1. DATE ISSUED: 01/26/2018	**2. PROGRAM CFDA:** 93.914	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 2 H89HA11433-10-00	**4b. GRANT NO.:** H89HA11433	**5. FORMER GRANT NO.:**
6. PROJECT PERIOD: **FROM:** 03/01/2009 **THROUGH:** 02/28/2019		
7. BUDGET PERIOD: **FROM:** 03/01/2018 **THROUGH:** 02/28/2019		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title XXVI, Section 2603b
Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b)
FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A
Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
Public Health Service Act, Sections 2601-2610
Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

8. TITLE OF PROJECT (OR PROGRAM): Ryan White Part A HIV Emergency Relief Grant Program

9. GRANTEE NAME AND ADDRESS:
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129
DUNS NUMBER:
078217668

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Pam Sylakowski
Metro Public Health Department of Nashville/Davidson County
MailStop Code: 2500 Charlotte Avenue
Division Line: Ryan White Program
2500 Charlotte Avenue
Nashville, TN 37209-4129

11. APPROVED BUDGET: (Excludes Direct Assistance)
[X] Grant Funds Only
[ ] Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	$0.00
b. Fringe Benefits :	$0.00
c. Total Personnel Costs :	$0.00
d. Consultant Costs :	$0.00
e. Equipment :	$0.00
f. Supplies :	$0.00
g. Travel :	$0.00
h. Construction/Alteration and Renovation :	$0.00
i. Other :	$0.00
j. Consortium/Contractual Costs :	$0.00
k. Trainee Related Expenses :	$0.00
l. Trainee Stipends :	$0.00
m. Trainee Tuition and Fees :	$0.00
n. Trainee Travel :	$0.00
o. TOTAL DIRECT COSTS :	$969,743.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	$0.00
q. TOTAL APPROVED BUDGET :	$969,743.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$969,743.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$969,743.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$969,743.00**

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

YEAR	TOTAL COSTS
Not applicable	

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

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

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
Estimated Program Income: $0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)
This award includes the following sources of funding:

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more

FY18 Formula - $906,677
FY18 MAI - $63,066

Total Funding - $969,743

Electronically signed by Brad Barney , Grants Management Officer on : 01/26/2018

17. OBJ. CLASS: 41.15 | **18. CRS-EIN:** 1620694743A7 | **19. FUTURE RECOMMENDED FUNDING:** $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3773007	93.914	18H89HA11433	$906,677.00	$0.00	FRML	HIV1-18
18 - 3773006	93.914	18H89HA11433	$63,066.00	$0.00	MAI	HIV1-18

HRSA Electronic Handbooks (EHBs) Registration Requirements

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

Terms and Conditions

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

Grant Specific Term(s)

1. Due to the provision of partial funding, this award is being made without all itemized reporting requirements. Award recipients are reminded of the continuation of FY2017 specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Additional FY2018 reporting requirements to include defined due dates will be contained on the final FY2018 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.

2. Budget allocations for Administration and Clinical Quality Management must correspond to PCN 15-01 and 15-02 available online at https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.

3. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2018 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2018 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.

Program Specific Term(s)

1. RWHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMA/TGA.

   Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources

2. The recipient is required to notify the Division of Grants Management Operations (DGMO) and the Project Officer, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with "reflectiveness" or the mandated membership categories. A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV/AIDS (PLWH/A) and are receiving Part A funded HIV-related services. In addition, the 33% PLWH/A Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA/TGA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness. Please submit all documentation via the HRSA EHBs Prior Approval Portal as type "Other", subtype "Other".

3. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa/.

4. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.

5. Submit, every two (2) years, to the lead State agency for the Ryan White HIV/AIDS Part B program, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title and include necessary patient level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

6. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at http://www.access-board.gov

7. In accordance with the RWHAP client eligibility determination and recertification requirements (Policy 13-02), HRSA expects clients' eligibility be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12-month period or calendar year) to ensure that the program only serves eligible clients, and that the RWHAP is the payer of last resort.

8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.

9. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf).

10. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:

    The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.

    The recipient shall not exceed the lesser of 5 percent of the total grant funds or $3 million for the required clinical quality management (CQM) program.

    The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.

11. All Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks.

12. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.

13. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf for additional information regarding services provided to veterans).

14. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.

15. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure complaince with programmatic requirements. See http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.

16. In accordance with Program Policy No. 12-01, grant funds may not be used for: 1.) outreach programs which have HIV prevention education as their exclusive purpose, or 2.) broad-scope awareness activities about HIV services that target the general public. http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters.

17. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).

18. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.

19. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

20. The recipient is required to meet specific requirements regarding the monitoring of both their grant and their subrecipients /providers as detailed in the *National Monitoring Standards for Ryan White Recipients (http://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources).*

21. Any post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer along with a letter from the Planning Council Chair(s). Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or $250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds $5,000 and was not included in the approved project budget/application.

22. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on

the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

23. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at http://hab.hrsa.gov/manageyourgrant/prepletter062216.pdf.)

24. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf.

25. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.event=true.

26. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

27. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/.

28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).

29. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of $5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at

http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.

3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:
"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.

7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).

8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free https://harvester.census.gov/facweb/default.aspx/.

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/ocr/lep/revisedlep.html.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please

contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.

11. The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at $187,000, effective January, 2017. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/civil-rights/for-individuals/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit https://www.sam.gov.

    It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15. **§75.113 Mandatory disclosures.**

    Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, 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. Sub recipients 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 awarding agency and to the HHS OIG at the following address:

    Department of Health and Human Services
    Health Resources and Services Administration
    Office of Federal Assistance Management
    Division of Grants Management Operations
    5600 Fishers Lane, Mailstop 10SWH-03

Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of 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

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 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than $500,000 over the period of performance, Appendix XII to CFR Part 200 is applicable to this award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

   The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

   - Budget Period ends August – October: FFR due January 30
   - Budget Period ends November – January: FFR due April 30
   - Budget Period ends February – April: FFR due July 30
   - Budget Period ends May – July: FFR due October 30

2. **Due Date: 05/29/2019**

   The Ryan White HIV/AIDS Program Expenditure Report is due 90 days after the budget period end date.

3. **Due Date: 03/25/2019**

   Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html for additional information.

4. **Due Date: 12/31/2018**

   The recipient must submit an estimate of their FY 2018 Unobligated Balances (UOB) and an estimated carryover request consistent with reporting guidelines and instructions provided via the HRSA's EHBs by December 31, 2018.

5. **Due Date: 05/29/2019**

   The recipient must submit a Final FY 2018 Part A Annual Progress Report via the HRSA EHBs within 90 days of the project period end date, consistent with reporting guidelines and instructions provided. The components are listed below.

a. Final FY 2018 Service Category Plan Table and Final FY 2018 HIV Care ContinuumTable

b. Planning Council Activities

c. Early Identification of Individuals with HIV/AIDS (EIIHA) Update

d. Technical Assistance

e. Certification of Aggregate Administrative Costs

f. Local Pharmacy Assistance Program (LPAP) Summary (if applicable)

g. FY 2018 Women, Infants, Children, and Youth (WICY) Expenditures - This report must include the grantee's Report on Expenditures for WICY which documents the following:

i. The amounts and percentages of Part A service-related expenditures to provide services to each WICY population separately; and,

ii. That the reported amounts are, at a minimum, not less than the percentage constituted by the ratio of each population with AIDS to the general population with AIDS living within the EMA/TGA. Updated WICY Guidelines and Reporting Instructions will be provided separately (See Program Term No. 14 for Waiver Information).

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

Contacts

NoA Email Address(es):

Name	Role	Email
Pam Sylakowski	Program Director	pam.sylakowski@nashville.gov
William Paul	Authorizing Official	bill.paul@nashville.gov
Pam Sylakowski	Point of Contact	pam.sylakowski@nashville.gov
Dianne Harden	Business Official	dianne.harden@nashville.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Tempestt Woodard at:
MailStop Code: 09W13A
HAB/DMHAP
5600 Fishers Lane
RM 09W13A
Rockville, MD, 20857-
Email: twoodard@hrsa.gov
Phone: (301) 945-9384

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Olusola Dada at:
MailStop Code: MSC 10NWH04
HRSA/OFAM/DGMO/HRHB
5600 Fishers Ln
RM 10NWH04
Rockville, MD, 20857-0001
Email: ODada@hrsa.gov
Phone: (301) 443-0195
Fax: (301) 443-9810

SIGNATURE PAGE
FOR
RYAN WHITE 18-19

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

William S. Paul, M.D.
Director, Metro Public Health Department

2-8-2018
Date

Carol Etherington, MSN, RN, FAAN
Chair, Board of Health

2-8-18
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal
Director, Department of Finance

2-2018
Date

APPROVED AS TO RISK AND INSURANCE:

Director of Risk Management Services

2/21/18
Date

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney

2/21/18
Date

FILED:

Metropolitan Clerk

Date