grant from Tennessee Department of Health is to build local capacity to improve public health response to the substance misuse epidemic in for the Middle, TN High-Impact Area (HIA). To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs.

Term: September 1, 2021 – August 31, 2021  
Amount: \$736,900  
Program Manager: Angie Thompson  
Bureau: Fonda Harris

**2. Immunization & Covid grant amendment** (pp. 45-69)

A grant amendment from the State of Tennessee, Department of Health to a grant that grant provides funding to conduct the Immunization Program as a functional part of the Department of Health Tennessee Immunization Program. This amendment adds additional immunization program funds, extends the contract for one year and adds COVID vaccine POD funds

Term: July 1, 2019 – June 30, 2022  
Amount: \$5,932,174  
Program Manager: Angelina Hooper  
Bureau: Rachel Franklin

**3. Health Promotion grant amendment** (pp. 70-82)

A grant amendment from the State of Tennessee, Department of Health to a grant that promotes the 10-year Healthy People Goals in Davidson County by facilitating the planning, implementation and evaluation of community-driven and evidence-based health promotion programs designed to achieve the goals adopted by TDH. This amendment adds additional program funds and extends the contract for two years.

Term: July 1, 2021 – June 30, 2024  
Amount: \$400,000  
Program Manager: Julie Thacker  
Bureau: Fonda Harris



**4. TB Trials Consortium contract amendment** (pp. 83-86)

Amendment #6 to the contract between Vanderbilt University and Metro Board of Health to provide funding for Vanderbilt collaborative proposal submitted to CDC to participate in the CDC Tuberculosis Trials Consortium Studies. The contract will fund staff consultation and support to participate in research studies to help diagnose and treat tuberculosis. This amendment adds additional program funds and extends the contract for one year.

Term: October 1, 2015 – September 30, 2021  
Amount: \$28,000  
Program Manager: Billy Reagan  
Bureau: Rachel Franklin

**5. Friends of Metro Animal Care & Control Foster Program Fund** (p. 87)

This grant from Friends of MACC is to fund a foster program fund for Davidson County residents.

Term: NA  
Amount: \$3,000  
Program Manager: Stacy Cannon  
Bureau: Hugh Atkins

 <b>GOVERNMENTAL GRANT CONTRACT</b> (cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)					
<b>Begin Date</b> September 1, 2021		<b>End Date</b> August 31, 2022		<b>Agency Tracking #</b> 34301-31322	
<b>Grantee Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County					<b>Edison ID</b> 4
<b>Subrecipient or Recipient</b> <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		<b>CFDA # 93.136</b>			
		<b>Grantee's fiscal year end June 30</b>			
<b>Service Caption (one line only)</b> Opioid High-Impact Area substance misuse epidemic response					
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Grant Contract Amount</b>
2022		\$614,100.00			\$614,100.00
2023		\$122,800.00			\$122,800.00
<b>TOTAL:</b>		<b>\$736,900.00</b>			<b>\$736,900.00</b>
<b>Grantee Selection Process Summary</b>					
<input type="checkbox"/> Competitive Selection					
<input checked="" type="checkbox"/> Non-competitive Selection		The grantee was chosen as a High-Impact Area upon review of counts of suspected non-fatal overdoses across the state by county. During the one-year period of May 2019-April 2020, Davidson county had the highest number of suspected non-fatal overdoses among counties in TN and was significantly above the statewide average. The TN Department of Health will focus on counties most highly impacted by non-fatal overdoses for intervention in order to have an opportunity to effect change with populations most at risk for adverse consequences of the substance misuse epidemic.			
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				<i>CPO USE - GG</i>	
<b>Speed Chart (optional)</b> HL00018400		<b>Account Code (optional)</b> 71301000			

**GRANT CONTRACT  
BETWEEN THE STATE OF TENNESSEE,  
DEPARTMENT OF HEALTH  
AND  
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of High-Impact Area substance misuse epidemic response, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

**A. SCOPE OF SERVICES AND DELIVERABLES:**

- A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.
- A.2. Service Definitions.
- a. Acute Response Plan - a plan to respond to an acute overdose event in a given community. Plan should include at minimum— spike identification, incident command structure, data sources, communication strategies and prevention interventions.
  - b. High Impact Area (HIA) - a county or group of counties in the State of Tennessee that has been highly impacted by the substance misuse epidemic, measured by a count of fatal and non-fatal overdoses that exceeds the statewide average;
  - c. Substance Misuse Task Force - a multi-sector working group of stakeholders convened to examine high-impact area data and trends, design and implement interventions and assume accountability for reviewing progress;
- A.3. Service Goals. To continue to build local capacity to improve public health response to the substance misuse epidemic in the Middle Tennessee HIA. To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs.
- A.4. Service Recipients. Populations at high-risk from the adverse consequences of substance misuse in Davidson County, Tennessee.
- A.5. Service Description.

In furtherance of the goal to continue to build local capacity to improve response to the opioid epidemic, the Grantee shall:

- a. Continue to co-chair a multi-sector Substance Misuse Task Force with the Mid-Cumberland Regional Health Office and relevant community stakeholders. The HIA will hold regular meetings with the Task Force to review local data, develop strategies and programs and review ongoing progress. They will assume accountability for making improvements as needed to positively impact the HIA's substance misuse epidemic;
- b. Maintain an acute response plan for the HIA in collaboration with Mid Cumberland Regional Health Office and relevant partners. The plan should include area specific information and directives on: how to identify a spike in overdoses, useful sources of local and state surveillance data to drive decision making, incident command structure, communication networks, and steps to be taken upon spike alert notification;

- c. Continue to provide epidemiology surveillance and support across the HIA. Provide regular overdose reports to the Middle Tennessee HIA. Provide information and training to regional epidemiologists as they seek to replicate surveillance and analysis, and reporting activities underway in the Nashville Metro Public Health Department. Provide leadership to Middle Tennessee HIA overdose data review team;
- d. Maintain a direct and rapid referral program to a community-based substance abuse treatment provider for individuals who are treated for overdose by Nashville/ Metro Fire/EMS. The program will identify patients from real-time data, engage patients and provide referral to treatment as well as follow-up. Nashville Metro Public Health Department will support development and maintenance of the program, policies and procedures and collect metrics from Fire/ EMS and community treatment provider;
- e. Provide navigation to treatment and care within three (3) Nashville Metro Public Health Department clinics. Develop resource guide for community resources providing substance abuse treatment, care and support services. Provide screening within clinics to identify patients/clients with substance use disorder, provide brief counseling and intervention and provide case management and navigation to treatment, recovery, harm reduction and other services that will allow patients to reduce their risks of adverse outcomes from substance use disorder; and
- f. Gather information on promising practices for treating patients with substance use disorder in the emergency department setting and work with the Mid-Cumberland regional health office, area hospitals and relevant stakeholders in developing guidelines for treating patients in the emergency department setting.

A.6. Service Reporting.

The Grantee shall provide reporting of the following items based on the deliverable table in A.7.:

- a. Number of unique project team meetings;
- b. Number Substance Misuse Task Force meetings convened;
- c. Number of acute response plan activations;
- d. Percentage of clients identified for linkage to care that are contacted (from health department and Fire/ EMS);
- e. Percentage of clients contacted (from health department and Fire/EMS) that accept navigation to services, stratified by service; and
- f. Effective practices in the emergency department setting developed.

A.7. Service Deliverables. The Grantee shall:

Deliverable	Contract Section	Delivery Date	Report to/Approved by?
Record, maintain, and submit Substance Misuse Task Force meeting minutes.	A.5.a.	Bi-monthly	Report to State
Submit monthly HIA surveillance reports.	A.5.c.	Monthly	Report to State
Gather effective practices for treatment of substance use disorder and develop guidelines for treatment in the emergency room department setting.	A.5.f	December 31, 2021	Report to State
Create and submit metrics reports in RedCAP.	A.6.a-f	Bi-monthly	Report to state

- A.8. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 1, is incorporated in this Grant Contract.
- A.9. In the event that the Grantee is subject to an audit in accordance with D.19. hereunder, the Grantee shall submit to the State listed in Section D.8. a copy of the audit report and Notice of Audit Report (Attachment 6).
- A.10. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.

**B. TERM OF CONTRACT:**

- B.1. This Grant Contract shall be effective on September 1, 2021 ("Effective Date") and extend for a period of twelve (12) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

**C. PAYMENT TERMS AND CONDITIONS:**

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Seven Hundred Thirty-Six Thousand Nine Hundred Dollars (\$736,900.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.
- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.
- C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Misty Whitaker, Financial and Administrative Assistance  
 Opioid Response Coordination Office  
 Tennessee Department of Health  
 2<sup>nd</sup> Floor, Andrew Johnson Tower  
 710 James Robertson Parkway  
 Nashville, TN 37243

Misty.L.Whitaker@tn.gov  
Telephone # (615) 532-2212

- a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).
- (1) Invoice/Reference Number (assigned by the Grantee).
  - (2) Invoice Date.
  - (3) Invoice Period (to which the reimbursement request is applicable).
  - (4) Grant Contract Number (assigned by the State).
  - (5) Grantor: Department of Health & Opioid Response Coordination Office.
  - (6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
  - (7) Grantee Name.
  - (8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
  - (9) Grantee Remittance Address.
  - (10) Grantee Contact for Invoice Questions (name, phone, or fax).
  - (11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:
    - i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
    - ii. The amount reimbursed by Grant Budget line-item to date.
    - iii. The total amount reimbursed under the Grant Contract to date.
    - iv. The total amount requested (all line-items) for the Invoice Period.
- b. The Grantee understands and agrees to all of the following.
- (1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
  - (2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
  - (3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
  - (4) An invoice under this Grant Contract shall be presented to the State within thirty (30) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than thirty (30) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.
- C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the

total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

- C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit a grant disbursement reconciliation report within thirty (30) days following the end of each quarter and any final invoice and a grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date, in form and substance acceptable to the State. (Attachment 4)
- a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.
  - b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.
  - c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.
  - d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.
- C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.
- C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.
- C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other



agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

- a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").
- b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

**D. STANDARD TERMS AND CONDITIONS:**

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee 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 the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the



section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

- D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.
- D.7. Lobbying. The Grantee 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 undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of 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, the 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 contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
  - c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

- D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Kris Dixon, Grants Manager  
 Opioid Response Coordination Office  
 Tennessee Department of Health  
 2<sup>nd</sup> Floor, Andrew Johnson Tower  
 710 James Robertson Parkway  
 Nashville, TN 37243  
 Kristina.D.Dixon@tn.gov  
 Telephone # (615) 741-8661  
 Fax # (615) 253-1688

or

Amy Murawski, Director  
 Opioid Response Coordination Office  
 Tennessee Department of Health  
 2<sup>nd</sup> Floor, Andrew Johnson Tower  
 710 James Robertson Parkway  
 Nashville, TN 37243  
 Amy.Murawski@tn.gov  
 Telephone # (615) 291-5923  
 Fax # (615) 253-1688

The Grantee:

Tina Lester, RN, MSN, Interim Administrative Director of Health  
 Metropolitan Government of Nashville and Davidson County  
 2500 Charlotte Avenue  
 Nashville, TN 37209  
 Email Address: Tina.Lester@nashville.gov  
 Telephone # (615) 340-7779  
 Fax # (615) 340-5665

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
- D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall 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 Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.
- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.

- b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.
  - c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.
- D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

- D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.
- D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.
- D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.
- The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.
- In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law. The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

- D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.
- D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents (Attachment 5) to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment to the Grant Contract.
- D.19. Audit Report. For purposes of this Section, pass-through entity means a non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.

The Grantee shall provide audited financial statements to the Tennessee Comptroller of the Treasury ("Comptroller") if during the Grantee's fiscal year, the Grantee: (1) expends seven hundred fifty thousand dollars (\$750,000) or more in direct and indirect federal financial assistance and the State is a pass-through entity; (2) expends seven hundred fifty thousand dollars (\$750,000) or more in state funds from the State; or (3) expends seven hundred fifty thousand dollars (\$750,000) or more in federal financial assistance and state funds from the State, and the State is a pass-through entity. At least ninety (90) days before the end of its fiscal year, the Grantee shall complete Attachment 6 to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed Notice of Audit Report document during the Grantee's fiscal year. Any Grantee that is subject to an audit and so indicates on Attachment 6 shall complete Attachment 7. If the Grantee is subject to an audit, Grantee shall obtain the Comptroller's approval before engaging a licensed, independent public accountant to perform the audit. The Grantee may contact the Comptroller for assistance identifying auditors.

All audits shall be performed in accordance with the Comptroller's requirements, as posted on its web site. When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

The audit contract between the Grantee and the Auditor shall be on a contract form prescribed by the Comptroller. The Grantee shall be responsible for payment of fees for an audit prepared by a licensed, independent public accountant. Payment of the audit fees by the Grantee shall be subject to the provision relating to such fees contained within this Grant Contract. The Grantee shall be responsible for reimbursing the Comptroller for any costs of an audit prepared by the Comptroller.

- D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.326 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term “equipment” shall include any 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 (\$5,000.00).

- D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.
- D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.
- D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.
- D.24. 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 to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default

or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth 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 default under this Grant Contract or grounds for termination. 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. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

- D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.
- D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.
- D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.
- D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: [http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. 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 agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.
- D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.



- D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
  - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
  - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
  - d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

**E. SPECIAL TERMS AND CONDITIONS:**

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.
- E.2. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq.*, shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).
- E.3. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.
- E.4. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

- a. Reporting of Total Compensation of the Grantee's Executives.
- (1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:
    - i. 80 percent or more of the Grantee'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 sub awards); and
    - ii. \$25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
    - iii. 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/excomp.htm>).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.
  - (2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):
    - i. Salary and bonus.



- ii. 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.
  - iii. 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.
  - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
  - v. Above-market earnings on deferred compensation which is not tax qualified.
  - vi. 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 \$10,000.
- b. The Grantee must report executive total compensation described above to the State 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 Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.
  - d. The Grantee will obtain a Data Universal Numbering System (DUNS) number and maintain its DUNS number for the term of this Grant Contract. More information about obtaining a DUNS Number can be found at: <http://fedgov.dnb.com/webform/>.

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

**E.5. Transfer of Grantee's Obligations.**

The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.

**E.6. Equal Opportunity.** As a condition for receipt of grant funds, the Grantee agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.

**IN WITNESS WHEREOF,**

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

\_\_\_\_\_  
Tina Lester  
Interim Administrative Director, Metro Public Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alex Jahangir, MD, MMHC

\_\_\_\_\_  
Date

Chair, Board of Health

APPROVED AS TO AVAILABILITY OF FUNDS

\_\_\_\_\_  
Talia Lomax-O'dneal  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
John Cooper  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

**DEPARTMENT OF HEALTH**

\_\_\_\_\_  
Lisa Piercey, MD, MBA, FAAP  
Commissioner

\_\_\_\_\_  
Date

## ATTACHMENT 1

**Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Nashville & Davidson County, Metropolitan Government of
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NU17CE924981-02-03
Federal award date	1/8/2021
CFDA number and name	93.136 Injury Prevention and Control Research and State and Community Based Programs
Grant contract's begin date	9/1/2021
Grant contract's end date	8/31/2022
Amount of federal funds obligated by this grant contract	\$736,900.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$6,696,197.00
Name of federal awarding agency	Centers for Disease Control and Prevention (CDC)
Name and contact information for the federal awarding official	Daryl Barksdale Telephone (770) 488-1087 Email: xxj8@cdc.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	15.13%

**ATTACHMENT 2**  
**GRANT BUDGET**  
(BUDGET PAGE 1)

<b>Metropolitan Government of Nashville and Davidson County - HIA - Year 3</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning September 1, 2021, and ending August 31, 2022.</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$316,300.00	\$0.00	\$316,300.00
2	Benefits & Taxes	\$109,200.00	\$0.00	\$109,200.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$177,400.00	\$0.00	\$177,400.00
5	Supplies	\$13,300.00	\$0.00	\$13,300.00
6	Telephone	\$1,800.00	\$0.00	\$1,800.00
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	\$5,000.00	\$0.00	\$5,000.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$8,300.00	\$0.00	\$8,300.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost <b>(24.8249% of Salaries &amp; Benefits)</b>	\$105,600.00	\$0.00	\$105,600.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$736,900.00	\$0.00	\$736,900.00

<sup>1</sup> 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>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

# 1. Opioid High Impact Area Substance Misuse grant

STATE OF TENNESSEE  
INVOICE FOR REIMBURSEMENT

For ACCOUNTS MANAGEMENT OFFICE USE ONLY			
PO#	LINE#	RECEIPT #	TDOH AGENCY INVOICE #
EDISON CONTRACT #			
EDISON VENDOR #		EDISON ADDRESS LINE #	VOUCHER #

NAME AND REMITTANCE ADDRESS OF CONTRACTOR/GRANTEE	INVOICE NUMBER
	INVOICE DATE
	INVOICE PERIOD
	FROM TO
Edison Vendor #	CONTRACT PERIOD
	FROM TO
CONTRACTING STATE AGENCY Tennessee Department of Health	CONTACT PERSON/TELEPHONE NO.
PROGRAM AREA	
OCR CONTRACT NUMBER	

BUDGET LINE ITEMS	(A) TOTAL CONTRACT BUDGET	(B) AMOUNT BILLED YTD <small>(MO./DAY/YR.)</small>	(C) MONTHLY EXPENDITURES DUE	FOR CENTRAL OFFICE USE ONLY
Salaries				SPEEDCHART NUMBER:
Benefits				USERCODE:
Professional Fee/Grant & Award				PROJECT ID:
Supplies				AMOUNT:
Telephone				
Postage & Shipping				SPEEDCHART NUMBER:
Occupancy				USERCODE:
Equipment Rental & Maintenance				PROJECT ID:
Printing & Publications				AMOUNT:
Travel/Conferences & Meetings				
Interest				SPEEDCHART NUMBER:
Insurance				USERCODE:
Specific Assistance to Individuals				PROJECT ID:
Depreciation				AMOUNT:
Other Non Personnel				
Capital Purchase				
Indirect Cost				
<b>TOTAL</b>				

I certify to the best of my knowledge and belief that the data above are correct, that all expenditures were made in accordance with the contract conditions, and that payment is due and has not been previously requested.

Please check one of the following boxes  
 These services are for  medical services  
 non-medical services

RECOMMENDED FOR PAYMENT

CONTRACTOR'S/GRANTEE'S AUTHORIZED SIGNATURE

PROGRAM APPROVAL AUTHORIZED SIGNATURE

CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION  
FOR FISCAL USE ONLY

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

ATTACHMENT:

3

**Tennessee Department of Health  
Funding Information Summary**

AGENCY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

REPORTING PERIOD: (MM/DD/YY) FROM: \_\_\_\_\_ THRU: \_\_\_\_\_

AGENCY FISCAL YEAR END (MM/DD) \_\_\_\_\_

COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Name of organization that approved the Plan: \_\_\_\_\_

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:

Ratio of direct program salaries to total direct salaries applied to administrative cost. \_\_\_\_\_

Ratio of direct program expenditure to total direct expenditures applied to administrative cost. \_\_\_\_\_

Cost step down. \_\_\_\_\_

Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your organization: \_\_\_\_\_ A private not-for-profit organization?  
\_\_\_\_\_ A state college or university, or part of a city government?

DIRECTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

PREPARER OF REPORT \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

1. Opioid High Impact Area Substance Misuse grant

Schedule A, Part 1

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

Page \_\_\_ of \_\_\_

<u>CONTRACTOR/GRANTEE</u>	<u>FEDERAL ID #</u>
<u>CONTRACTING STATE AGENCY</u>	<u>REPORT PERIOD</u>
Program # _____	_____
Contract Number _____	_____
Grant Period _____	_____
Program Name _____	_____
Service Name _____	_____

Schedule A

Item #	EXPENSE BY OBJECT:	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
1	Salaries and Wages				
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses (add lines 1 and 2)				
4	Professional Fees				
5	Supplies				
6	Telephone				
7	Postage and Shipping				
8	Occupancy				
9	Equipment Rental and Maintenance				
10	Printing and Publications				
11	Travel				
12	Conferences and Meetings				
13	Interest				
14	Insurance				
15	Grants and Awards				
16	Specific Assistance to Individuals				
17	Depreciation				
18	Other Non-personnel Expenses (detail)				
a	_____				
b	_____				
c	_____				
d	_____				
19	Total Non-personnel Expenses (add lines 4 - 18)				
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES				
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES				
24	In-Kind Expenses				
25	TOTAL EXPENSES				

Schedule B, Part 1

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

Program #  
 Contract Number  
 Grant Period  
 Program Name  
 Service Name

Schedule B

Item #	SOURCES OF REVENUE	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
	Reimbursable Program Funds				
31	Reimbursable Federal Program Funds				
32	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)				
	Matching Revenue Funds				
34	Other Federal Funds				
35	Other State Funds				
36	Other Government Funds				
37	Cash Contributions (non-government)				
38	In-Kind Contributions (equals line 24)				
39	Program Income				
40	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)				
42	Other Program Funds				
43	Total Revenue (lines 33, 41, & 42)				
	Reconciliation Between Total and Reimbursable Expenses				
51	Total Expenses (line 25)				
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)				
55	Reimbursable Expenses (line 51 less lines 52,53,54)				
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)				
58	Advances				
59	This reimbursement (line 57 less line 58)				

[Return to Summary](#)



1. Opioid High Impact Area Substance Misuse grant

Schedule C - Final Page

STATE OF TENNESSEE

PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

		TOTAL DIRECT PROGRAM EXPENSES	TOTAL NONGRANT/ UNALLOWABLE EXPENSES	TOTAL ADMINISTRATIVE EXPENSES	GRAND TOTAL
Schedule A Year-To-Date Information		YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE
Item #	EXPENSE BY OBJECT:				
1	Salaries and Wages				
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses				
4	Professional Fees				
5	Supplies				
6	Telephone				
7	Postage and Shipping				
8	Occupancy				
9	Equipment Rental and Maintenance				
10	Printing and Publications				
11	Travel				
12	Conferences and Meetings				
13	Interest				
14	Insurance				
15	Grants and Awards				
16	Specific Assistance to Individuals				
17	Depreciation				
18	Other Non-personnel Expenses (detail)				
a					
b					
c					
d					
19	Total Non-personnel Expenses				
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES				
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES				
24	In-Kind Expenses				
25	TOTAL EXPENSES				

**Attachment 5**

**Annual (Final) Report\***

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress, any activities that were not completed)*

---

**Submit one copy to:**

**Program, TN Department of Health;**

**Lisa Piercey, MD, MBA, FAAP, Commissioner, TN Department of Health; and**

**faudit@tn.gov - TN Department of Finance and Administration**

**ATTACHMENT 6**

**Notice of Audit Report**

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to [cpo.auditnotice@tn.gov](mailto:cpo.auditnotice@tn.gov). **The Grantee should submit only one, completed “Notice of Audit Report” document to the State ninety (90) days prior to the Grantee’s fiscal year.**

- Grantee Legal Entity Name** is subject to an audit for fiscal year #.
- Grantee Legal Entity Name** is not subject to an audit for fiscal year #.

Grantee’s Edison Vendor ID Number:

Grantee’s fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

Type of funds expended	Estimated amount of funds expended by end of Grantee’s fiscal year
Federal pass-through funds <ul style="list-style-type: none"> <li>a. Funds passed through the State of Tennessee</li> <li>b. Funds passed through any other entity</li> </ul>	<ul style="list-style-type: none"> <li>a.</li> <li>b.</li> </ul>
Funds received directly from the federal government	
Non-federal funds received directly from the State of Tennessee	

**ATTACHMENT 7**

**Parent Child Information**

***The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.***

"Parent" means an entity whose IRS filing contains the information of at least one other entity.

"Child" means an entity whose information is contained in another entity's IRS filing.

Grantee's Edison Vendor ID number:

Is **Grantee Legal Entity Name** a parent?    Yes             No

If yes, provide the name and Edison Vendor ID number, if applicable, of any child entities.

Is **Grantee Legal Entity Name** a child?    Yes             No

If yes, complete the fields below.

Parent entity's name: \_\_\_\_\_

Parent entity's tax identification number: \_\_\_\_\_

Note: If the parent entity's tax identification number is a social security number, this form must be submitted via US mail to:

Central Procurement Office, Grants Program Manager  
3<sup>rd</sup> Floor, WRS Tennessee Tower  
312 Rosa L Parks Avenue  
Nashville, TN 37243

Parent entity's contact information

Name of primary contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent entity's Edison Vendor ID number, if applicable: \_\_\_\_\_



## GRANT AMENDMENT

<b>Agency Tracking #</b> 34360-41220	<b>Edison ID</b> 65063	<b>Contract #</b> GR-20-65063	<b>Amendment #</b> 3		
<b>Contractor Legal Entity Name</b> Metropolitan Government of Nashville and Davidson County			<b>Edison Vendor ID</b> 4		
<b>Amendment Purpose &amp; Effect(s)</b> Annual Renewal and COVID POD funding					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>End Date:</b> <b>June 30, 2022</b>			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>+ \$5,932,174.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2020	\$75,800.00	\$230,000.00			\$305,800.00
2021	\$75,800.00	\$398,300.00			\$474,100.00
2022	\$75,800.00	\$6,167,674.00			\$6,243,474.00
<b>TOTAL:</b>	<b>\$227,400.00</b>	<b>\$6,795,974.00</b>			<b>\$7,023,374.00</b>
<p><b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p> <p style="text-align: center;"><i>Eric Buchholz</i></p>			<p><i>CPO USE</i></p> <p style="font-size: 24pt; font-weight: bold;">GR-20-65063-03</p>		
<b>Speed Chart</b> (optional)		<b>Account Code</b> (optional)			
HL00017601		71301000			
HL00018528					
HL00016127					

**AMENDMENT 3  
OF GRANT CONTRACT GG-20-65063-02**

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

1. The following is added under Contract section A.2. Service Definitions:

- aj. Cold Chain – A temperature-controlled supply chain that includes all vaccine-related equipment and procedures. The cold chain begins with the cold storage unit at the manufacturing plant, extends to the transport and delivery of the vaccine and correct storage at the provider facility, and ends with administration of the vaccine to the patient.
- ak. “COVID-19” – A mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus), is transmitted chiefly by contact with infectious material (as respiratory droplets) or with contact with objects or surfaces contaminated with the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.
- al. “Digital Data Logger (DDL)” – A DDL is an electronic device which automatically monitors and records environmental parameters over time, allowing conditions to be measured, documented, analyzed, and validated. The DDL contains a sensor to receive the information and a computer chip to store it.
- am. “Personal Protective Equipment (PPE)” – Protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.
- an. “Points of Dispensing (POD)” – Points of dispensing (POD) are community locations at which state and local agencies dispense and administer medical countermeasures (MCMs) to the public.

2. The following is added as Contract section A.5.t.:

- t. COVID Immunization Cooperative Agreements Supplemental Funds Activities:
  - i. The Grantee shall operate a COVID-19 POD in accordance with guidelines provided by the State and the Centers for Disease Control and Prevention.
    - (1) The Grantee shall administer vaccines to eligible recipients, as directed by the State and in accordance with county COVID-19 vaccine phases.
    - (2) The Grantee shall administer vaccines through the POD a minimum of five (5) hours each week, with a minimum of three (3) hours of vaccine administration at each event, unless otherwise approved by the State.
    - (3) The Grantee shall be responsible for all aspects of the operation of the POD, including the hiring, supervision, and training of staff.
    - (4) The Grantee shall take every possible measure to ensure that no vaccine doses are wasted and arrange for the appropriate disposal of biohazardous materials.

- (5) The Grantee shall not attempt to bill vaccine recipients or collect money from recipients under any circumstances.
- (6) The Grantee shall ensure the maintenance of the Cold Chain and the protection of the COVID-19 vaccines entrusted to the POD manager at all times, including continuous monitoring of vaccines by an approved DDL and the immediate reporting of any temperature excursions to State.
- ii. The Grantee shall ensure the proper use of State property and the return of that property to the State in its original condition and at the time designated by the State.
- iii. The Grantee shall be compliant with all reporting requirements, including the entry of all administered vaccines into TennIIS within twenty-four (24) hours of administration.
  - (1) The Grantee shall submit to the State a weekly report of the number of vaccines administered at the site no later than Wednesday at 4 p.m. Central Standard Time the following week.
  - (2) The Grantee shall submit monthly expense reports and requests for reimbursement according to State policy.
- iv. The Grantor State Agency shall provide the following to the Grantee:
  - (1) Provide technical and logistical consultation to the Grantee to ensure success of the POD.
  - (2) Provide training in the appropriate transport, storage and handling of the COVID-19 vaccine to POD managers and key staff.
  - (3) Provide COVID-19 vaccines and administration supplies, including appropriate needles, syringes, alcohol swabs, vaccine record cards, PPE, sharps containers and bandages.
  - (4) Provide login access and training in the use of TennIIS and the appropriate documentation of administered vaccines.
  - (5) Provide reimbursement of appropriate costs as detailed in the budget submitted to the State within thirty (30) days of receipt of request for reimbursement.

3. The following is added as Contract section A.14.:

- A.14. Incorporation of Additional Documents. Each of the following documents is included as a part of this Grant Contract by reference or attachment. In the event of a discrepancy or ambiguity regarding the Grantee's duties, responsibilities, and performance, these items shall govern in order of precedence below:
  - a. this Grant Contract document with any attachments or exhibits; and
  - b. all CDC reporting and guidance for grant recipients of Federal Supplemental Award# 6 NH23IP922617-02-04, Immunization Cooperative Agreements NOA, (Attachment Nine), as may be amended by the CDC throughout the award period.

4. Grant Section B.1 and B.2 are deleted in their entirety and replaced as follows:

- B.1. This Grant Contract shall be effective for the period beginning on July 1, 2019 (“Effective Date”) and ending on June 30, 2022 (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
- B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months

5. Grant Section C.1. is deleted in its entirety and replaced as follows.

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Seven Million, Twenty-Three Thousand, Three Hundred Seventy-Four Dollars (\$7,023,374.00) (“Maximum Liability”). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

6. Grant Attachments 1 & 2 are deleted in their entirety and replaced with the new Attachments 1 & 2, attached hereto.

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

Amendment Effective Date. The revisions set forth herein shall be effective on June 30, 2021. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

\_\_\_\_\_  
Director, Metro Public Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:



\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH:

\_\_\_\_\_  
Lisa Piercey, MD, MBA, FAAP  
Commissioner

\_\_\_\_\_  
Date

**ATTACHMENT 1****Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville and Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NH23IP922617
Federal award date	7/01/2019
CFDA number and name	93.268 Immunization Cooperative Agreements
Grant contract's begin date	July 1, 2019
Grant contract's end date	June 30, 2022
Amount of federal funds obligated by this grant contract	\$6,795,974.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$141,254,402.00
Name of federal awarding agency	The Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Ackeem Evans Grants Management Specialist <a href="mailto:Qtq4@cdc.gov">Qtq4@cdc.gov</a> 678-475-4564
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	13.1% at the time of this Contract

<b>GRANT BUDGET</b>				
<b>Metropolitan Government of Nashville and Davidson County - Immunization Services Roll-Up Budget (federal &amp; state total)</b>				
<b>The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following</b>				
<b>Applicable Period:                    BEGIN: July 1, 2019                    END: June 30, 2022</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$742,300.00	\$0.00	\$742,300.00
2	Benefits & Taxes	\$291,500.00	\$0.00	\$291,500.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$5,071,434.00	\$0.00	\$5,071,434.00
5	Supplies	\$160,000.00	\$0.00	\$160,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$247,200.00	\$0.00	\$247,200.00
9	Equipment Rental & Maintenance	\$81,040.00	\$0.00	\$81,040.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$378,000.00	\$0.00	\$378,000.00
22	Indirect Cost	\$51,900.00	\$0.00	\$51,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$7,023,374.00</b>	<b>\$0.00</b>	<b>\$7,023,374.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - VFC-IQIP				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$80,300.00	\$0.00	\$80,300.00
2	Benefits & Taxes	\$30,800.00	\$0.00	\$30,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (3.52% of S&B)	\$3,900.00	\$0.00	\$3,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$115,000.00</b>	<b>\$0.00</b>	<b>\$115,000.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 3)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Patricia Charlemagne, Office Support Representative	\$ 3,109.08	x 12	x 15.00%	+	Longevity	\$5,596.34
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 70.00%	+	Longevity	\$31,522.40
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 5.00%	+	Longevity	\$3,129.00
Haydar Gerdi, Office Support Representative	\$ 3,274.37	x 3.5	x 100.00%	+	Longevity	\$11,460.30
Lily Vazquez, Office Support Representative	\$ 3,480.14	x 8	x 100.00%	+	\$ 743 Longevity	\$28,584.12
<b>TOTAL ROUNDED</b>					<b>\$80,300.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$91,200.00	\$0.00	\$91,200.00
2	Benefits & Taxes	\$23,800.00	\$0.00	\$23,800.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$115,000.00	\$0.00	\$115,000.00

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 5)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 27.00%	+	Longevity	\$16,896.60
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 30.00%	+	Longevity	\$13,509.60
Lisa Fenton, Public Health Nurse	\$ 5,043.77	x 3.5	x 70.00%	+	Longevity	\$12,357.24
Kelly Davidson, Public Health Nurse	\$ 4,603.61	x 2.5	x 70.00%	+	Longevity	\$8,056.32
Jacqueline Shivers-Furline, Office Support Specialist 1	\$ 3,361.52	x 12	x 100.00%	+	\$ - Longevity	\$40,338.24
<b>TOTAL ROUNDED</b>						<b>\$91,200.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2019 END: June 30, 2020				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$65,500.00	\$0.00	\$65,500.00
2	Benefits & Taxes	\$10,300.00	\$0.00	\$10,300.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$75,800.00</b>	<b>\$0.00</b>	<b>\$75,800.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.



2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 7)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Patricia Charlemagne, Office Support Representative	\$ 3,109.08	x 12	x 85.00%	+	Longevity	\$31,712.62
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 54.00%	+	Longevity	\$33,793.20
<b>TOTAL ROUNDED</b>					<b>\$65,500.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

## ATTACHMENT 2

(BUDGET PAGE 8)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$152,900.00	\$0.00	\$152,900.00
2	Benefits & Taxes	\$61,100.00	\$0.00	\$61,100.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$230,000.00</b>	<b>\$0.00</b>	<b>\$230,000.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 9)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Angelina Hooper, Public Health Manager	\$ 5,364.24	x 12	x 10.00%	+	Longevity	\$6,437.09
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 25.00%	+	Longevity	\$9,363.87
Chelsea Trumbull, Public Health Nurse	\$ 4,754.41	x 12	x 100.00%	+	Longevity	\$57,052.89
Jacqueline Shivers- Furline, Offic Support Specialist 1	\$ 3,297.44	x 12	x 100.00%	+	Longevity	\$39,569.30
Lily Vazquez, Office Support Representative	\$ 3,314.48	x 12	x 100.00%	+	\$ 743 Longevity	\$40,516.76
<b>TOTAL ROUNDED</b>					<b>\$152,900.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$91,900.00	\$0.00	\$91,900.00
2	Benefits & Taxes	\$60,400.00	\$0.00	\$60,400.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$168,300.00</b>	<b>\$0.00</b>	<b>\$168,300.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 11)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Angelina Hooper, Public Health Manager	\$ 5,215.00	x 12	x 27.00%	+	Longevity	\$16,896.60
Chelsea Trumbull, Public Health Nurse	\$ 4,503.20	x 10	x 30.00%	+	Longevity	\$13,509.60
Lisa Fenton, Public Health Nurse	\$ 5,043.77	x 3.5	x 70.00%	+	Longevity	\$12,357.24
Kelly Davidson, Public Health Nurse	\$ 4,603.61	x 2.5	x 70.00%	+	Longevity	\$8,056.32
Jacqueline Shivers-Furline, Office Support Specialist 1	\$ 3,361.52	x 12	x 100.00%	+	\$ 743 Longevity	\$41,081.24
<b>TOTAL ROUNDED</b>					<b>\$91,900.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2020 END: June 30, 2021				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$53,800.00	\$0.00	\$53,800.00
2	Benefits & Taxes	\$22,000.00	\$0.00	\$22,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$75,800.00	\$0.00	\$75,800.00

**75,800.00**

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 13)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 75.00%	+	Longevity	\$28,091.62
Angelina Hooper, Public Health Manager	\$ 5,365.03	x 12	x 40.00%	+	Longevity	\$25,752.16
<b>TOTAL ROUNDED</b>					<b>\$53,800.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

ATTACHMENT 2

(BUDGET PAGE 14)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - Covid Funding -HL00018528				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$5,071,434.00	\$0.00	\$5,071,434.00
5	Supplies	\$160,000.00	\$0.00	\$160,000.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$247,200.00	\$0.00	\$247,200.00
9	Equipment Rental & Maintenance	\$81,040.00	\$0.00	\$81,040.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$378,000.00	\$0.00	\$378,000.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$5,937,674.00</b>	<b>\$0.00</b>	<b>\$5,937,674.00</b>

**5,937,674**

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.



2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 15)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
		x 12	x	+	Longevity	\$0.00
		x 12	x	+	Longevity	\$0.00
<b>TOTAL ROUNDED</b>					<b>\$0.00</b>	

<b>PROFESSIONAL FEES</b>	<b>AMOUNT</b>
Temporary Staffing	\$4,744,950.00
OT for staff/temps	\$75,000.00
Initial Implementation, Licensing, Clearinghouse Selection	\$251,484.00
<b>TOTAL</b>	<b>\$5,071,434.00</b>

<b>CAPITAL PURCHASE</b>	<b>AMOUNT</b>
Mobild Medical Unit	\$178,000.00
Transport Truck	\$100,000.00
Drive Thru POD Equipment	\$100,000.00
<b>TOTAL</b>	<b>\$378,000.00</b>

## ATTACHMENT 2

(BUDGET PAGE 16)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - PPHF				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$152,900.00	\$0.00	\$152,900.00
2	Benefits & Taxes	\$61,100.00	\$0.00	\$61,100.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (7.5% of S&B)	\$16,000.00	\$0.00	\$16,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$230,000.00</b>	<b>\$0.00</b>	<b>\$230,000.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.

2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 17)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Angelina Hooper, Public Health Manager	\$ 5,364.24	x 12	x 10.00%	+	Longevity	\$6,437.09
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 25.00%	+	Longevity	\$9,363.87
Chelsea Trumbull, Public Health Nurse	\$ 4,754.41	x 12	x 100.00%	+	Longevity	\$57,052.89
Jacqueline Shivers- Furline, Offic Support Specialist 1	\$ 3,297.44	x 12	x 100.00%	+	Longevity	\$39,569.30
Lily Vazquez, Office Support Representative	\$ 3,314.48	x 12	x 100.00%	+	\$ 743 Longevity	\$40,516.76
<b>TOTAL ROUNDED</b>					<b>\$152,900.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

## ATTACHMENT 2

(BUDGET PAGE 18)

GRANT BUDGET				
Metropolitan Government of Nashville and Davidson County - Immunization Services - State Funded Activities				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: July 1, 2021 END: June 30, 2022				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$53,800.00	\$0.00	\$53,800.00
2	Benefits & Taxes	\$22,000.00	\$0.00	\$22,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$75,800.00</b>	<b>\$0.00</b>	<b>\$75,800.00</b>

<sup>1</sup> 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:

<http://www.tn.gov/finance/topic/fa-policyinfo>

<sup>2</sup> Applicable detail follows this page if line-item is funded.


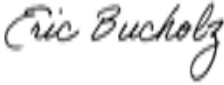
2. Immunization & Covid grant amendment

**ATTACHMENT 2 (continued)**  
**GRANT BUDGET LINE-ITEM DETAIL**  
 (BUDGET PAGE 19)

<b>SALARIES (name and title)</b>	<b>mo salary</b>	<b>mos</b>	<b>% of time</b>	<b>Longevity</b>	<b>AMOUNT</b>	
Patricia Charlemagne, Office Support Representative	\$ 3,121.29	x 12	x 75.00%	+	Longevity	\$28,091.62
Angelina Hooper, Public Health Manager	\$ 5,365.03	x 12	x 40.00%	+	Longevity	\$25,752.16
<b>TOTAL ROUNDED</b>					<b>\$53,800.00</b>	

<b>TRAVEL / CONFERENCES &amp; MEETINGS (specify)</b>	<b>AMOUNT</b>
<b>TOTAL</b>	<b>\$0.00</b>

3. Health Promotion grant amendment

 <h2 style="margin: 0;">GRANT AMENDMENT</h2>					
<b>Agency Tracking #</b>	<b>Edison ID</b>	<b>Contract #</b>	<b>Amendment #</b>		
34360-50321	65715	GG21-65715	1		
<b>Contractor Legal Entity Name</b>				<b>Edison Vendor ID</b>	
Metropolitan Government of Nashville and Davidson County				4	
<b>Amendment Purpose &amp; Effect(s):</b>					
Extend term and add funds					
<b>Amendment Changes Contract End Date:</b>			<b>End Date:</b>		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			6/30/2024		
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):					
<b>+ \$400,000</b>					
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2021		\$159,300			\$159,300
2022		\$186,400			\$186,400
2023		\$186,400			\$186,400
2024		\$186,400			\$186,400
<b>TOTAL:</b>		<b>\$718,500</b>			<b>\$718,500</b>
<p><b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.</p>  			<p><i>CPO USE</i></p>		
<b>Speed Chart</b> (optional)		<b>Account Code</b> (optional)			
HL00006839		71301000			

## 3. Health Promotion grant amendment

**AMENDMENT ONE  
OF GRANT CONTRACT GG2165715**

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

1. Grant Contract Attachment 1 is deleted in its entirety and replaced with the new Attachment 1, attached hereto.
2. The following is added as Grant Contract section A.9.:
  - A.9. No funds awarded under this Grant Contract shall be used for lobbying federal, state, or local officials.
3. Grant Contract Section B. is deleted in its entirety and replaced with the following:

**B. TERM OF CONTRACT**

- B.1. This Grant Contract shall be effective for the period beginning on July 1, 2020, (“Effective Date”) and ending on June 30, 2024, (“Term”). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.
  - B.2. Term Extension. It is understood and agreed that the State may extend the Term an additional period of time, not to exceed one hundred-eighty (180) days beyond the expiration date of this Grant Contract, under the same terms and conditions. In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.
4. Grant Contract Section C.1. is deleted in its entirety and replaced with the following:
    - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Seven Hundred Eighteen Thousand Five Hundred Dollars (\$718,500.00) (“Maximum Liability”). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
  5. Grant Contract Attachment 2 is deleted in its entirety and replaced with the new Attachment 2, attached hereto.

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

Amendment Effective Date. The revisions set forth herein shall be effective ten (10) days following the last signature. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

3. Health Promotion grant amendment

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

\_\_\_\_\_  
Interim Administrative Director  
Metro Public Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH:

\_\_\_\_\_  
Lisa Piercey, MD, MBA, FAAP  
Commissioner

\_\_\_\_\_  
Date



**ATTACHMENT 1****Federal Award Identification Worksheet**

Subrecipient's name (must match registered name in DUNS)	Metropolitan Government of Nashville & Davidson County
Subrecipient's DUNS number	078217668
Federal Award Identification Number (FAIN)	NB01OT009387
Federal award date	8/17/2021
CFDA number and name	93.991 Preventive Health and Health Services Block Grant
Grant contract's begin date	July 1, 2020
Grant contract's end date	June 30, 2024
Amount of federal funds obligated by this grant contract	\$718,500.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$2,492,873.00
Name of federal awarding agency	Department of Health and Human Services Centers for Disease Control and Prevention
Name and contact information for the federal awarding official	Mr. Jon Messick Grants Management Officer yfa4@cdc.gov (770) 488-1005
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	0

3. Health Promotion grant amendment  
**ATTACHMENT 2**  
**GRANT BUDGET**  
(BUDGET PAGE 1)

<b>METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY PUBLIC HEALTH</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2024. ROLLUP</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$436,700.00	\$0.00	\$436,700.00
2	Benefits & Taxes	\$188,000.00	\$0.00	\$188,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$25,800.00	\$0.00	\$25,800.00
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 <sup>2</sup>	\$11,000.00	\$0.00	\$11,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$57,000.00	\$0.00	\$57,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$718,500.00</b>	<b>\$0.00</b>	<b>\$718,500.00</b>

<sup>1</sup> 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/content/dam/tn/finance/ocjp/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET**

(BUDGET PAGE 2)

<b>METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY PUBLIC HEALTH</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2020, and ending June 30, 2021. YEAR 1</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$103,600.00	\$0.00	\$103,600.00
2	Benefits & Taxes	\$45,000.00	\$0.00	\$45,000.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$1,200.00	\$0.00	\$1,200.00
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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (6.4% of Salaries/Benefits)	\$9,500.00	\$0.00	\$9,500.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$159,300.00	\$0.00	\$159,300.00

<sup>1</sup> 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/content/dam/tn/finance/ocjp/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE 3)

**YEAR 1**

<b>SALARIES</b>								<b>AMOUNT</b>
Sierra Harris, Program Specialist	\$ 4,111.47	x	12	x	100%			\$49,337.64
Heather Snell, Program Specialist	\$ 4,521.44	x	12	x	100%			\$54,257.28
<b>TOTAL ROUNDED</b>								<b>\$103,600.00</b>

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET**

(BUDGET PAGE 4)

<b>METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY PUBLIC HEALTH</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2021, and ending June 30, 2022. YEAR 2</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$107,900.00	\$0.00	\$107,900.00
2	Benefits & Taxes	\$46,400.00	\$0.00	\$46,400.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$11,700.00	\$0.00	\$11,700.00
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 <sup>2</sup>	\$5,000.00	\$0.00	\$5,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% of Salaries/Benefits)	\$15,400.00	\$0.00	\$15,400.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$186,400.00	\$0.00	\$186,400.00

<sup>1</sup> 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/content/dam/tn/finance/ocjp/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE 5)

**YEAR 2**

<b>SALARIES</b>							<b>AMOUNT</b>
Name, Title	Monthly Salary		# of Months		% of time		
Sierra Harris, Program Specialist	\$ 3,988.80	x	3	x	100%		\$11,966.40
Vacant, Program Specialist	\$ 4,308.35	x	9	x	100%		\$38,775.15
Kiana Radney, Program Specialist	\$ 4,802.20	x	11	x	100%		\$52,824.20
Vacant, Program Specialist	\$ 4,308.35	x	1	x	100%		\$4,308.35
<b>TOTAL ROUNDED</b>							<b>\$107,900.00</b>

<b>TRAVEL / CONFERENCES AND MEETINGS</b>		<b>AMOUNT</b>
Out of town travel to annual NNPHI - New Orleans (2 x \$2,000.00)		\$4,000.00
Local Travel for staff		\$1,000.00
<b>TOTAL</b>		<b>\$5,000.00</b>

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET**

(BUDGET PAGE 6)

<b>METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY PUBLIC HEALTH</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2022, and ending June 30, 2023. YEAR 3</b>				
<b>POLICY 03 Object Line-item Reference</b>	<b>EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)</b>	<b>GRANT CONTRACT</b>	<b>GRANTEE PARTICIPATION</b>	<b>TOTAL PROJECT</b>
1	Salaries <sup>2</sup>	\$111,500.00	\$0.00	\$111,500.00
2	Benefits & Taxes	\$47,900.00	\$0.00	\$47,900.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$8,100.00	\$0.00	\$8,100.00
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 <sup>2</sup>	\$3,000.00	\$0.00	\$3,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% of Salaries/Benefits)	\$15,900.00	\$0.00	\$15,900.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	\$186,400.00	\$0.00	\$186,400.00

<sup>1</sup> 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/content/dam/tn/finance/ocjp/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE 7)

**YEAR 3**

<b>SALARIES</b>							<b>AMOUNT</b>
Name, Title	Monthly Salary		# of Months		% of time		
Vacant, Program Specialist	\$4,394.52	x	12	x	100.00%	+	\$52,734.24
Kiana Radney, Program Specialist	\$4,898.24	x	12	x	100.00%	+	\$58,778.88
<b>ROUNDED TOTAL</b>							<b>\$111,500.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>		<b>AMOUNT</b>
Local Travel, conference TBD		\$3,000.00
<b>TOTAL</b>		<b>\$3,000.00</b>



3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET**

(BUDGET PAGE 6)

<b>METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY PUBLIC HEALTH</b>				
<b>APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2023, and ending June 30, 2024. YEAR 4</b>				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$113,700.00	\$0.00	\$113,700.00
2	Benefits & Taxes	\$48,700.00	\$0.00	\$48,700.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$0.00	\$0.00	\$0.00
5	Supplies	\$4,800.00	\$0.00	\$4,800.00
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 <sup>2</sup>	\$3,000.00	\$0.00	\$3,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (10% of Salaries/Benefits)	\$16,200.00	\$0.00	\$16,200.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$186,400.00</b>	<b>\$0.00</b>	<b>\$186,400.00</b>

<sup>1</sup> 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/content/dam/tn/finance/ocjp/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

3. Health Promotion grant amendment  
**ATTACHMENT 2 (Continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE 9)

**YEAR 4**

<b>SALARIES</b>							<b>AMOUNT</b>
Name, Title	Monthly Salary		# of Months		% of time		
Vacant, Program Specialist	\$4,482.41	x	12	x	100.00%		\$53,788.92
Kiana Radney, Program Specialist	\$4,996.20	x	12	x	100.00%		\$59,954.46
<b>ROUNDED TOTAL</b>							<b>\$113,700.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>		<b>AMOUNT</b>
Local Travel, conference TBD		\$3,000.00
<b>TOTAL</b>		<b>\$3,000.00</b>

**AMENDMENT NO. 6**  
**BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER**  
**AND**  
**THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND**  
**THROUGH THE**  
**METROPOLITAN BOARD OF HEALTH**  
(VUMC 30633)

This **Sixth Amendment (“Amendment No. 6”)** entered into by and between the Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health (“hereinafter referred to as “MPHD” or “Metro”), a municipal corporation of the State of Tennessee, and Vanderbilt University Medical Center (“VUMC”), a Tennessee nonprofit corporation.

**WHEREAS**, pursuant to the Agreement MPHD provides duties for the conduct of TBTC studies in accordance with the protocols provided to VUMC from CDC, VAMC and TBTC; and

**WHEREAS**, the parties now desire to amend the Agreement in order to add additional funds.

**NOW, THEREFORE**, for the consideration described above and the promises and covenants set forth below, the parties agree as follows:

1. The following is hereby added to **Section 8** of the Agreement:

Attachment 1 (budget) is hereby added to the Agreement, attached to this Amendment No. 6 and incorporated herein by reference.

2. The parties agree that the effective dates for Attachment 1 are October 1, 2020 to September 30, 2021.

Except as provided herein, all other terms and conditions of the Agreement are unaltered and remain in full force and effect.

(signature page to follow)

IN WITNESS THEREOF, the parties hereto have caused this Amendment No. 6 to be executed by their duly authorized representatives.

**VANDERBILT UNIVERSITY MEDICAL CENTER**

Approved by:

Recommended by:



BC \_\_\_\_\_  
Libby D. Salberg  
Director, Office of Contracts Management

\_\_\_\_\_  
Timothy R. Sterling, M.D.  
Principal Investigator

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Signatures on next page.

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

\_\_\_\_\_  
Director, Metro Public Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

\_\_\_\_\_  
Director, Department of Finance

\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

\_\_\_\_\_  
Director of Risk Management Services

\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

\_\_\_\_\_  
Metropolitan Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Metropolitan Mayor

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date

## ATTACHMENT 1

## GRANT BUDGET - TBTC

(BUDGET PAGE 1)

Metropolitan Government of Nashville & Davidson County - TBTC				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning October 1, 2020, and ending September 30, 2021.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$18,900.00	\$0.00	\$18,900.00
2	Benefits & Taxes	\$4,100.00	\$0.00	\$4,100.00
4, 15	Professional Fee/ Grant & Award <sup>2</sup>	\$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 <sup>2</sup>	\$0.00	\$0.00	\$0.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (22% Salary/Benefits)	\$5,000.00	\$0.00	\$5,000.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	<b>GRAND TOTAL</b>	<b>\$28,000.00</b>	<b>\$0.00</b>	<b>\$28,000.00</b>

<sup>1</sup> 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: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

FRIENDS OF MACC  
812 FATHERLAND STREET  
NASHVILLE, TN 37206

A dog is the only thing... 1018  
87-1/640

11/5/21 Date

Pay to the Order of Metro Animal Care and Control \$ 3,000.00

Three thousand dollars and 00/100 Dollars

REGIONS BANK

that loves you more than he loves himself.

For Foster Program Training

Samuel R. [Signature]

⑆064000017⑆ 0237177699⑆ 1018

# Director's Update to the Board of Health November, 2021

## Protecting Health – Preventing the Spread of Infectious Disease

### COVID

Both our 14-day rolling average of new infections and the number of new cases per 100,000 population was down more than 85 percent from our delta-variant peak on Sept. 7. Full vaccinated are up 11 percent since then, to 58.6% of Davidson County. In addition, 71,160 county residents have received a 3<sup>rd</sup>/booster dose.

### Flu (and some COVID)

As of last week we had given a total of 2,048 flu shots. The bulk of those (1,294) were at our Metro employee flu shot clinics. Last Friday was Fight Flu TN day across the state, when free flu shots were offered. We had shots available at all three of our clinics, as well as Plaza Mariachi, Southeast Community Center, and The Next Door.

## Create Healthier Community Environments

### Environmental Health

#### Vehicle Emissions

The Metro Council earlier this week considered a resolution to require us to cease vehicle emissions testing. The Council has gotten quite a few complaints from motorists annoyed by the length of the wait at the testing garages, an issue the vendor has struggled to conquer in the post-COVID labor environment, virus-related shortages of existing staff and uncertainty about the future of the program. We are in regular communication with the Mayor's office, council members and other interested parties as we try to work out way through this issue.

#### MACC

After approval of slight modifications to the job requirements, we plan to post the MACC Director position and begin interviews with a goal of having a new director by the end of the year.

#### Food & Public Facilities

The Food and Public Facilities Division is experiencing an increase in regulated establishments. They added 27 new facilities during the final week of October and 16 more during the first week of November. It would be beneficial to add more Environmental Health Specialists to that group. They already have 20 positions, but turnover is such that they rarely if ever are completely staffed. There is also a steep learning curve for new employees, so it is several months before a new employee can work independently. Two specialists are leaving this month. Baker Bachman's last day was Nov. 12, and Grace Walker's final day with Air Pollution was today. Brenda Lyle, and Office Support Specialist, is retiring after several years at MPH. Her position will be moved and added to the administrative staff at MACC.

## Improving Health – Access & Care Coordination

### School Health

The volume of school COVID investigations continues to trend downward, and school nurses are turning their focus back to their pre-COVID work which includes education, promoting healthy choices (such as vaccines) and screenings. School Health is working with Matt Peters to create a recruitment video as we strive to hire more nurses. We still need 15 more nurses to achieve a nurse in every school.

### WIC

The WIC waiver to have the option to serve clients by phone has been extended until April 13, 2022. The waiver for therapeutic formula requests has been extended until December 13, 2021. We are beginning to see some WIC clients in person again, but the waiver allows flexibility for those who have difficulty coming to our clinics.

On Sept. 30, Congress increased cash allotments for eligible WIC participants to purchase fruits and vegetables through Dec. 31. Our WIC office had to get IT support to make these new amounts work, but as of Nov. 1 we are



able to issue these benefits to families. Below are the new amounts WIC families can receive. Again, this is only temporary, but Congress is to be discussing again in December making the increase longer term (which our WIC food dollars budget should be able to cover).

**Extra money is available for families participating in WIC. Don't miss out! Pregnant, or breastfeeding moms should get \$43 or \$47 respectively. See below chart for more details:**

*Fresh Fruit and Vegetable Benefit Amounts by Client Type*

Category	Temporary CVB Amount
Child	\$24
Pregnant and Postpartum	\$43
Breastfeeding	\$47
Exclusively Breastfeeding with multiples	\$70.50

### Dental

We have a new WIC dental hygienist, Sharna Lee, and she has begun a campaign from the American Academy of Pediatrics called BrushBookBed. Children who participate in the WIC Dental program will be given a bookmark with dental facts and good oral health habits. Sharna has already partnered with Book em and received over 800 books to give to the children. She hopes to use this campaign for outreach and accomplish three goals.

1. Children have a dental home by age 1
2. Receive fluoride treatments 2-4 times each year
3. Cavity free at age 3

### Organizational Updates

#### Accreditation

After more than eight years, one office relocation and one plague, we are officially an accredited health department. The Public Health Accreditation Board informed us last week of its acceptance of our application, the culmination of a substantial multi-year effort all across the department.

The letter began:

“Greetings from PHAB,  
Congratulations on your health department's accreditation!”

We wholeheartedly accept.

#### Legislature

As you know the Tennessee General Assembly made numerous changes to the state laws regarding public health during its special COVID session last month. We are still evaluating what the changes mean for us. We are also, mostly through Mr. Smith in the legal department, evaluating the implications of the federal vaccine mandates for employers of 100 or more people.

## **Deputy Director**

Dr. Melva Black started in her role as deputy director on Oct. 18. Below, her introductory letter to the MPH staff:

Dear Colleagues,

As I get settled into my new role as Deputy Director, I wanted to formally introduce myself. I know that much of my success at the Health Department will also be your success, and I am looking forward to working alongside all of you.

Before joining the Health Department, I was the Assistant Dean of Humanities at Volunteer State Community College. Prior to my higher education tenure, I spent more than a decade working with non-profits and government agencies providing access to health and education in underserved communities both domestic and international. My time in those collective experiences gave me many skills I needed to effectively manage burgeoning organizations.

Outside of work, I loooovveee jazz music and have an appreciation for and listen to most other genres. You just might see me at a local venue or two enjoying some live music. On another note, I have an adorable four-legged furry Jack Russell-Chihuahua mix named Anastasia "Anna" LaFontaine Black who was a stray. Her favorite things are lounging and barking...a lot!

So far, I've had an opportunity to meet several colleagues at Lentz, Animal Control, and South Nashville Nutrition Center. I plan to visit all our sites in hopes of meeting everyone. In the meantime, I invite you to stop by my office to introduce yourself if I have not had the pleasure of meeting you. More than likely I'll have a little jazz music playing and certainly pictures of Anastasia on display.

My office is located on the second floor of Lentz across from the Director's office. You can reach me at extension 08549. My door is always open so please feel free to stop by.

Kind regards,

Melva

## **Follow Us!**

Please join us, if you haven't already, in following these sites and sharing our message with your networks.

Facebook: [Facebook.com/MPHDNashville](https://www.facebook.com/MPHDNashville)

Twitter: [@NashvilleHealth](https://twitter.com/NashvilleHealth)

Instagram: [@NashvillePublicHealth](https://www.instagram.com/NashvillePublicHealth)

Overdose Response Program (ORP)  
Division of Behavioral Health and Wellness

**GRANTS**

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant

**INTERVENTIONS AND ACTIVITIES**

**Overdose Fatality Review (OFR) Panel**

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County. Meetings will occur monthly with next slated to be held in mid-November.

**ED Post-Overdose Discharge Protocol**

- Initiative seeks to improve care through the use of peer recovery navigators, naloxone distribution, harm reduction strategies, and medically-assisted treatment (MAT).

**Nashville Fire Department EMS Post-Overdose Follow-Up**

- Implementation began in early January 2021.

**Substance Use Linkage by ORP Social Worker**

- Implementation began in November 2020. Activities include linking MPHD clinic patients with substance use disorder to available resources.

**Data-to-Action with Local Prevention Partners**

- Collaborating with prevention partners for targeted response to high-activity areas.

**Data-to-Action with Local Homeless/Housing Partners**

- Currently collaborating and implementing data-to-action activities with local homeless/housing partners surrounding the overdose crisis.

**HIA Multidisciplinary Stakeholder Group**

- Inaugural quarterly meeting held in July involving stakeholders from multiple sectors aimed at mitigating the local drug overdose crisis.
- October meeting included presentation of fatal/nonfatal drug overdose trends, highlighting the increase in counterfeit pills

**CDC Overdose Data-to-Action Meeting**

- ORP epidemiologist presented project update and an overview of acute response planning conducted by ORP to CDC

**SPIKE ALERTS**

- Since implementation in June 2021, the SPIKE Auto Text Program has been utilized 5 times (June 9, July 16, August 13, September 2, and October 4).

**\*\*Public Health Emergency - Drug/Opioid Overdose Crisis in the U.S.\*\***

On October 26, 2017, the drug overdose crisis was officially declared to be a public health emergency by President Trump. This determination was renewed by the Secretary of Health and Human Services, effective July 7, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7July2021.aspx>

**MEDIA**

**Nashville Scene "The Other Epidemic: Fentanyl is Killing People in Nashville at a Staggering Rate" - November 4, 2021**

[https://www.nashvillescene.com/news/coverstory/the-other-epidemic-fentanyl-is-killing-people-in-nashville-at-a-staggering-rate/article\\_55ab975c-3b5f-11ec-a9fc-fb2cf034c0e1.html](https://www.nashvillescene.com/news/coverstory/the-other-epidemic-fentanyl-is-killing-people-in-nashville-at-a-staggering-rate/article_55ab975c-3b5f-11ec-a9fc-fb2cf034c0e1.html)

**90.3 WPLN News Nashville Public Radio "Quinones' book 'The Least of Us' sheds light on the dangers of fentanyl and meth" - October 27, 2021**

<https://www.npr.org/2021/10/27/1049546365/quinones-book-the-least-of-us-sheds-light-on-the-dangers-of-fentanyl>

**The Atlantic "I don't know that I would even call it meth anymore" by Sam Quinones - October 18, 2021**

<https://www.theatlantic.com/magazine/archive/2021/11/the-new-meth/620174/>

**News Channel 5 "In-depth: Counterfeit pills complicate Tennessee's addiction crisis" - October 12, 2021**

<https://www.newschannel5.com/news/in-depth-counterfeit-pills-complicate-tennessees-addiction-crisis>

**News Channel 5 "'You're gambling with your life.' TBI, health officials warn of counterfeit drugs in Tennessee" - October 11, 2021**

<https://www.newschannel5.com/homepage-showcase/overdose-deaths-counterfeit-drugs-on-the-rise-in-tennessee>

**WKRN "Counterfeit drugs, overdoses on the rise, TN officials warn" - October 11, 2021**

<https://www.wkrn.com/news/counterfeit-drugs-overdoses-on-the-rise-tn-officials-warn/>

**FOX 17 "TBI warns of fake pills: 'Killing off their customers..is just the cost of doing business'" - October 11, 2021**

<https://fox17.com/news/local/tbi-warns-of-fake-pills-laced-with-deadly-fentanyl-killing-off-their-customers-is-just-the-cost-of-doing-business-nashville-tennessee-drug-overdose-investigation>

**COMMUNITY EVENTS**

**MNPD South Precinct Community Outreach Event - October 27, 2021**

- Outreach event in high risk area for overdose and human trafficking involving multiple agencies (MNPD, STARS, Thistle Farms, End Slavery TN, and ORP).

# Update: Drug Overdose Epidemic in Davidson County, TN November 2021

## Data and Surveillance

### Suspected Fatal Drug Overdoses

- Through October 23, there have been 592 drug overdose deaths (confirmed and suspected) in 2021, representing a 13% increase compared to the same time period last year.
- Fentanyl has been detected in 76% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average
  - 2020: 51.8 suspected overdose deaths
  - 2021: 61.0 suspected overdose deaths**

### Suspected Nonfatal Drug Overdose-related Emergency Department (ED) Visits

- Through October 23, there have been 2,170 overdose-related ED visits at local hospitals in 2021, representing a 1% increase compared to the same time period last year.
- Monthly Average
  - 2020: 213.8 overdose-related ED visits
  - 2021: 217.4 overdose-related ED visits

### Suspected Drug Overdoses Requiring NFD-EMS Response

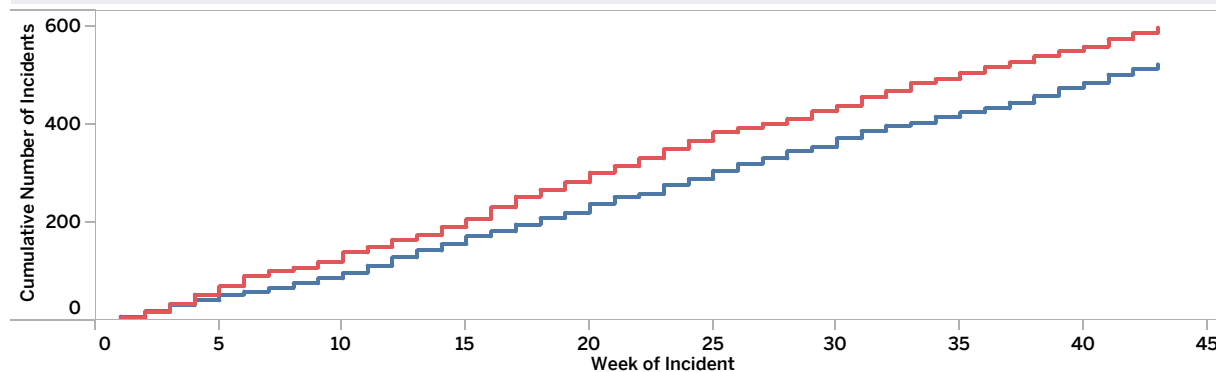
- Through October 23, there have been 4,805 suspected overdoses requiring NFD-EMS response in 2021, representing a 3% decrease compared to the same time period last year.
- Monthly Average
  - 2020: 484.9 suspected overdoses
  - 2021: 484.4 suspected overdoses

### Syringe Containers Collected in the Community

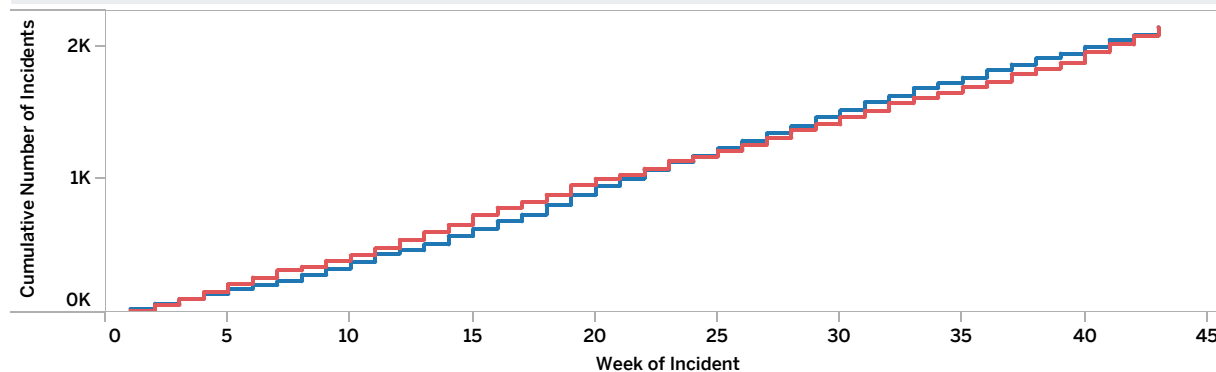
- Through September, there have been 1,410 syringe containers collected by the Metro Public Health Department in 2021, representing an 83% increase compared to the same time last year (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average
  - 2020: 88.7 containers
  - 2021: 156.7 containers

Cumulative, Year-to-Date Drug Overdose Activity, 2020-2021  
[2020=BLUE, 2021=RED]

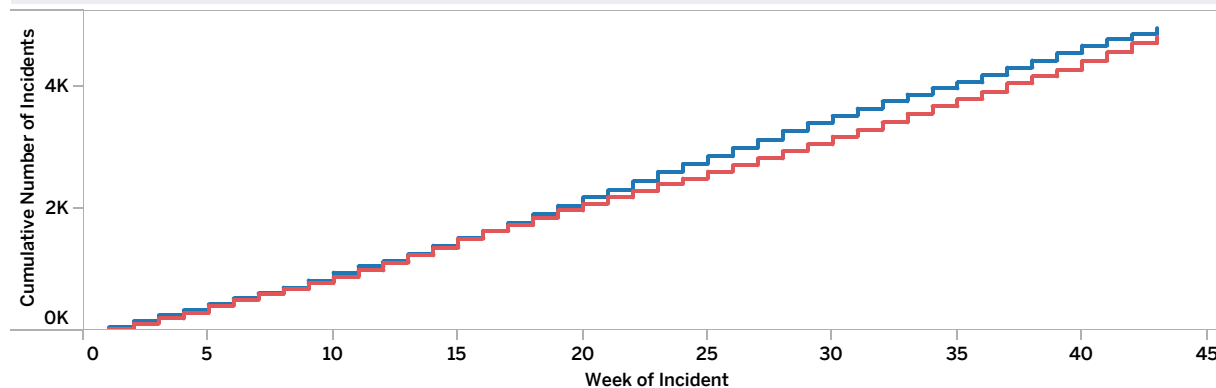
Suspected Fatal Drug Overdoses



Suspected Nonfatal Drug Overdose-related ED Visits



Suspected Drug Overdoses Requiring NFD-EMS Response



## **Prevention Categories for Activities/Interventions Implemented or Supported by ORP**

The Overdose Response Program is involved in both actively implementing and supporting a multitude of community activities and interventions aimed at addressing all levels of prevention (primary, secondary, and tertiary). This ensures our program is applying a comprehensive approach which involves mitigating the currently burgeoning local drug overdose crisis while aiming to prevent substance use/addiction before it ever occurs.

### **Implemented by ORP**

#### **Activity/Intervention**

Overdose Fatality Review (OFR) Panel - primary, secondary, tertiary

ED Post-Overdose Discharge Protocol - primary, secondary, tertiary

HIA Multidisciplinary Stakeholder Group - primary, secondary, tertiary

Nashville Fire Department Emergency Medical Services Post-Overdose Follow-Up - primary, secondary, tertiary

Substance Use Linkage by ORP Social Worker - primary, secondary, tertiary

Data-to-Action with Local Prevention Partners - primary

Data-to-Action with Public Safety Partners - primary

Data-to-Action with Local Homeless/Housing Partners - primary

SPIKE Auto Text Program - primary, secondary

Drug Overdose Monitoring and Surveillance - primary, secondary, tertiary

Syringe Services Program (SSP) - primary, secondary

### **Supported by ORP**

#### **Activity/Intervention**

Fentanyl Test Strip Distribution (as a means of harm reduction) - primary, secondary

### **Definitions**

**Primary Prevention:** "upstream" measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.

**Secondary Prevention:** measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.

**Tertiary Prevention:** involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.



# Update: Drug Overdose Epidemic in Davidson County, TN November 2021

## Overdose Response Program

Trevor Henderson | Director

Email: [trevor.henderson@nashville.gov](mailto:trevor.henderson@nashville.gov)

Bridget Del Boccio | Coordinator

Email: [bridget.delboccio@nashville.gov](mailto:bridget.delboccio@nashville.gov)

Madelynne Myers, MPH | Coordinator

Email: [madelynne.myers@nashville.gov](mailto:madelynne.myers@nashville.gov)

Brigid Vingan, LMSW | Social Worker

Email: [brigid.vingan@nashville.gov](mailto:brigid.vingan@nashville.gov)

Josh Love, MPH | Epidemiologist

Email: [josh.love@nashville.gov](mailto:josh.love@nashville.gov)

Haley Hershey, MPH | Epidemiologist

Email: [haley.hershey@nashville.gov](mailto:haley.hershey@nashville.gov)

## Metro Public Health Department Website

Drug Overdose Information

<https://www.nashville.gov/departments/health/drug-overdose-information>

## Data Sources

### Suspected Fatal Drug Overdoses

Death Investigation and Decedent Information (DIDI) Database (maintained by the Davidson County Medical Examiner (DCME))

### Suspected Nonfatal Drug Overdose-related ED Visits

ESSENCE-TN

### Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

## Notes

Data presented in this report were extracted on October 27, 2021 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from August 2021-October 2021 are not yet finalized.

Suspected drug overdose deaths captured in the DIDI database represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

**If you have information on unusual overdose activity, please contact the Overdose Response Program**

[Opioid.Response@nashville.gov](mailto:Opioid.Response@nashville.gov) | 615-340-0498



**SPIKE Alerts by Text**  
Information that can save lives  
Get alerts about overdoses in your community



FG Trade/Getty Images

Partnership to End Addiction is working with organizations in your community to alert you when spikes in drug overdoses occur locally. This knowledge can help you take action to engage and protect your loved ones struggling with addiction.

**Why it matters:** Spike alerts can prompt families and community members to:

- 1 Have discussions about seeking treatment and/or using substances more safely
- 2 Protect people you care about by getting naloxone and learning how to use it
- 3 Talk to friends or loved ones who are not using substances about the risks of use
- 4 Advocate for and support efforts in your community to prevent overdoses

Text SPIKE to  
**855-9-OD-KNOW**  
**(855-963-5669)**

and follow the steps to  
get messages on your  
phone when overdose  
spikes occur.

**How it works:** Health and law enforcement officials can release a "spike alert" to the media in response to a pattern of drug overdoses within a community. Partnership to End Addiction's SPIKE Alerts by Text program informs you when these alerts are issued.



Learn more:  
[drugfree.org/spike](https://drugfree.org/spike)  
or scan QR code to sign up now

Partnership to End Addiction is a nonprofit working to transform how our nation addresses addiction. Learn more at [drugfree.org](https://drugfree.org).



08/021

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
**(vrs 9-2012)**

**IMPORTANT NOTES FOR THE BASIC DATA MATRIX**

**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

**Tracking by Species and Age:**

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

**Determining Age:**

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, [http://www.animalsheltering.org/resources/magazine/may\\_jun\\_1996/how-to-determine-a-dog-or.pdf](http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf) or contact the National Federation of Humane Societies for a copy of the document.

**Beginning and Ending Shelter Counts:**

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

**Defining Owner Requested Euthanasia:**

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

**Live Admissions Only**

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

**What is Possession?**

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

**Where are the "Others"?**

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

**Why a Basic Matrix?**

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
(vrs 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date:10/01/2021)	121	9	44	73	247
<b>Intake</b>					
Stray at large	211	22	50	66	349
Relinquished by owner	23	10	10	7	50
Owner requested euthanasia	4	0	1	0	5
Transferred in from agency	1	0	0	0	1
Other Intakes	9	6	5	0	20
<b>TOTAL INTAKE</b>	<b>248</b>	<b>38</b>	<b>66</b>	<b>73</b>	<b>425</b>
<b>Outcomes</b>					
Adoption	95	11	36	52	194
Returned to owner	90	2	5	1	98
Transferred to another agency	53	18	14	11	96
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>238</b>	<b>31</b>	<b>55</b>	<b>64</b>	<b>388</b>
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	36	1	7	3	47
Owner requested euthanasia	4	0	1	0	5
<b>TOTAL OUTCOMES</b>	<b>278</b>	<b>32</b>	<b>63</b>	<b>67</b>	<b>440</b>
<b>Ending Shelter Count (date: 10/31/2021)</b>	91	15	47	79	232
<b>SAVE RATE:</b>	<b>85.25%</b>	<b>97.37%</b>	<b>89.23%</b>	<b>95.89%</b>	<b>88.81%</b>





# Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

## Board of Health Request Tracking Form

Meeting Date: \_\_\_\_\_

Request(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Add New Business to regular meeting agendas

Assignments & Due Dates per each request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcomes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. New Business added to regular agendas starting Nov. 19 meeting

\_\_\_\_\_  
*Response Filed in Board packet of \_\_\_\_\_ (date)*