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|---|--|-------------------------------------|--|
| 1. DATE ISSUED: 05/23/2018 | | 2. PROGRAM CFDA: 93.914 | |
| 3. SUPERSEDES AWARD NOTICE dated: 03/16/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | |
| 4a. AWARD NO.: 6 H89HA11433-10-02 | | 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 | | | |



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)
 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 : | \$4,350,406.00 |
| p. INDIRECT COSTS (Rate: % of S&WTADC) : | \$0.00 |
| q. TOTAL APPROVED BUDGET : | \$4,350,406.00 |
| i. Less Non-Federal Share: | \$0.00 |
| ii. Federal Share: | \$4,350,406.00 |

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

| | |
|---|----------------|
| a. Authorized Financial Assistance This Period | \$4,350,406.00 |
| 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 | \$2,108,204.00 |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$2,242,202.00 |

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:

FY18 Formula - \$2,777,933
 FY18 MAI - \$298,732
 FY18 Supplemental - \$1,273,741

 Total Funding - \$4,350,406

Electronically signed by Brad Barney, Grants Management Officer on : 05/23/2018

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 | \$806,270.00 | \$0.00 | FRML | HIV1-18 |
| 18 - 3773008 | 93.914 | 18H89HA11433 | \$1,273,741.00 | \$0.00 | SUPPL | HIV1-18 |
| 18 - 3773006 | 93.914 | 18H89HA11433 | \$162,191.00 | \$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/WebEPSEExternal/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. This Notice of Award provides the balance of fiscal year 2018 (FY18) funding based on HRSA's FY18 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Award Issue Date

The recipient must submit a FY 2018 Program Terms Report as a Part A Grant Requirement via the Program Terms Web System within 90 days, consistent with reporting guidelines, instructions, and reporting templates provided in EHB. The Report must include the following items:

- a. The FY 2018 Part A and MAI Planned Allocation Table, indicating the priority areas established by the Planning Council or Planning Body and the dollar amount of FY 2018 Part A and MAI funds allocated to each prioritized service category related to eligible Core Medical and Support Services. Use only the service categories identified on the Table.
- b. A Consolidated List of Contracts (CLC) for all direct service providers receiving Part A Ryan White HIV/AIDS Program funding/contracts.

2. Due Date: Within 90 Days of Award Issue Date

The recipient must submit a FY 2018 Program Submission as a Part A Grant Requirement via the HRSA Electronic Handbook (EHB) within 90 days, consistent with reporting guidelines, instructions, and reporting templates provided. The Report must include the following items:

- a. A signed letter from Planning Council (PC) or Planning Body (PB) Chair(s) endorsing priorities and allocations. The letter must indicate that the PC or PB concurs with the funded service categories and the dollar amount reflected on the FY 2018 Part A and MAI Allocations Table. Include a list of the FY 2018 of the Part A & MAI service category allocations approved by the PC or PB.
- b. The current PC or PB membership roster, indicating the number of PC or PB members as required in the By-Laws and includes the mandated membership category, name, agency affiliation, and term of office. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA/TGA as reported in your FY 2018 application.
- c. The most recent Quality Management (QM) Plan. The QM Plan should be submitted as a PDF and describe all aspects of the Clinical Quality Management (CQM) program. Refer to the Ryan White HIV/AIDS Program Part A Manual and to Policy Clarification Notice 15-02 which are available on the HRSA HIV/AIDS Bureau (HAB) website for more information on the expectations for the CQM program and the components of the QM plan.
- d. Local Pharmacy Assistance Program (LPAP) Profile narrative describing the statement of need and structure of the LPAP program.
Note: This requirement is only applicable to recipients that are allocating funds to the LPAP service category if funds were not allocated in the previous year.

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

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

| Name | Role | Email |
|----------------|------------------|------------------------------|
| Pam Sylakowski | Program Director | pam.sylakowski@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

RYAN WHITE PART A 18-19
AMENDMENT #2

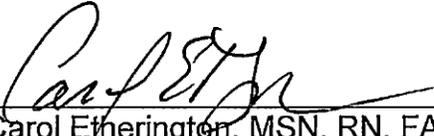
IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



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

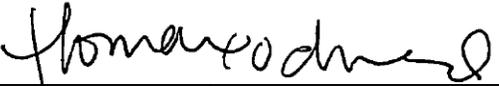
6-22-18
Date



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

6-13-18
Date

APPROVED AS TO AVAILABILITY OF FUNDS:



Talia Lomax-O'dneal
Director, Department of Finance

7-2-18
Date

APPROVED AS TO RISK AND INSURANCE:



Director of Risk Management Services

7/3/18
Date

APPROVED AS TO FORM AND LEGALITY:



Metropolitan Attorney

7/3/18
Date

David Briley
Metropolitan Mayor

Date

ATTEST:

Metropolitan Clerk

Date