| | | |
|---|---|---|
| **1. DATE ISSUED:** 03/18/2019 | **2. PROGRAM CFDA:** 93.926 | |
| **3. SUPERSEDES AWARD NOTICE dated:** except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | |
| **4a. AWARD NO.:** 1 H49MC32719-01-00 | **4b. GRANT NO.:** H49MC32719 | **5. FORMER GRANT NO.:** |
| **6. PROJECT PERIOD:** **FROM:** 04/01/2019 **THROUGH:** 03/31/2024 | | |
| **7. BUDGET PERIOD:** **FROM:** 04/01/2019 **THROUGH:** 03/31/2020 | | |

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

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Section 751
Public Health Service Act: Title III, Part D, Section 330H ; 42 U.SC. 254c-8
Public Health Service Act, Title III, Part D, § 330H (42 U.S.C. 254c-8), as amended by the Healthy Start Reauthorization Act of 2007 (P.L. 110-339)

**8. TITLE OF PROJECT (OR PROGRAM):** Healthy Start Initiative-Eliminating Racial/Ethnic Disparities

**9. GRANTEE NAME AND ADDRESS:**
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
PO BOX 196300
Nashville, TN 37219-6300
**DUNS NUMBER:**
078217668

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
D'Yuanna Allen-Robb
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
2500 Charlotte Avenue
Nashville, TN 37209-6300

**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 : | $328,085.00 |
| b . Fringe Benefits : | $133,057.00 |
| c . Total Personnel Costs : | $461,142.00 |
| d . Consultant Costs : | $0.00 |
| e . Equipment : | $0.00 |
| f . Supplies : | $30,150.00 |
| g . Travel : | $10,052.00 |
| h . Construction/Alteration and Renovation : | $0.00 |
| i . Other : | $108,700.00 |
| j . Consortium/Contractual Costs : | $286,956.00 |
| 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 : | $897,000.00 |
| p . INDIRECT COSTS (Rate: % of S&W/TADC) : | $173,000.00 |
| q . TOTAL APPROVED BUDGET : | $1,070,000.00 |
| i. Less Non-Federal Share: | $0.00 |
| ii. Federal Share: | $1,070,000.00 |

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

| | |
|---|---|
| a. Authorized Financial Assistance This Period | **$1,070,000.00** |
| 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 | **$1,070,000.00** |

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

| YEAR | TOTAL COSTS |
|---|---|
| 02 | $1,100,000.00 |
| 03 | $1,100,000.00 |
| 04 | $1,100,000.00 |
| 05 | $1,100,000.00 |

**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 grant is under expanded authority. Please pay special attention to Grant Specific Term #1,regarding Expanded Authority for this program.

***Electronically signed by Shonda Gosnell , Grants Management Officer on :*** 03/18/2019

| | | |
|---|---|---|
| **17. OBJ. CLASS:** 41.51 | **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 |
|---|---|---|---|---|---|---|
| 19 - 3898020 | 93.926 | 19H49MC32719 | $1,070,000.00 | $0.00 | | 19-HIS-ERED |


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 information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

# 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. This award is governed by the post-award requirements cited in Subpart D-Post Federal Award Requirements, standards for program and fiscal management of 45 CFR Part 75 except when the Notice of Award indicates in the "Remarks" section that the grant is included under "Expanded Authority". These recipients may take the following actions without prior approval of the Grant Management Office:
   Section 75.308 c(2)(d)(1) Incur pre-award costs up to 90 calendar days before the award. See also 75.458.
   Section 75.308 c(2)(d)(2) Initiate a one-time extension of the period of performance by up to 12 months unless one or more of the conditions outlined in paragraphs (d)(2)(i) through (iii) of this section apply. For one-time extensions, the recipient must notify the HHS awarding agency in writing with the supporting reasons and revised period of performance at least 10 calendar days before the end of the period of performance specified in the Federal award. This notification must be submitted through the Electronic Handbooks (EHB). This one-time extension may not be exercised merely for the purpose of using unobligated balances.
   Section 75.308 c(2)(d)(3) Carry forward unobligated balances to subsequent periods of performance.
   Except for funds restricted on a Notice of Award, grantee organizations are authorized to carry over unobligated grant funds up to the lesser of 25% or $250,000 of the amount awarded for that budget period remaining at the end of that budget period. If the unobligated balance is in excess of 25% of the total amount awarded, or $250,000, whichever is less, and the grantee wishes to carry the funds forward, the grantee must obtain prior approval from the Grants Management Office.
   The grantee must notify the Grants Management Office when it has elected to carry over unobligated balances under Expanded Authority and the amount to be carried over. The notification must be provided under item 12, "Remarks", on the initial submission of the Federal Financial Report (FFR).
   For all other Post Award request refer Standard Term 5 below.
2. Healthy Start funds may not be used for entertainment costs. Trips and/or activities for Healthy Start clients must relate to both the goal of reducing infant mortality and the approved project objectives
3. Fund raising costs are unallowable. Healthy Start funds, e.g., staff salary, contract personnel, consultants or costs for items to be sold or raffled, may not be used for fund raising activities.
4. The replacement of, or significant change in the responsibilities of senior project staff, including the project director, project manager, and chief financial officer, must have prior approval from the Grants Management Officer . The grantee must obtain prior approval from the awarding office for changes in scope, direction, type of service delivery or training, and rebudgeting of Healthy Start funds.
5. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of $25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at www.fsrs.gov by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: http://www.hrsa.gov/grants/ffata.html.
6. Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
7. 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. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior

year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. 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.

8. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
9. This NoA provides $120,000 in supplemental funding to support the hire of clinical service providers to provide direct access to well-woman care and maternity care services.

## Program Specific Term(s)

1. The management Team, including key personnel, must reflect the cultural diversity of the Community to be served.
2. Each project is expected to establish a plan to recover, to the maximum extent feasible, third party revenues to which it is entitled for services provided; garner all other available Federal, state, local, and private funds; and charge beneficiaries according to their ability to pay for services without creating a barrier to those services. Where third-party payors, including Government agencies, are authorized or are under legal obligation to pay all or a portion of charges for health care services, "all such sources must be billed for covered services, and every effort must be made to obtain payment. Each service provider receiving Federal funds, either directly or indirectly, must have a procedure to identify all persons served who are eligible for third-party reimbursement."
3. All MCHB discretionary grant projects are expected to incorporate a carefully designed and well-planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance indicators, rather than solely on the intermediate process measures.
4. In accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Public Law 103-62), MCHB has established measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures and data elements for all MCHB-funded grant programs including Healthy Start have been finalized. As previously communicated all Healthy Start projects are expected to participate in the MCHB reporting requirements system.
5. Grantees must use the DHSPS screening tools, must report aggregate level data on a monthly basis to DHSPS, and report progress on benchmarks in the MCHB Discretionary Grants Information System.
6. Grantees are required to participate in the National Evaluation of Healthy Start Programs and respond to data request for information from the Division and the supporting HS performance project.
7. HRSA reserves the right to reduce base awards for grantees that consistently maintain unobligated balance greater than $100,000.
8. A grantee can propose to include an evidence-based home visiting model as part of their Healthy Start (HS) program as long as each component of the program addresses the four HS approaches, and the evidence-based model allows for the HS program to collect the data included in the HS screening tools. That is, the requirements of any curriculum or model chosen do not supersede the requirements of HS.
9. HRSA reserves the right to reduce funding if, after receiving Technical Assistance, grantee cannot fulfil the requirements of the grant. i.e. progress on benchmarks, number of participants served.
10. Grantees are to budget for up to 3 persons to attend all mandatory regional meetings and the Healthy Start convention.

## 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. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $XX with xx percentage financed with non-governmental

sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

Recipients 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 https://pms.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 HHS Limited English Proficiency (LEP).

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: https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf. 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, 2017, Division H, § 202, (P.L.115-31) enacted May 5, 2017, 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 $189,600, effective January, 2018. 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 (System for Award Management User Guide), 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: Within 90 Days of Award Issue Date**
   The grantee must submit a Performance Report within 90 days after receipt of the NoA. This report should include completing the financial forms, project abstract, grant summary and performance measures. The performance report must be submitted using the Electronic Handbook (EHB).
2. **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

**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 |
|---|---|---|
| Tina Lester | Business Official | tina.lester@nashville.gov |
| D'yuanna Allen-Robb | Program Director | dyuanna.allen-robb@nashville.gov |
| William Paul | Authorizing Official | bill.paul@nashville.gov |

Note: NoA emailed to these address(es)

## Program Contact:

For assistance on programmatic issues, please contact Sandra Lloyd at:
MailStop Code: 18N94C
HRSA/MCHB/DHSPS
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: slloyd@hrsa.gov
Phone: (301) 443-3669

## Division of Grants Management Operations:

For assistance on grant administration issues, please contact Tonya Randall at:
MailStop Code: 10W09A
HRSA/OFAM/DGMO/GSFB
5600 Fishers Ln
Rockville, MD, 20857-1750
Email: trandall@hrsa.gov
Phone: (301) 594-4259
Fax: (301) 443-6343

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Wendy Long, MD, MPH — Date: 4/11/19
Director, Metro Public Health Department

Carol Etherington, MSN, RN, FAAN — Date: 4/11/19
Chair, Board of Health

APPROVED AS TO AVAILABILITY OF FUNDS:

Talia Lomax-O'dneal — Date: 4-22-19
Director, Department of Finance

APPROVED AS TO RISK AND INSURANCE:

Director of Risk Management Services — Date: 4/23/19

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney — Date: 4/23/19

FILED:

Metropolitan Clerk RS2019-1697 — Date