

RESOLUTION NO. RS2019-62

A resolution approving amendment one to the Healthy Start Initiative – Eliminating Racial/Ethnic Disparities Grant from the U.S. Department of Health and Human Services to The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women.

WHEREAS, The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, previously entered into a grant agreement with the U.S. Department of Health and Human Services, to provide a variety of services in reducing infant mortality for pregnant and parenting women approved by RS2019-1697; and,

WHEREAS, the parties wish to amend that grant agreement to increase the amount of the grant by \$22,899.00 for a new grant total of \$1,092,899.00 with no cash match required, a copy of which amendment one is attached hereto; and,

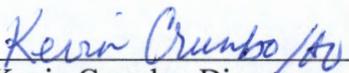
WHEREAS, it is to the benefit of the citizens of The Metropolitan Government of Nashville and Davidson County that amendment one be accepted.

NOW, THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That amendment one to the Healthy Start Initiative – Eliminating Racial/Ethnic Disparities Grant by and between the U.S. Department of Health and Human Services and The Metropolitan Government of Nashville and Davidson County, acting by and through the Metropolitan Board of Health, to provide a variety of services in reducing infant mortality for pregnant and parenting women, a copy of which amendment one is attached hereto and incorporated herein, is hereby approved, and the Metropolitan Mayor is authorized to execute the same.

Section 2. That this resolution shall take effect from and after its adoption, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

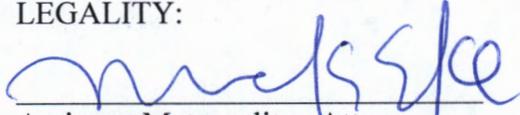
APPROVED AS TO AVAILABILITY  
OF FUNDS:

  
\_\_\_\_\_  
Kevin Crumbo, Director  
Department of Finance

INTRODUCED BY:

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

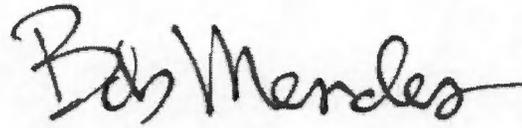
APPROVED AS TO FORM AND  
LEGALITY:

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

\_\_\_\_\_  
Member(s) of Council

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink that reads "Bob Mendes". The signature is written in a cursive style with a long horizontal stroke at the end.

Bob Mendes

Councilmember At-Large

**Electronic Signature Page**

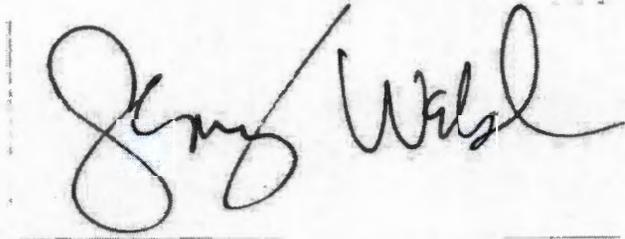
(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

*Sharon W. Hurt*

Sharon Hurt  
Council Member, At-Large

**Electronic Signature Page**

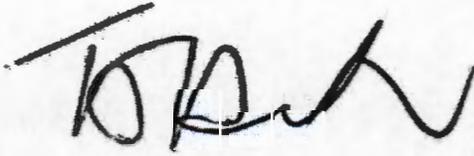
(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink, appearing to read "Ginny Welsch". The signature is written in a cursive style and is positioned above a horizontal line.

Ginny Welsch  
Council Member, District 16

**Electronic Signature Page**

(Attach to Legislation Pursuant to Rule 8 of the Council Rules of Procedure)

A handwritten signature in black ink, appearing to read 'Tonya Hancock', with a stylized, cursive flourish at the end.

Tonya Hancock  
Council Member, District 9

<b>1. DATE ISSUED:</b> 08/08/2019		<b>2. PROGRAM CFDA:</b> 93.926	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 03/18/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H49MC32719-01-01		<b>4b. GRANT NO.:</b> H49MC32719	<b>5. FORMER GRANT NO.:</b>
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 04/01/2019 <b>THROUGH:</b> 03/31/2024			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 04/01/2019 <b>THROUGH:</b> 03/31/2020			



**NOTICE OF AWARD**  
**AUTHORIZATION (Legislation/Regulation)**  
 Public Health Service Act, Section 751  
 Public Health Service Act: Title III, Part D, Section 330H ; 42 U.S.C. 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 Ave  
 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 :	\$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 :	\$131,599.00
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 :	\$919,899.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$173,000.00
q. TOTAL APPROVED BUDGET :	\$1,092,899.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,092,899.00

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

a. Authorized Financial Assistance This Period	\$1,092,899.00
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	\$1,070,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$22,899.00

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

YEAR	TOTAL COSTS
02	\$1,122,899.00
03	\$1,122,899.00
04	\$1,122,899.00
05	\$1,122,899.00

**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)**

*Electronically signed by LaShawna Smith , Grants Management Officer on : 08/08/2019*

**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	\$22,899.00	\$0.00		19-HIS-ERED

## 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 (NOA) reflects an increase in funding due to the availability of FY 2019 funds. These funds have been provided for and must be used to further support the hire of clinical service providers. Grant funds totaling 25% or more of the authorized total must receive prior approval before being reallocated.

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@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](mailto: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](mailto:trandall@hrsa.gov)  
 Phone: (301) 594-4259  
 Fax: (301) 443-6343

**HEALTHY START  
AMENDMENT# 1**

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

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

Wendy Long MD  
Wendy Long, MD, MPH  
Director, Metro Public Health Department

7/12/19  
Date

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

9/12/19  
Date

**APPROVED AS TO AVAILABILITY OF FUNDS:**

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

10-3-19  
Date

**APPROVED AS TO RISK AND INSURANCE:**

B. Clark  
Director of Risk Management Services

10/9/19  
Date

**APPROVED AS TO FORM AND LEGALITY:**

Metropolitan Attorney  
Metropolitan Attorney

10/16/19  
Date

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

\_\_\_\_\_  
Date

**ATTEST:**

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

\_\_\_\_\_  
Date