



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

John Cooper, Mayor

Gill C. Wright III MD MMM FAAFP

Director of Health

Board of Health

Tené Hamilton Franklin MS, Chair

Calvin M. Smith III MD, Vice-Chair

Carol Etherington MSN RN FAAN

David A. Frederick MS

Lloyda B. Williamson MD DFAPA FAACAP

Marie R. Griffin MD MPH

Adriana Bialostozky MD

Regular meetings of the Board of Health are scheduled on the second Thursday of each month.

To sign up for meeting updates, visit: <https://www.nashville.gov/departments/health/boards/health-board>

PROPOSED AGENDA

BOARD OF HEALTH MEETING

Lentz Public Health Center

Board Room, on the third floor

2500 Charlotte Avenue, Nashville TN 37209

Thursday, December 8, 2022

4:00 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.

BOARD OF HEALTH

- 1. Approval of November 10, 2022, Meeting Minutes..... Franklin
- 2. Air Pollution Permit Fees for CY2022 and Approval Finke
- 3. Approval of Grant Applications..... Diamond
- 4. Approval of Grants and Contracts Diamond
- 5. Presentation: The People of MPH Peters
- 6. Report of Director Wright
- 7. Report of Chair Franklin
- 8. New Business / Review of Board Requests..... Franklin
- 9. Adjournment

CIVIL SERVICE BOARD

- 1. Request to Schedule a Public Hearing: Revision to Civil Service Rule 3.2, Selection and Promotional Practices Black
- 2. Personnel Changes..... Black
- 3. Adjournment

The Metro Public Health Department does not discriminate on the basis of age, race, gender, gender identity, sexual orientation, color, national origin, religion, or disability in admission to, access to, or operation of its programs, services, or activities, nor does it discriminate in its hiring or employment practices. Contact mphd.ada@nashville.gov with questions, concerns, complaints, requests for accommodation, or requests for additional information regarding the Americans with Disabilities Act.

**Metropolitan Board of Health of Nashville and Davidson County
November 10, 2022, 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 4:04 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
Carol Etherington, RN, Member
David A. Frederick, MS, Member
Lloyda Williamson, MD, Member
Marie Griffin MD, Member
Gill C. Wright III MD, Director of Health
Melva Black, EdD, Deputy Director
Jim Diamond MBA, Finance and Administration Bureau Director
Fonda Harris, PhD, Population Health Bureau Director
Anthony Johnson, Cure Violence Initiative Director
Tom Sharp, Policy and Legislative Liaison
Laura Varnier MNsc APRN, Clinical Services Bureau Director
John Buntin, Director of Policy/Community Safety, Mayor John Cooper's Office
Jeff Syracuse, Metro Council Dist. 15, Chair of Metro Council Public Health and Safety Committee
Derrick Smith JD, Metro Law Department

BOARD OF HEALTH

Chair Franklin recognized Councilmember Jeff Syracuse and John Buntin of Mayor John Cooper's office.

Approval of October 13, 2022, Meeting Minutes

Dr. Williamson made a motion to approve the October 13, 2022, meeting minutes, as distributed. Dr. Griffin seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Mr. Diamond presented four items:

- 1. Memorandum of Understanding – Metro Office of Family Safety**
Term: September 1, 2022-up to five years
Amount: NA
- 2. Grant from Nurture the Next – ACE Nashville**
Term: December 10, 2022-December 9, 2023
Amount: \$102,809
- 3. Contract to Mental Health Cooperative – Overdose Response**
Term: September 1, 2022-August 31, 2023
Amount: \$177,400
- 4. Memorandum of Understanding with the Nashville Fire Department – Substance Abuse Reduction**
Term: September 1, 2022-August 31, 2023
Amount: \$82,189

Vice-Chair Smith made a motion to approve the grants and contracts. Ms. Etherington seconded the motion, which passed unanimously.

Cure Violence Update

Anthony Johnson provided an update on the Cure Violence program, background, and funding.

Chair Franklin invited comment from Councilmember Syracuse and Mr. Buntin.

Report of the Director

Dr. Wright referred to the update provided in the Board packet (Attachment I) and reiterated a few items therein.

Dr. Wright shared an update about the new Board member appointed by Mayor Cooper, whose appointment he expected to be confirmed by Metro Council on November 15, and whom he expected to attend the February board meeting.

Dr. Wright mentioned recent gift by Metro Council's to Planned Parenthood of \$500,000, and the potential impact it might have on the Title X funds currently received by the department.

Dr. Wright noted that the interview process for the position of Behavioral Health and Wellness division was under way.

Report of Chair

Chair Franklin noted the Board retreat planned to be held October 28 had been canceled due to a last-minute notice that not all members could attend, and distributed material that had been slated to be discussed at the retreat (Attachment II) for discussion. Board members requested rescheduling the retreat and it was agreed a new date would be found. [Recorder's note: Tuesday, December 20, 2022, was identified as the date for the rescheduled retreat.]

New Business / Review of Board Requests

Board Requests:

1. Retreat topic: Exit Interview Process
2. Retreat topic: Strategic Plan Metrics
3. Board members will submit suggestions for capabilities and competencies for Director of Health position for discussion to Dr. Wright or secretary
4. Make the Dashboard external-facing
5. Provide an update on the Dashboard at the December meeting
6. Send TB audit/audits to Board
7. Dr. Wright will share the bureau SWOTs and budget presentations with the Board

Adjournment

Dr. Williamson made a motion to adjourn the regular meeting. Dr. Griffin seconded the motion, which passed unanimously.

CIVIL SERVICE BOARD

Public Hearing: Human Resources Manager Job Description and Addition of Position to Pay Plan

Chair Franklin opened the hearing.

Dr. Black presented the job description for the Human Resources Manager position (Attachment III).

There being no comments, Chair Franklin closed the hearing.

Public Hearing: Proposed Changes to Metro Animal Care and Control Positions, and Addition of Behaviorist Position to the Pay Plan

Chair Franklin opened the hearing.

Dr. Black presented the Animal Care and Control Office Support Specialist, and Behaviorist job descriptions (Attachment IV).

There being no comments, Chair Franklin closed the hearing.

Request to Defer a Public Hearing: Revision to Civil Service Rule 3.2, Selection and Promotional Practices

Dr. Black explained that the proposed change to Civil Service Rule 3.2, Selection and Promotional Practices, needed additional review before it could be presented for Board approval, and requested the hearing be deferred.

The matter was deferred.

Personnel Changes

Dr. Black referred to the October 2022, Personnel Changes.

Approval of Human Resources Manager Job Description and Addition of the Position to the Pay Plan

Dr. Griffin made a motion to approve the Job Description of the Human Resources Manager OR10 as published on pages 63-65 of the Board Packet. Vice-Chair Smith seconded the motion, which passed unanimously.

Vice-Chair Smith made a motion to approve the addition to the Pay Plan of the Job Description of the Human Resources Manager OR10 as published on pages 63-65 of the Board Packet. Ms. Etherington seconded the motion, which passed unanimously.

Approval of Proposed Changes to Metro Animal Care and Control Positions, and Addition of Behaviorist Position to the Pay Plan

Vice-Chair Smith made a motion to approve the Support Specialist Position in Metro Animal Control at the salary grade level ST07 as written in pages 69-73 of the Advance Packet. Dr. Griffin seconded the motion, which passed unanimously.

Adjournment

Dr. Williamson made a motion to adjourn the Civil Service Board meeting. Ms. Etherington seconded the motion, which passed unanimously.

The meeting adjourned at 5:25 p.m.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, December 8, 2022, in the Lentz Public Health Center Board Room, on the third floor, at 2500 Charlotte Avenue, Nashville, TN, 37209.

Tené H. Franklin, MS
Chair

Placeholder Page

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: December 8, 2022
Re: Summary of applications presented for Board approval

There are no applications for approval.

SUMMARY OF GRANTS & CONTRACTS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: December 8, 2022
Re: Summary of grants & contracts presented for Board approval

1. Strengthening US Public Health Infrastructure, Workforce and Data Systems grant

This Centers for Disease Control and Prevention grant will create an action plan for Workforce Development addresses eight priority strategies and will involve collaboration among internal and external partners. MPHD will also support innovative changes in key areas and implement system changes that have a meaningful impact across public health areas and strengthen our Foundational Capabilities. Proposed efforts address four specific Foundational Capabilities strategies that will catalyze changes in how MPHD is organized and functions to use resources to enhance public health practice. Consequently, these efforts will remove barriers to services, reduce health disparities and build sustainable partnerships, community capacity and trust in the immediate and future public health efforts.

Term: December 1, 2022 – November 30, 2027
Amount: \$8,578,283
Program Manager: Stephanie Kang
Bureau: Stephanie Kang

2. Nashville Health Accelerator Plan grant amendment

This Centers for Disease Control and Prevention grant will establish a multi-sector coalition to develop an action plan to address the social determinants of health including community-clinical linkages and food and nutrition security to improve chronic disease outcomes among persons experiencing health disparities and inequities.

Amendment #1 – adds an additional 6 months to the contract period.

Term: September 30, 2021 – March 29, 2023
Amount: NA (total \$125,000)
Program Manager: Stephanie Kang
Bureau: Stephanie Kang

3. Community Health Workers for Public Health grant amendment

The grant from Centers for Disease Control and Prevention is to address disparities in access to COVID related services, testing, contact tracing and immunization services and health outcomes and factors that increase risk of severe COVID illness by scaling up and sustaining a nation-wide program of Community Health Workers who will support COVID response and prevention in populations in high-risk communities.

Amendment #1 – adds an additional year to the contract period.

Term: August 31, 2021 – August 30, 2023
Amount: NA (total \$1,000,000)
Program Manager: Fonda Harris
Bureau: Fonda Harris

4. Tobacco Prevention & Cessation Services grant

This grant from the Tennessee Department of Health seeks to improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco and tobacco products.

Term: July 1, 2023 – June 30, 2025
Amount: \$260,000
Program Manager: Danielle Duke
Bureau: Fonda Harris

5. Medical Examiner Cooler Expansion grant amendment

A onetime construction grant from Tennessee Department of Health to support the purchase of equipment and financially support the construction cost requirements associated with the cooler expansion project for the Medical Examiner.

Amendment #1 – adds an additional 16 months to the contract period.

Term: March 1, 2022 – June 30, 2024
Amount: NA (total \$450,000)
Program Manager: Jim Diamond
Bureau: Jim Diamond

6. Friends of MACC grant

This is a donation from the nonprofit Friends of Metro Animal Care & Control for the provision of animals. There is \$4,680 for Emergency Medical and \$388 for Rabies/Microchips.

Term: NA
Amount: \$5,068
Program Manager: Ashley Harrington
Bureau: Hugh Atkins



Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A2

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Stephanie Kang
Bureau Director of Health Equity
stephanie.kang@nashville.gov
615-340-0572

8. Authorized Official

Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Lakita Reid
wtl9@cdc.gov
770-488-2742

10. Program Official Contact Information

Stephanie Williams
Program Officer
rww0@cdc.gov
4044984895

Federal Award Information

11. Award Number

1 NE11OE000029-01-00

12. Unique Federal Award Identification Number (FAIN)

NE11OE000029

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number

93.967

16. Assistance Listing Program Title

CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/01/2022	- End Date	11/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$8,578,283.00
20a. Direct Cost Amount			\$6,896,178.00
20b. Indirect Cost Amount			\$1,682,105.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$8,578,283.00
26. Period of Performance Start Date	12/01/2022	- End Date	11/30/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$8,578,283.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Rhonda Latimer
Grants Management Officer

30. Remarks



Recipient Information
<p>Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Ave N Family Youth and Infant Health Nashville, TN 37203-1503 (615) 862-8860</p> <p>Congressional District of Recipient 05</p> <p>Payment Account Number and Type 1620694743A2</p> <p>Employer Identification Number (EIN) Data 620694743</p> <p>Universal Numbering System (DUNS) 078217668</p> <p>Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55</p>
<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$4,164,825.00
b. Fringe Benefits	\$1,873,743.00
c. Total Personnel Costs	\$6,038,568.00
d. Equipment	\$0.00
e. Supplies	\$136,360.00
f. Travel	\$55,240.00
g. Construction	\$0.00
h. Other	\$666,010.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$6,896,178.00
k. INDIRECT COSTS	\$1,682,105.00
l. TOTAL APPROVED BUDGET	\$8,578,283.00
m. Federal Share	\$8,578,283.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes							
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION	
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	\$481,943.00	75-2224-0943	
3-9390LIZ	23NE11OE000029A1C6	OE	410U	93.967	\$8,096,340.00	75-X-0140	



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NE11OE000029-01-00

FAIN# NE11OE000029

Federal Award Date: 11/29/2022

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

1 NE11OE000029-01-
00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number OE22-2203, entitled Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems , and application dated August 12, 2022, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of **\$8,578,283** is approved for the Year 1 budget period, which is December 1, 2022 through November 30, 2023. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Strategy A1 - Workforce	\$ 8,096,340
Strategy A2: Foundational Capabilities	\$ 481,943

Available Funding:

Funding in the amount of \$8,578,283 in Financial Assistance (FA) is awarded on this NoA.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By January 16, 2023 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date. **Please use the Budget Preparation Guidance** <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>

- Recipient must submit a revised budget for revised funding total.
 - o A budget narrative with itemization is required.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are not approved for this award, because indirect costs were not requested or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than January 16, 2023.

REPORTING REQUIREMENTS

Recipient Evaluation and Performance Measurement Plan (required)

With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient’s monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

- Performance measures and targets
- The frequency that performance data are to be collected.
- How performance data will be reported.
- How quality of performance data will be assured.
- How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

Evaluation

- The types of evaluations to be conducted (e.g. process or outcome evaluations).
- The frequency that evaluations will be conducted.
- How evaluation reports will be published on a publicly available website.
- How evaluation findings will be used to ensure continuous quality and program improvement.
- How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
- Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

Required Disclosures for Federal Awardee Performance and Integrity Information System

(FAPIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
 Lakita Reid, Grants Management Officer/Specialist
 Centers for Disease Control and Prevention
 Office of Financial Services
 2939 Flowers Rd.
 Atlanta, GA 30341
 Email: wtl9@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
 Office of the Inspector General
 ATTN: Mandatory Grant Disclosures, Intake Coordinator
 330 Independence Avenue, SW
 Cohen Building, Room 5527
 Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
 Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the “P Account”. Funds must be used in support of approved activities in the NOFO and the approved application.

This award contains funding from multiple components. The grant document number identified beginning on the bottom of Page 2 of the Notice of Award and component name, and below subaccount title(s) must be known in order to draw down funds.

Component: Strategy A1

Document Number: 23NE11OE000029A1C6

Component: Strategy A2

Document Number: 23NE11OE000029A2

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

FILED:

Metropolitan Clerk

Date



Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
1 PUBLIC SQ
NASHVILLE, TN 37201-5007
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A3

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Ms. Stephanie Kang
Bureau Director of Health Equity
stephanie.kang@nashville.gov
615-340-0572

8. Authorized Official

Ms. Tina Lester
Tina.Lester@nashville.gov
615-340-5687

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Claire Heiser
Lead Public Health Advisor
beq9@cdc.gov
770-488-5284

Federal Award Information

11. Award Number

6 NU58DP007080-01-01

12. Unique Federal Award Identification Number (FAIN)

NU58DP007080

13. Statutory Authority

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

14. Federal Award Project Title

The Nashville Health Accelerator Plan

15. Assistance Listing Number

93.945

16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/30/2021	- End Date	03/29/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$125,000.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$125,000.00
26. Period of Performance Start Date	09/30/2021	- End Date	03/29/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$125,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Natasha Jones
Grants Management Officer

30. Remarks



Recipient Information
Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 1 PUBLIC SQ NASHVILLE, TN 37201-5007 (615) 862-8860
Congressional District of Recipient 05
Payment Account Number and Type 1620694743A3
Employer Identification Number (EIN) Data 620694743
Universal Numbering System (DUNS) 078217668
Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55
31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$40,948.00
b. Fringe Benefits	\$22,307.00
c. Total Personnel Costs	\$63,255.00
d. Equipment	\$0.00
e. Supplies	\$4,570.00
f. Travel	\$2,688.00
g. Construction	\$0.00
h. Other	\$29,627.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$100,140.00
k. INDIRECT COSTS	\$24,860.00
l. TOTAL APPROVED BUDGET	\$125,000.00
m. Federal Share	\$125,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390HIJ	21NU58DP007080	DP	41.51	93.945	\$0.00	75-21-0948

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

6 NU58DP007080-01-
01

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a 6 month No Cost Extension per the request submitted by your organization dated September 13, 2022 . The budget and project period end dates have been extended from September 29, 2022 to March 29, 2023.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of September 30, 2021 to September 29, 2022 must be submitted by December 28, 2022.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Electronic versions of the FFR SF-425 can be downloaded at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.

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



Recipient Information

1. Recipient Name

NASHVILLE & DAVIDSON COUNTY,
METROPOLITAN GOVERNMENT OF
311 23rd Avenue North
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient

05

3. Payment System Identifier (ID)

1620694743A2

4. Employer Identification Number (EIN)

620694743

5. Data Universal Numbering System (DUNS)

078217668

6. Recipient's Unique Entity Identifier (UEI)

LGZLHP6ZHM55

7. Project Director or Principal Investigator

Dr. Fonda Harris
fonda.harris@nashville.gov
6153400407

8. Authorized Official

Celia Larson
Director of Strategic Planning, Performance and
Education
celia.larson@nashville.gov
615-340-8598

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Nadirah Watson
Grants Management Specialist
nwatson@cdc.gov
404-498-3029

10. Program Official Contact Information

Asha Alex
Program Officer
odp2@cdc.gov
215-685-5344

Federal Award Information

11. Award Number

5 NU58DP006999-02-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006999

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

CDC National initiatives to address COVID-19 Disparities in the Nashville, TN area

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	08/31/2022	- End Date	08/30/2023
20. Total Amount of Federal Funds Obligated by this Action			\$1,000,000.00
20a. Direct Cost Amount			\$924,892.00
20b. Indirect Cost Amount			\$75,108.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$1,000,000.00
26. Period of Performance Start Date	08/31/2021	- End Date	08/30/2024
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$2,000,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



Recipient Information
Recipient Name NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF 311 23rd Avenue North Nashville, TN 37203-1503 (615) 862-8860
Congressional District of Recipient 05
Payment Account Number and Type 1620694743A2
Employer Identification Number (EIN) Data 620694743
Universal Numbering System (DUNS) 078217668
Recipient's Unique Entity Identifier (UEI) LGZLHP6ZHM55
31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$96,185.00
b. Fringe Benefits	\$40,598.00
c. Total Personnel Costs	\$136,783.00
d. Equipment	\$0.00
e. Supplies	\$4,870.00
f. Travel	\$902.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$782,337.00
j. TOTAL DIRECT COSTS	\$924,892.00
k. INDIRECT COSTS	\$75,108.00
l. TOTAL APPROVED BUDGET	\$1,000,000.00
m. Federal Share	\$1,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006999C3	DP	41.51	93.495	\$1,000,000.00	75-2024-0943

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT
OF

5 NU58DP006999-02-
00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”**, and application dated April 20, 2022 as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$1,000,000 is approved for the Year 2 budget period, which is **August 31, 2022, through August 30, 2023**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$1,000,000
Component B	-
Component C	-

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of

and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: Contracts: Once selected, the TBD Contractual cost noted below, must be submitted to and approved in writing by the Grants Management Specialist/Grants Management Officer (GMS/GMO) before cost can be expended with the six elements to the level of detail described in the [CDC Budget Preparation Guidance](#).

- Contract A: Evaluation Contractor (10% or \$100,000/year)
- Telephone Hotline (TBD)

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal

award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Nadirah Watson, Grants Management Officer/Specialist
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Branch 5 Supporting Chronic Diseases and Injury Prevention
Email: kog8@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

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



GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

Begin Date July 1, 2023	End Date June 30, 2025	Agency Tracking # 34347-64124	Edison ID
Grantee Legal Entity Name Metropolitan Government of Nashville and Davidson County			Edison Vendor ID 4
Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		Assistance Listing Number	
		Grantee's fiscal year end June 30	
Service Caption (one line only) Tobacco Prevention and Cessation Services			
Funding —			
FY	State	Federal	Interdepartmental
2024	\$130,000.00		
2025	\$130,000.00		
TOTAL:	\$260,000.00		\$260,000.00
Grantee Selection Process Summary			
<input type="checkbox"/> Competitive Selection			
<input checked="" type="checkbox"/> Non-competitive Selection		This contract supports Tennessee's appropriation of Tobacco Master Settlement Agreement funds for distribution to each county of the State.	
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.		<i>CPO USE - GG</i>	
<i>Eric Buchholz</i>			
Speed Chart (optional) HL00000766	Account Code (optional) 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 Tobacco Prevention and Cessation Services, 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. Accrual means a charge for work that has been done but not yet invoiced, for which provision is made at the end of a financial period.

b. TUPCP means Tobacco Use Prevention and Control Program

A.3. Service Goals. To improve the health of the citizens of Davidson County by preventing and controlling the use of tobacco and tobacco products.

A.4. Service Recipients Individuals who live in or visit Davidson County

A.5. Service Description The Grantee shall;

a. Provide and maintain appropriate staff to serve as the Coordinator and/or Health Educator for the purpose of planning, administering, and monitoring county, regionals and/or local tobacco prevention and control initiatives from July 1, 2023-June 30, 2025.

b. Develop a comprehensive Work Plan of SMART (Specific, Measurable, Attainable, Realistic, Timely), objectives for the TUPCP goals and submit no later than August 1, 2023, respectively. The Grantee shall implement at minimum, the interventions listed under each goal listed below:

Goal 1: Prevent initiation of tobacco and emerging tobacco products among youth and young adults;

Goal 2: Promote quitting among youth, young adults and pregnant women;

Goal 3: Eliminate nonsmokers' exposure to secondhand smoke;

Goal 4: Engage Behavioral Health Systems to implement screening, treatment, and tobacco-free campus policies;

Goal 5: Mass-Reach Health Communications

A.6. Service Reporting.

a. Monthly reports are due in a format provided by the State by the first Monday of the following month.

- b. Quarterly reports are due in a format provided by the State with the following schedule.
- c. The Grantee shall provide Accrual data to the Program Director no later than June 15 annually in a format provided by the State.

Period Covered by Reports	Due Date
July 1, 2023, through September 30, 2023	October 15, 2023
October 1, 2023, through December 31, 2023	January 15, 2024
January 1, 2024, through March 31, 2024	April 15, 2024
April 1, 2024, through June 30, 2024	August 15, 2024
July 1, 2024, through October 31, 2024	November 15, 2024
November 1, 2024, through January 31, 2025	February 15, 2025
February 1, 2025, through April 30, 2025	May 15, 2025
May 1, 2025, through June 30, 2025	June 30, 2025

- A.7. In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall submit to the State contact listed in D.8. a copy of the Parent Child Report.

B. TERM OF CONTRACT:

- B.1. This Grant Contract shall be effective for the period beginning on July 1, 2023 (“Effective Date”) and ending on June 30, 2025, (“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.

C. PAYMENT TERMS AND CONDITIONS:

- C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Hundred Sixty Thousand Dollars (\$260,000.00) (“Maximum Liability”). The Grant Budget, attached and incorporated as **Attachment 1** is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.
- 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 (**Attachment 2**) 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:

Liz Johnson
 Tennessee Department of Health
 Division of Family Health and Wellness
 Andrew Johnson Tower, 8th Floor
 710 James Robertson Parkway
 Nashville, TN 37243
 (615) 253-2991
Liz.Johnson@tn.gov

- 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, Division of Family Health and Wellness.
 - (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 move up to twenty percent (20%) of a line-item amount to another line item category provided that any increase is off-set by an equal reduction of other line-item amount(s) and the total Grant Contract amount detailed by the Grant Budget does not increase. An increase of any line item funded at zero dollars (\$0.00) shall require prior approval of the State.
- 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 a final invoice and final grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date and in form and substance acceptable to the State (**Attachment 3**).
- 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:

Liz Johnson, Program Director
 Tennessee Department of Health
 Division of Family Health and Wellness
 Andrew Johnson Tower, 8th Floor
 710 James Robertson Parkway
 Nashville, TN 37243
Liz.Johnson@tn.gov
 Telephone # (615) 253-2991

The Grantee:

Gill Wright, MD, Director of Health
 Metropolitan Government of Nashville & Davidson County
 2500 Charlotte Avenue
 Nashville, Tennessee 37209-4129
 Telephone # (615) 340-0410
gillwright@nashville.gov

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 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 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 State, 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 to be completed by the Grantee shall appear on the State's website or as an **Attachment 4** to the Grant Contract.

- D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law. If the Grantee is subject to an audit under this provision, then the Grantee shall complete **Attachment 5**.

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.

- 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
- 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. Work Papers Subject to Review. The Grantee shall make all audit, accounting, or financial analysis work papers, notes, and other documents available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Grant Contract.
- E.4. 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.5. Healthy Eating Requirements. Grant recipients who purchase or serve snacks or meals in conjunction with their performance under this Grant Contract shall provide only healthy foods. No high sugar beverage shall be served at any time. Fruits and vegetables shall be given preference in menu selections.

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

FILED:

Metropolitan Clerk

Date

DEPARTMENT OF HEALTH:

Morgan McDonald MD, FACP, FAAP
INTERIM COMMISSIONER

Date

Metropolitan Government of Nashville and Davidson County				
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, 2025. ROLLUP				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$154,700.00	\$0.00	\$154,700.00
2	Benefits & Taxes	\$61,000.00	\$0.00	\$61,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$16,500.00	\$0.00	\$16,500.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$2,000.00	\$0.00	\$2,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$25,800.00	\$0.00	\$25,800.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$260,000.00	\$0.00	\$260,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/looking-for/policies.html>).

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

Metropolitan Government of Nashville and Davidson County				
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 1				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$76,200.00	\$0.00	\$76,200.00
2	Benefits & Taxes	\$30,000.00	\$0.00	\$30,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$10,100.00	\$0.00	\$10,100.00
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 ²	\$1,000.00	\$0.00	\$1,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (12% of salaries & benefits)	\$12,700.00	\$0.00	\$12,700.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$130,000.00	\$0.00	\$130,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/looking-for/policies.html>).

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

YEAR 1

SALARIES						AMOUNT
Name, Title	Monthly Salary		# of Months		% of time	
Vacant, Program Specialist	\$ 4,546.51	x	12	x	80%	\$43,646.50
Danielle Duke, Public Health Administrator	\$ 5,433.65	x	12	x	50%	\$32,601.90
ROUNDED TOTAL						\$76,200.00

TRAVEL / CONFERENCES & MEETINGS		AMOUNT
Mileage reimbursements for staff		\$1,000.00
ROUNDED TOTAL		\$1,000.00

Metropolitan Government of Nashville and Davidson County				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2024, and ending June 30, 2025. YEAR 2				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$78,500.00	\$0.00	\$78,500.00
2	Benefits & Taxes	\$31,000.00	\$0.00	\$31,000.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$6,400.00	\$0.00	\$6,400.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$1,000.00	\$0.00	\$1,000.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (12% of salaries & benefits)	\$13,100.00	\$0.00	\$13,100.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$130,000.00	\$0.00	\$130,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/looking-for/policies.html>).

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

YEAR 2

SALARIES						AMOUNT
Name, Title	Monthly Salary		# of Months		% of time	
Vacant, Program Specialist	\$ 4,682.91	x	12	x	80%	\$44,955.89
Danielle Duke, Public Health Administrator	\$ 5,596.66	x	12	x	50%	\$33,579.96
ROUNDED TOTAL						\$78,500.00

TRAVEL / CONFERENCES & MEETINGS	AMOUNT
Mileage reimbursements for staff	\$1,000.00
ROUNDED TOTAL	\$1,000.00



Invoice Reimbursement Form

Section 1: Contract Information (to be completed by TDH Accounts)

PO #	PO Line #	Receipt #	Agency Invoice #
_____	_____	_____	_____
Edison Contract #	Edison Vendor #	Edison Address Line #	AP Attachment (check if yes)
_____	_____	_____	_____

Section 2: Invoice Information (to be completed by Contractor/Grantee)

Contract Invoice #	Invoice Date	Service Start Date	Service End Date
_____	_____	_____	_____
Contract Start Date	Contract End Date		
_____	_____		
Contact Person Name	Phone #		
_____	_____		

Remit Payment to:

Business Name

Street Address _____ City _____ State _____ ZIP _____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
TOTAL			

Instructions & Hints

Do not send a worksheet that is linked to another file

Line by line instructions are on the "line by line info" tab

Retain this file in blank form

Use "File Save As" to save information for a specific contract or reporting period

File Names: Please use the following format when naming files.

name of agency REPORTING PERIOD END.xls

do not abbreviate the agency name

example: davidson county health MARCH 02.xls

Reporting period - the start and end dates of the quarter being reported

Reporting periods are based on the Agency's fiscal year

Grant period - the start and end dates of the contract being reported

Send a report for every quarter even if there is no activity for that quarter

Abbreviations - do not abbreviate the Agency name

Number pages using the "page____of ____ pages" format

THE WORKSHEET IS NOT PROTECTED

do not overwrite formulas (identified by yellow shading and "0") or change formats

do not overwrite/edit shaded areas (move to the cell beyond the shading for input)

do not add (insert) lines do not change shaded areas

Expense and Revenue pages can show information for 2 contracts

Use separate Schedules A & B to report contracts for each granting State agency

Use additional expense and revenue pages for more than 2 contracts

copy all lines & fields to the first blank line below the last line in column A

with the cursor at the start of the added page, use "insert" "page break" for print purposes

reset print range to cover the added page(s) and correct the page numbers

Contract Number is the State Contract Number, NOT the agency program number

Report by program within the State Contract Number within State Department

Summarize programs into totals by State Contract Number and State Department totals

Do not combine State Contract Numbers

One Funding Information Summary and one Schedule C are required from each contractor submitting reports

Review Section C in all contracts for reporting requirements

ALLOCATION OF ADMINISTRATIVE COSTS

Requires completion of all attached sheets

NOTE If files are not properly named and print ranges not set, the report will be returned for correction

Do not send invoices with expense reports

If a refund is due, mail reports with check or send note with e-mail that check in the mail.

e-mail completed files to: Policy3.AMO.Health@tn.gov

e-mail filing replaces mailing forms

or mailing Address:

Rushdi Eskarous

Telephone: 615-741-2974

Tennessee Department of Health

Fiscal Services

6th Floor Andrew Johnson Tower

710 James Robertson Parkway

Nashville, TN 37243

PROGRAM EXPENSE REPORT (Excerpted from Policy 3 statement)

SCHEDULE A

EXPENSE BY OBJECT LINE-ITEMS

There are seventeen specific object expense categories; two subtotals (Line 3, Total Personnel Expenses, and Line 19, Total Non-personnel Expenses); and Reimbursable Capital Purchases (Line 20), above Line 21, Total Direct Program Expenses. All expenses should be included in one or more of the specific categories, or in an additional expense category entered under Line 18, Other Non-personnel Expenses. The contracting state agency may determine these requirements.

With the exception of depreciation, everything reported in Lines 1 through 21 must represent an actual cash disbursement or accrual as defined in the Basis For Reporting Expenses/Expenditures section on page 13.

THE YEAR-TO-DATE EXPENSES MUST BE TRACEABLE TO THE REPORTING AGENCY'S GENERAL LEDGER

Line 1 Salaries And Wages

On this line, enter compensation, fees, salaries, and wages paid to officers, directors, trustees, and employees. An attached schedule may be required showing client wages or other included in the aggregations.

Line 2 Employee Benefits & Payroll Taxes

Enter (a) the organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the organization's portion of payroll taxes such as social security and Medicare taxes and unemployment and workers' compensation insurance. An attached schedule may be required showing client benefits and taxes or other included in the aggregations.

Line 3 Total Personnel Expenses

Add lines 1 and 2.

Line 4 Professional Fees

Enter the organization's fees to outside professionals, consultants, and personal-service contractors. Include legal, accounting, and auditing fees. An attached schedule may be required showing the details in the aggregation of professional fees.

Line 5 Supplies

Enter the organization's expenses for office supplies, housekeeping supplies, food and beverages, and other supplies. An attached schedule may be required showing food expenses or other details included in the aggregations.

Line 6 Telephone

Enter the organization's expenses for telephone, cellular phones, beepers, telegram, FAX, E-mail, telephone equipment maintenance, and other related expenses.

Line 7 Postage And Shipping

Enter the organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and

shipping vehicles. Include vehicle insurance here or on line 14.

Line 8 Occupancy

Enter the organization's expenses for use of office space and other facilities, heat, light, power, other utilities, outside janitorial services, mortgage interest, real estate taxes, and similar expenses. Include property insurance here or on line 14.

Line 9 Equipment Rental And Maintenance

Enter the organization's expenses for renting and maintaining computers, copiers, postage meters, other office equipment, and other equipment, except for telephone, truck, and automobile expenses, reportable on lines 6, 7, and 11, respectively.

Line 10 Printing And Publications

Enter the organization's expenses for producing printed materials, purchasing books and publications, and buying subscriptions to publications.

Line 11 Travel

Enter the organization's expenses for travel, including transportation, meals and lodging, and per diem payments. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

Line 12 Conferences And Meetings

Enter the organization's expenses for conducting or attending meetings, conferences, and conventions. Include rental of facilities, speakers' fees and expenses, printed materials, and registration fees (but not travel).

Line 13 Interest

Enter the organization's interest expense for loans and capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

Line 14 Insurance

Enter the organization's expenses for liability insurance, fidelity bonds, and other insurance. Do not include employee-related insurance reportable on line 2. Do not include property and vehicle insurance if reported on lines 7, 8, or 11.

Line 15 Grants And Awards

Enter the organization's awards, grants, subsidies, and other pass-through expenditures to individuals and to other organizations. Include allocations to affiliated organizations. Include in-kind grants to individuals and organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients and individual beneficiaries. Pass-through funds are not included when computing administrative expenses reported on Line 22.

Line 16 Specific Assistance to Individuals

Enter the organization's direct payment of expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, and wage supplements.

Line 17 Depreciation

Enter the expenses the organization records for depreciation of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

Line 18 Other Non-personnel Expenses

NOTE: Expenses reportable on lines 1 through 17 should not be reported in an additional expense category on line 18. A description should be attached for each additional category entered on line 18. The contracting state agency may determine these requirements.

Enter the organization's allowable expenses for advertising (1), bad debts (2), contingency provisions (7), fines and penalties (14), independent research and development (reserved) (17), organization (27), page charges in professional journals (29), rearrangement and alteration (39), recruiting (41), and taxes (47). Include the organization's and employees' membership dues in associations and professional societies (26). Include other fees for the organization's licenses, permits, registrations, etc.

Line 19 Total Non-personnel Expenses

Add lines 4 through 18.

Line 20 Reimbursable Capital Purchases

Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets. An attached schedule may be required showing the details for each such purchase.

Line 21 Total Direct Program Expenses

Add lines 3, 19, and 20.

Includes direct and allocated direct program expenses.

Line 22 Administrative Expenses

The distribution will be made in accordance with an allocation plan approved by your cognizant state agency.

Line 23 Total Direct And Administrative Expenses

Line 23 is the total of Line 21, Total Direct Program Expenses, and Line 22, Administrative Expenses. Line 23, Total Direct and Administrative Expenses Year-to-Date should agree with the Total of Column B, Year-to-Date Actual Expenditures of the *Invoice for Reimbursement*.

Line 24 In-Kind Expenses

In-kind Expenses (Line 24) is for reporting the value of contributed resources applied to the program. Approval and reporting guidelines for in-kind contributions will be specified by those contracting state agencies who allow their use toward earning grant funds.

Carry forward to Schedule B, Line 38.

Line 25 Total Expenses

The sum of Line 23, Total Direct and Administrative Expenses, and Line 24, In-kind Expenses, goes on this line.

SOURCES OF REVENUE

The revenue page is intended to be an extension of the total expenses page, in that the columns should match up by contract/attachment number and program title. There are ten revenue sources (Schedule B, Part 1) and three subtotals (Lines 33, 41, and 43). Additional supplemental schedules for one or more of the line items may be attached, if needed. Each revenue column should be aligned with its corresponding expense column from Schedule A.

Reimbursable Program Funds

Line 31 Reimbursable Federal Program Funds

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from federal program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 32 Reimbursable State Program Funds

Enter the portion of Total Direct & Administrative Expenses reported on Line 23, Schedule A, that is reimbursable from state program funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 33 Total Reimbursable Program Funds (Equals Schedule B, Line 55)

Add lines 31 and 32.

Matching Revenue Funds

Line 34 Other Federal Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other federal funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 35 Other State Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other state funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 36 Other Government Funds

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other government funds. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 37 Cash Contributions (Non-government)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from such sources of cash contributions as corporations, foundations, trusts, individuals, United Ways, other not-for-profit organizations, and from affiliated organizations. The state funding agency may require an attached detail listing and reconciliation schedule.

Line 38 In-Kind Contributions (Equals Schedule A, Line 24)

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from direct and administrative in-kind contributions. The state

funding agency may require an attached detail listing and reconciliation schedule. Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward earning grant funds.

Line 39 Program Income

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from program income related to the program funded by the state agency. The state funding agency may require an attached detail listing.

Line 40 Other Matching Revenue

Enter the portion of matching revenues reported on Line 54, Subtract Matching Expenses (Equals Line 41), that is from other revenues not included in lines 34 through 39. The state funding agency may require an attached detail listing.

Line 41 Total Matching Revenue Funds

Add lines 34 through 40

Line 42 Other Program Funds

Enter program income related to the program funded by the state agency but not reported as matching revenue funds on Line 54.

Line 43 Total Revenue

Add lines 33, 41, and 42

**RECONCILIATION BETWEEN TOTAL EXPENSES
AND REIMBURSABLE EXPENSES
SCHEDULE B - (Lines 51 to 59)**

This section, at the bottom of Schedule B, is for subtracting non-reimbursable amounts included in Total Expenses (Line 25, Schedule A and Line 51, Schedule B).

The first line of this section, Line 51, Total Expenses, is brought forward from the last last line of the corresponding Schedule A Total Expense Page.

There are three categories of adjustments for which titled lines are provided:

Line 52 OTHER UNALLOWABLE EXPENSES:

Some program expenses may not be reimbursable under certain grants. This is a matter between the contracting parties, and will vary according to the state agency involved and the type of grant or contract. Consult your contract or the department that funds the program for guidelines.

Line 53 EXCESS ADMINISTRATION:

This adjustment line may be used to deduct allocated Administration and General expenses in excess of an allowable percentage specified in the grant contract. It may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Again, the specific guidelines of the department and grant involved are the controlling factor.

Line 54 MATCHING EXPENSES (Equals Schedule B, Line 41)

Since the goal is to arrive at a reimbursable amount, the expenses paid out of other sources

of funding, local support and program user fees for example, will have to be deducted. The amount left should be only that which is to be paid for by the contracting state agency.

**Line 55 REIMBURSABLE EXPENSES (Line 51 less Lines 52, 53, and 54)
(Equals Schedule B, Line 33)**

This is the amount that the contracting state agency will pay for the quarter's operations of the program. The cumulative column is what the grant actually paid to date.

Line 56 TOTAL REIMBURSEMENT-TO-DATE

In the quarter-to-date column, this is the total received for this quarter from filing of the Invoice For Reimbursement. The cumulative column's amount is the total received for the grant year-to-date.

Line 57 DIFFERENCE (Line 55 less Line 56)

This is the portion of Reimbursable Expenses not yet paid.

Line 58 ADVANCES

Any advance payments for a grant should appear on this line.

Line 59 THIS REIMBURSEMENT (Line 57 less Line 58)

The remainder should be the amount due under the grant contract. Actual payments are made through the invoicing process and not through the filing of this report.

POLICY 3 REPORTING REQUIREMENTS - SUMMARY

Policy 3 requires reporting the entire operation of the Grantee agency. This could include numerous programs and contracts. Policy 3 requirements are outlined in each contract and are available on line at: <http://www.state.tn.us/finance/act/policyb.html>

The “Contractor/Grantee” is the agency receiving the state grant.

The “Contracting State Agency” is the state agency that gives the grant.

Reports are normally due 30 days after the close of the Grantee's accounting quarter and year, which may/may not coincide with the State accounting quarter and year end. Exact requirements are in the contract.

Policy 3 reporting requires one report from each contracting agency consisting of Schedules A, B, and C and a Funding Information Summary. Schedules A and B detail each program added to a contract total. Schedules A and B are designed to show 2 programs per page and there would be only one Schedule C per grantee. On Schedules A and B, programs that are not state funded can be rolled into a single program category. The lines on Schedule A for year-to-date information add across all programs/contracts to the corresponding line on the Schedule C - Grant contracts in the first column and non-grant operations in the second column.

The third column of the Schedule C shows Administrative Expenses incurred by the Grantee. Administrative expenses are generally those that benefit programs but are not directly associated with the program/contract. These could include the Executive Director, office operation, accounting staff, and other similar expenses. This column will also show the allocation of Administrative Expenses to the various programs/contracts, if this is done by the Grantee. If allocated, a negative on line 22 is equal to the Administrative Expense allocated to the grant and non-grant programs/contracts. Administrative Expenses may include some items that are not subject to allocation so the amount allocated may/may not equal the total Administrative Expense reported. Allocation of Administrative Expenses requires an approved allocation plan.

The fourth column of the Schedule C shows the total operation of the reporting grantee for the year-to-date. The Policy 3 report should, in total, match the total operation of the Grantee.

The funding Information Summary shows the method of allocating Administrative Expenses. If there is no approved allocation plan and the grantee does not allocate Administrative Expenses, then there is no entry on Schedule C, line 22 and no allocation to the programs/contracts. This form must be submitted with every report.

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 _____



CONTRACTOR/GRANTEE

FEDERAL ID #

CONTRACTING STATE AGENCY

REPORT PERIOD

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)	0.00	0.00	0.00	0.00
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)	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00	0.00	0.00
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00



CONTRACTOR/GRANTEE _____ FEDERAL ID # _____

CONTRACTING STATE AGENCY _____ REPORT PERIOD _____

Program # _____
 Contract Number _____
 Grant Period _____
 Program Name _____
 Service Name _____

Schedule B		QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
Item #	SOURCES OF REVENUE				
Reimbursable Program Funds					
31	Reimbursable Federal Program Funds				
32	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)	0.00	0.00	0.00	0.00
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)	0.00	0.00	0.00	0.00
39	Program Income				
40	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)	0.00	0.00	0.00	0.00
42	Other Program Funds				
43	Total Revenue (lines 33, 41, & 42)	0.00	0.00	0.00	0.00
Reconciliation Between Total and Reimbursable Expenses					
51	Total Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 less lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)	0.00	0.00	0.00	0.00
58	Advances	0.00	0.00	0.00	0.00
59	This reimbursement (line 57 less line 58)	0.00	0.00	0.00	0.00



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				0.00
2	Employee Benefits & Payroll Taxes				0.00
3	Total Personnel Expenses	0.00	0.00	0.00	0.00
4	Professional Fees				0.00
5	Supplies				0.00
6	Telephone				0.00
7	Postage and Shipping				0.00
8	Occupancy				0.00
9	Equipment Rental and Maintenance				0.00
10	Printing and Publications				0.00
11	Travel				0.00
12	Conferences and Meetings				0.00
13	Interest				0.00
14	Insurance				0.00
15	Grants and Awards				0.00
16	Specific Assistance to Individuals				0.00
17	Depreciation				0.00
18	Other Non-personnel Expenses (detail)				
a					0.00
b					0.00
c					0.00
d					0.00
19	Total Non-personnel Expenses	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases				0.00
21	TOTAL DIRECT PROGRAM EXPENSES	0.00	0.00	0.00	0.00
22	Administrative Expenses				0.00
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES	0.00	0.00	0.00	0.00
24	In-Kind Expenses				0.00
25	TOTAL EXPENSES	0.00	0.00	0.00	0.00

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:

Liz Johnson, Program Director, TN Department of Health;

Morgan McDonald, MD, FACP, FAAP, Interim Commissioner, TN Department of Health; and

faaudit@tn.gov, TN Department of Finance and Administration

ATTACHMENT 5**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
3rd 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: _____

**AMENDMENT 1
OF GRANT CONTRACT GG-22-76303-00**

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 section B.1. is deleted in its entirety and replaced with the following:
 - B.1. This Grant Contract shall be effective on March 1, 2022 ("Effective Date") and extend for a period of twenty-eight (28) months after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term
- 2. Grant Contract section B.2. is deleted in its entirety and replaced with the following:
 - 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 one (1) 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.
- 3. Grant Contract Attachment 3 is deleted in its entirety and replaced with the new attachment 3 attached hereto.

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

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

IN WITNESS WHEREOF,

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

GRANTEE SIGNATURE

DATE

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF HEALTH:

MORGAN MCDONALD, MD, FACP, FAAP, INTERIM COMMISSIONER

DATE

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

GRANT BUDGET

(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County - ELC Enhancing Detection Expansion - ELC Grant support of the cooler expansion project for the Office of the Medical Examiner				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning March 1, 2022 and ending June 30, 2024.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$450,000.00	\$0.00	\$450,000.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$450,000.00	\$0.00	\$450,000.00

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

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

GRANT BUDGET

(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - ELC Enhancing Detection Expansion - ELC Grant support of the cooler expansion project for the Office of the Medical Examiner

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning March 1, 2022 and ending June 30, 2022.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

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

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

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

SALARIES						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

BENEFITS						Amount
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

PROFESSIONAL FEE/ GRANT & AWARD						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

TRAVEL/ CONFERENCES & MEETINGS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

SUPPLIES						AMOUNT
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

DEPRECIATION						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

OTHER NON-PERSONNEL						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

CAPITAL PURCHASE						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

GRANT BUDGET

(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - ELC Enhancing Detection Expansion - ELC Grant support of the cooler expansion project for the Office of the Medical Examiner				
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.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$450,000.00	\$0.00	\$450,000.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$450,000.00	\$0.00	\$450,000.00

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

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

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 5)

SALARIES						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

BENEFITS						Amount
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

PROFESSIONAL FEE/ GRANT & AWARD						AMOUNT
ELC Grant support of the cooler expansion and equipment for the Office of the Medical Examiner						\$450,000.00
ROUNDED TOTAL						\$450,000.00

TRAVEL/ CONFERENCES & MEETINGS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

SUPPLIES						AMOUNT
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

DEPRECIATION						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

OTHER NON-PERSONNEL						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

CAPITAL PURCHASE						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

GRANT BUDGET

(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - ELC Enhancing Detection Expansion - ELC Grant support of the cooler expansion project for the Office of the Medical Examiner				
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.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH ³	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$0.00	\$0.00	\$0.00

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

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

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 7)

SALARIES						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

BENEFITS						Amount
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

PROFESSIONAL FEE/ GRANT & AWARD						AMOUNT
ELC Grant support of the cooler expansion and equipment for the Office of the Medical Examiner						\$0.00
ROUNDED TOTAL						\$0.00

TRAVEL/ CONFERENCES & MEETINGS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

SUPPLIES						AMOUNT
						\$0.00
						\$0.00
ROUNDED TOTAL						\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

DEPRECIATION						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

OTHER NON-PERSONNEL						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00

CAPITAL PURCHASE						AMOUNT
						\$0.00
ROUNDED TOTAL						\$0.00



METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: **R22-253753** **Metro Animal Care And Control**
5125 Harding Place, Nashville, TN 37211
(615) 862-7928

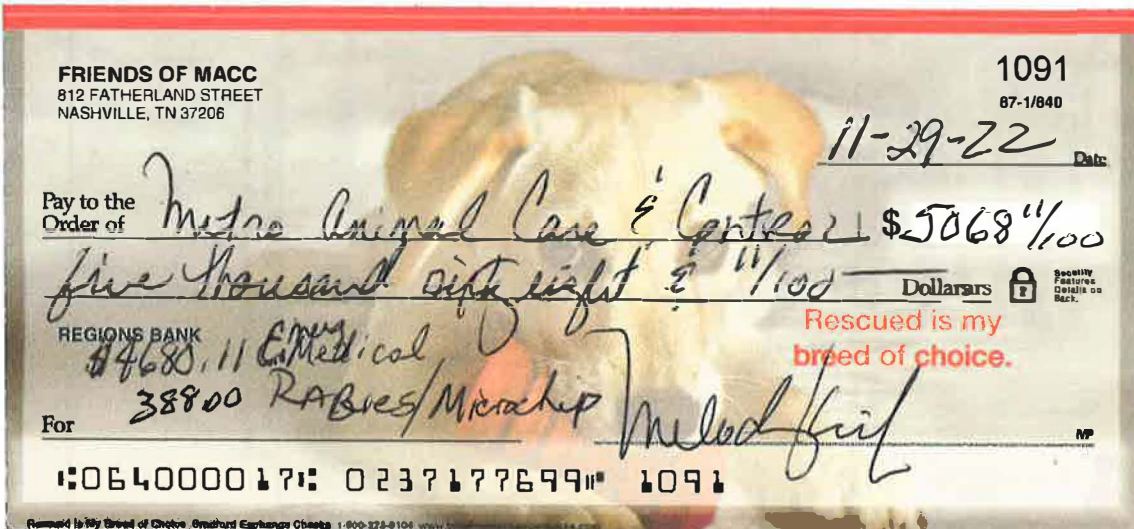
Person Information: **FRIENDS OF MACC**
812 FATHERLAND ST
NASHVILLE, TN 37206
Phone: (615) 545-1675
Check / Card No:

Receipt Date: **Tuesday, November 29, 2022**
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		RABIES/MC CI	\$388.00	1	388.00
DONATION		EMER. MEDIC,	4680.11	1	4,680.11
Total Fees Due:					\$5068.11
Payments:			Cash:		\$0.00
			Check:		\$5,068.11
			Credit Card:		\$0.00
Total Payments Received:					\$5068.11

Thank You!

Change: \$0.00
Balance Due: \$0.00



Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. **No refunds of the adoption fee offered after ten (10) days.**

Adoption and Reclaim Hours
Sunday-Saturday 10 AM-4 PM
Thursday 10 AM-6 PM
Board of Health December 8, 2022 Advance Packet

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

FILED:

Metropolitan Clerk

Date

Director's Update to the Board of Health December, 2022

Protecting Health – Preventing the Spread of Infectious Disease

COVID continues to hover between 8 and 10 new cases per day per 100,000 here in Davidson County. We continue to offer vaccinations and testing by our strike teams through the end of the year.

Influenza cases continue to be much higher in this time period compared to the previous 20 years. We are seeing a number of sick days within MPHD and other Metro departments due to influenza. We are also offering free flu shots at all of our strike team events.

Mpox cases have remained very low, and we continue to provide vaccinations to populations at risk. On Wed. November 30, MPHD staff worked with Nashville Cares to provide mpox vaccinations in various nightclubs/bars within the LGBTQ+ community.

Emergency Responses Wind-Down

We will be demobilizing several emergency response operations, for both COVID and monkeypox, at the end of calendar 2022. Some operations will be suspended, while others will be transitioned to appropriate programs as permanent activities.

Regarding COVID, the following operations will be suspended:

- Mobile vaccination/strike team
 - Transition: COVID vaccine available in Lentz, Woodbine and East Clinics
- Epi investigation of clusters in MNPS schools
- Epi investigation of clusters in community
- COVID weekly report

Regarding monkeypox, the following operations will be suspended:

- Emergency vaccine clinic in Lentz Centennial Room A
 - Transition: monkeypox vaccine available in Lentz Sexual Health Center by appointment
- Special epi team dedicated to monkeypox case investigation and patient monitoring
 - Transition: Vaccine Preventable Disease Program will handle monkeypox case investigation and case monitoring

Improve and Sustain Family and Child Well-Being

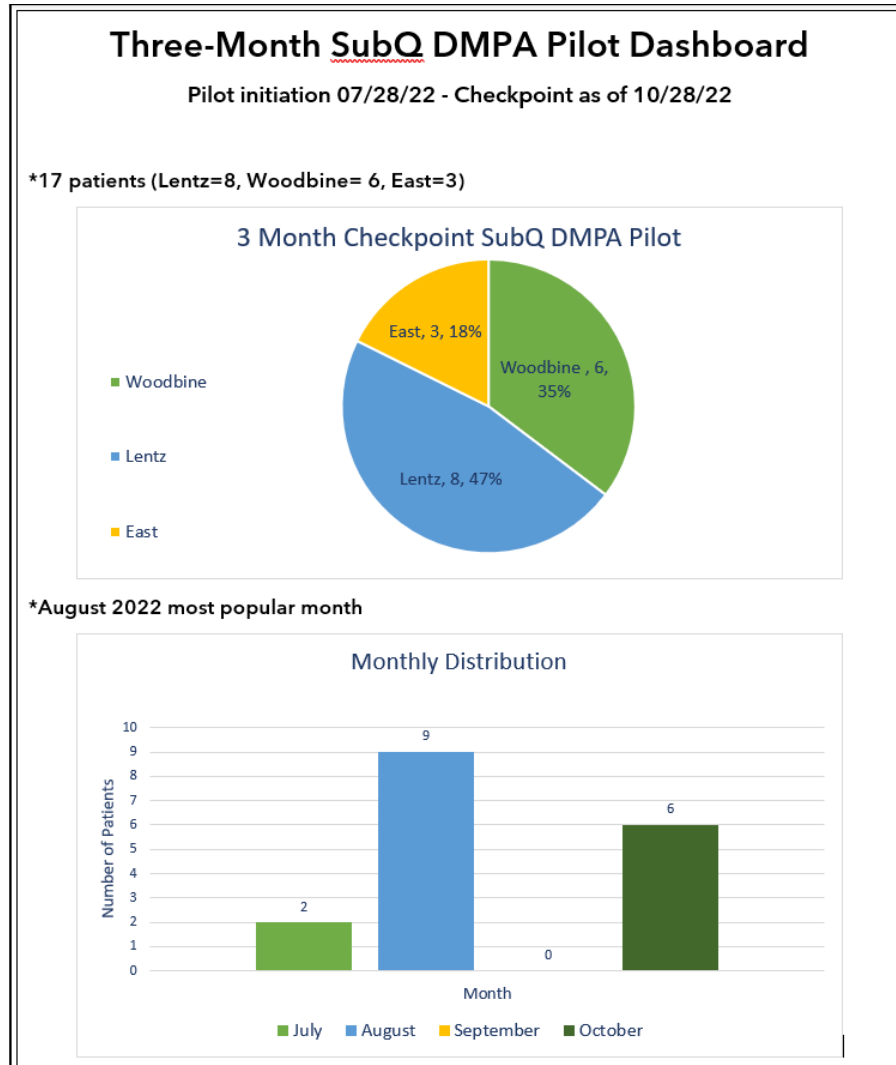
Baby formula

Abbott continues to support an extended list of formulas that may be purchased by families on the WIC program. Formula supplies have gotten substantially better, although they still are not stable for specific specialty formulas for both infants and children. Many stores still have a very lean selection for anything other than a standard formula, and we continue to get calls from families seeking help in finding specific formulas.

Additionally, the USDA recently released a proposed rule that includes what we would consider beneficial updates to the WIC food package. The rule is currently within the 90-day comment period. The WIC staff are learning about all the potential updates so they can provide helpful information to our families on WIC should they want to submit a comment for or against the proposed changes. A non-profit has set up a platform to make it easier for families to submit comments if they wish, and we want to make sure they know they have a voice.

Family Planning

In March 2022, Clinical Services presented at the Board of Health meeting regarding multiple family planning topics including the initiation of subcutaneous Depo Provera. This pilot made MPHD the first health department in the state to offer this option. Below is data on our first three months since initiation 7/28/2022:



World AIDS Day

MPHD commemorated World AIDS Day on Thursday, December 1, with free testing for HIV and other sexually transmitted infections. With regular testing and early detection, the risks of HIV can be mitigated and the virus can be managed much more effectively than in the past. MPHD continues to offer Pre-Exposure Prophylaxis, or PrEP, to those at risk of contracting the virus, as a way of preventing future cases of HIV.

MPHD also honored those who have been lost to HIV, and those who are currently living with the virus, with a ribbon display in our lobby. The display is visible on the banister of the steps connecting the first and second floors.

Environmental Health

MACC

On Wednesday morning November 16, Jake Bowen, one of our Animal Control Officers at MACC, received a call about a dog at a home on Carroll Street, just south of I-40. Jake arrived and found the dog in terrible shape. An unknown person had set the dog on fire. She needed emergency care for burns on her face and ears. Our team rushed the dog, now known as Diamond, to Nashville Veterinary Specialists, where she received excellent emergency care and treatment. Her swelling immediately began to lessen, but she still has a long road to recovery. MACC's Emergency Medical Fund, which is funded by Friends of MACC donations, is covering the cost of Diamond's medical care.

Diamond was very friendly to everyone upon arrival at the shelter, where she continued to receive great care from the kennel staff and medical care from Dr. Beeler and his staff. Diamond apparently was a stray known to roam at large in the neighborhood, so MACC identified an adoptive family in the event we could not identify her original owner.

Officer Bowen and Animal Control Officer Supervisor Amanda Stephan contacted MNPD and reported the incident. Officer Bowen followed up with a neighbor who was able to provide some information. Eventually, Jake and Amanda were able to identify a suspect, and Amanda went to court on Wednesday, November 23, to obtain a civil warrant. The case has yet to be adjudicated. Meanwhile, Diamond is staying with a loving foster family.

Obviously, Diamond's story was heartbreaking for our entire team at MACC. The staff at MACC works tirelessly to help the thousands of animals from our community that enter the shelter every year. Their work can be stressful and emotional at the best of times, and it is especially so when dealing with extreme cases like this.

Organizational Updates

Infrastructure Grant

You received a briefing last month on the public health infrastructure grant for which we had applied. The Health Equity bureau last week received notice of the award of up to \$10.5 million over five years, with the bulk of it (\$8.58 million) available in year one, from the "Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems" grant. Dr. Kang will serve as the Principal Investigator and Dr. Melva Black as the Authorized Official Authority.

Equity Learning

The Health Equity bureau also has received notice of acceptance into the Institute for Healthcare Improvement's inaugural "Pursuing Equity Learning Network" cohort. This opportunity will provide the bureau with a national network of organizations working to advance health equity within their institutions. The network will provide each participating organization \$30,000 worth of tools, trainings to build and practice skills, and opportunities to deepen understanding of equity and racial justice, and coaching on how to leverage improvement methods and tools for organizations.

Community Listening

The Health Equity Bureau recently conducted its sixth community listening session, focused on examining community members' perspectives on 1) what drives and sustains healthy communities, 2) existing community resilience factors, 3) community needs from public serving institutions, and 4) how COVID has directly impacted community members. The organizations that have partnered with us on these sessions are:

Black/African American _ Congregational Health and Education Network (CHEN), New Salem Church, St John AME, Black Mental Health Alliance, Transform Nashville;

Immigrant/Refugee _ AMED Family Clinic, AMAC, Siloam;

Kurdish _ TN Kurdish Community Council;

Congolese/Swahili _ Zaire Alimasi; NICE; TIRRC (Kosar)

Somali _ Somali Community Center of TN; SomCom TN;

Hispanic _ Workers Dignity; Conexion Americas; Hispanic Family Foundation

Structural Racism

The Health Equity bureau continues its work with ASTHO’s structural racism policy academy in conjunction with Dr. Black, Tom Sharp, Jim Diamond, and KaShawna Lollis. This team will present a final project to ASTHO in December, which will include working on a declaration draft of racism as a public health issue.

Overdose Response Epidemiology and Surveillance Update

Davidson County, TN | Update: 11/29/2022

Average Number of Weekly Incidents

Suspected Fatal Drug Overdoses

2021 yearly average: 14.1 deaths per week
 2022 yearly average: 13.6 deaths per week

Suspected Nonfatal Drug Overdose Emergency Department (ED) Visits

2021 yearly average: 45.8 incidents per week
 2022 yearly average: 46.0 incidents per week

Suspected Drug Overdoses Requiring NFD-EMS Response

2021 yearly average: 110.9 incidents per week
 2022 yearly average: 109.7 incidents per week

Cumulative Number of Incidents: Weeks 1-47 | January 1-November 19

Suspected Fatal Drug Overdoses

2021: 664
 2022: 640 (530 completed and 110 pending cases, -3.6%)

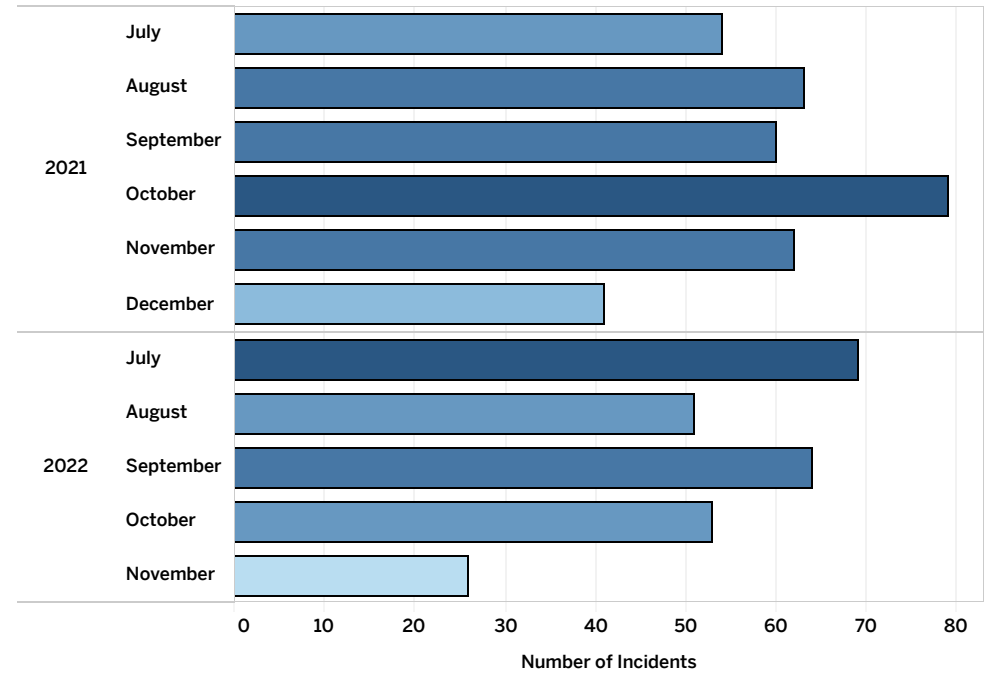
Suspected Nonfatal Drug Overdose Emergency Department (ED) Visits

2021: 2,154
 2022: 2,164 (0.5%)

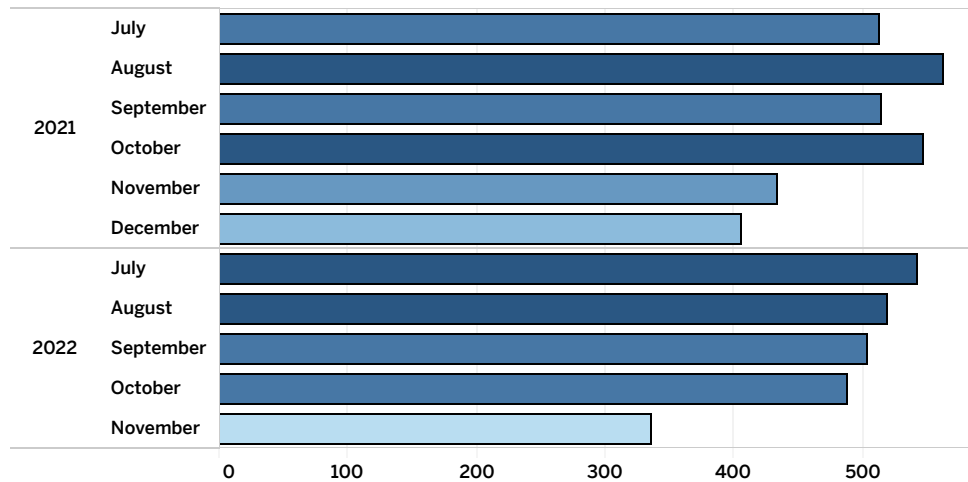
Suspected Drug Overdoses Requiring NFD-EMS Response

2021: 5,212
 2022: 5,154 (-1.1%)

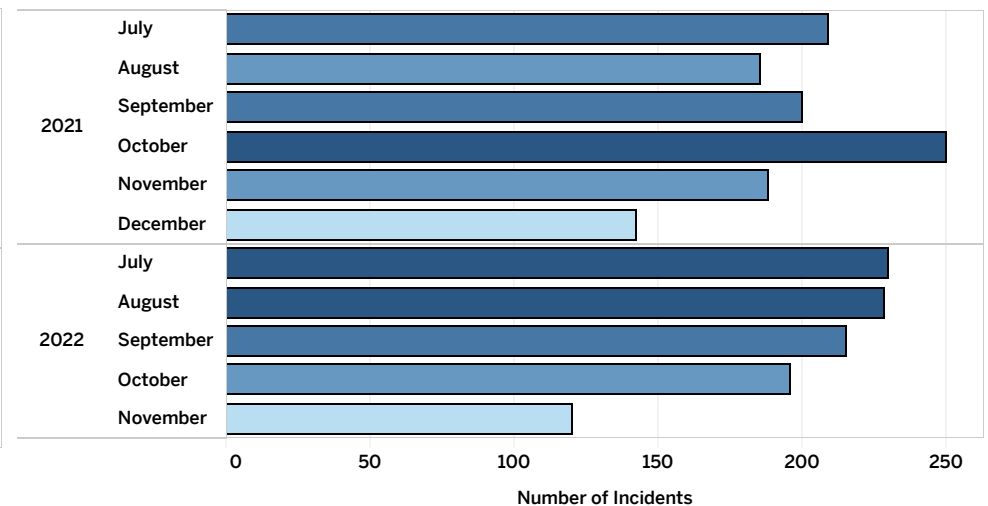
Suspected Fatal Drug Overdoses, 2021-2022



Suspected Drug Overdoses Requiring NFD-EMS Response, 2021-2022



Suspected Nonfatal Drug Overdose-related ED Visits, 2021-2022

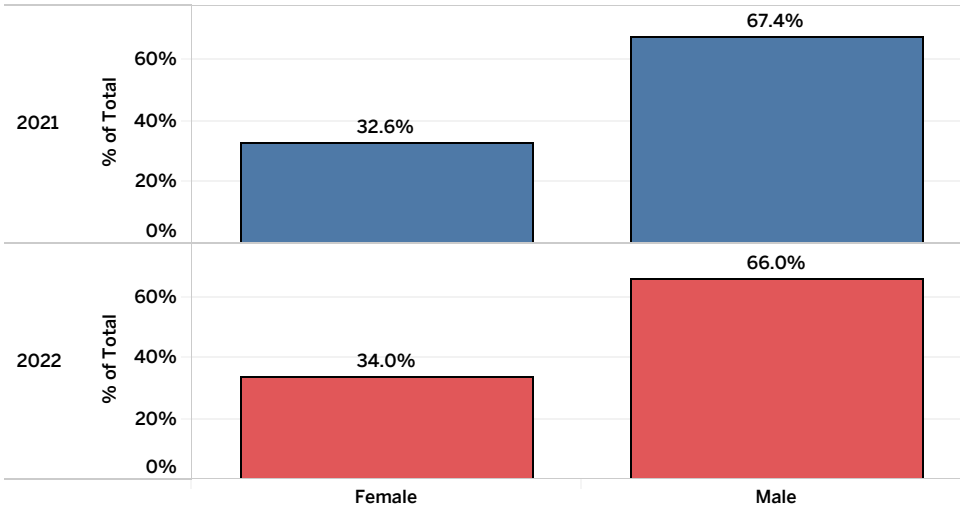


Overdose Response Epidemiology and Surveillance Update

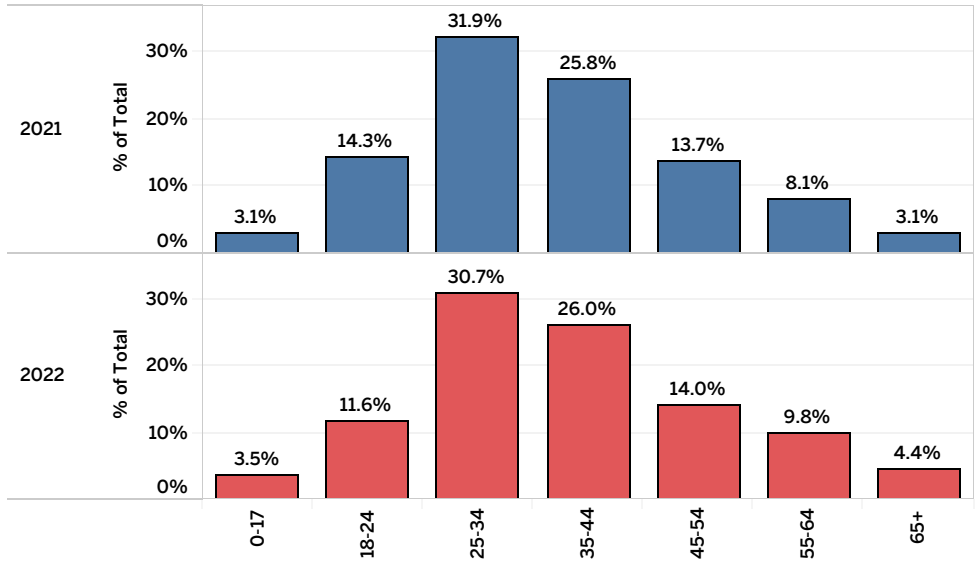
Davidson County, TN | Update: 11/29/2022

Suspected Drug Overdoses Requiring NFD-EMS Response

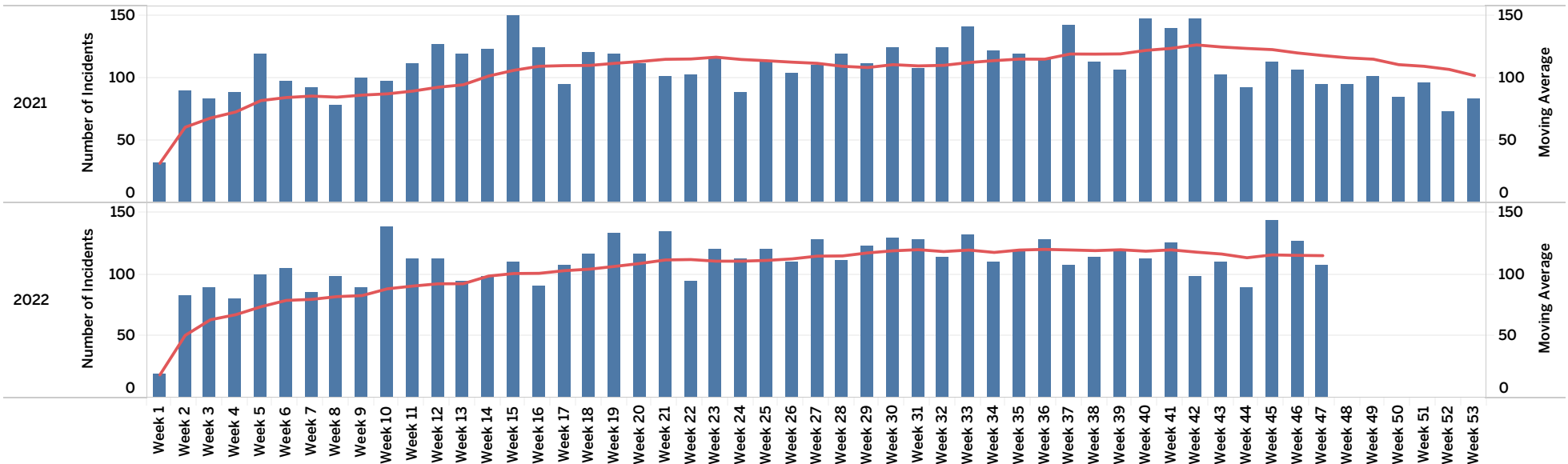
Sex



Age Group



Suspected Drug Overdoses by Week of Incident with 90-Day Moving Average

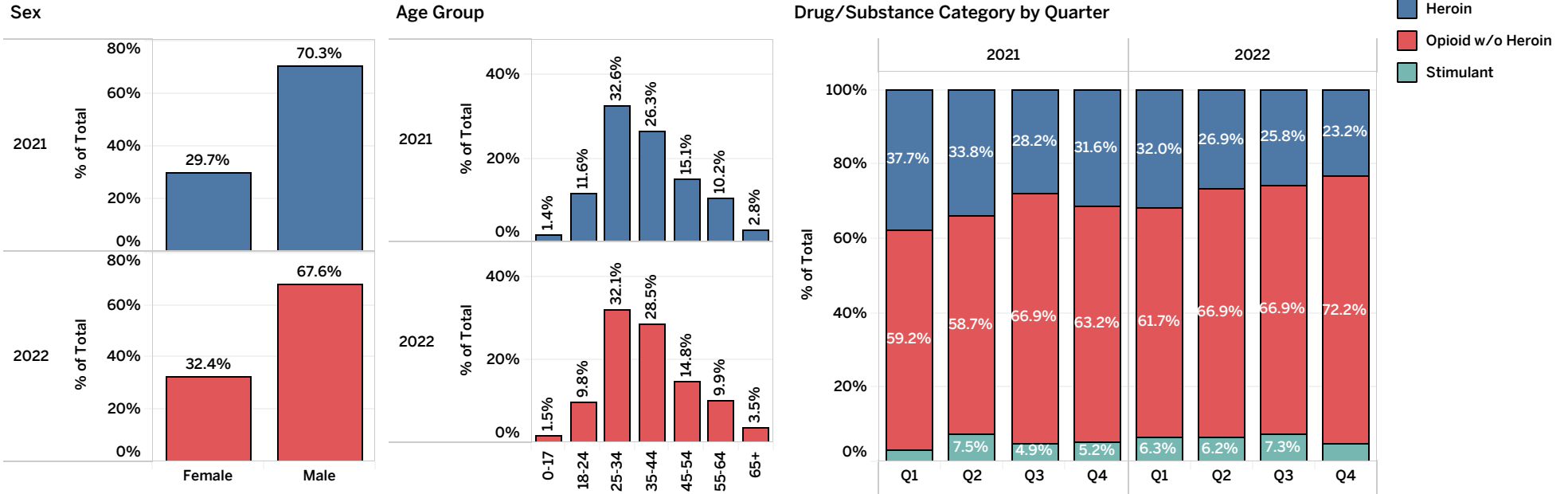


ALL DATA ARE PROVISIONAL, SUBJECT TO CHANGE, AND NOT FOR PUBLIC/MEDIA DISTRIBUTION
 Prepared by the Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

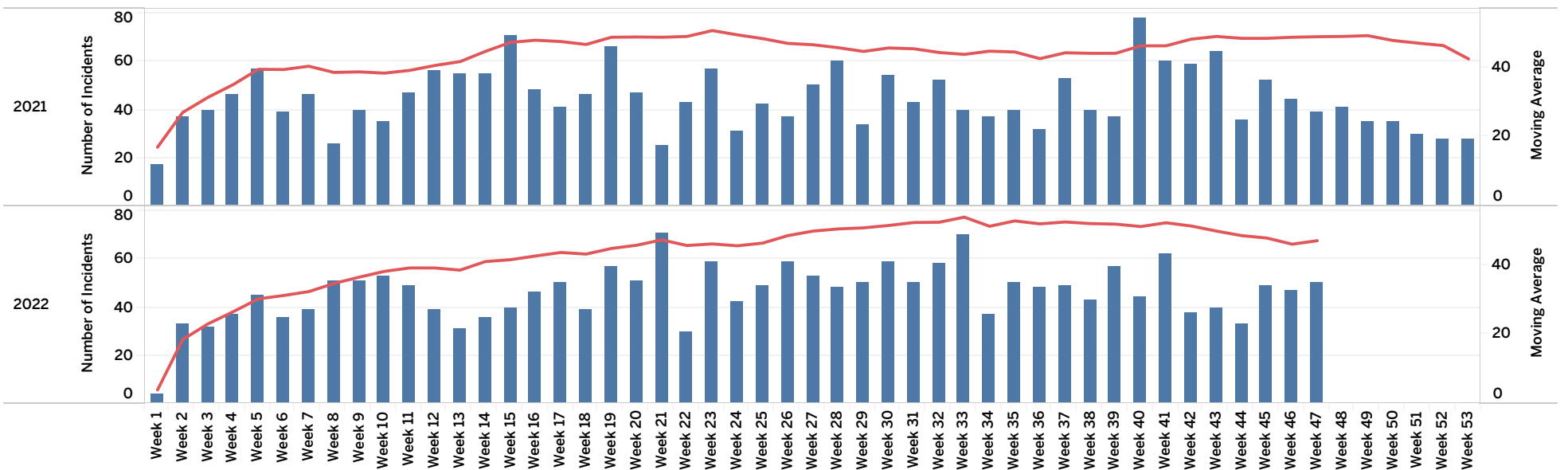
Overdose Response Epidemiology and Surveillance Update

Davidson County, TN | Update: 11/29/2022

Suspected Nonfatal Drug Overdose ED Visits



Nonfatal Drug Overdose ED Visits by Week of Incident with 90-Day Moving Average

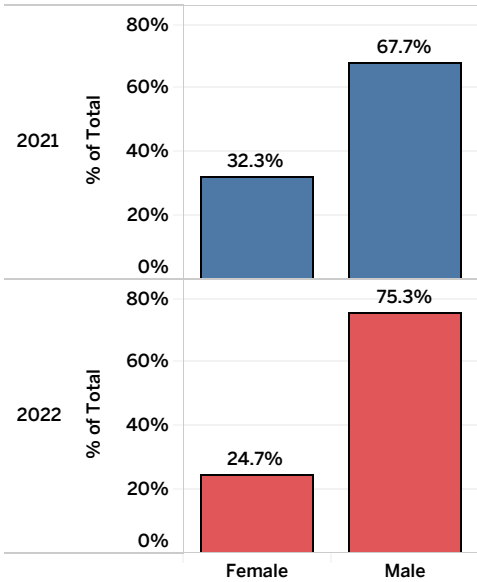


Overdose Response Epidemiology and Surveillance Update

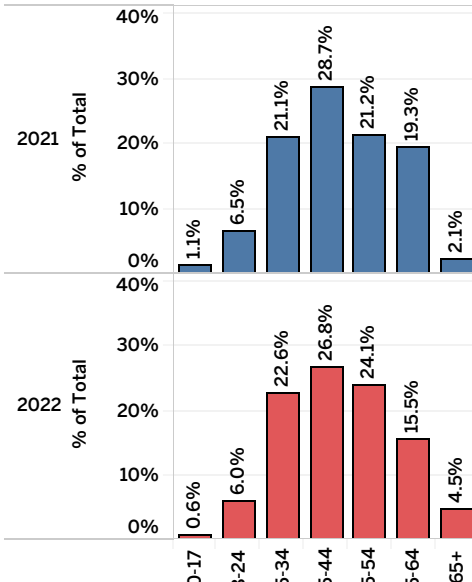
Davidson County, TN | Update: 11/29/2022

Suspected Fatal Drug Overdoses

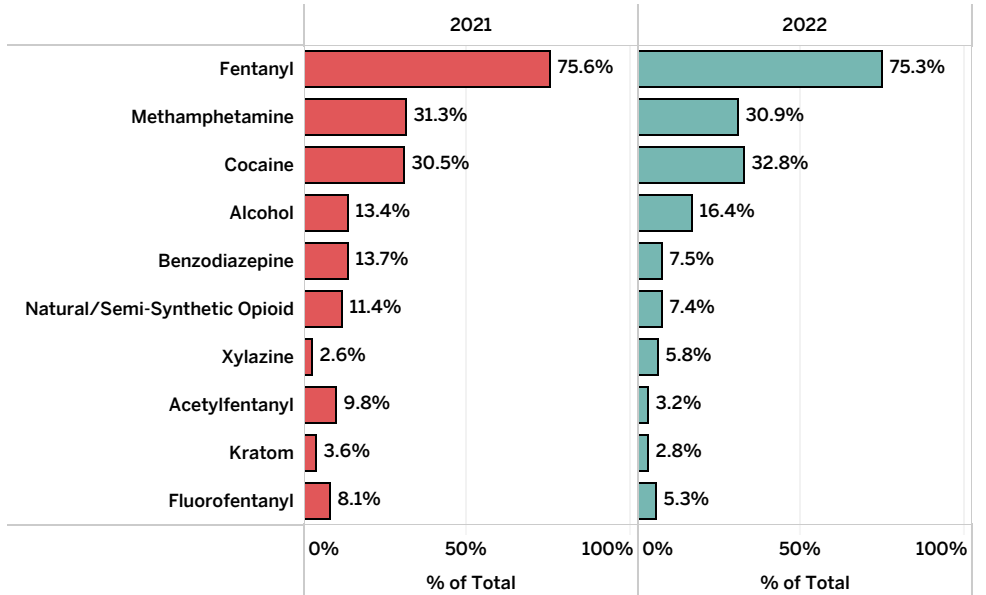
Sex



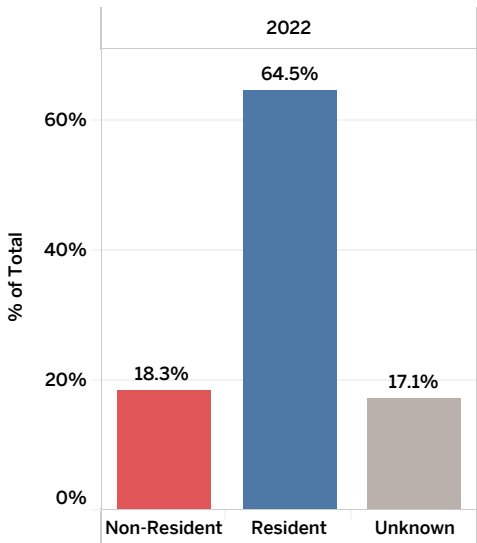
Age Group



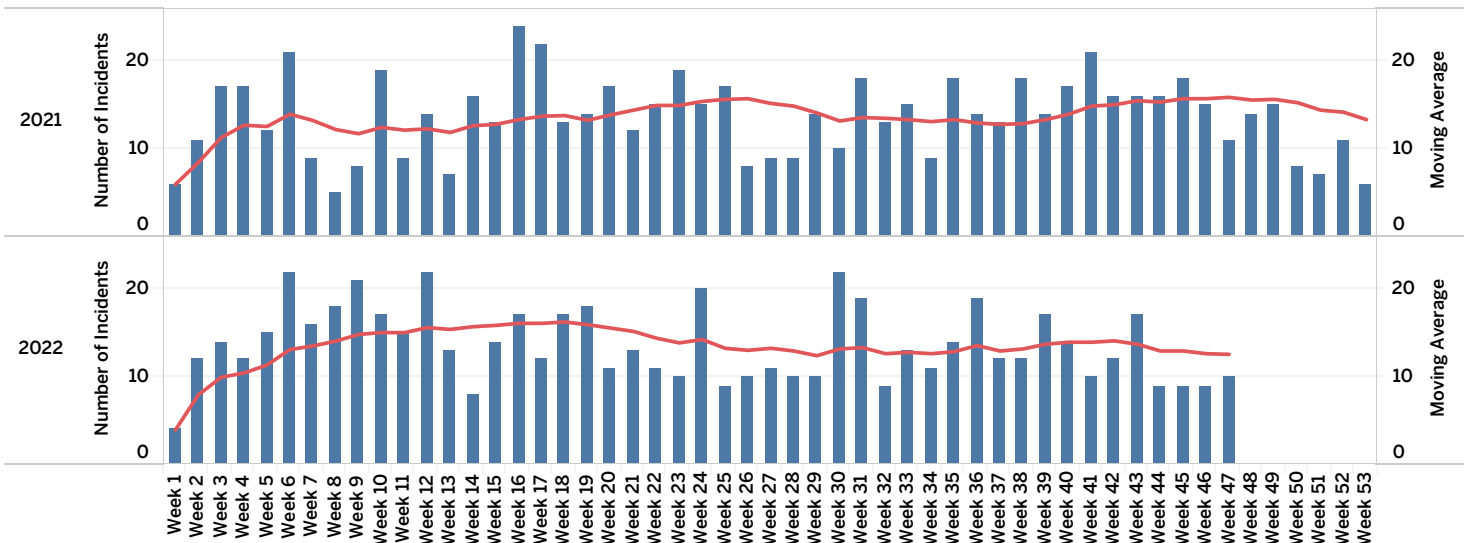
Substances Detected among Suspected Overdose Deaths



Decedent Residency Status



Suspected Fatal Drug Overdoses by Week of Incident with 90-Day Moving Average



Overdose Response Epidemiology and Surveillance Update

Davidson County, TN | Update: 11/29/2022

If you have any questions, please contact:

Giovanni Gama, MPH | Epidemiologist

Division of Epidemiology
Metro Public Health Department of Nashville/Davidson County
Email: giovanni.gama@nashville.gov
Phone: 615-340-5603

MPHD 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 Middle TN Regional Forensic Center)

Nonfatal Drug Overdose ED Visits

ESSENCE-TN (maintained by the TN Department of Health)

Suspected Drug Overdoses

Nashville Fire Department Emergency Medical Services (NFD-EMS) Database

Notes

Data presented in this report were extracted on November 23, 2022 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred during recent months are not yet finalized. Drug overdose death data were accessed from the DIDI database by the Overdose Response Program and represent deaths suspected to be drug overdose-related. Further, these deaths have occurred with Davidson County; cases are included in this total regardless of resident status.

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

Opioid.Response@nashville.gov | 615-340-0498

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 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.

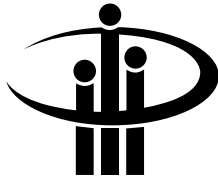


METRO NASHVILLE
ANIMAL CARE & CONTROL

NFHS Basic Data Matrix

11/01/2022 and 11/30/2022

		Species							Totals	
		Canine			Canine Totals	Feline				Feline Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 11/01/2022		144	7	0	151	36	50	0	86	237
I N T A K E S	Stray/At Large	196	20	7	223	14	34	3	51	274
	Transferred in from Municipal Shelter	0	0	0	0	0	0	0	0	0
	Transferred in from Other Rescue Group	0	0	0	0	1	0	0	1	1
	Owner Requested Euthanasia	3	0	0	3	0	0	0	0	3
	Relinquished by Owner	27	3	0	30	9	14	0	23	53
	Other Intakes	11	2	0	13	1	0	0	1	14
	Total Intakes	237	25	7	269	25	48	3	76	345
O U T C O M E S	Adoptions	75	5	0	80	28	45	0	73	153
	Returned to Home	83	3	0	86	6	0	0	6	92
	Transferred to Rescue Group	48	14	1	63	7	3	0	10	73
	Other Live Outcomes	0	0	0	0	0	0	0	0	0
	Return to Field	0	0	0	0	1	0	0	1	1
	Total Live Outcomes	206	22	1	229	42	48	0	89	319
	Died in Care	0	0	0	0	0	2	1	3	3
	Lost in Care	1	2	0	3	1	0	0	1	4
	Euthanasia	16	1	3	20	0	4	2	6	26
	Owner Requested Euthanasia	6	0	0	6	0	0	0	0	6
Total Other Outcomes	23	3	3	29	1	6	3	10	39	
Total Outcomes	229	25	4	258	43	54	3	100	358	
Ending Animal Count as of 11/30/2022		155	4	3	162	26	36	0	62	224
Save Rate		92.64%	88.00%	57.14%	91.25%	96.00%	87.50%	0.00%	86.84%	90.27%



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Board of Health Request Tracking Form

Meeting Date: **October 13, 2022**

Requests:

1. Retreat topic: Exit Interview Process
2. Retreat topic: Strategic Plan Metrics
3. Board will submit suggestions for capabilities and competencies for Director of Health position for discussion [at a regular or retreat meeting?] to Dr. Wright or secretary
4. Make the Dashboard external-facing,
5. Provide an update on the Dashboard at the December meeting
6. Send TB audit/audits to Board
7. Dr. Wright will share the bureau SWOTs and budget presentations with the Board

Assignments and Due Date per each request:

1. &2. Exit Interview Process and Strategic Plan Metrics added to Dec. 20 Retreat Agenda
3. Board: Suggestions re Capabilities
4. & 5. Drs. Wright & Carpenter will present Dashboard update at January 12, 2023 meeting
6. Dr. Wright will coordinate with bureaus to share with BOH TB & other audits
7. Dr. Wright: Bureau SWOTS & budget presentations to Board

Outcomes:

1. &2. Exit Interview Process and Strategic Plan Metrics added to Dec. 20 Retreat Agenda
3. To be discussed at BOH retreat
4. & 5. Drs. Wright & Carpenter will present at January BOH meeting
6. Dr. Wright is working with bureaus to forward audits, will be shared
7. Dr. Wright will present budget process & priorities at Dec. 20 retreat

Response filed in packet of **December 8, 2022**

Personnel Changes November 2022

NEW HIRES

Sara Kefetew, Public Health Nurse 1 (71%), 11/07/2022, \$47,872.10 (School Health)
Hannah Belue, Animal Kennel Assistant 1, 11/12/2022, \$37,925.27 (MACC)
Ronda Landers, Public Health Nurse 1 (71%), 11/26/2022, \$49,226.98 (School Health)
Iva Sanders, Public Health Administrator 1, 11/26/2022, \$63,608.96 (Immunizations)

RE-HIRES

Donna Jean-Jumeau, Program Specialist 2, 11/12/2022, \$46,556.25 (Nashville Strong Babies)
Morgan Roberts, Seasonal/Part-Time/Temp., 11/28/2022, \$19.24 (MACC)
Zuri Jones, Program Specialist 2, 11/21/2022, \$46,556.29, (Nashville Strong Babies)

TERMINATIONS (Voluntary)

Amanda Mastroberti, AC&C Officer 1, 11/07/2022, resigned (MACC)
Madelynn Myers, Public Health Administrator 1, 11/10/2022, resigned (Behavioral Health)
Jeanne Camp, Public Health Nurse 1 (71%), 11/25/2022, resigned (School Health)

TERMINATION (Involuntary)

Jonathan Adair, Health Manager 2, 11/01/2022, dismissal (Population Health/Comm. Health Worker Grant)

PROMOTION

Justus Martin, Public Health Nurse 1 (71%) – School Health, promoted to Public Health Nurse 2 effective 11/12/2022

DEPARTMENT TRANSFER

Eman Azer, transfer from Metro Library to MPHD, \$37,925.27 effective 11/12/2022 (WIC)