Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Freddie O'Connell, Mayor
Sanmi Areola, Ph.D.
Director of Health

Board of Health
Tené Hamilton Franklin MS, Chair
Marie R. Griffin MD MPH, Vice-Chair
Lloyda B. Williamson MD DFAPA FAACP
Carol C. Ziegler APRN DNP NP-C APHN-BC
Rebecca Anne Whitehead (Munn) MBA
Morgan McDonald MD FACP FAAP
Heather Corum Powell

Regular meetings of the Board of Health are scheduled on the second Thursday of each month.
To sign up for meeting updates or access advance materials, visit: https://www.nashville.gov/departments/health/boards/health-board

AGENDA
BOARD OF HEALTH MEETING
Lentz Public Health Center Centennial Room B, on the first floor
2500 Charlotte Avenue, Nashville TN 37209
4:00 p.m. – Thursday, June 12, 2025

APPEAL OF DECISIONS FROM THE METROPOLITAN BOARD OF HEALTH
Pursuant to the provisions of § 2.68.030 of the Metropolitan Code of Laws, notice is hereby given that a contested case hearing before the Metropolitan Board of Health, acting as a Civil Service Commission, which affects the employment status of a civil service employee is appealable to the Chancery Court of Davidson County pursuant to the provisions of the Uniform Administrative Procedures Act. Any such appeal must be filed within sixty (60) days after the entry of the Board's final order in the matter. A common law writ of certiorari is the appropriate appeal process of any decision of the Metropolitan Board of Health that does not involve a contested case hearing affecting the employment status of a civil service employee. This appeal must be filed within sixty (60) days of the action taken by the Board. You are advised to seek your own independent legal counsel to ensure that your appeal is filed in a timely manner and that all procedural requirements are met.

BOARD OF HEALTH
1. Public Comment on Agenda Items ..... Franklin
   Note: Pursuant to T. C. A. § 8-44-12, time is reserved at the beginning of Board of Health meetings for public comment that is germane to items on the agenda. Up to five people will be allowed up to two minutes each to speak. Speakers must register within one half hour prior to the beginning of the meeting by signing their name on a physical sign-up sheet available at the entrance.
2. Community Voices ..... Franklin
   Speakers must register within one half hour prior to the beginning of the meeting by signing their name on a physical sign-up sheet available at the entrance.
3. Declarations of Conflicts/Recusals or Communiques from the Public on Agenda Items ..... Franklin
4. Approval of May 8, 2025, Meeting Minutes ..... Franklin
5. Employee/Team Recognition ..... Areola
6. Proposed By-Laws ..... Sharp
7. State of Public Health ..... Areola
8. Approval of Grant Applications ..... Diamond
9. Approval of Grants and Contracts ..... Diamond
10. Report of Director ..... Areola
11. Report of Chair ..... Franklin
12. New Business ..... Franklin
    a. Board Requests of the Department b. Departmental Requests of the Board
13. Adjournment ..... Franklin

CIVIL SERVICE BOARD
1. Personnel Changes ..... Shelton
2. Adjournment ..... Franklin

DRAFT

Metropolitan Board of Health of Nashville and Davidson County
May 8, 2025, Regular Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 4:06 p.m. in the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Present
Tené H. Franklin, MS, Chair
Marie Griffin, MD, Vice-Chair
Lloyda Williamson, MD, Member
Carol Ziegler, DNP, Member
Rebecca Whitehead, MBA, Member
Morgan McDonald, MD, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Joanna Shaw-KaiKai, MD, Medical Services Director
Aaron Shelton, MBA, Human Resources Manager
Yolando Radford, Adolescent Health Program Manager
D'Yuanna Allen, Assistant Bureau Director for Population Health
Iniyan Rajkumar, YAB Chair
Jasom Lim, YAB Co-Chair
Derrick Smith, JD, Metropolitan Department of Law

Public Comment Period (Agenda Items)
There were no requests to comment.

Public Comment Period (Community Voices)
There were no requests to comment.

Declarations of Conflicts/Recusals or Communiques from the Public on Agenda Items
Chair Franklin asked that Board members who may have declarations of conflict or recusal, or who had had communiques from the public on agenda items, to state such. There were none.

Approval of April 10, 2025, Meeting Minutes
Dr. Griffin made a motion to approve the April 10, 2025, meeting minutes as distributed. Ms. Whitehead seconded the motion, which passed unanimously.

Youth Advisory Board Presentation
Ms. Radford introduced the YAB Chair, Iniyan Rajkumar and YAB Co-Chair, Jason Lim who gave a presentation on the YAB. (Attachment I). The YAB asked to present annually to the Board of Health and a small budget to implement programs and initiatives in the community based on board interests. After the presentation, Chair Franklin asked when they work on a budget to include what they would do with the funds if given. Board members suggested having a representative from the YAB at the board meetings.

Employee/Team Recognition
Dr. Areola shared that Emily Grangaard, Animal Control Officer with MACC was chosen as the March Employee of the Month. (Attachment II)

Dr. Areola recognized the South Nutrition WIC Team for being chosen as the March Team of the Month (Attachment III). Two members of the team were present – Igor Mihic and MaryAnn Rivera.

State of Public Health

Dr. Areola stated that the department has not lost any more grants since the Covid-grant-related cuts in late March. He is sharing this information with board members when these arise. The Board asked for an update at the next meeting of the five employees that were dismissed due to the loss of funding.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Mr. Diamond presented 3 items.

1. **Grant – Community Safety Fund Grant – Community Foundation of Middle Tennessee**
   Term: Execution + 1 year
   Amount: $500,000
2. **Grant Amendment from the Tennessee Department of Health – Viral Hepatitis**
   Term: July 1, 2023 – June 30, 2026
   Amount: $116,930 (new total $330,530)
3. **Contract with Centers for Medicare and Medicaid Services – Certified Application Counselor**
   Term: Execution + 2 years
   Amount: NA
4. **Contract with Vanderbilt University Medical Center – VUMC House Staff**
   Term: April 1, 2025 – March 31, 2030
   Amount: NA

Dr. Griffin made a motion to approve items 1, 2, and 4. Ms. Whitehead seconded the motion, which passed unanimously.

Dr. Ziegler made a motion to approve item 3 contingent upon Metro Legal Department's review without substantial edits. Dr. Williamson seconded the motion, which passed unanimously.

Report of Director

Dr. Areola stated that work is being done to complete the Mayor's Report, and the report will be sent to the board by June. Dr. Areola referred to the update provided in the Board packet (Attachment IV) and highlighted several items therein. He reported that management is meeting with General Services on a regular basis to review sites for the new Woodbine Clinic location and some are promising. Progress is being made regarding the new MACC facility as well.

Report of Chair

Chair Franklin reported that she presented on Wednesday at the virtual NALBOH Spring Governance Symposium on the role and responsibilities of the Board of Health in hiring the Health Director.

Chair Franklin shared that we have a potential new board member, Heather Powell, who is to be confirmed at the Metro Council meeting on May 20th. Dr. Smith has chosen not to renew his term.

New Business

Review of Board Requests of the Department

- Regular updates on the proposed new Woodbine Clinic.
- Report to Board any MACC staff interactions with public where safety is concerned.
- Provide status of MPHD's financial health update to the Board on a quarterly basis.
- Quarterly updates on the culture of the department.
- Annual Board Report to the Mayor for 2025 to be given to the Board in June.
- Annual Board Report Draft to the Mayor to be given to the Board by March 2026 and beyond.
- Dr. Areola's priorities to be shared at every meeting until the Strategic Plan is in place.

- Report on comps and turnover rates for MACC to be presented at the next meeting.
- Provide update on the five employees that were dismissed due to loss of funding at the next meeting.
- Consider having a member of the Youth Advisory Board present at the meetings.

Ms. Whitehead asked about the goals for the Director. After discussion, it was determined that Ms. Whitehead will lead the discussion in developing goals for the Director with Dr. Ziegler's assistance. A special called work session will be held for board members to develop these and will receive Dr. Areola's input before submitting it for approval at the board meeting.

Adjournment
Dr. Ziegler made a motion to adjourn the regular meeting. Dr. Williamson seconded the motion, which passed unanimously. The regular meeting adjourned at 5:30 p.m.

CIVIL SERVICE BOARD

Public Hearing Regarding Adding Employee Bonus Section to the Civil Service Rules.
At the last meeting, Mr. Shelton asked the Board to have a public hearing regarding Adding Employee Bonus Section to the Civil Service Rules.

Chair Franklin opened the floor for comment. Dr. Shaw-KaiKai approached the podium and reported that Metro Schools has extra funds this FY and would like to give the School Health nurses $1,000 each for the exemplary service that they provide to the schools. Dr. Areola stated that Mr. Shelton is working on a matrix that will be used in the process so that there will be fairness across the department. There being no further comments, Chair Franklin closed the hearing.

Approval of Adding Employee Bonus Section to the Civil Service Rules
Dr. McDonald made a motion to approve Adding Employee Bonus Section to the Civil Service Rules. Ms. Whitehead seconded the motion, which passed unanimously.

Request for a Public Hearing Regarding Pay Grade Adjustments for Most of the MACC Classifications
At the last meeting, Mr. Shelton asked the Board to have a public hearing regarding Pay Grade Adjustments for Most of the MACC Classifications.

Chair Franklin opened the floor for comment. There being none, Chair Franklin closed the hearing.

Dr. Williamson made a motion to approve the Pay Grade Adjustments for Most of the MACC Classifications. Dr. Ziegler seconded the motion which passed unanimously.

Personnel Changes
Mr. Shelton referred to the April 2025, Personnel Changes. He reported that under Business Unit Transfers that Brianna Magee did not transfer.

Adjournment
Chair Franklin adjourned the Civil Service Board meeting at 5:39 p.m.

Next Meeting
The next meeting of the Board of Health will be held Thursday, June 12, 2025, at the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Tené H. Franklin
Chair

Bylaws

OF THE METROPOLITAN BOARD OF HEALTH
OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

Adopted June 4, 2001
Amended November 13, 2014
Amended ???????????, 2025

Article I: Name

The name of this board shall be the Metropolitan Board of Health, or such other name as is designated by the Charter of the Metropolitan Government of Nashville and Davidson County, Tennessee (hereinafter, "Charter").

Article II: Object

The object of this board shall be to perform the functions and duties set forth in state law, the Charter and related Ordinances.

Article III: Members and Officers

The membership of this board, qualifications, term and selection of members and officers shall be designated by the Charter.

Article IV: Meetings

Section 1. The regular meetings of the Board shall be held on the second Thursday of each month unless otherwise ordered by the Board.

Section 2. Special meetings may be called by the Chairman. The purpose of the meeting shall be stated in the call. Except in cases of emergency, at least three days' notice shall be given.

Section 3. Notice of meetings shall be posted in compliance with the laws of the State of Tennessee.

Section 4. Four members of the seven-member board shall constitute quorum.

Article V: Committees

Such committees, standing or special, shall be appointed by the Chairman as the board shall from time to time deem necessary to carry on the work of the board.

Article VI: Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the board in all cases to which they are applicable and in which they are not inconsistent with these bylaws, the Charter or Metropolitan ordinances, state law, and any special rules of order that the board may adopt.

Article VII: Amendment of Bylaws

These bylaws may be amended at any regular meeting of the board by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting.

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: June 12, 2025
Re: Summary of applications presented for Board approval

There were no applications this month.

SUMMARY OF GRANTS & CONTRACTS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: June 12, 2025
Re: Summary of grants & contracts presented for Board approval

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1. **Public Safety Partnerships in High Impact Areas grant**
   A grant from Tennessee Department of Health to build local capacity to improve public health response to the substance misuse epidemic in for the Middle, TN High-Impact Area. To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs.

   Program Manager statement: The Epidemiology Division of MPHD has assigned 1 FTE epidemiologist to provide drug overdose surveillance and data analytics services to TDH-funded HIA grant recipients and relevant community stakeholders in Cheatham, Davidson, Dickson, Montgomery, Rutherford and Wilson Counties, TN to inform substance misuse prevention and treatment strategies and activities. This includes maintaining a comprehensive surveillance and data sharing system for each county, including spike detection and response support capabilities, and near-Realtime data summaries disseminated as periodic reports (52 weekly, 24 Quarterly reports) and presentations (12 monthly and 6 bi-monthly) and as requested by community stakeholders. The HIA Epidemiologist facilitates the Substance Misuse Task Force to review local data, develop strategies and programs and review on-going progress for the counties identified in the HIA.

   Term: September 1, 2025 – August 31, 2026
   Amount: $144,800
   Program Manager: Abraham Mukolo
   Bureau: Director's Office

2. **Ryan White Part A grant amendment**
   This is a grant from the Health Resources & Services Administration for the provision of prevention, surveillance, diagnosis, and treatment of HIV/AIDS.

   Amendment #1 – adds partial funding for the program.

   Program Manager statement:
   - **6,066** PLWH in Nashville TGA.
   - **17.9% (1,086)** unmet need for HIV care.
   - **12.0% (600)** in care, not virally suppressed.
   - **21.3%** late diagnosis rate.
   - **Disparities:** Higher unmet need & late diagnosis for Black/African American, Hispanic/Latino, and young adults (25-34).
   - **Action:** Ryan White Part A is actively addressing these gaps through rapid ART, peer support, proactive outreach, and core medical services, in collaboration with local partners, to ensure early diagnosis and treatment.

   Term: March 1, 2025 – February 28, 2026
   Amount: $1,261,658 (new total $2,119,379)
   Program Manager: Beverly Glaze-Johnson
   Bureau: Joanna Shaw-KaiKai

3. **Autism Tennessee grant**
   This is a Community Safety Fund grant to implement a program focusing on providing services peer support and therapy and engaging and supporting youth.

   Program Manager statement: The purpose of this project is to expand the reach and impact of the Recipients teen and adult programs in the South Nashville area; to enhance the program agenda by adding diverse group activities and educational events for autistic individuals; and, to ensure effective daily management of the programs, including coordination of events, volunteer oversight, participant support, and social media monitoring.

Term:	execution +1yr
Amount:	$50,000
Program Manager:	Anidolee Melville-Chester
Bureau:	Fonda Harris

4. **Friends of MACC donation**
   A donation from the Friends of MACC to support the lifesaving programs at Metro Animal Care & Control. The donation shall be split the following way: 1) Emergency Medical $12,500, 2) Safety Net $4,000, 3) Foster $3,750 and 4) Rabies Clinic $1,244.

   Program Manager statement:
   $12,500 – Emergency Medical Fund…used to fund afterhours medical care for stray pets brought into MACCs care.
   $4,000 – SafetyNet…funds our community assistance and diversion program which allows us to keep pets in their home with their family. Assist owners with food from our PetPantry, vet care assistance, behavior training, assistance to the unhoused community.
   $3,750 – Foster Program…allows us to provide resources and supplies to our foster volunteers when they have a foster pet in their home. As well as behavior training for some foster pets that need a little extra work.
   $1,244 – Rabies Clinic…Friends of MACC covered the cost of all rabies vaccines and microchips at our clinic on 5/24. It was free of charge to anyone that attended.

Term:	NA
Amount:	$21,494
Program Manager:	Ashley Harrington
Bureau:	John Finke

GOVERNMENTAL GRANT CONTRACT

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

Begin Date	End Date	Agency Tracking #	Edison ID
September 1, 2025	August 31, 2026	34360-01126	

Grantee Legal Entity Name	Edison Vendor ID
Metropolitan Government of Nashville and Davidson County	4

Subrecipient or Recipient

☐ Subrecipient

☐ Recipient

Assistance Listing Number 93.136

Grantee's fiscal year end June 30th

Service Caption (one line only)

Public Safety Partnerships in High Impact Areas (HIAs)

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2026		$120,700.00			$120,700.00
2027		$24,100.00			$24,100.00
TOTAL:		**$144,800.00**			**$144,800.00**

Grantee Selection Process Summary

☐ Competitive Selection

☒ Non-competitive Selection

The grantee was chosen as a High-Impact Area upon review of counts of suspected non-fatal overdoses across the state by county. During the calendar year of 2022, Davidson County had the second highest number of suspected fatal overdoses among counties in TN. The TN Department of Health will focus on counties most highly impacted by overdoses for intervention in order to have an opportunity to effect change with populations most at risk for adverse consequences of the substance misuse epidemic.

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

Eric Bucholz

CPO USE - GG

Speed Chart (optional)	Account Code (optional)
HL00018389	71301000

GRANT CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF HEALTH
AND
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee," is for the provision of Public Safety Partnerships in High-Impact Areas , as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. Service Definitions.

a. Overdose Monitoring and Response Plan (OMAR) - a plan to respond to an acute overdose event in a given community. Plan should include at minimum— spike identification, incident command structure, data sources, communication strategies and prevention interventions.
b. High Impact Area (HIA) - a county or group of counties in the state of TN that has been highly impacted by the substance misuse epidemic, measured by a count of fatal and non-fatal overdoses that exceeds the statewide average;
c. Substance Misuse Task Force - a multi-sector working group of stakeholders convened to examine high-impact area data and trends, design and implement interventions and assume accountability for reviewing progress; and
d. Tabletop Exercise (TTX) – discussion-based sessions where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency

A.3. Service Goals. To continue to build local capacity to improve public health response to the substance misuse epidemic in the Middle, TN High-Impact Area (HIA). To use available data to identify populations at high-risk for adverse consequences from substance misuse and employ evidence-based interventions that are responsive to population needs.

A.4. Service Recipients. Populations at high-risk from the adverse consequences of substance misuse in Davidson County, TN and Mid-Cumberland Region.

A.5. Service Description.

In furtherance of the goal to continue to build local capacity to improve response to the opioid epidemic, the grantee shall:

a. Support and participate in a multi-sector Substance Misuse Task Force with the Mid-Cumberland Regional Health Office and relevant community stakeholders. The HIA Epidemiologist will attend regular meetings with the Task Force to review local data, develop strategies and programs and review on-going progress for the counties identified in the HIA. They will assume accountability for providing data to support improvements as needed to positively impact the HIA's substance misuse epidemic;

b. Employ an epidemiologist who has a minimum of Master's degree from an accredited college or university in epidemiology, public health, biostatistics, statistics, or health

informatics and one year of experience in conducting epidemiological studies, surveillance, or community assessment and planning;

c. Support data collection and analysis for the OMAR plans for the HIA in collaboration with the Mid Cumberland Regional Health Office and relevant partners. The plan should include area specific information and directives on: how to identify a spike in overdoses, review of deidentified sources of state surveillance data used to drive decision making incident command structure, communication networks, and steps to be taken upon spike alert notification. Collaborate with HIA Coordinator to implement a Tabletop exercise in a HIA county to refine the OMAR Plan;

d. Continue to provide epidemiology surveillance and support across the HIA. Provide regular overdose reports to the Middle TN HIA. Collaborate with Mid Cumberland regional HIA Coordinator in reviewing data, identifying trends and hotspots and developing response strategy. Work with the Mid-Cumberland HIA Coordinator to develop and implement regular data to action meetings in HIA counties using deidentified data.

e. Collaborate with HIA Coordinator to provide metrics reporting on bi-monthly basis and incident reporting as needed.

A.6. Service Reporting

a. Number of reports/presentations developed to support data to action meetings;
b. Number of OMAR plan activations;
c. Number and details of equity-focused activities conducted.
d. Narrative detailing successes, challenges and need for technical assistance during the reporting period.

A.7. Service Deliverables. The Grantee shall:

Deliverable	Contract Section	Delivery Date	Report to/Approved by?
Record, maintain, and submit reports/presentations developed	A.5.a.	Quarterly	Report to State
Submit activations of spike alerts	A.5.c	As they occur	Report to state
Create and submit metrics reports in REDCap.	A.5.a-d	Bi-monthly	Report to state

A.8. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 1, is incorporated in this Grant Contract.

A.9. In the event that the Grantee is subject to an audit in accordance with Section D.19. hereunder, the Grantee shall log in to their account on the Edison Supplier Portal to complete the Information for Audit Purposes (IAP) and End of Fiscal Year (EOFY) eForms.

A.10. In the performance of the services under this Grant Contract, the Grantee will collect and maintain data for its own use. The Grantee will not host any information for or on behalf of the State.

B. TERM OF GRANT CONTRACT:

B.1. This Grant Contract shall be effective on September 1, 2025 ("Effective Date") and extend for a period of twelve (12) months after the Effective Date ("Term"). The State shall have no obligation for goods or services provided by the Grantee prior to the Effective Date.

B.2. Renewal Options. This Grant Contract may be renewed upon satisfactory completion of the Term. The State reserves the right to execute up to two (2) renewal options under the same terms and conditions for a period not to exceed twelve (12) months each by the State, at the State's sole option. In no event, however, shall the maximum Term, including all renewals or extensions, exceed a total of sixty (60) months.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed One Hundred Forty-Four Thousand Eight Hundred Dollars ($144,800.00) ("Maximum Liability"). The Grant Budget, attached and incorporated hereto as Attachment 2, shall constitute the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.

C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Kris Dixon, Grant Manager
Overdose Response Coordination Office
Tennessee Department of Health
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Kristina.D.Dixon@tn.gov
Telephone # (615) 490-5011

a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).

(1) Invoice/Reference Number (assigned by the Grantee).
(2) Invoice Date.
(3) Invoice Period (to which the reimbursement request is applicable).
(4) Grant Contract Number (assigned by the State).
(5) Grantor: Department of Health & Overdose Response Coordination Office.

(6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
(7) Grantee Name.
(8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
(9) Grantee Remittance Address.
(10) Grantee Contact for Invoice Questions (name, phone, or fax).
(11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:

i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
ii. The amount reimbursed by Grant Budget line-item to date.
iii. The total amount reimbursed under the Grant Contract to date.
iv. The total amount requested (all line-items) for the Invoice Period.

b. The Grantee understands and agrees to all of the following.

(1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
(2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
(3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
(4) An invoice under this Grant Contract shall be presented to the State within thirty (30) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than thirty (30) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.

C.6. Budget Line-items. Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may vary from a Grant Budget line-item amount by up to twenty percent (20%) of the line-item amount, provided that any increase is off-set by an equal reduction of other line-item amount(s) such that the net result of variances shall not increase the total Grant Contract amount detailed by the Grant Budget. Any increase in the Grant Budget, grand total amounts shall require an amendment of this Grant Contract.

C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit a grant disbursement reconciliation report within thirty (30) days following the end of each quarter and any final invoice and a grant disbursement reconciliation report within forty-five (45) days of the Grant Contract end date, in form and substance acceptable to the State. (Attachment 4)

a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.

b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.

c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.

d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Central Procurement Office Policy Statement 2013-007 or any amendments or revisions made to this policy statement during the Term.

C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities," in accordance with its instructions.

c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Kris Dixon, Grants Manager
Overdose Response Coordination Office
Tennessee Department of Health
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Kristina.D.Dixon@tn.gov
Telephone # (615) 490-5011

or

Kristen Zak, Director
Overdose Response Coordination Office
Tennessee Department of Health
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Kristen.Zak@tn.gov
Telephone # 615-866-7257

The Grantee:

Sanmi Areola PhD, Director of Health
Metropolitan Government of Nashville and Davidson County
2500 Charlotte Avenue
Nashville, TN 37209
Email Address: sanmi.areola@nashville.gov
Telephone # (615) 340-5622

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.11. HIPAA Compliance. As applicable, the State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.

a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.

b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.

c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq*., or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER

TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For

grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment to the Grant Contract. (Attachment 5)

D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.

At least ninety (90) days before the end of its fiscal year, the Grantee shall complete the Information for Audit Purposes ("IAP") form online (accessible through the Edison Supplier portal) to notify the State whether or not Grantee is subject to an audit. The Grantee should submit only one, completed form online during the Grantee's fiscal year. Immediately after the fiscal year has ended, the Grantee shall fill out the End of Fiscal Year ("EOFY") (accessible through the Edison Supplier portal).

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.327 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds ten thousand dollars ($10,000.00).

D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any

lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.

D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.

D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any

remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with the requirements of this Grant Contract and applicable state and federal law. All material, information, and data regardless of form, medium or method of communication, that the Grantee will have access to, acquire, or is provided to the Grantee by the State or acquired by the Grantee on behalf of the State shall be regarded as "Confidential Information." The State grants the Grantee a limited license to use the Confidential Information but only to perform its obligations under the Grant Contract. Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required under state or federal law or otherwise authorized in writing by the State. Grantee shall take all necessary steps to safeguard the confidentiality of such Confidential Information in conformance with the requirements of this Grant Contract and with applicable state and federal law.

As long as the Grantee maintains State Confidential Information, the obligations set forth in this Section shall survive the termination of this Grant Contract.

D.36. State Sponsored Insurance Plan Enrollment. The Grantee warrants that it will not enroll or permit its employees, officials, or employees of contractors to enroll or participate in a state sponsored health insurance plan through their employment, official, or contractual relationship with Grantee unless Grantee first demonstrates to the satisfaction of the Department of Finance and Administration that it and any contract entity satisfies the definition of a governmental or quasigovernmental entity as defined by federal law applicable to ERISA.

E. SPECIAL TERMS AND CONDITIONS:

E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

E.2. Printing Authorization. The Grantee agrees that no publication coming within the jurisdiction of Tenn. Code Ann. § 12-7-101, *et seq*., shall be printed pursuant to this Grant Contract unless a printing authorization number has been obtained and affixed as required by Tenn. Code Ann. § 12-7-103(d).

E.3. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.

E.4. Federal Funding Accountability and Transparency Act (FFATA).

This Grant Contract requires the Grantee to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Grantee is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Grantee provides information to the State as required.

The Grantee shall comply with the following:

a. Reporting of Total Compensation of the Grantee's Executives.

(1) The Grantee shall report the names and total compensation of each of its five most highly compensated executives for the Grantee's preceding completed fiscal year, if in the Grantee's preceding fiscal year it received:

i. 80 percent or more of the Grantee's annual gross revenues from Federal procurement contracts and federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and sub awards); and
ii. $25,000,000 or more in annual gross revenues from federal procurement contracts (and subcontracts), and federal financial assistance subject to the Transparency Act (and sub awards); and
iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), 78o(d)) or § 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.).

As defined in 2 C.F.R. § 170.315, "Executive" means officers, managing partners, or any other employees in management positions.

(2) Total compensation means the cash and noncash dollar value earned by the executive during the Grantee's preceding fiscal year and includes the following (for more information see 17 CFR § 229.402(c)(2)):

i. Salary and bonus.
ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
v. Above-market earnings on deferred compensation which is not tax qualified.
vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

b. The Grantee must report executive total compensation described above to the State by the end of the month during which this Grant Contract is established.

c. If this Grant Contract is amended to extend its term, the Grantee must submit an executive total compensation report to the State by the end of the month in which the amendment to this Grant Contract becomes effective.

a. The Grantee will obtain a Unique Entity Identifier (SAM) and maintain its number for the term of this Grant Contract. More information about obtaining a Unique Entity Identifier can be found at: https://www.gsa.gov.

The Grantee's failure to comply with the above requirements is a material breach of this Grant Contract for which the State may terminate this Grant Contract for cause. The State

will not be obligated to pay any outstanding invoice received from the Grantee unless and until the Grantee is in full compliance with the above requirements.

E.5. Transfer of Grantee's Obligations.
The Grantee shall not transfer or restructure its operations related to this Grant Contract without the prior written approval of the State. The Grantee shall immediately notify the State in writing of a proposed transfer or restructuring of its operations related to this Grant Contract. The State reserves the right to request additional information or impose additional terms and conditions before approving a proposed transfer or restructuring.

E.6. Equal Opportunity. As a condition for receipt of grant funds, the Grantee agrees to comply with 41 C.F. R. § 60-1.4 as that section is amended from time to time during the term.

E. 7. Assistance Listing Number. When applicable, the Grantee shall inform its licensed independent public accountant of the federal regulations that require compliance with the performance of an audit. This information shall consist of the following Assistance Listing Numbers: 93.136 Injury Prevention and Control Research and State and Community Based Programs.

E.8. Information Technology Security Requirements (State Data, Audit, and Other Requirements).

The Grantee shall protect State Data as follows:

The Grantee shall ensure that all State Data is housed in the continental United States, inclusive of backup data. All State data must remain in the United States, regardless of whether the data is processed, stored, in-transit, or at rest. Access to State data shall be limited to US-based (onshore) resources only.

All system and application administration must be performed in the continental United States. Configuration or development of software and code is permitted outside of the United States. However, software applications designed, developed, manufactured, or supplied by persons owned or controlled by, or subject to the jurisdiction or direction of, a foreign adversary, which the U.S. Secretary of Commerce acting pursuant to 15 CFR 7 has defined to include the People's Republic of China, among others are prohibited. Any testing of code outside of the United States must use fake data. A copy of production data may not be transmitted or used outside the United States.

E.9. Americans with Disabilities Act. The Grantee must comply with the Americans with Disabilities Act (ADA) of 1990, as amended, including implementing regulations codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities," and any other laws or regulations governing the provision of services to persons with a disability, as applicable. For more information, please visit the ADA website: http://www.ada.gov.

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____ _____
Director, Metro Public Health Department Date

_____ _____
Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____ _____
Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

_____ _____
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

_____ _____
Metropolitan Attorney Date

FILED:

_____ _____
Metropolitan Clerk Date

DEPARTMENT OF HEALTH:

_____ _____
Ralph Alvarado, MD, FACP Date
Commissioner

ATTACHMENT 1

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM)	Davidson County Health Department
Subrecipient's Unique Entity Identifier (SAM)	LGZLHP6ZHM55
Federal Award Identification Number (FAIN)	NU17CE010208-02-02
Federal award date	12/18/24
Subaward Period of Performance Start and End Date	9/1/2025 - 8/31/2026
Subaward Budget Period Start and End Date	9/1/2025 - 8/31/2026
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.136 Injury Prevention and Control Research and State and Community Based Programs
Grant contract's begin date	9/1/2025
Grant contract's end date	8/31/2026
Amount of federal funds obligated by this grant contract	$144,800.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	$5,343,696.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Overdose Data to Action V.2 in States: Using Surveillance Data to Drive Overdose Prevention and Response in Tennessee
Name of federal awarding agency	Centers for Disease Control and Prevention (CDC)
Name and contact information for the federal awarding official	Natasha Jones, Grants Management Officer Centers for Disease Control and Prevention Mgz2@cdc.gov
Name of pass-through entity	Tennessee Dept. of Health
Name and contact information for the pass-through entity awarding official	Kris Dixon 710 James Robertson Pkwy. – 2nd Floor Nashville, TN 37243 615-490-5011 Kristina.D.Dixon@tn.gov
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	15.13%

ATTACHMENT 2

GRANT BUDGET

(BUDGET PAGE 1)

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY - PUBLIC SAFETY PARTNERSHIPS IN HIGH IMPACT AREAS (HIAS)				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning September 1, 2025, and ending August 31, 2026.				
POLICY 03 Object Line-item Reference	**EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)**	**GRANT CONTRACT**	**GRANTEE PARTICIPATION**	**TOTAL PROJECT**
1	Salaries[2]	$86,600.00	$0.00	$86,600.00
2	Benefits & Taxes	$34,600.00	$0.00	$34,600.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$5,000.00	$0.00	$5,000.00
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$0.00	$0.00	$0.00
11, 12	Travel/ Conferences & Meetings[2]	$400.00	$0.00	$400.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals[2]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$0.00	$0.00	$0.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (15.02% of Salaries & Benefits)	$18,200.00	$0.00	$18,200.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$144,800.00	$0.00	$144,800.00

1 Each expense object line-item is defined by the U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles (posted on the Internet at: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E) and CPO Policy 2013-007 (posted online at https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html).

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

ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES	Monthly Salary		# of Months		% of FTE	AMOUNT
Christopher Johnson, Epidemiologist	$7,213.67	x	12	x	100%	$86,564.04
ROUNDED TOTAL						**$86,600.00**

Travel/ Conferences & Meetings	AMOUNT
Local Travel Mileage ONLY @ an aveage of 50 miles per month	$402.00
ROUNDED TOTAL	**$400.00**

TN Department of Health

Invoice Reimbursement Form

Contract #
Supplier Name
Program Name

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

PO # (Req.) _____

PO Line # (Req.) _____

Receipt # (Req.) _____

Agency Invoice # _____

Edison Contract # _____

Edison Vendor # _____

Edison Address Line # _____

AP Attachment (check if yes) ☐

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

Contract Invoice # _____

Invoice Date _____

Service Start Date _____

Service End Date _____

Contract Start Date _____

Contract End Date _____

Contact Person Name _____

Phone # _____

Remit Payment to:

Business Name _____

Street Address _____ City _____ State _____ ZIP _____

Budget Line Items	(A) Total Contract Budget	(B) Amount Billed YTD	(C) Monthly Expenditures Due
Salaries			
Benefits			
Professional Fee/Grant/Award			
Supplies			
Telephone			
Postage and Shipping			
Occupancy			
Equipment Rental and Maintenance			
Printing and Publications			
Travel/Conferences and Meetings			
Interest			
Insurance			
Specific Assistance to Individuals			
Depreciation			
Other Non-Personnel			
Capital Purchase			
Indirect Costs			
TOTAL	$ 0.00	$ 0.00	$ 0.00

Section 3: Payment Information (to be completed by TDH Program)

Invoice Received Date _____ Invoice Received by (Name) _____

Service Type (Select One): ☐ Medical Services ☐ Non-Medical Services

Speedchart	Department ID	User Code	Project ID	Amount ($)

Total Amount: $ 0.00

Additional Signatures as Required by Program (Not required for processing and payment by F&A Accounts Payable)

_____ Program Signature 1

_____ Program Signature 2

_____ Program Signature 3

Section 4: Authorized Signatures

Contractor/Grantee Authorization

Name: _____

Date: _____

Signature: _____

TDH Program Authorization

Name: _____

Date: _____

Signature: _____

TDH Accounts Authorization

Name: _____

Date: _____

Signature: _____

Section 5: Additional Comments

REPORTING TEMPLATE

Introduction

Reporting Template has three parts:
•Schedule A,
•Schedule B, and
•Schedule C which are Program Expense Reports (PER), Program Revenue Reports (PRR) and Reconciliation Between Total and Reimbursable Expenses and Total Expense Summary Report.
Program Expense Reports (PER), Program Revenue Reports (PRR) and Reconciliation Between Total and Reimbursable Expenses and Total Expense Summary Report including Schedule A-1 and Schedule B-1 must be submitted in the same format/the same column heading each quarter. The final Report (definition can be found in grant contract agreement) must be approved by the contracting state agency.

Schedule Headings

At the top of each schedule, the name of the reporting contractor/grantee and the period covered by the report need to be entered. The period of the report should always be the most recent quarter ended and report programs in the same sequence as the previous quarter.

Column Headings

For each program for Schedule A and B, Contracting State Agency, Program Name, Assistance Listing Number/Program Number, Edison Contract Number, and Grant/Contract Term should be entered. These can be found in the grant contract agreement.
•The Contracting State Agency is for the state agency who awards the grant and initiates the contract agreement.
•The Program Name is the title to describe the program or the title that corresponds to the Federal Assistance Listing number.
•The Assistance Listing Number/Program Name is a number assigned to identify the Federal Assistance Listings under which the subaward was made by the contracting State agency.
•The Edison contract number is the number assigned by the contracting state agency and should include the amendment number, if any. This can be found in the grant contract agreement.
•The grant/contract term is the beginning and ending dates of the grant/contract. This can be found in the grant contract agreement.

Program Columns

Program expense columns (Quarter-To-Date and Year-To-Date) are for reporting direct program expenses. Direct program expenses that benefit more than one program (i.e., allocable-direct costs) may be allocated to the benefitted programs within the expense categories. The cognizant state agency should approve the method used for cost allocations and the contacting state agency should abide by the cost allocation approved by the cognizant state agency.
The Quarter-To-Date column can be used to capture all expenses for the specific quarter. For example, the expenses for the 2nd quarter (from 10/1/22 to 12/31/2022) can be entered in this column.
All accumulated expenses for each program can be entered in Year-To-Date column. For example, if a grantee/organization has entered the expenses for the 2nd quarter in Quarter-To-Date column, all accumulated expenses for the 1st quarter and the 2nd quarter should be entered in Year-To-Date column.

Do not send a worksheet that is linked to another file

E-mail completed files to: policy2013_007.amo.health@tn.gov

or Mailing Address:

Rushdi Eskarous
Tennessee Department of Health
Fiscal Services
6th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

Telephone: 615-741-2974

QUESTIONS:

Angela Sumner: angela.sumner@tn.gov
Rushdi Eskarous: rushdi.eskarous@tn.gov

PROGRAM EXPENSE REPORT (PER) SCHEDULE A

Purpose/Scope

The Program Expense Report (PER Schedule A) contains expenses by the detailed line items and then summarizes by subtotals or total**.** This schedule can be used for any grants received from a state agency or multiple state agencies.

These expenses include direct and allocated direct program expenses in each line item. Per 2 CFR Part 200.413, direct costs are those costs that can be identified specifically with a particular final cost objective, such as a grant, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Per 2 CFR Part 200.405, allocable direct costs are those that benefit more than one program, but do not fall under the criteria of indirect costs.

Except for depreciation, every expense reported in Lines 1 through 21 must represent an actual cash disbursement or accrual (as defined in the Basis for Reporting Expenses/Expenditures section on page 1 of this instructions). If more than two programs (e.g., four programs), complete multiple Schedule As to report all four program expenses.

Instruction for Expenses by Object Line-Items

Line 1 Salaries and Wages

Enter the amount of compensation, fees, salaries, bonuses, severance payments, and wages paid to program directors, program managers/staffs, and employees.

References:
- 2 CFR Part 200.430
- Form 990 Part IX line 5, 7

Line 2 Employee Benefits & Payroll Taxes

Enter (a) the grantee's/organization's contributions to pension plans and to employee benefit programs such as health, life, and disability insurance; and (b) the grantee's/organization's portion of payroll taxes such as social security, Medicare taxes, and unemployment and workers' compensation insurance.

References:
- 2 CFR Part 200.431
- Form 990 Part IX lines 8, 9, 10

Line 3 Total Personnel Expenses

Add lines 1 Salaries and Wages and 2 Employee Benefits & Payroll Taxes.

Line 4 Professional Fees

Enter the costs/fees of professionals, consultants, and personal-service contractors who are not officers or employees of the grantee/organization. These include legal, accounting, and auditing fees.

References:

2 CFR Part 200.459
Form 990 Part IX line 11

Line 5 Supplies

Enter the grantee's/organization's expenses for office supplies, housekeeping supplies, and other supplies.

References:
2 CFR Part 200.453
Form 990 Part IX line 13

Line 6 Telecommunication

Enter the grantee's/organization's expenses for telephone, cellular phones, beepers, telegram, FAX, telephone equipment maintenance, internet, cloud servers, and other related expenses.

References:
2 CFR Part 200.471
Form 990 Part IX line 13

Line 7 Postage and Shipping

Enter the grantee's/organization's expenses for postage, messenger services, overnight delivery, outside mailing service fees, freight and trucking, and maintenance of delivery and shipping vehicles. Include vehicle insurance here or on line 14.

References:
2 CFR Part 200.474
Form 990 Part IX line 13

Line 8 Occupancy

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

References:
2 CFR Part 200.465
Form 990 Part IX line 16

Line 9 Equipment Rental and Maintenance

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

References:
2 CFR Part 200.452
Form 990 Part IX line 13

Line 10 Printing and Publications

Enter the grantee's/organization's expenses for producing printed materials, purchasing books and publications, buying subscriptions to publications, publication costs for electronic and print media, and page charges for professional journal publications.

References:
- 2 CFR Part 200.461
- Form 990 Part IX line 13

Line 11 Travel

Enter the grantee's/organization's expenses for airfare, transportation, meals and lodging, subsistence, and related items incurred by employees on official business of the organization. These costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, consistent with those normally allowed in like circumstances in the organization's non-federal/state-funded activities and in accordance with organization's written travel reimbursement policies. Include gas and oil, repairs, licenses and permits, and leasing costs for company vehicles. Include travel expenses for meetings and conferences. Include vehicle insurance here or on line 14.

If an organization does not have the written travel reimbursement policies, they may use the State Travel policy which is:

F&A Policy 08 Comprehensive State Travel Regulations.

References:
- 2 CFR Part 200.475
- Form 990 Part IX line 17

Line 12 Conference and Meetings

Enter the grantee's/organization's expenses for conducting or attending meetings, conferences, seminars, retreats, and conventions including registration fees. When host of conference, include rental of facilities, speakers' fees and expenses, costs of meals and refreshment (food and beverages), and printed materials for the conference.

References:
- 2 CFR Part 200.432
- Form 990 Part IX line 19

Line 13 Interest

Enter the interest expense for the business related loans and interest costs that are related to capital leases on equipment, trucks and automobiles, and other notes and loans. Do not include mortgage interest reportable on line 8.

References:
- 2 CFR Part 200.449
- Form 990 Part IX line 20

Line 14 Insurance

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

References:
2 CFR Part 200.447
Form 990 Part IX line 23

Line 15 Grants and Awards

Enter the grantee's/organization's awards, grants, subsidies, and other pass-through expenditures to other organizations. Include allocations to affiliated organizations. Include in- kind grants to other organizations. Include scholarships, tuition payments, travel allowances, and equipment allowances to clients. These expenses will not include when calculating Administrative Expense in line 22.

References:
2 CFR Part 200.1
Form 990 Part IX line 1

Line 16 Specific Assistance to Individuals

Enter the grantee's/organization's direct payment for expenses of clients, patients, and individual beneficiaries. Include such expenses as medicines, medical and dental fees, children's board, food and homemaker services, clothing, transportation, insurance coverage, scholarships, fellowships, stipends, research grants, wage supplements, and similar payments.

References:
2 CFR Part 200.456
Form 990 Part IX line 2

Line 17 Depreciation

Enter the expenses the grantee's/organization's records for depreciation (the method for allocating the cost of fixed assets to periods benefitting from asset use) of equipment, buildings, leasehold improvements, and other depreciable fixed assets.

References:
2 CFR Part 200.436
Form 990 Part IX line 22

Line 18 Other Nonpersonnel Expenses

Enter the grantee's/organization's allowable expenses for Advertising, Information Technology, Bad Debts, Contingency Provisions, Fines and Penalties, Independent Research and Development, Organization Costs, Rearrangement and Alteration, Recruiting, and Taxes. Include the Organization's and Employees' Membership Dues in Associations and Professional Societies. Include other fees for the Organization's Licenses, Permits, and Registrations, etc.

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

a) Advertising:

Enter expenses paid for advertising. Include amounts for print and electronic media advertising. Also include internet site link costs, signage costs, and advertising costs for the organization's in-house fundraising campaigns.

References:
2 CFR Part 200.421
Form 990 Part IX line 12

b) Information Technology:

Enter expenses for information technology, including hardware, software, and support services such as maintenance, help desk, and other technical support services. Also include expenses for infrastructure support, such as website design and operations, virus protection and other information security programs and services to keep the organization's website operational and secured against unauthorized and unwarranted intrusions, and other information technology contractor services.

References:
2 CFR Part 200.1
Form 990 Part IX line 14

c) Bad Debts:

Enter expense amounts for losses (whether actual or estimated) arising from uncollectable accounts and other claims, related collection costs, and related legal costs.

References:
2 CFR Part 200.426
Form 990 Part IX line 24

d) Contingency Provisions:

Enter expense amounts for contributions to a contingency reserve or any similar provision made for events the occurrence of which cannot be foretold with certainty as to time, intensity, or with an assurance of their happening.

References:
2 CFR Part 200.433
Form 990 Part IX line 24

e) Fines and Penalties:

Enter costs of fines and penalties resulting from violations of, or failure of the organization to comply with Federal, State, and local laws and regulations except when incurred as a result of compliance with specific provisions of an award or instructions in writing from the awarding agency.

References:
2 CFR Part 200.441
Form 990 Part IX line 24

f) Independent Research and Development:

Enter the expenses of all research activities, including the training of individuals in research techniques.

References:
2 CFR Part 200.1
Form 990 Part IX line 24

g) Organization Costs:

Enter expenses such as incorporation fees, brokers' fees, fees to promoters, and organizers.

References:
2 CFR Part 200.455
Form 990 Part IX line 24

h) Rearrangement and Alteration:

Enter expenses incurred for ordinary or normal rearrangement and alteration of facilities. Include the expenses incurred in the restoration or rehabilitation of the organization's facilities.

References:
2 CFR Part 200.462
Form 990 Part IX line 24

i) Recruiting:

Enter expenses for recruiting staff and maintaining workload requirements, costs of "help wanted" advertising, operating costs of an employment office necessary to secure and maintain an adequate staff, costs of operating an aptitude and educational testing program and relocation costs incurred incident to recruitment of new employees.

References:
2 CFR Part 200.463
Form 990 Part IX line 24

j) Taxes:

Enter expenses for payment of taxes to the local government or state.

References:
2 CFR Part 200.470
Form 990 Part IX line 24

k) Organization's and Employee's Membership Dues in Associations and Professional Societies:

Enter expenses of the organization's membership or subscriptions in business, technical, and professional organizations.

References:
2 CFR Part 200.454
Form 990 Part IX line 24

Line 19 Total Nonpersonnel Expenses

Add lines 4 Professional Fees through 18 Other Non-personnel Expenses.

Line 20 Reimbursable Capital Purchases

Enter the organization's purchases of fixed assets. Include land, equipment, buildings, leasehold improvements, and other fixed assets.

References:

2 CFR Part 200.439

Form 990 Par X line 10a or Schedule D Part VI

Line 21 Total Direct Program Expenses

Add Line 3 Total Personnel Expenses, and Line 19 Total Non-personnel Expenses, and Line 20 Reimbursable Capital Purchases. These expenses are the summary of the direct and allocated direct program expenses that entered in Line 1 Salaries and Wages through Line 20 Reimbursable Capital Purchases.

Reference:

2 CFR Part 200.405 2 CFR Part 200.413

Form 990 Part IX, column B

Line 22 Administrative Expenses

The distribution will be made in accordance with an allocation plan approved by your cognizant state agency. Pass-through funds (Line 15 Grants and Awards) are not included when computing administrative expenses.

References:

2 CFR Part 200.414

Form 990 Part IX, Column C

Line 23 Total Direct Program and Administrative Expenses

Line 23 is the total of Line 21 Total Direct Program Expenses and Line 22 Administrative Expenses. Total Direct Program and Administrative Expenses (Line 23) Year To Date (if quarter end 3/31/2023) should agree with Total of YTD (Year To Date) Actual Expenditures Through 3/31/2023 (Column E) of the Invoice for Reimbursement.

Line 24 In-Kind Expenses

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

References:

2 CFR Part 200.434

Form 990 Part XI line 6

Line 25 Total Program Expenses

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

PROGRAM EXPENSE REPORT (PER) SCHEDULE A-Q1-Q4

Purpose/Scope

This template tracks expenses for all the quarters and summarizes in the Year-To-Date column. The Year-To-Date column can be linked to Year-To-Date column of the Schedule A.

Additionally, this schedule provides the Grant Budget Amount (from grant contract agreement) column and the Over/(Under) Budget Amount column which compares cumulative Year-To-Date expenses to Grant Budget Amount.

Instruction for Expenses by Object Line-Items

The instructions for expense line items are the same as Schedule A.

PROGRAM REVENUE REPORT AND RECONCILIATION BETWEEN TOTAL PROGRAM AND REIMBURSABLE EXPENSES SCHEDULE B

Purpose/Scope

Program Revenue Report (PRR) and Reconciliation Between Total and Reimbursable Expenses, Schedule B, are intended to capture all revenue by the detailed source and reconcile total program expenses and reimbursable expenses. Each revenue column should match up with the Edison Contract Number and the Program Name from Schedule A and align with its corresponding expense column from the Schedule A. The Reconciliation of Total Program Expenses And Reimbursable Expenses, at the bottom of Schedule B, should be completed to show how Total Program Expenses (Line 51 of Schedule B or Line 25 of Schedule A) reconciles to the amount to be reimbursed.

If multiple programs exist, additional copies of the Schedule B can be used to enter all Program Revenue and Reconciliation Between Total and Reimbursable Expenses.

Additional supplemental schedules showing the Sources of Revenue in the aggregations may be attached, if needed. The contracting state agency may provide more guidance in the grant contract agreement.

Instruction for Sources of Revenue

• Reimbursable Program Funds

Line 31 Reimbursable Federal Program Funds

Enter the portion of Total Direct Program & Administrative Expenses reported on Line 23 of the Schedule A that are reimbursable from the Federal program funds.

Reference:
Form 990 Part VIII 1e

Line 32 Reimbursable State Program Funds

Enter the portion of Total Direct Program & Administrative Expenses reported on Line 23 of the Schedule A that are reimbursable from the state program funds.

Reference:
Form 990 Part VIII 1e

Line 33 Total Reimbursable Program Funds

Add Line 31 Reimbursable Federal Program Funds and Line 32 Reimbursable State Program Funds.

• Matching Revenue Funds

Note: matching requirements can be found in the grants contact agreement for the grants received from the contracting state agency.

Line 34 Other Federal Funds

Enter the matching portion (the grantee portion) of the program costs that will be covered by other Federal fund sources.

Reference:
Form 990 Part VIII 1e

Line 35 Other State Funds

Enter the matching portion (the grantee portion) of the program costs that will be covered by other State fund source.

Reference:
Form 990 Part VIII 1e

Line 36 Other Government Funds

Enter the matching portion (the grantee portion) of the program costs that will be covered by other government fund source.

Reference:
Form 990 Part VIII 1e

Line 37 Cash Contributions (Nongovernment)

Enter the matching portion (the grantee portion) of the cash contributions that were received from corporations, foundations, trusts, and individuals, United Ways, other not-for-profit organizations, and affiliated organizations. This is only applicable when the grantee has received contributions from above donors for this program and this is included as expense line-items of the Schedule A.

References:
Form 990 Part VIII 1f

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

Enter the matching portion (the grantee portion) of the direct and administrative in-kind contributions.

Approval and guidelines for valuation and reporting of in-kind contributions will be specified by those grantor agencies who allow their use toward program purposes.

References:
Form 990 Part VIII line 1f and Part XI line 6

Line 39 Program Income

Enter the matching portion (the grantee portion) of program income. For example, income from fees for services performed.

Reference:
Form 990 Part VIII line 2a to 2f

Line 40 Other Matching Revenue

Enter the matching portion of other revenues that are not included in lines 34 through 39.
References:
Form 990 Part VIII 3 through 11e

Line 41 Total Matching Revenue Funds

Add lines 34 through 40.

Line 42 Other Program Funds

Enter any other program revenues that are funded by the contracting state agency but are not reported as matching revenue funds on Line 41 Total Matching Revenue Funds. Example of this can be in-kind expenses (Line 24 of Schedule A), if any.

References:
Form 990 Part VIII 1a through 11e

Line 43 Total Revenue

Add lines 33, 41, and 42.
References:
Form 990 Part VIII 12

Instruction for Reconciliation Between Total and Reimbursable Expenses

Line 51 Total Program Expenses

This line is brought forward from Line 25 Total Program Expenses on Schedule A.

Line 52 Other Unallowable Expenses

Enter amount for Other Unallowable Expenses here. Some program expenses may not be reimbursable under certain grants. Example of this can be the in-kind expenses which is non-cash item. This will vary according to the contracting state agency and the type of grant or contract. Consult with the contracting state agency that funds the program for additional guidelines.

Line 53 Excess Administration

This line may be used to deduct allocated Administration and General expenses (indirect costs) in excess of the allowable percentage specified in the grant contract agreement or the indirect cost rate that is approved by the cognizant State agency. This line may also be used to deduct an adjustment resulting from limitations on certain components of Administration and General expenses. Consult with the contracting state agency that funds the program for additional guidelines.

Line 54 Matching Expenses

Total program expenses should be deducted from matching (cost sharing) expenses required by the program compliance. This portion can be a specified as an amount or percentage to match the federal award. Program income (e.g., user fees or rental of real property) can be deducted from matching portion.

Line 55 Reimbursable Expense (Line 51 Less Lines 52, 53, And 54)

This should equal the amount the contracting state agency has already paid for the quarter's operations of the program. The cumulative Year-To-Date column is what the grantor has actually paid to date if the organization has submitted the invoice and reimbursed monthly.

Line 56 Total Reimbursement To Date

The Quarter-to-Date column is the total amounts received for this quarter from filing of Invoices for Reimbursement (usually monthly). The cumulative Year-to-Date column amount is the total amount received for the grant program.

Line 57 Difference (Line 55 minus Line 56)

This is the portion of Reimbursable Expenses that are not paid yet. If a grantee submits a monthly invoice for reimbursement and reimbursement has been received, this will be zero.

Line 58 Advances

Any advance payments from the contracting state agency should appear on this line. Most of time, the contracting state agency will not pay the expenses in advance.

Line 59 This Reimbursement (Line 57 minus 58)

The remainder should be the amount due under the grant contract. Request for reimbursement is made through the invoicing process and not through filing of the quarterly or annual report. Any amounts showing here needed to be included in the invoice for reimbursement.

NONGRANT EXPENSE REPORT (NER)
NONGRANT REVENUE REPORT (NRR) AND
RECONCILIATION BETWEEN TOTAL NONGRANT AND REIMBURSABLE EXPENSES
SCHEDULE A-1, SCHEDULE A-1-Q1-Q4, and SCHEDULE B-1

Purpose/Scope

These schedules may be used for the nongrants/unallowable expenses that are not reimbursed/will not be reimbursed by the contracting state agencies.

These schedules should be completed to reconcile expenses per the Total Expense Summary Report (Schedule C) to the trial balance/general ledger when the nongrants/unallowable expenses exist in the grantee's books.

Instruction for Schedules A-1, A-1-Q1-Q4, and B-1

The instruction for these schedules A-1, A-1-Q1-Q4, and B-1 are the same as the instructions for Schedule A and B except these expenses will not be reimbursed by the contracting state agency.

Heading sections may be entered as N/A if this heading is not applicable for Nongrant/Unallowable Expense or Revenue.

TOTAL EXPENSE SUMMARY REPORT
Schedule C

Purpose/Scope

The Total Expense Summary Report is intended to recap all the direct program expenses in one column, separately identify nongrant/unallowable expenses, and total administrative expenses in other columns, as well as a grand total of all the expenses of the grantee. The amounts in Grand Total Year-to-Date column should tie to the general ledger/trial balance of the grantee/organization.

Schedule C should be only one schedule regardless if there are multiple Schedule As and Bs. The grantee will complete all the schedules at one time and will submit the same schedule to the multiple contracting state agencies if the grantee has received awards from the multiple state agencies.

Instruction for Expenses by Object Line-Items

The object line-items are the same as Schedule A. See each line-item instruction in Schedule A.

Instruction for Columns

Total Direct Program Expenses Column

This column is the summary of all the individual programs' cumulative year to date expenses as identified separately under the respective program names in Schedule A.

Total Nongrant/Unallowable Expenses Column

The nongrant/unallowable expense column includes the following expenses:

I. The cumulative year-to-date expenses for all other programs that are not funded by the contracting state agency/agencies.

II. The cumulative year-to-date expenses for fund-raising activities, if any.

III. Other cumulative year-to-date expenses that are not allowable for reimbursement according to the terms of the grants or the Federal guidance.

Total Administrative Expenses Column

The administrative expenses column is for categorizing the cumulative year-to-date administrative expenses into the Expense by Object. Total Direct Program Expenses (line 21) of this column is the sum of all the line 21s. Line 22 of this column will make line 21 amount to be a credit amount so that Total Direct and Administrative Expenses is showing zero since these expenses are already claimed in columns Total Direct Program Expenses Year-To-Date and Total Nongrant/Unallowable Expenses Year-To-Date.

Grand Total Column

The Grand Total column contains all the cumulative year-to-date expenses for the entire reporting organization. The Grant Total Year-to-Date expenses must be traceable to the reporting organization's general ledger or trial balance.

STATE OF TENNESSEE
PROGRAM EXPENSE REPORT

Schedule A | **Page # of # Pages:**

Contractor/Grantee Name: | **Report Period:**

Contracting State Agency:		
Program Name:	A	B
Assistance Listing Number/Program Number:		
Edison Contract Number:		
Grant/Contract Term:		

Line Item #	Expense By Object	Quarter To Date	Year To Date	Quarter To Date	Year To Date
1	Salaries and Wages		0.00		0.00
2	Employee Benefits & Payroll Taxes		0.00		0.00
3	**Total Personnel Expenses**	0.00	0.00	0.00	0.00
4	Professional Fees		0.00		0.00
5	Supplies		0.00		0.00
6	Telecommunication		0.00		0.00
7	Postage and Shipping		0.00		0.00
8	Occupancy		0.00		0.00
9	Equipment Rental and Maintenance		0.00		0.00
10	Printing and Publications		0.00		0.00
11	Travel		0.00		0.00
12	Conferences and Meetings		0.00		0.00
13	Interest		0.00		0.00
14	Insurance		0.00		0.00
15	Grants and Awards		0.00		0.00
16	Specific Assistance to Individuals		0.00		0.00
17	Depreciation		0.00		0.00
18	Other Non-personnel Expenses: (list details in a-d)				
	a		0.00		0.00
	b		0.00		0.00
	c		0.00		0.00
	d		0.00		0.00
19	**Total Non-personnel Expenses**	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases		0.00		0.00
21	**Total Direct Program Expenses**	0.00	0.00	0.00	0.00
22	Administrative Expenses		0.00		0.00
23	**Total Direct and Administrative Expenses**	0.00	0.00	0.00	0.00
24	In-Kind Expenses		0.00		0.00
25	**Total Program Expenses**	0.00	0.00	0.00	0.00

STATE OF TENNESSEE
PROGRAM EXPENSE REPORT

Schedule A-Q1-Q4 **Page # of # Pages:**

Contractor/Grantee Name: **Report Period:**

Contracting State Agency:
Program Name: A
Assistance Listing Number/Program Number:
Edison Contract Number:
Grant/Contract Term:

Line Item #	Expense By Object	1 Quarter	2 Quarter	3 Quarter	4 Quarter	Year To Date	Grant Budget Amount (From Contract Agreement)	Over/(Under) Budget Amount
1	Salaries and Wages					0.00		0.00
2	Employee Benefits & Payroll Taxes					0.00		0.00
3	**Total Personnel Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Professional Fees					0.00		0.00
5	Supplies					0.00		0.00
6	Telecommunication					0.00		0.00
7	Postage and Shipping					0.00		0.00
8	Occupancy					0.00		0.00
9	Equipment Rental and Maintenance					0.00		0.00
10	Printing and Publications					0.00		0.00
11	Travel					0.00		0.00
12	Conferences and Meetings					0.00		0.00
13	Interest					0.00		0.00
14	Insurance					0.00		0.00
15	Grants and Awards					0.00		0.00
16	Specific Assistance to Individuals					0.00		0.00
17	Depreciation					0.00		0.00
18	Other Non-personnel Expenses: (list details in a-d)							0
	a					0.00		0.00
	b					0.00		0.00
	c					0.00		0.00
	d					0.00		0.00
19	**Total Non-personnel Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases					0.00		0.00
21	**Total Direct Program Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	Administrative Expenses					0.00		0.00
23	**Total Direct and Administrative Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	In-Kind Expenses					0.00		0.00
25	**Total Program Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATE OF TENNESSEE

NONGRANT/UNALLOWABLE EXPENSE REPORT

Schedule A-1 | **Page # of # Pages:**

Contractor/Grantee Name: | **Report Period:**

Contracting State Agency:		
Program Name:	A	B
Assistance Listing Number/Program Number:		
Edison Contract Number:		
Grant/Contract Term:		

Line Item #	Expense By Object	Quarter To Date	Year To Date	Quarter To Date	Year To Date
1	Salaries and Wages		0.00		0.00
2	Employee Benefits & Payroll Taxes		0.00		0.00
3	**Total Personnel Expenses**	0.00	0.00	0.00	0.00
4	Professional Fees		0.00		0.00
5	Supplies		0.00		0.00
6	Telecommunication		0.00		0.00
7	Postage and Shipping		0.00		0.00
8	Occupancy		0.00		0.00
9	Equipment Rental and Maintenance		0.00		0.00
10	Printing and Publications		0.00		0.00
11	Travel		0.00		0.00
12	Conferences and Meetings		0.00		0.00
13	Interest		0.00		0.00
14	Insurance		0.00		0.00
15	Grants and Awards		0.00		0.00
16	Specific Assistance to Individuals		0.00		0.00
17	Depreciation		0.00		0.00
18	Other Non-personnel Expenses: (list details in a-d)				
a			0.00		0.00
b			0.00		0.00
c			0.00		0.00
d			0.00		0.00
19	**Total Non-personnel Expenses**	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases		0.00		0.00
21	**Total Direct Nongrant Expenses**	0.00	0.00	0.00	0.00
22	Administrative Expenses		0.00		0.00
23	**Total Direct Nongrant and Administrative Expenses**	0.00	0.00	0.00	0.00
24	In-Kind Expenses		0.00		0.00
25	**Total Nongrant Expenses**	0.00	0.00	0.00	0.00

Revised 09/x/2023

STATE OF TENNESSEE

NONGRANT/UNALLOWABLE EXPENSE REPORT

Schedule A-1-Q1-Q4 **Page # of # Pages:**

Contractor/Grantee Name: **Report Period:**

Contracting State Agency:

Program Name: A

Assistance Listing Number/Program Number:

Edison Contract Number:

Grant/Contract Term:

Line Item #	Expense By Object	1 Quarter	2 Quarter	3 Quarter	4 Quarter	Year To Date	Grant Budget Amount (From Contract Agreement)	Over/(Under) Budget Amount
1	Salaries and Wages					0.00		0.00
2	Employee Benefits & Payroll Taxes					0.00		0.00
3	**Total Personnel Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Professional Fees					0.00		0.00
5	Supplies					0.00		0.00
6	Telecommunication					0.00		0.00
7	Postage and Shipping					0.00		0.00
8	Occupancy					0.00		0.00
9	Equipment Rental and Maintenance					0.00		0.00
10	Printing and Publications					0.00		0.00
11	Travel					0.00		0.00
12	Conferences and Meetings					0.00		0.00
13	Interest					0.00		0.00
14	Insurance					0.00		0.00
15	Grants and Awards					0.00		0.00
16	Specific Assistance to Individuals					0.00		0.00
17	Depreciation					0.00		0.00
18	Other Non-personnel Expenses: (list details in a-d)							0.00
	a					0.00		0.00
	b					0.00		0.00
	c					0.00		0.00
	d					0.00		0.00
19	**Total Non-personnel Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases					0.00		0.00
21	**Total Direct Nongrant Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22	Administrative Expenses					0.00		0.00
23	**Total Direct Nongrant and Administrative Exp**	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	In-Kind Expenses					0.00		0.00
25	**Total Nongrant Expenses**	0.00	0.00	0.00	0.00	0.00	0.00	0.00

STATE OF TENNESSEE
PROGRAM REVENUE REPORT AND
RECONCILIATION BETWEEN TOTAL PROGRAM AND REIMBURSABLE EXPENSES

Schedule B **Page # of # Pages:**

Contractor/Grantee Name: **Report Period:**

Contracting State Agency:		
Program Name:	A	B
Assistance Listing Number/Program Number:		
Edison Contract Number:		
Grant/Contract Term:		

Line Item #	Sources Of Revenue	Quarter To Date	Year To Date	Quarter To Date	Year To Date
	Reimbursable Program Funds:				
31	Reimbursable Federal Program Funds (Line 23)				
32	Reimbursable State Program Funds (Line 23)				
33	**Total Reimbursable Program Funds (equals line 55)**	0.00	0.00	0.00	0.00
	Matching Revenue Funds:				
34	Other Federal Funds				
35	Other State Funds				
36	Other Government Funds				
37	Cash Contributions (non-government)				
38	In-Kind Contributions (equals line 24)	0.00	0.00	0.00	0.00
39	Program Income				
40	Other Matching Revenue				
41	**Total Matching Revenue Funds (lines 34 - 40)**	0.00	0.00	0.00	0.00
42	Other Program Funds				
43	**Total Revenue (lines 33, 41, & 42)**	0.00	0.00	0.00	0.00
	Reconciliation Between Total and Reimbursable Expenses				
51	Total Program Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 minus lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 minus line 56)	0.00	0.00	0.00	0.00
58	Advances				
59	This reimbursement (line 57 minus line 58)	0.00	0.00	0.00	0.00

STATE OF TENNESSEE
NONGRANT/UNALLOWABLE REVENUE REPORT AND
RECONCILIATION BETWEEN TOTAL AND REIMBURSABLE EXPENSES

Schedule B-1 **Page # of # Pages:**

Contractor/Grantee Name: **Report Period:**

Contracting State Agency:		
Program Name:	A	B
Assistance Listing Number/Program Number:		
Edison Contract Number:		
Grant/Contract Term:		

Line Item #	Sources Of Revenue	Quarter To Date	Year To Date	Quarter To Date	Year To Date
	Reimbursable Nongrant Funds:				
31	Reimbursable Federal Program Funds (Line 23)				
32	Reimbursable State Program Funds (Line 23)				
33	**Total Reimbursable Nongrant Funds (equals line 55)**	0.00	0.00	0.00	0.00
	Matching Revenue Funds:				
34	Other Federal Funds				
35	Other State Funds				
36	Other Government Funds				
37	Cash Contributions (non-government)				
38	In-Kind Contributions (equals line 24)	0.00	0.00	0.00	0.00
39	Program Income				
40	Other Matching Revenue				
41	**Total Matching Revenue Funds (lines 34 - 40)**	0.00	0.00	0.00	0.00
42	Other Program Funds				
43	**Total Revenue (lines 33, 41, & 42)**	0.00	0.00	0.00	0.00
	Reconciliation Between Total and Reimbursable Expenses				
51	Total Nongrant Expenses (line 25)	0.00	0.00	0.00	0.00
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)	0.00	0.00	0.00	0.00
55	Reimbursable Expenses (line 51 minus lines 52,53,54)	0.00	0.00	0.00	0.00
56	Total Reimbursement To Date				
57	Difference (line 55 minus line 56)	0.00	0.00	0.00	0.00
58	Advances				
59	This reimbursement (line 57 minus line 58)	0.00	0.00	0.00	0.00

STATE OF TENNESSEE
TOTAL EXPENSE SUMMARY REPORT

Schedule C **Page # of # Pages:**

Contractor/Grantee Name: **Report Period:**

Line Item #	Expense By Object	Total Direct Program Expenses Year To Date	Total Nongrant/Unallowable Expenses Year To Date	Total Administrative Expenses Year To Date	Grand Total Year To Date
1	Salaries and Wages	0.00			0.00
2	Employee Benefits & Payroll Taxes	0.00			0.00
3	**Total Personnel Expenses**	0.00	0.00	0.00	0.00
4	Professional Fees	0.00			0.00
5	Supplies	0.00			0.00
6	Telecommunication	0.00			0.00
7	Postage and Shipping	0.00			0.00
8	Occupancy	0.00			0.00
9	Equipment Rental and Maintenance	0.00			0.00
10	Printing and Publications	0.00			0.00
11	Travel	0.00			0.00
12	Conferences and Meetings	0.00			0.00
13	Interest	0.00			0.00
14	Insurance	0.00			0.00
15	Grants and Awards	0.00			0.00
16	Specific Assistance to Individuals	0.00			0.00
17	Depreciation	0.00			0.00
18	Other Non-personnel Expenses: (list details in a-d)				
	a	0.00			0.00
	b	0.00			0.00
	c	0.00			0.00
	d	0.00			0.00
19	**Total Non-personnel Expenses**	0.00	0.00	0.00	0.00
20	Reimbursable Capital Purchases	0.00			0.00
21	**Total Direct Program Expenses**	0.00	0.00	0.00	0.00
22	Administrative Expenses	0.00			0.00
23	**Total Direct and Administrative Expenses**	0.00	0.00	0.00	0.00
24	In-Kind Expenses	0.00			0.00
25	**Total Expenses**	0.00	0.00	0.00	0.00

Attachment 5

Annual (Final) Report*

1. **Grantee Name:**
2. **Grant Contract Edison Number:**
3. **Grant Term:**
4. **Grant Amount:**
5. **Narrative Performance Details:** *(Description of program goals, outcomes, successes and setbacks, benchmarks or indicators used to determine progress, any activities that were not completed)*

Submit one copy to:

Kris Dixon, Grants Manager and Financial Manager, Overdose Response Coordination Office (ORCO), TN Department of Health;

Ralph Alvarado, MD, FACP, Commissioner, TN Department of Health; and

fa.audit@tn.gov, **TN Department of Finance and Administration**

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8911433
Federal Award Date: 05/07/2025

Recipient Information

1. Recipient Name
Metro Public Health Department of Nashville/Davidson County
2500 Charlotte Ave
Nashville, TN 37209-4129

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A7

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Beverly Glaze-Johnson
beverly.glaze-johnson@nashville.gov
(615)340-8605

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehaffey
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
MMehaffey@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Jonathon Fenner
HIV/AIDS Bureau (HAB)
jfenner@hrsa.gov
(301) 443-4251

Federal Award Information

11. Award Number
6 H89HA11433-17-01

12. Unique Federal Award Identification Number (FAIN)
H8911433

13. Statutory Authority
42 U.S.C. § 300ff-11-20 and § 300ff-121

14. Federal Award Project Title
Ryan White Part A HIV Emergency Relief Grant Program

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2025 - End Date 02/28/2026	
20. Total Amount of Federal Funds Obligated by this Action	$1,261,658.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$0.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$2,119,379.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$2,119,379.00
26. Project Period Start Date 03/01/2025 - End Date 02/29/2028	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$2,119,379.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Karen Mayo on 05/07/2025

30. Remarks

This award consists of the following amounts:
FY25 FRML - $1,978,343
FY25 MAI - $141,036
Total Funding - $2,119,379

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H89HA11433-17-01
Federal Award Date: 05/07/2025

HIV/AIDS Bureau (HAB)

31. 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:	$2,119,379.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$0.00
	i. Indirect Cost Federal Share:	$0.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$2,119,379.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$2,119,379.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$2,119,379.00**
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 Award(s) This Budget Period	$857,721.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$1,261,658.00**

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

YEAR	TOTAL COSTS
18	$1,261,658.00
19	$1,261,658.00

34. 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 Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:
a. The program authorizing statue and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 377RA25	93.914	25H89HA11433	$1,177,667.00	$0.00	FRML	25H89HA11433
25 - 377RA24	93.914	25H89HA11433	$83,991.00	$0.00	MAI	25H89HA11433

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. At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2024 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 2025 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
2. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
   This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
   Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).

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

Contacts

NoA Email Address(es):

Name	Role	Email
Beverly Glaze-Johnson	Program Director	beverly.glaze-johnson@nashville.gov
Emily Bradberry	Business Official	emily.bradberry@nashville.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (https://pms.psc.gov/).

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____	_____
Director, Metro Public Health Department	Date
_____	_____
Chair, Board of Health	Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____	_____
Director, Department of Finance	Date

APPROVED AS TO RISK AND INSURANCE:

_____	_____
Director of Risk Management Services	Date

APPROVED AS TO FORM AND LEGALITY:

_____	_____
Metropolitan Attorney	Date
_____	_____
Metropolitan Mayor	Date

ATTEST:

_____	_____
Metropolitan Clerk	Date

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
ASMT, INC. dba AUTISM TENNESSEE

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and ASMT, Inc. dba Autism Tennessee, ("Recipient"), is for the provision of the South Nashville Community Safety program, as further defined in the "SCOPE OF PROGRAM". Attachments A through H are incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will assist the Metro Public Health Department in implementing a program focusing on providing peer support and therapy and engaging and supporting youth.

The purpose of this project is to expand the reach and impact of the Recipients teen and adult programs in the South Nashville area; to enhance the program agenda by adding diverse group activities and educational events for autistic individuals; and, to ensure effective daily management of the programs, including coordination of events, volunteer oversight, participant support, and social media monitoring.

The Recipient will use the funds to pay a portion of the salaries for all individuals participating in running the programs and to achieve the following outcomes:

- Expanded Program Reach:
  1) Recipient will expand its service reach to engage a minimum of 2,640 autistic youth and 5,280 autistic adults annually in South Nashville
  2) Outreach initiatives will be implemented to increase awareness of Autism TN's services, ensuring that a broad segment of the community is informed and actively participating in program offerings.
- Diverse and Engaging Activities:
  1) Recipient will design and deliver a variety of activities tailored to meet the interests and needs of participants.
  2) Outdoor and Recreational Activities: Opportunities such as hiking, gardening, and nature-based programs.
  3) Physical and Mindfulness Programs: Yoga and movement classes that cater to sensory preferences and physical comfort.
  4) Creative and Artistic Activities: Art classes, nature-focused crafts, and other creative workshops that encourage self-expression and engagement.
  5) All activities will be structured to foster social connections, promote learning, and enhance the overall well-being of autistic participants.
- Supportive Community Environment:
  1) Recipient will cultivate a safe, inclusive, and welcoming environment where autistic youth and adults feel valued, supported, and connected.
  2) Programs will prioritize community-building, aiming to create a sense of belonging and respect for all participants, and ensuring a supportive experience within each activity.
- Program Management and Support:

1) Operational Management: Recipient will oversee the daily operations, including the maintenance of an organized database for participant information and ensuring all programs are accessible and well-coordinated.
2) Volunteer Coordination: Volunteers will be recruited, trained, and managed to support Recipient activities and contribute positively to the participant experience.
3) Digital Presence and Community Engagement: Recipient will maintain an active online presence to communicate program updates, engage the broader community, and promote awareness and participation in program activities.

A.2. The Recipient must spend funds consistent with the Grant Spending Plan, attached and incorporated herein as Attachment A. The Recipient must collect data to evaluate the effectiveness of their services and must provide those results to Metro according to a mutually acceptable process and schedule, and when needed, upon request. These data shall include:

- Number of residents served.
- Frequency of services provided.
- Sign in sheets with dates and times of services or meetings.
- Monthly program progress reports
- Number of families receiving autistic services and supports.
- Number of homework /tutorial sessions held.
- Number of mentors recruited for connected to mentees.
- Other data as requested.

A.3. The Recipient will only utilize these funds for services the Recipient provides to residents and/or visitors in Davidson County. Additionally, the Recipient must collect data on the primary county of residence of the clients it serves and provide that data to Metro upon request.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will be twelve (12) months, commencing on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk. Metro will have no obligation for services rendered by the Recipient that are not performed within this term.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed Fifty Thousand dollars ($50,000). The Grant Spending Plan will constitute the maximum amount to be provided to the Recipient by Metro for all of the Recipient's obligations hereunder. The Grant Spending Plan line items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Recipient.

Subject to modification and amendments as provided in section D.2. of this Grant Contract, this amount will constitute the Grant Amount and the entire compensation to be provided to the Recipient by Metro.

C.2. **Payment Methodology.** The Recipient will only be compensated for actual costs based upon the Grant Spending Plan, not to exceed the maximum liability established in Section C.1. For each invoice submitted, the Recipient shall certify that the funds were utilized for necessary expenditures related to the completion of the work, as described in Section A of this Grant Contract.

Upon progress toward the completion of the work, as described in Section A of this Grant Contract, the Recipient shall submit invoices and any supporting documentation as requested by

Metro to demonstrate that the funds are used as required by this Grant, prior to any payment for allowable costs. Such invoices shall be submitted no more often than monthly and indicate at a minimum the amount charged by Spending Plan line-item for the period invoiced, the amount charged by line-item to date, the total amount charged for the period invoiced, and the total amount charged under this Grant Contract to date.

Recipient must send all invoices to Anidolee.Melville-Chester@nashville.gov**.**

Final invoices for the contract period should be received within thirty (30) days after the end of the contract. Any invoice not received by the deadline date will not be processed and all remaining grant funds will expire.

C.3. **Annual Expenditure Report.** The Recipient must submit a final grant Annual Expenditure Report, to be received by bradley.thompson@nashville.gov and Anidolee.Melville-Chester@nashville.gov, within forty-five (45) days of the end of the Grant Contract. Said report must be in form and substance acceptable to Metro and must be prepared by a Certified Public Accounting Firm or the Chief Financial Officer of the Recipient Organization.

C.4. **Payment of Invoice.** The payment of any invoice by Metro will not prejudice Metro's right to object to the invoice or any other related matter. Any payment by Metro will neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the costs included therein.

C.5. **Unallowable Costs.** The Recipient's invoice may be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by Metro, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs. Utilization of Metro funding for services to non-Davidson County residents is not allowed. Any unallowable cost discovered after payment of the final invoice shall be returned by the Recipient to Metro within fifteen (15) days of notice.

C.6. **Deductions.** Metro reserves the right to adjust any amounts which are or become due and payable to the Recipient by Metro under this or any Contract by deducting any amounts which are or become due and payable to Metro by the Recipient under this or any Contract.

C.7. **Travel Compensation.** Payment to the Recipient for travel, meals, or lodging is subject to amounts and limitations specified in Metro's Travel Regulations and subject to the Grant Spending Plan.

C.8. **Electronic Payment**. Metro requires as a condition of this contract that the Recipient have on file with Metro a completed and signed "ACH Form for Electronic Payment". If Recipient has not previously submitted the form to Metro or if Recipient's information has changed, Recipient will have thirty (30) days to complete, sign, and return the form. Thereafter, all payments to the Recipient, under this or any other contract the Recipient has with Metro, must be made electronically.

D. **STANDARD TERMS AND CONDITIONS**:

D.1. **Required Approvals.** Metro is not bound by this Grant Contract until it is approved by the appropriate Metro representatives as indicated on the signature page of this Grant.

D.2. **Modification and Amendment.** This Grant Contract may be modified only by a written amendment that has been approved in accordance with all Metro procedures and by appropriate legislation of the Metropolitan Council.

D.3. **Termination for Cause.** Should the Recipient fail to properly perform its obligations under this Grant Contract or if the Recipient violates any terms of this Grant Contract, Metro will have the right to immediately terminate the Grant Contract and the Recipient must return to Metro any and all grant monies for services or programs under the grant not performed as of the termination date. The Recipient must also return to Metro any and all funds expended for purposes contrary to the terms of the Grant. Such termination will not relieve the Recipient of any liability to Metro for damages sustained by virtue of any breach by the Recipient.

D.4. **Termination - Notice.** Metro may terminate the Grant Contract without cause for any reason. Said termination shall not be deemed a Breach of Contract by Metro. Metro shall give the Recipient at least thirty (30) days written notice before effective termination date.

a) The Recipient shall be entitled to receive compensation for satisfactory, authorized service completed as of the effective termination date, but in no event shall Metro be liable to the Recipient for compensation for any service that has not been rendered.

b) Upon such termination, the Recipient shall have no right to any actual general, special, incidental, consequential or any other damages whatsoever of any description or amount.

D.5. **Termination - Funding.** The Grant Contract is subject to the appropriation and availability of local, State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, Metro shall have the right to terminate the Grant Contract immediately upon written notice to the Recipient. Upon receipt of the written notice, the Recipient shall cease all work associated with the Grant Contract on or before the effective termination date specified in the written notice. Should such an event occur, the Recipient shall be entitled to compensation for all satisfactory and authorized services completed as of the effective termination date. The Recipient shall be responsible for repayment of any funds already received in excess of satisfactory and authorized services completed as of the effective termination date.

D.6. **Subcontracting.** The Recipient may not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of Metro. Notwithstanding any use of approved subcontractors, the Recipient will be considered the prime Recipient and will be responsible for all work performed.

D.7. **Conflicts of Interest.** The Recipient warrants that no part of the total Grant Amount will be paid directly or indirectly to an employee or official of Metro as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Recipient in connection with any work contemplated or performed relative to this Grant Contract.

D.8. **Nondiscrimination.** The Recipient hereby agrees, warrants, and assures that no person will be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Recipient on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification which is in violation of applicable laws. The Recipient must, upon request, show proof of such nondiscrimination and must post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.9. **Records.** The Recipient must maintain documentation for all charges to Metro under this Grant Contract. The books, records, and documents of the Recipient, insofar as they relate to work performed or money received under this Grant Contract, must be maintained for a period of three (3) full years from the date of the final payment or until the Recipient engages a licensed independent public accountant to perform an audit of its activities. The books, records, and documents of the Recipient insofar as they relate to work performed or money received under this Grant Contract are subject to audit at any reasonable time and upon reasonable notice by Metro or its duly appointed representatives. Records must be maintained in accordance with the

standards outlined in the Metro Grants Manual and in accordance with 2 CFR 200 Uniform Guidance. The financial statements must be prepared in accordance with generally accepted accounting principles.

D.10. **Monitoring.** The Recipient's activities conducted and records maintained pursuant to this Grant Contract are subject to monitoring and evaluation by The Metropolitan Office of Financial Accountability or Metro's duly appointed representatives. The Recipient must make all audit, accounting, or financial records, notes, and other documents pertinent to this grant available for review by the Metropolitan Office of Financial Accountability, Internal Audit or Metro's representatives, upon request, during normal working hours.

D.11. **Reporting.** The Recipient must submit a Final Program Report, to be received by bradley.thompson@nashville.gov and Anidolee.Melville-Chester@nashville.gov, within forty-five (45) days of the end of the Grant Contract. Said reports shall detail the outcome of the activities funded under this Grant Contract.

D.12. **Strict Performance.** Failure by Metro to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this agreement is not a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Grant Contract is considered to be waived, modified, or deleted except by a written amendment by the appropriate parties as indicated on the signature page of this Grant.

D.13. **Insurance.** The Recipient agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all applicable taxes incident to this Grant Contract.

D.14. **Metro Liability.** Metro will have no liability except as specifically provided in this Grant Contract.

D.15. **Independent Contractor.** Nothing herein will in any way be construed or intended to create a partnership or joint venture between the Recipient and Metro or to create the relationship of principal and agent between or among the Recipient and Metro. The Recipient must not hold itself out in a manner contrary to the terms of this paragraph. Metro will not become liable for any representation, act, or omission of any other party contrary to the terms of this paragraph.

D.16. **Indemnification and Hold Harmless.**

a) Recipient agrees to indemnify, defend, and hold harmless Metro, its officers, agents and employees from any claims, damages, penalties, costs and attorney fees for injuries or damages arising, in part or in whole, from the negligent or intentional acts or omissions of Recipient, its officers, employees and/or agents, including its sub or independent contractors, in connection with the performance of the contract, and any claims, damages, penalties, costs and attorney fees arising from any failure of Recipient, its officers, employees and/or agents, including its sub or independent contractors, to observe applicable laws, including, but not limited to, labor laws and minimum wage laws.

b) Metro will not indemnify, defend or hold harmless in any fashion the Recipient from any claims, regardless of any language in any attachment or other document that the Recipient may provide.

c) Recipient will pay Metro any expenses incurred as a result of Recipient's failure to fulfill any obligation in a professional and timely manner under this Contract.

d) Recipient's duties under this section will survive the termination or expiration of the grant.

D.17. **Force Majeure.** The obligations of the parties to this Grant Contract are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, strikes, epidemics or any other similar cause.

D.18. **Iran Divestment Act.** In accordance with the Iran Divestment Act, Tennessee Code Annotated § 12-12-101 et seq., Recipient certifies that to the best of its knowledge and belief, neither Recipient nor any of its subcontractors are on the list created pursuant to Tennessee Code Annotated § 12-12-106. Misrepresentation may result in civil and criminal sanctions, including contract termination, debarment, or suspension from being a contractor or subcontractor under Metro contracts.

D.19. **State, Local and Federal Compliance.** The Recipient agrees to comply with all applicable federal, state and local laws and regulations in the performance of this Grant Contract.

D.20. **Governing Law and Venue.** The validity, construction and effect of this Grant Contract and any and all extensions and/or modifications thereof will be governed by and construed in accordance with the laws of the State of Tennessee. The venue for legal action concerning this Grant Contract will be in the courts of Davidson County, Tennessee.

D.21. **Completeness.** This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Grant Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

D.22. **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

D.23. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.24. **Metro Interest in Equipment.** The Recipient will take legal title to all equipment and to all motor vehicles, hereinafter referred to as "equipment," purchased totally or in part with funds provided under this Grant Contract, subject to Metro's equitable interest therein, to the extent of its *pro rata* share, based upon Metro's contribution to the purchase price. "Equipment" is defined as an article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds $5,000.00.

The Recipient agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at any time during the term of the Grant Contract, the Recipient must request written approval from Metro for any proposed disposition of equipment purchased with Grant funds. All equipment must be disposed of in such a manner as parties may agree as appropriate and in accordance with any applicable federal, state or local laws or regulations.

D.25. **Assignment—Consent Required.** The provisions of this contract will inure to the benefit of and will be binding upon the respective successors and assignees of the parties hereto. Except for the rights of money due to Recipient under this contract, neither this contract nor any of the rights and obligations of Recipient hereunder may be assigned or transferred in whole or in part without the prior written consent of Metro. Any such assignment or transfer will not release Recipient from its obligations hereunder. Notice of assignment of any rights to money due to Recipient under this Contract must be sent to the attention of the Metro Department of Finance.

D.26. **Gratuities and Kickbacks.** It will be a breach of ethical standards for any person to offer, give or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparations of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter, pertaining to any program requirement of a contract or subcontract or to any solicitation or proposal therefore. It will be a breach of ethical standards for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or a person associated therewith, as an inducement for the award of a subcontract or order. Breach of the provisions of this paragraph is, in addition to a breach of this contract, a breach of ethical standards which may result in civil or criminal sanction and/or debarment or suspension from participation in Metropolitan Government contracts.

D.27. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications from the Recipient required or contemplated by this Grant Contract must be in writing and must be made by email transmission, or by first class mail, addressed to the respective party at the appropriate email or physical address as set forth below or to such other party, email, or address as may be hereafter specified by written notice.

Metro

For contract-related matters:
Holly.rice@nashville.gov
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900

For inquiries regarding invoices:
Nancy.uribe@nashville.gov
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634

Recipient

ASMT, Inc. dba Autism Tennessee
Executive Director
955 Woodland Street
Nashville, TN 37206

D.28. **Lobbying.** The Recipient certifies, to the best of its knowledge and belief, that:

a) No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b) If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient must complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

c) The Recipient will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all subcontractors of federally appropriated funds shall certify and disclose accordingly.

D.29. **Certification Regarding Debarment and Convictions.**

a) Recipient certifies that Recipient, and its current and future principals:

1) are not presently debarred, suspended, or proposed for debarment from participation in any federal or state grant program.

2) have not within a three (3) year period preceding this Grant Contract been convicted of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) grant.

3) have not within a three (3) year period preceding this Grant Contract been convicted of embezzlement, obstruction of justice, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

4) are not presently indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in sections D.29(a)(2) and D.29(a)(3) of this certification.

b) Recipient shall provide immediate written notice to Metro if at any time Recipient learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals fall under any of the prohibitions of Section D.29(a).

D.30. **Effective Date.** This contract will not be binding upon the parties until it has been signed first by the Recipient and then by the authorized representatives of the Metropolitan Government and has been filed in the office of the Metropolitan Clerk. When it has been so signed and filed, this contract will be effective as of the date first written above.

D.31. **Health Insurance Portability and Accountability Act.** Metro and Recipient shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its accompanying regulations.

a. Recipient warrants that it is familiar with the requirements of HIPAA and its accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Agreement.

b. Recipient warrants that it will cooperate with Metro, including cooperation and coordination with Metro privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of this Agreement so that both parties will be in compliance with HIPAA.

c. Recipient agrees to sign documents, including but not limited to Business Associate agreements, as required by HIPAA and that are reasonably necessary to keep Metro and Recipient in compliance with HIPAA. This provision shall not apply if information received by the Recipient from Metro under this Agreement is not “protected health information” as defined by HIPAA, or if HIPAA permits Recipient and Metro to receive such information without entering into a Business Associate agreement or signing another such document.

(THE REMAINDER OF THIS PAGE LEFT INTENTIONALLY BLANK.)

RECIPIENT: ASMT, Inc. dba Autism Tennessee

By: _____

Sworn to and subscribed to before me, a Notary Public this _____ day of _____, 2025, by _____, the _____ of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: _____

My Commission Expires: _____

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____ _____
Director, Metro Public Health Department Date

_____ _____
Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____ _____
Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

_____ _____
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

_____ _____
Metropolitan Attorney Date

FILED:

_____ _____
Metropolitan Clerk Date

Table of Contents of Attachments:

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the grant period.

Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
1	Salaries [2]	$ 16,250.00	$0.00	$16,250.00
2	Benefits & Taxes	$3,250.00	$0.00	$3,250.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,225.00	$0.00	$1,225.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$2,000.00	$0.00	$2,000.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$26,055.00	$0.00	$26,055.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$1,220.00	$0.00	$1,220.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$50,000.00	$0.00	$50,000.00

1 Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A* . (posted on the Internet at: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

3 A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT A (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES							AMOUNT
Name	Title	Salary	x	Percentage of Time	+		
Jessica Moore	Executive Director	$ 46,410.00	x	4%	+	$	1,912.09
Leah Quazi	Operation Manager	$ 39,312.00	x	6%	+	$	2,401.96
Casey Davis	Adult Program Director	$ 31,200.00	x	6%	+	$	1,800.24
Amy Correia	Communications Director	$ 43,680.00	x	5%	+	$	2,162.16
Crystal Miller	HELPline Advocate	$ 31,200.00	x	1%	+	$	430.56
Carissa Stacey	Program Coordinator	$ 31,200.00	x	4%	+	$	1,151.28
Sam Long	Community Outreach Manager	$ 37,440.00	x	10%	+	$	3,601.73
(to be hired)	Teen Program Manager	$ 3,000.00	x	100%	+	$	3,000.00
Ashley Lira-Rivera	Game Day Facilitator	$ 3,000.00	x	100%	+	$	3,000.00
		$0.00	x	100%	+	$	-
ROUNDED TOTAL						$	19,500.00

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

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ 26,055.00
ROUNDED TOTAL	$ 26,055.00

1. Executive Summary (0 Points). In 800 keystrokes or less summarize your application by answering the following questions:

- What target population will you serve?
- What services are you going to provide/deliver with this funding?
- How will the community benefit from these services?

This grant will serve Autistic youth and adults in Davidson County and nearby areas. AutismTN will expand its Self-Advocate programs by introducing new initiatives for Autistic teens and enhancing Game Day, building on past successes with Metro grant-funded adult programs. The grant will also support AutismTN's *Catch a Match* program, fostering meaningful connections among Autistic adults. The community will benefit through improved emotional well-being, social inclusion, and personal development, as research in 2024 confirms interactions between Autistic individuals enhance quality of life across these domains. Testimonials from current Self-Advocates expressing gratitude and a desire for more in-person engagement reflect the vital role AutismTN's programs play in their lives.

787 keystrokes

2. Capacity of the Applicant and Relevant Organizational Experience (10 points). In 1000 keystrokes or less:

- Describe your Agency's mission.
- Length of time/history providing services to the population and the issue described in the selected Service Category.
- Briefly list and describe the backgrounds, roles and responsibilities of key management and program staff.
- Are there any special awards, recognitions or achievements for your program you would like to list?

Since 1996, AutismTN has empowered Autistic people by bridging gaps in support, resources and programs, helping them discover meaningful connections and realize their goals. Our mission centers around building community, facilitating access to neuro-affirming information and advocating for acceptance of Autistic culture.

AutismTN employs Autistic adults and neurodiverse family members. Jessica Moore, Executive Director, will lead the project. AutismTN will hire a new Teen Program Manager. Casey Davis, Adult Program Director and Autistic Advocate, will manage *Catch a Match* with Communications Director Amy Correia, and Operations Manager Leah Quazi. Leah also facilitates The Spectrum Connection for LGBTQIA+ Autistic adults. Community Outreach Manager and Autistic Advocate Sam Long will lead outreach within our community of practice.

In 2024, AutismTN's Self-Advocate groups of over 800 Autistic people, were invited to become an affiliate of the national Autistic Self Advocacy Network.

994 keystrokes

3. Problem & Target Population (15 points). In 1200 keystrokes or less, develop a business case for the proposed service.

- Describe the characteristics of the target population including any relevant geographic indicators. Include any data sources for this information.
- Describe your experience in providing services to individuals who are directly or indirectly impacted by violence.
- Describe the target population's need as related to the Services Category, using clearly defined quantifiable measures. Include any data sources for this information.
- Describe how you plan to document and present evidence of services provided to residents of Nashville/Davidson County (See Contract Template, Sections A.3 and A.4).
- For Community Service Applicants: describe how you will document that the program beneficiaries are economically needy.

Autistic people represent about 2.7% of the population per the CDC, translating to over 19,000 in Davidson County. This number is likely higher, as many Autistic people, especially women, gender expansive, and people of color, are diagnosed later in life.

AutismTN offers Autistic-led spaces for Autistic people to connect and support each other. These groups are vital for those impacted by violence, as Autistic people face higher rates of abuse. Misconceptions about autism have led to isolation and mental health challenges. AutismTN's programs help address these issues by fostering inclusion and well-being.

Our programs follow Community-Based Participatory Research principles, involving Autistic individuals in design and delivery. Research supports this approach: Crane et al. (2020) found that Autistic-led peer groups improve participants' day-to-day lives, and Watts et al. (2024) showed that interaction between Autistic adults enhances quality of life across multiple domains. AutismTN survey feedback from 2024 reinforces these findings: "This group has been my lifesaver."

To document services, we will track participation through quantitative and qualitative methods and related data.

1199 keystrokes

4. Service Gaps (15 points). In 800 keystrokes or less:

- Describe what services are available to the target population from Metro Departments and/or local non-profit Agencies. How does your Agency currently coordinate with them?
- Describe the gap in services that your proposed program will address.

Government programs like TN's MAPS and ECF Choices provide valuable services to the Autistic community. Our staff are deeply involved in the Tennessee Disability Coalition and state committees like the TN Council on Autism Spectrum, allowing us to stay informed about services that may benefit our community. However, AutismTN fills a unique gap by offering distinctly Autistic-led programs focused on connection, support, and emotional well-being for the Autistic community.

The gap AutismTN addresses is the lack of Autistic-led spaces where Autistic individuals can build relationships and receive peer support in a neuro-welcoming environment designed for and by Autistic people. Programs like our Teen initiative and Catch a Match provide much-needed social and community-building opportunities.

800 keystrokes

5. Program Design (25 points). In 4700 keystrokes or less:

- Describe how the program will respond to the priorities described in the Service Category definition.

- What is the unduplicated number of people intended to be served by this Metro grant?
- List up to three primary measurable outcomes for those being served. (Be specific, if awarded, these outcomes will be written into your contract Scope of Program.)
- Briefly describe what services and/or activities will be provided to the program's target population to achieve those outcomes.
- Describe a typical day.
- Describe the program's processes for collecting data and state the indicators that will be tracked to demonstrate that the outcomes have been achieved.

This program builds upon the foundation of our 2023 Metro Grant, which funded AutismTN's adult programs. With this grant, we will expand to offer no-cost, neuro-inclusive programming for Autistic teens and support *Catch a Match* for Autistic adults. We aim to host inclusive events throughout Davidson County, engaging more Autistic individuals. Uniquely, our Autistic-led approach distinguishes us from traditional, non-Autistic-led initiatives, fostering programming designed by the Autistic community we serve. This program champions Autistic facilitators who partner with local organizations and instructors to design programs, building a Neuro-Affirming Community of Practice.

Historically, programs for Autistic people are often developed without their input, which can lead to unmet needs or even harm (Pukki et al.). ASAN's paper *For Whose Benefit?: Evidence, Ethics and Effectiveness of Autism Interventions* emphasizes that services should include Autistic individuals as core members of the development team. As previously mentioned, our program follows the principles of Community-Based Participatory Research (CBPR), ensuring Autistic community members are active partners in the design and implementation. ASAN's research also finds that supports don't need to be autism-specific to help Autistic people. By engaging Autistic teens and adults in the creation of our programs and offering diverse activities, we ensure relevance and support.

Our holistic engagement with state councils, including the Tennessee Autism Council and Vanderbilt's Frist Center for Autism and Innovation, further informs and elevates our services. Additionally, we will issue a press release to announce the grant and program expansion and conduct targeted outreach to media outlets, local events, fairs, and community partners to reach new members.

At the beginning of the project, we will distribute a community needs survey to gather input from Autistic teens and their families to guide program activities. Monthly events for Autistic teens will mirror the success of AutismTN's existing *Connect* and *The Spectrum Connection* groups, while expanding our popular Game Day program. Planning will begin one to two months ahead, including selecting activities based on community input, securing venues and instructors, and ensuring neuro-affirming support is in place. Events will be promoted through AutismTN's social media, newsletter, and community calendar. Pre-event details, including sensory and communication accommodations, will be shared with participants. Programs will alternate between regional outings and events at neuro-welcoming spaces like Operation Stand Down.

We anticipate serving at least 800 Autistic teens and adults through this project. At least 50% of workshop instructors will be Autistic or neurodivergent. *Catch a Match* will occur in mid-2025, with planning starting early in the year. This will include an educational program led by MyBestSocialLife or mixed neurotype couple Lesley and Jonathan Marx, offering guidance on dating and building relationships.

Unduplicated number of people to be served: 800 Autistic teens and adults.

Primary measurable outcomes:

1. Autistic teens will access monthly neuro-inclusive, Autistic-led programs in Davidson County, with at least 50% of hosts or instructors being Autistic.
2. Between 25-75 Autistic teens will attend each planned event. All venues, instructors, and hosts will receive training on neurodiversity and Autistic culture during the planning phase.
3. Autistic adults will participate in *Catch a Match*, fostering authentic connections in a supportive, welcoming environment.

Activities and services will include art workshops, alternative therapies like music and creative movement, and outings to venues like the Nashville Zoo, bowling, and Nashville Sounds baseball games.

A typical day: On event day, AutismTN staff will finalize logistics with venues and instructors, ensuring that participants are informed of accommodations. Volunteers will arrive early to help with setup, and after check-in, participants will engage in the

activity. Following the event, we will collect feedback via surveys and debrief with instructors.

Data collection processes will include post-event surveys to assess participant satisfaction. Registration data will track participant demographics to document attendance and evaluate outreach success.

4383 keystrokes

6. Leveraging and Collaboration of Community Resources (10 points). In 1200 keystrokes or less, briefly:
• Describe collaborative relationships your Agency currently has or will have with other community Agencies that will enable you to be successful with the proposed program funded by the CSF grant. What roles do/will each of you play?
• If services are being provided by another Agency pro-bono, name that Agency and give the approximate dollar value of those services. If those services will be provided in exchange for your Agency's services, please describe.

In our previous Metro Grant, AutismTN partnered with a range of nonprofits, therapists, instructors, and venues to provide services to Autistic people, including Small World Yoga, Empower Music Therapy, Autistic art instructor Lesley Patterson-Marx, King's Bowling, Nashville Zoo, and the Nashville Sounds, among others. These partnerships will continue to benefit this grant by replicating past successes, now with a focus on supporting Autistic teens. Each partner provides unique services and experiences, while AutismTN ensures partners are informed about Autistic needs and strengths, fostering a Neuro-Affirming Community of Practice.

For *Catch a Match*, we will engage partners like MyBestSocialLife and mixed neurotype couple Lesley Patterson-Marx and Jonathan Marx, who will help attendees prepare for the program. These collaborations, both new (such as our new event venue Operation Stand Down) and ongoing, enhance our ability to deliver impactful programs by creating supportive environments for Autistic individuals.

Currently, no pro-bono services are being provided. However, the mutual exchange of knowledge and resources between AutismTN and partners creates lasting community impact.

1199 keystrokes

7. Sustainability (10 points). In 800 keystrokes or less:

- Describe any efforts to increase and/or diversify program resources and any strategies for capacity building, including grant opportunities, fund raising activities, partnerships, collaborations, volunteer recruitment, etc.
- How will you continue these services should the level of funding change?

This grant focuses on expanding AutismTN's teen programs and *Catch a Match*. We have successfully diversified resources for our Adult Programs, initially funded by a 2023 Metro Grant, recently securing a NEXT for AUTISM grant to continue adult programming. For this project, we will strengthen community partnerships, engaging them as instructors and event hosts, sustaining collaboration beyond the grant.

As we demonstrate the success of our teen programs and *Catch a Match* through this Metro grant, we will show evidence of impact to engage future funders. To sustain these services, we will pursue additional grants from foundations, agencies, and corporate sponsors. We may also explore participant donations or tiered pricing (including a free option) for certain events based on reported income.

800 keystrokes

METROPOLITAN GOVERNM .E AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Certifications of Assurance

January 9, 2025

As a condition of receipt of this funding, the Recipient assures that it will comply fully with the provisions of the following laws.

- The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116;
- Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements
By accepting this funding, the signee hereby certifies, to the best of his or her knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the Recipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this grant, loan, or cooperative agreement, the Recipient shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

c. The Recipient shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, subcontracts, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly.

Jessica Moore
_____
Signature of Authorized Representative
Name: Jessica Moore
Title: Executive Director
Agency Name: ASMT, Inc
Date: 1/8/2025

METROPOLITAN GOVERN .LE AND DAVIDSON COUNTY

Department of Finance
700 President Ronald Reagan Way, STE 201
Nashville, Tennessee 37210

Metropolitan Government of Nashville and Davidson County
Recipient of Metro Grant Funding
Non-Profit Grants Manual Receipt Acknowledgement

January 9, 2025

As a condition of receipt of this funding, the recipient acknowledges the following:

- Receipt of the Non-Profit Grants Manual, updated February 2, 2023, issued by the Division of Grants and Accountability. Electronic version can be located at the following: Non-Profit Grant Resources
- The recipient has read, understands and hereby affirms that the agency will adhere to the requirements and expectations outlined within the Non-Profit Grants Manual.
- The recipient understands that if the organization has any questions regarding the Non-Profit Grants Manual or its content, they will consult with the Metro department that awarded their grant.

**Note to Organizations: Please read the Non-Profits Grants Manual carefully to ensure that you understand the requirements and expectations before signing this document.*

Jessica Moore
_____
Signature of Authorized Representative
Name: Jessica Moore
Title: Esecutive Director
Agency Name: ASMT, Inc
Date: 1/8/2025

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

Date: 08 2011

ASMT INC
955 WOODLAND ST
NASHVILLE, TN 37206

Employer Identification Number:
27-1003749
DLN:
400363166
Contact Person:
NANCY L HEAGNEY ID# 31306
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 24, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

DATE: 06/24/08
REQUEST NUMBER: 6334-0884
TELEPHONE CONTACT: (615) 741-2286
FILE DATE/TIME: 06/24/08 1111
EFFECTIVE DATE/TIME: 06/24/08 1111
CONTROL NUMBER: 0579993

TO:
BOULT CUMMINGS CONNERS & BERRY PLC
PO BOX 340025

NASHVILLE, TN 37203

RE:
ASMT, INC.
CHARTER - NONPROFIT

CONGRATULATIONS UPON THE INCORPORATION OF THE ABOVE ENTITY IN THE STATE OF TENNESSEE, WHICH IS EFFECTIVE AS INDICATED.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THE SECRETARY OF STATE ON OR BEFORE THE FIRST DAY OF THE FOURTH MONTH FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR. ONCE THE FISCAL YEAR HAS BEEN ESTABLISHED, PLEASE PROVIDE THIS OFFICE WITH THE WRITTEN NOTIFICATION. THIS OFFICE WILL MAIL THE REPORT DURING THE LAST MONTH OF SAID FISCAL YEAR TO THE CORPORATION AT THE ADDRESS OF ITS PRINCIPAL OFFICE OR TO A MAILING ADDRESS PROVIDED TO THIS OFFICE IN WRITING. FAILURE TO FILE THIS REPORT OR TO MAINTAIN A REGISTERED AGENT AND OFFICE WILL SUBJECT THE CORPORATION TO ADMINISTRATIVE DISSOLUTION.

WHEN CORRESPONDING WITH THIS OFFICE OR SUBMITTING DOCUMENTS FOR FILING, PLEASE REFER TO THE CORPORATION CONTROL NUMBER GIVEN ABOVE. PLEASE BE ADVISED THAT THIS DOCUMENT MUST ALSO BE FILED IN THE OFFICE OF THE REGISTER OF DEEDS IN THE COUNTY WHEREIN A CORPORATION HAS ITS PRINCIPAL OFFICE IF SUCH PRINCIPAL OFFICE IS IN TENNESSEE.

FOR: CHARTER - NONPROFIT ON DATE: 06/24/08

FROM:
BOULT CUMMINGS CONNERS & BERRY PLC
P.O. BOX 340025

NASHVILLE, TN 37203-0000

	FEES	
RECEIVED:	$100.00	$0.00
TOTAL PAYMENT RECEIVED:		$100.00

RECEIPT NUMBER: 00004444439
ACCOUNT NUMBER: 00000413

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458

CHARTER

OF

ASMT, INC.

The undersigned, acting as incorporator of a nonprofit corporation under the Tennessee Nonprofit Corporation Act, as may be amended from time to time (the "Act"), adopts the following charter:

Article I
Name

The name of the corporation is ASMT, INC. (hereinafter referred to as the "Corporation").

Article II
Public Benefit Corporation

The Corporation is a public benefit corporation. It is intended that the Corporation shall have the status of a corporation which is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended (hereinafter referred to as the "Code"), or any corresponding provisions of any future federal tax laws, as an organization described in Section 501(c)(3) of the Code.

The corporation is not a religious corporation.

Article III
Registered Agent and Office

The initial registered office of the Corporation is located at 955 Woodland Street, Nashville, Davidson County, Tennessee 37206, and the name of the registered agent at this address is Amanda Peltz.

Article IV
Members

The Corporation shall have members. Any distinctions between members with respect to voting, dissolution, redemption and any other matters shall be specifically identified in the Corporation's bylaws.

Article IV
Incorporator

The sole incorporator of the Corporation is Mark C. Lewis, whose business address is 1600 Division Street, Suite 700, Nashville, Davidson County, Tennessee 37203.

Article V
Principal Office

The initial principal office of the Corporation is located at 955 Woodland Street, Nashville, Davidson County, Tennessee 37206.

Article VI
Not-for-profit

The Corporation is not-for-profit.

Article VII
Purpose

The Corporation shall be neither organized nor operated for pecuniary gain or profit.

(a) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any member, director, officer, or trustee of the Corporation, or any other private person; but the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes as set forth in this Article.

(b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation; and the Corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign of behalf of any candidate for public office.

(c) Notwithstanding any other provisions of this charter, the Corporation shall not carry on any other activities not permitted to be carried on:

(i) by a corporation exempt from federal income taxation under Section 501(c)(3) of the Code and which is other than a private foundation within the meaning of Section 509(a) of the Code; or

(ii) by a corporation, contributions to which are deductible for federal income tax purposes under Section 170(c)(2) of the Code.

It is intended that the Corporation shall have, and continue to have, the status of an organization which is exempt from federal income taxation under Section 501(c)(3) of the Code and which is other than a private foundation within the meaning of Section 509(a) of the Code. The terms and provisions of this charter and the bylaws of the Corporation, and all authority and operations of the Corporation, shall be construed, applied and carried out in accordance with such intent.

Article VIII
Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors, whose members, designated as directors, shall act as the directors of the Corporation, and by such officers as shall be described in the bylaws of the Corporation. The Board of Directors shall determine the number of directors who shall comprise its membership, but the number of directors shall not be less than three (3).

Article IX
Limited Personal Liability of Directors

No person who is or was a director of the Corporation, nor such person's heirs, executors, administrators, or legal representatives (collectively referred to as a "director"), shall be personally liable to the Corporation for monetary damages for breach of fiduciary duty as a director. However, this provision shall not eliminate or limit the liability of a director (a) for any breach of a director's duty of loyalty to the Corporation, (b) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or (c) under Section 48-58-304 of the Act. No repeal or modification of the provisions of this Article, either directly or by the adoption of provisions inconsistent with the provisions of this Article, shall adversely affect any right or protection, as set forth herein, existing in favor of a particular individual at the time of such repeal or modification.

Article X
Indemnification and Advancement of Expenses

1. Mandatory Indemnification of Directors and Officers. To the maximum extent permitted by the provisions of Sections 48-58-501, et seq., of the Act, as amended from time to time (provided, however, that if an amendment to the Act in any way limits or restricts the indemnification rights permitted by law as of the date hereof, such amendment shall apply only to the extent mandated by law and only to activities of persons subject to indemnification under this paragraph 1 which occur subsequent to the effective date of such amendment), the Corporation shall indemnify and advance expenses to any person who is or was a director or officer of the Corporation, or to such person's heirs, executors, administrators and legal representatives, for the defense of any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, and whether formal or informal (any such action, suit, or proceeding being hereinafter referred to as the "Proceeding"), to which such person was, is, or is threatened to be made, a named defendant or respondent, which indemnification and advancement of expenses shall include counsel fees actually incurred as a result of the Proceeding or any appeal thereof, reasonable expenses actually incurred with respect to the Proceeding, all fines, judgments, penalties and amounts paid in settlement thereof, subject to the following conditions:

(a) The Proceeding was instituted by reason of the fact that such person is or was a director or officer of the Corporation; and

(b) The director or officer conducted himself or herself in good faith, and he or she reasonably believed (i) in the case of conduct in his or her official capacity with the Corporation, that his or her conduct was in the Corporation's best interest; (ii) in all other cases, that his or her conduct was at least not opposed to the best interest of the Corporation; and (iii) in the case of any criminal proceeding, that he or she had no reasonable cause to believe his or her conduct was unlawful. The termination of a proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent is not, of itself, determinative that the director or officer did not meet the standard of conduct herein described.

2. Permissive Indemnification of Employees and Agents. The Corporation may, to the maximum extent permitted by the provisions of Section 48-58-501, et seq., of the Act, as

amended from time to time (provided, however, that if an amendment to the Act in any way limits or restricts the indemnification rights permitted by law as of the date hereof, such amendment shall apply only to the extent mandated by law and only to activities of persons subject to indemnification under this paragraph 2 which occur subsequent to the effective date of such amendment), indemnify and advance expenses in a Proceeding to any person who is or was an employee or agent of the Corporation, or to such person's heirs, executors, administrators and legal representatives, to the same extent as set forth in paragraph 1 above, provided that the Proceeding was instituted by reason of the fact that such person is or was an employee or agent of the Corporation and met the standards of conduct set forth in subparagraph 1(b) above. The Corporation may also indemnify and advance expenses in a Proceeding to any person who is or was an employee or agent of the Corporation to the extent, consistent with public policy, as may be provided by its bylaws, by contract, or by general or specific action of the Board of Directors.

3. Non-Exclusive Application. The rights to indemnification and advancement of expenses set forth in paragraphs 1 and 2 above are contractual between the Corporation and the person being indemnified, and his or her heirs, executors, administrators and legal representatives, and are not exclusive of other similar rights of indemnification or advancement of expenses to which such person may be entitled, whether by law, by this charter, by a resolution of the Board of Directors, by the bylaws of the Corporation, by the purchase and maintenance by the Corporation of insurance on behalf of a director, officer, employee, or agent of the Corporation, or by an agreement with the Corporation providing for such indemnification, all of which means of indemnification and advancement of expenses are hereby specifically authorized.

4. Non-Limiting Application. The provisions of this Article shall not limit the power of the Corporation to pay or reimburse expenses incurred by a director, officer, employee, or agent of the Corporation in connection with such person's appearing as a witness in a Proceeding at a time when he or she has not been made a named defendant or respondent to the Proceeding.

5. Prohibited Indemnification. Notwithstanding any other provision of this Article, the Corporation shall not indemnify or advance expenses to or on behalf of any director, officer,

employee, or agent of the Corporation, or any such person's heirs, executors, administrators, or legal representatives:

(a) If a judgment or other final adjudication adverse to such person establishes his or her liability for any breach of the duty of loyalty to the Corporation, for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, or under Section 48-58-304 of the Act; or

(b) In connection with a Proceeding by or in the right of the Corporation in which such person was adjudged liable to the Corporation; or

(c) In connection with any other Proceeding charging improper personal benefit to such person, whether or not involving action in his or her official capacity, in which he or she was adjudged liable on the basis that personal benefit was improperly received by him or her.

6. Repeal or Modification Not Retroactive. No repeal or modification of the provisions of this Article, either directly or by the adoption of a provision inconsistent with the provisions of this Article, shall adversely affect any right or protection, as set forth herein, existing in favor of a particular individual at the time of such repeal or modification.

Article XI
No Private Inurement

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its directors, officers, or other private persons. However, the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to it or on its behalf, pay reimbursements for expenses incurred on its behalf, and make payments and distributions in furtherance of the purposes set forth in Article VIII hereof.

Article XII
Distributions on Dissolution

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation then outstanding and unpaid, dispose of all of the assets of the Corporation by distributing those assets exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated

exclusively for public charitable uses and purposes as shall at the time qualify as exempt from taxation under Section 501(c)(3) of the Code, and as other than a private foundation under Section 509(a) of the Code, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

Article XII
Amendment

The provisions of this charter may hereafter be amended, repealed or modified by the affirmative vote of two-thirds (2/3) of the then sitting directors of the Corporation; provided however that any amendment, repeal or modification that is inconsistent with the objects and purposes for which this Corporation is formed or that affects the rights or obligations of the corporation's members with respect to voting, dissolution, redemption and transfer must be approved by an affirmative vote of a majority of the members of the Corporation.

This charter shall be effective upon the filing with the Secretary of State of the State of Tennessee.

Dated: June 24, 2008.

Mark C. Lewis, Incorporator

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: ASMT, INC.

General Information

SOS Control #	000579993	Formation Locale:	TENNESSEE
Filing Type:	Nonprofit Corporation - Domestic	Date Formed:	06/24/2008
	06/24/2008 11:11 AM	Fiscal Year Close	12
Status:	Active		
Duration Term:	Perpetual		
Public/Mutual Benefit:	Public		

Registered Agent Address
JESSICA MOORE
JESSICA MOORE
955 WOODLAND ST
NASHVILLE, TN 37206

Principal Address
JESSICA MOORE
955 WOODLAND ST
NASHVILLE, TN 37206

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
03/18/2024	2023 Annual Report	B1528-8368
07/21/2023	Assumed Name Renewal	B1427-1919
	Assumed Name Changed From: Autism Tennessee To: Autism Tennessee	
	Expiration Date Changed From: 09/21/2023 To: 07/21/2028	
06/26/2023	2022 Annual Report	B1418-1912
	Principal Address 1 Changed From: 2607 WINFORD AVE To: 955 WOODLAND ST	
	Principal Address 3 Changed From: No value To: JESSICA MOORE	
	Principal Postal Code Changed From: 37211-2162 To: 37206	
	Registered Agent Physical Address 1 Changed From: 2607 WINFORD AVE To: 955 WOODLAND ST	
	Registered Agent Physical Address 3 Changed From: No Value To: JESSICA MOORE	
	Registered Agent Physical Postal Code Changed From: 37211-2162 To: 37206	
06/02/2023	Notice of Determination	B1391-9063
03/22/2022	2021 Annual Report	B1185-1111
	Principal Address 1 Changed From: 955 WOODLAND ST To: 2607 WINFORD AVE	
	Principal Postal Code Changed From: 37206-3753 To: 37211-2162	
	Registered Agent First Name Changed From: BABS To: JESSICA	
	Registered Agent Last Name Changed From: TIERNO To: MOORE	

Filing Information

Name: ASMT, INC.

Registered Agent Physical Address 1 Changed From: 955 WOODLAND ST To: 2607 WINFORD AVE		
Registered Agent Physical Postal Code Changed From: 37206-3753 To: 37211-2162		
03/10/2021	2020 Annual Report	B0994-5209
09/28/2020	2019 Annual Report	B0926-7692
08/01/2020	Notice of Determination	B0899-5528
03/25/2019	2018 Annual Report	B0676-1327
09/21/2018	Assumed Name Renewal	B0596-5367
Assumed Name Changed From: Autism Tennessee To: Autism Tennessee		
Expiration Date Changed From: 11/19/2018 To: 09/21/2023		
04/19/2018	2017 Annual Report	B0540-5968
04/04/2017	2016 Annual Report	B0376-5175
01/21/2016	2015 Annual Report	B0187-3238
Registered Agent First Name Changed From: AMANDA To: BABS		
Registered Agent Last Name Changed From: PELTZ To: TIERNO		
03/27/2015	2014 Annual Report	B0078-0788
03/29/2014	2013 Annual Report	A0229-0005
11/19/2013	Assumed Name	7256-3079
New Assumed Name Changed From: No Value To: Autism Tennessee		
03/15/2013	2012 Annual Report	A0162-1277
03/30/2012	2011 Annual Report	A0114-1120
Principal Address 1 Changed From: 955 WOODLAND STREET To: 955 WOODLAND ST		
Principal Postal Code Changed From: 37206 To: 37206-3753		
Principal County Changed From: No value To: DAVIDSON COUNTY		
03/21/2011	2010 Annual Report	A0062-1512
10/12/2010	Articles of Amendment	6781-1438
07/02/2010	2009 Annual Report	A0036-2476
06/03/2010	Notice of Determination	A0029-2539
04/02/2009	2008 Annual Report	6502-1818
06/24/2008	Initial Filing	6334-0884

Active Assumed Names (if any)	Date	Expires
Autism Tennessee	11/19/2013	07/21/2028

Details ×

ASMT, INC.

955 WOODLAND ST NASHVILLE TN 37206
JESSICA MOORE
(615) 270-2077
www.autismtn.org
Status: Active
CO Number: CO14183
Registration Date: 10/20/2009
Renewal Date: 06/30/2025

Purpose

ASMT, Inc. will use contributions for the exclusive benefit of the public. ASMT, Inc. is an organization that supports Autistic people, their families and their support systems, and the community at large. These activities include autism education and awareness, advocacy, and support. ASMT, Inc. also plans and performs activities to bring autism community members together.

Financials (18)

Fiscal Year End	Total Revenue
12/31/2023	$298,839.00
12/31/2022	$259,256.00
12/31/2021	$265,039.00
12/31/2021	$265,039.00
12/31/2020	$222,102.00
12/31/2019	$248,985.00

Secretary of State Tre Hargett

Tre Hargett was elected by the Tennessee General Assembly to serve as Tennessee's 37th secretary of state in 2009 and re-elected in 2013, 2017, and 2021. Secretary Hargett is the chief executive officer of the Department of State with oversight of more than 300 employees. He also serves on 16 boards and commissions, on two of which he is the presiding member. The services and oversight found in the Secretary of State's office reach every department and agency in state government.

About the Office

The Tennessee Secretary of State has oversight of the Department of State. The Secretary of State is one of three Constitutional Officers elected by the General Assembly, in joint session. The Secretary of State is elected to a four-year term. The constitution mandates that it is the secretary's duty to keep a register of the official acts and proceedings of the governor, and, when required, to "lay same, all papers, minutes and vouchers relative thereto, before the General Assembly."

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Tennessee General Assembly
Bureau of Ethics and Campaign Finance

Details ×

ASMT, INC.

955 WOODLAND ST NASHVILLE TN 37206
JESSICA MOORE
(615) 270-2077
www.autismtn.org
Status: Active
CO Number: CO14183
Registration Date: 10/20/2009
Renewal Date: 06/30/2025

Purpose

ASMT, Inc. will use contributions for the exclusive benefit of the public. ASMT, Inc. is an organization that supports Autistic people, their families and their support systems, and the community at large. These activities include autism education and awareness, advocacy, and support. ASMT, Inc. also plans and performs activities to bring autism community members together.

Financials (18)

Fiscal Year End	Total Revenue
12/31/2023	$298,839.00
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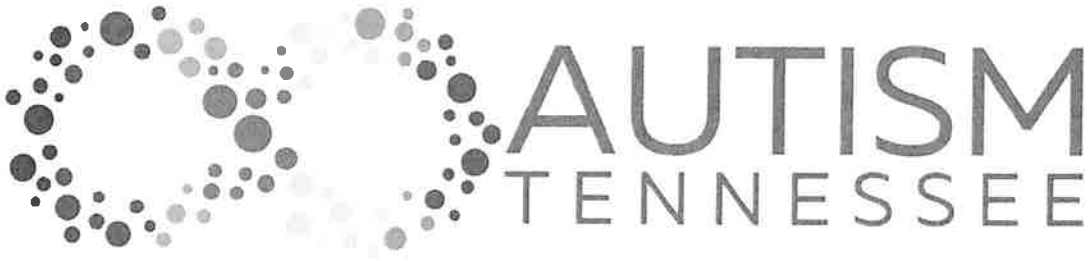
12/31/2021	$265,039.00
12/31/2021	$265,039.00
12/31/2020	$222,102.00
12/31/2019	$348,985.00



ASMT, INC dba Autism Tennessee

(A California Not-for-Profit)

Financial Statements
and
Independent Accountants' Review Report

For the Year Ended December 31, 2024

smithmarion

· t: (909) 307-2323
· f: (909) 825-9900
· 1940 orange tree lane #100
· redlands, ca 92374

smithmarion
connected . focused . understandable

The Governing Body of
ASMT, INC dba Autism Tennessee
Nashville, TN

Independent Accountants' Review Report

We have reviewed the accompanying financial statements of ASMT, INC dba Autism Tennessee, which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountants' Responsibility
Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of ASMT, INC dba Autism Tennessee, and to meet our ethical responsibilities, in accordance with the relevant ethical requirements to our review.

Accountants' Conclusion
Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Smith Marion & Co.

May 5, 2025
Redlands, CA

ASMT, INC dba Autism Tennessee
Statement of Financial Position
December 31, 2024

Assets	
Current assets	
Cash and equivalents - operating	$ 181,898
Prepaids and deposits	24,258
Total current assets	206,156
Property and equipment, at cost	
Furniture and equipment	25,964
Total acquisition costs	25,964
Less accumulated depreciation	(25,964)
Property and equipment, net	-
Total Assets	**$ 206,156**
Liabilities and Net Assets	
Current liabilities	
Accounts payable	$ 4,684
Total current liabilities	4,684
Total Liabilities	**4,684**
Net assets	
Without donor restrictions	
Undesignated	177,214
Total without donor restrictions	177,214
With donor restrictions	
Total with donor restrictions	24,258
Total net assets	201,472
Total Liabilities and Net Assets	**$ 206,156**

See independent accountants' review report
and accompanying notes

ASMT, INC dba Autism Tennessee

Statement of Activities

For the Year Ended December 31, 2024

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue, Support, and Gains			
Contracts and grants	$ 309,668	$ 27,290	$ 336,958
Program service fees	26,169	-	26,169
Other revenue	39,067	-	39,067
Special events revenue, net	56,961	-	56,961
Net assets released from restrictions	3,032	(3,032)	-
Total revenue, support, and gains	434,897	24,258	459,155
Expenses and Losses			
Program services expense	258,141	-	258,141
Supporting services expense			
Management and general	55,265	-	55,265
Fundraising	360	-	360
Total supporting services expense	55,625	-	55,625
Loss of disposition of assets	-	-	-
Total expenses and losses	313,766	-	313,766
Change in net assets	121,131	24,258	145,389
Net assets, beginning of year	56,083	-	56,083
Net Assets, End of Year	**$ 177,214**	**$ 24,258**	**$ 201,472**

See independent accountants' review report and accompanying notes

ASMT, INC dba Autism Tennessee
Statement of Functional Expenses
For the Year Ended December 31, 2024

	Program Services	Management and General	Fundraising	Total
Payroll and burden	$ 192,915	$ 48,229	$ -	$ 241,144
Program activities	36,444	-	-	36,444
Administrative expenses	26,188	6,220	327	32,735
Licenses and fees	-	180	-	180
Bank fees	-	20	-	20
Miscellaneous	2,594	616	33	3,243
Cost of direct benefits to donors	-	-	24,728	24,728
Total Expenses by Function	**258,141**	**55,265**	**25,088**	**338,494**
Less expenses included with revenues on the statement of activities				
Cost of direct benefits to donors	-	-	(24,728)	(24,728)
Total Expenses Included in the Expense Section on the Statement of Activities	**$ 258,141**	**$ 55,265**	**$ 360**	**$ 313,766**

See independent accountants' review report and accompanying notes

ASMT, INC dba Autism Tennessee
Statement of Cash Flows
For the Year Ended December 31, 2024

Cash Flows from Operating Activities		
Change in net assets	$	145,389
Adjustments to reconcile change in net assets to net cash from (used for) operating activities:		
Changes in operating assets and liabilities:		
Prepaids and deposits		(24,258)
Accounts payable		(3,684)
Net cash from (used for) operating activities		117,447
Cash Flows from Investing Activities		
Net cash from (used for) investing activities		-
Cash Flows from Financing Activities		
Net cash from (used for) financing activities		-
Net change in cash and equivalents		117,447
Cash and equivalents, beginning of year		64,451
Cash and Equivalents, End of Year	**$**	**181,898**

See independent accountants' review report
and accompanying notes

Note 1 - Summary of Significant Accounting Policies

Nature of Organization

ASMT, INC dba Autism Tennessee (the Corporation), is a nonprofit corporation located in Nashville, Tennessee dedicated to serving the autism community of Middle Tennessee and fostering an inclusive society that supports their unique needs. The Corporation operates with the aim of bridging the gaps that exist between various aspects of support, resources, and programs. By focusing on advocacy, support services, community engagement, education and training, as well as collaborations and partnerships, the Corporation strives to empower autistic individuals, promote inclusivity, and facilitate their journey towards recognizing their potential and realizing their goals.

Basis of Presentation

The accompanying financial statements were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

The Corporation considers all cash and highly liquid financial instruments with original maturities of three months or less, which are neither held for nor restricted by donors (which includes grantors, as applicable, throughout) for long-term purposes, to be cash and cash equivalents.

Receivables and Credit Policies

Accounts receivable consist primarily of amounts due for services provided in connection with the fulfillment of the Corporation's mission. The Corporation determines the allowance for uncollectable accounts receivable based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable. For the year ended December 31, 2024, there were no accounts receivable due to the Corporation.

Leases

The Corporation determines if an arrangement is or contains a lease at inception. Leases are included in right-of-use (ROU) assets and lease liabilities in the consolidated statement of financial position. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term, and ROU assets also include prepaid or accrued rent. Operating lease expense is recognized on a straight-line basis over the lease term. The Corporation does not report ROU assets and leases liabilities for its short-term leases (leases with a term of 12 months or less). Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease term. At December 31, 2024, the Corporation did not have any leases with remaining terms greater than 12 months or leases that were expected to be renewed.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets without Donor Restrictions - Net assets available for use in general operations and not subject to donor restrictions.

Net Assets with Donor Restrictions - Net assets subject to donor restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity. Donor- imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Support and Revenue
Contributions are recorded as revenue upon the receipt of cash, securities, a gift or when the donor makes a promise to give to the Corporation that is, in substance, unconditional. Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. If contributions are restricted by the donor, they are reported as increases to net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Donated Services, Resources and In-Kind Contributions
Volunteers may contribute time to the program service activities; however, the financial statements do not reflect the value of these contributed services because the services do not meet recognition criteria prescribed by generally accepted accounting principles. Donated professional services and resources if applicable, are recorded at the respective fair values of the services and resources received. During 2024, the Corporation did not receive contributed goods.

Functional Allocation of Expenses
The cost of programs and supporting services have been summarized on a functional basis in the accompanying consolidated statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, the expenses attributable to more than one functional area have been allocated among the programs and supporting services biased on the analysis of staff time, location and the nature of usage.

Revenue Share Arrangements - License Plate Revenue
The Corporation shares license plate revenue generated from third parties with certain partners (see Note 3 - Licenses Plate Revenue). For revenue generated from third parties, the Corporation records the transaction on a net basis in the consolidated financial statements.

Income Taxes
ASMT, INC dba Autism Tennessee is organized as a Tennessee nonprofit corporation and has been recognized by the IRS as exempt from federal income taxes under IRC Section 501(a) as a corporation described in IRC Section 501(c)(3). The Corporation qualifies for the charitable contribution deduction and has been determined not to be a private foundation. The Corporation is required to file a Return of Organization Exemption from Income Tax (Form 990) with the Internal Revenue Service (IRS) annually. Any significant tax positions have been reviewed by ASMT, INC dba Autism Tennessee's management, and it has been determined that all tax positions would be reconsidered upon examination by taxing authorities. There are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements or further disclosure in the notes to the consolidated financial statements.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles require the Corporation to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Concentration of Credit Risk
The Corporation manages deposit concentration risk by placing cash, Money Market accounts, and Certificates of Deposit with a financial institution believed by to be creditworthy. During the year ended December 31, 2024, amounts on deposit did not exceed insured limits or include uninsured investments in Money Market mutual funds. To date, the Corporation has not experienced losses in any of these accounts.

Note 2 - Liquidity and Availability

Financial assets available for general expenditure, within one year of the balance sheet date, compromise the following:

Cash and equivalents - operating	$ 181,898
	$ 181,898

As part of the Corporation's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Note 3 - License Plate Revenue

The Corporation shares license plate revenue generated by a third party with other connected non-profit organizations. All license plate revenue generated by the third party is first received by the Corporation and then allocated to the other non-profit organizations. Allocations are based on the number of counties each non-profit organization serves. License plate revenue, net was calculated as follows:

Total license plate revenue received by a third party	$ 96,955
License plate revenue allocated to other non-profit organizations	(58,173)
License plate revenue, net	$ 38,782

Note 4 - Special Events

The Corporation hosts special events with the intention to increase public awareness of autism. Special event revenue and expenses for the year ended December 31, 2024, were $56,961.

Note 5 - Subsequent Events

The Corporation has evaluated subsequent events through May 5, 2025, the date the financial statements were available to be issued. During this period, ASMT, INC dba Autism Tennessee did not have any material recognizable events that required recognition or disclosure in the December 31, 2024, financial statements.

* * * * *

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/8/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: BRENNEN FINCHUM	
Heron Hill Risk Management	PHONE (A/C, No, Ext): 615-538-8878	FAX (A/C, No):
PO Box 502	E-MAIL ADDRESS: brennen@heronhillriskmanagement.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Thompson's Station TN 37179	INSURER A : ERIE INS CO	26263
INSURED	INSURER B :	
ASMT, Inc.	INSURER C :	
955 WOODLAND ST	INSURER D :	
	INSURER E :	
NASHVILLE TN 37206-3753	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	Q61-0456989	09/18/2024	09/18/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

ASMT, Inc.

955 Woodland St

Nashville TN 37216

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brennen Finchum

METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R25-321049

Metro Animal Care And Control

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: FRIENDS OF MACC
P.O. BOX 291621
NASHVILLE, TN 37229
Phone: (615) 545-1675
Check / Card No:

Receipt Date: Saturday, May 31, 2025

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		EMERGENCY I	$12500.00	1	12,500.00
DONATION		SAFETYNET	4000.00	1	4,000.00
DONATION		FOSTER PRO(	3750.00	1	3,750.00
DONATION		RABIES CLINI(	1244.00	1	1,244.00

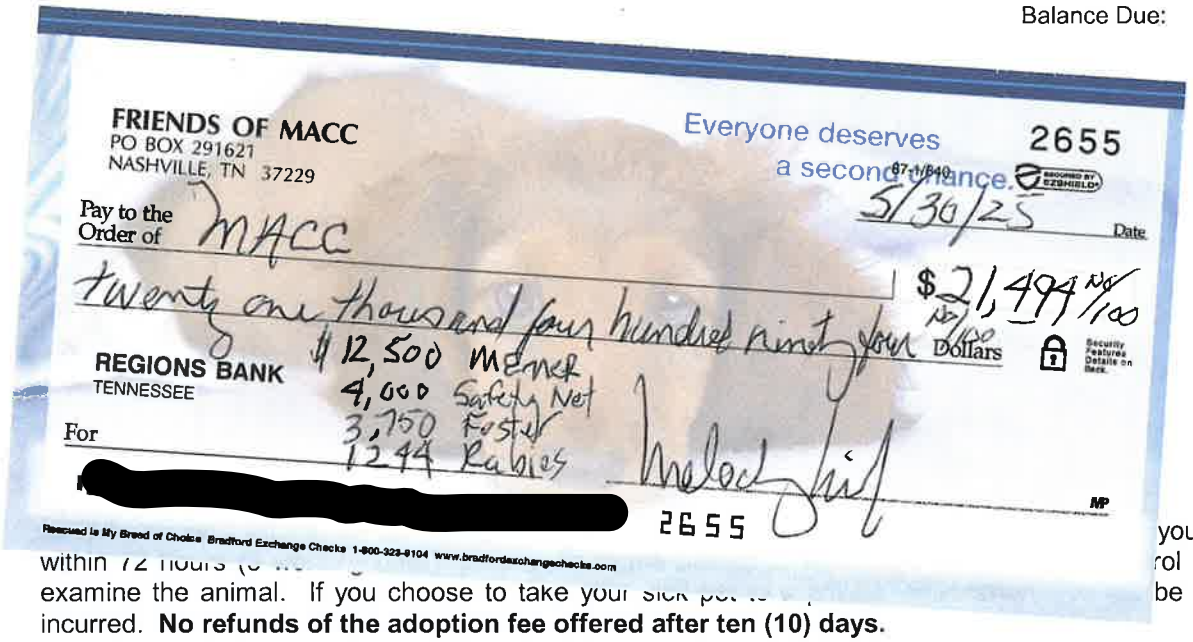
Total Fees Due: **$21494.00**

Payments:

Cash:	$0.00
Check:	$21,494.00
Credit Card:	$0.00
Total Payments Received:	**$21494.00**

Thank You!

Change:	$0.00
Balance Due:	$0.00



within 72 hours (3 ... your new pet becomes sick examine the animal. If you choose to take your sick pet to ... rol and our veterinarian will incurred. **No refunds of the adoption fee offered after ten (10) days.** be responsible for all costs

Adoption and Reclaim Hours
Sunday-Saturday 10 AM-4 PM
Thursday 10 AM-6 PM

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

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____ _____
Director, Metro Public Health Department Date

_____ _____
Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____ _____
Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

_____ _____
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

_____ _____
Metropolitan Attorney Date

FILED:

_____ _____
Metropolitan Clerk Date

Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Board of Health Request Tracking Form

Meeting Date: **May 8, 2025**

Board Requests of the Department:

1. Regular updates on the proposed new Woodbine Clinic.
2. Report to Board any MACC staff interactions with public where safety is concerned.
3. Provide status of MPHD's financial health update to the Board on a quarterly basis.
4. Provide update on the culture of the department to the Board on a quarterly basis.
5. Provide 2025 Annual Board Report to the Mayor to the Board in June.
6. Provide Annual Board Report draft to the Mayor to the Board by March 2026 and beyond.
7. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place.
8. Provide report of MACC comps and turnover rates to the Board at the next meeting.
9. Provide update on the five employees that were dismissed due to loss of funding at next meeting.
10. Consider having a member of the Youth Advisory Board present at the meetings.

Assignments and Due Date per each request from the Board:

1. Regular updates on the proposed new Woodbine Clinic. (Areola)
2. Report to Board any MACC staff interactions with public where safety is concerned. (Finke)
3. Provide a MPHD's financial health update to the Board on a quarterly basis. (Diamond)
4. Provide update on the culture of the department to the Board on a quarterly basis. (Areola)
5. Provide 2025 Annual Board Report to the Mayor to the Board in June. (Areola)
6. Provide Annual Board Report draft to the Mayor to the Board by March 2026 and beyond. (Areola)
7. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place. (Areola)
8. Provide a report of MACC comps and turnover rates to the Board at the next meeting. (Shelton)
9. Provide an update on the five employees that were dismissed due to loss of funding at next meeting. (Shelton)
10. Consider having a member of the Youth Advisory Board present at the meetings. (Areola)

Outcomes:

1. Regular updates on the proposed new Woodbine Clinic. (Areola) - Ongoing
2. Report to Board any MACC staff interactions with public where safety is concerned. (Finke) – Ongoing
3. Financial Update will be given to the Board in January, April, July, and October. Next update will be given in July. (Diamond)
4. Update on the culture of the department will be given to the Board on a quarterly basis. (Areola)
5. 2025 Annual Board Report to the Mayor will be given to the Board in June. (Areola)
6. Annual Board Report draft to the Mayor will be given to the Board by March 2026 and beyond. (Areola)
7. Monthly update on the Director's priorities will be given to the Board until the Strategic Plan is in place. (Areola)
8. Report on MACC comps and turnover rates will be given to the Board at the June meeting. (Shelton)
9. Update on the five employees that were dismissed due to loss of funding will be given at the June meeting. (Shelton)
10. Consideration of having a member of the Youth Advisory Board present will be considered. (Areola)

Response filed in meeting packet of **June 12, 2025**

PERSONNEL CHANGES

MAY 2025

NEW HIRES

Samuel Damewood, Program Specialist 2, 05/05/2025, $50,646.98 (BHW)
Oscar Mora, Nutrition Educator, 05/10/2025, $50,646.98 (SNC)
Sara Mebrahtu, Public Health Nurse Practitioner, 05/19/2025, $106,923.76 (TBE)
William Nolan, Environmental Health Specialist, 05/19/2025, $57,928.26 (PUB)
Kelsie Pittman, Animal Care Assistant 1, 05/24/2025, $44,122.33 (MACC)
Andrew Allemand, Animal Care Assistant 1, 05/24/2025, $44,122.33 (MACC)
August Metzger, Animal Care Assistant 1, 05/31/2025, $44,122.33 (MACC)

TERMINATIONS (VOLUNTARY)

Tonya Hatten, Health Manager 3, 05/21/2025, service pension (Records Management)
Santia Boykins, Seasonal/Part-time/Temp., 05/23/2025, resigned (School Health)
Indigo Harris, Outreach Worker, 05/23/2025, resigned (Healthy Start)
Mary Dubuisson, Seasonal/Part-time/Temp., 05/26/2025, resigned (School Health)

TERMINATION (INVOLUNTARY)

Zida Hamed, AC&C Officer 1, 05/12/2025, dismissed (MACC)

SALARY GRADE ADJUSTMENTS

Alexandria Gerritsen, Office Assistant, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Jessic Faulk, Office Assistant, Salary grade adjustment from STO6 to ST07, MACC effective 5/24/25
Caitlin Horner, Licensed Vet. Tech, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Kirra Scott, Licensed Vet. Tech, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Morella Acosta, Program Coordinator, Salary grade adjustment from ST09 to ST10, MACC effective 5/24/25
Christopher Radek, Program Coordinator, Salary grade adjustment from ST09 to ST10, MACC effective 5/24/25
Baileigh Buxton, Program Coordinator, Salary grade adjustment from ST09 to ST10, MACC effective 5/24/25
Charlotte Skey, Program Coordinator, Salary grade adjustment from ST09 to ST10, MACC effective 5/24/25
Allison Hopkins, Administrative Supervisor, Salary grade adjustment from ST09 to ST10, MACC effective 5/24/25
Shelby Fuller, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25

Morgan Maunder, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Ashlynn Ray, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Syed Mian, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Zenbyn Chong, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Olivia Jackson, Kennel Assistant 1, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Erin Griffin, Kennel Assistant 2, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Russell Litzinger, Kennel Assistant 2, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Chelsea Davis, Kennel Assistant 2, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Sean Campbell, Kennel Assistant 2, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Justine Josey, Kennel Assistant 3, Salary grade adjustment from ST08 to ST09, MACC effective 5/24/25
Jared Muse, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Elizabeth Lovvorn, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Antonio Cole, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Maria Dorrill, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Carrie Andersen, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Nathan Rose, Control Officer 1, Salary grade adjustment from STO7 to STO8, MACC effective 5/24/25
Carely Bullinger, Control Officer 2, Salary grade adjustment from STO8 to STO9, MACC effective 5/24/25
Tyler Erskine, Control Officer 2, Salary grade adjustment from STO8 to STO9, MACC effective 5/24/25
Andrew Hollers, Control Officer 2, Salary grade adjustment from STO8 to STO9, MACC effective 5/24/25
Emily Grangaard, Control Officer 2, Salary grade adjustment from STO8 to STO9, MACC effective 5/24/25
Danielle Jersey, Control Officer 3, Salary grade adjustment from STO9 to ST10, MACC effective 5/24/25
Amanda Stephan, Control Officer Supervisor, Salary grade adjustment from ST10 to ST11, MACC effective 5/24/25

Alexandra Adams, Shelter Vet. Assistant, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Armel Onanina Bodiong, Shelter Vet. Assistant, Salary grade adjustment from ST06 to ST07, MACC effective 5/24/25
Dannielle Carter, Animal Care Supervisor, Salary grade adjustment from ST10 to ST11, MACC effective 5/24/25
Ryan Purcell, Office Support Specialist, Salary grade adjustment from ST07 to ST08, MACC effective 5/24/25
Jake York, Program Coordinator Behaviorist, Salary grade adjustment from ST10 to ST11, MACC effective 5/24/25

VOLUNTARY REDUCTION IN SALARY GRADE

Derrick Rigsby, Public Health Administrator 2-BHW, position change to Public Health Administrator 1 effective 5/24/2025