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
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 Board Room on the third floor
2500 Charlotte Avenue, Nashville TN 37209
4:00 p.m. – Thursday, November 13, 2025

The Board of Health may deliberate and decide any item on the agenda.

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. Deliberation of September 11, Meeting Minutes ..... Franklin
5. Deliberation of October 2, Special Called Meeting Minutes ..... Franklin
6. Employee/Team Recognition ..... Areola
7. Deliberation on MACC Bill ..... Franklin/Areola
8. State of Public Health ..... Areola
9. Deliberation of Grant Applications ..... Diamond
10. Deliberation of Grants and Contracts ..... Diamond
11. Report of Director ..... Areola
12. Report of Chair ..... Franklin
13. Election of Chair and Vice-Chair ..... Franklin
14. New Business ..... Franklin
    a. Board Requests of the Department b. Departmental Requests of the Board
15. Adjournment ..... Franklin

CIVIL SERVICE BOARD

1. Public Hearing Regarding Civil Service Rule 4.5, subsection A, subsection I, subsection b ..... Franklin
2. Civil Service Rule 4.5, subsection A, subsection I, subsection b ..... Holloway
3. Request for Extension of Out of Class Pay for Dannielle Carter as Animal Care and Control Manager ..... Holloway
4. Personnel Changes – September 2025 ..... Holloway
5. Personnel Changes – October 2025 ..... Holloway
6. Adjournment ..... Franklin

The Metro Public Health Department does not discriminate on the basis of age, race, gender, gender identity, sexual orientation, color, national origin, religion, or disability in admission to, access to, or operation of its programs, services, or activities, nor does it discriminate in its hiring or employment practices. Contact mphd.ada@nashville.gov with questions, concerns, complaints, requests for accommodation, or requests for additional information regarding the Americans with Disabilities Act.

Metropolitan Board of Health of Nashville and Davidson County
September 11, 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 4:02 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, Member
Carol Ziegler, DNP, Member
Rebecca Whitehead, MBA, Member
Morgan McDonald, MD, Member
Heather Corum Powell, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Aaron Shelton, MBA, Human Resources Manager
John Finke, Environmental Health Services Bureau Director
Rachel Franklin, Communicable Disease and Emergency Preparedness Bureau Director
Kinley Reed, PHEP Epidemiologist
Norman Foster, STI/HIV Program Director
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.

Deliberation of August 14, 2025, Meeting Minutes
Dr. McDonald made a motion to approve the August 14, 2025, meeting minutes as distributed. Ms. Corum Powell seconded the motion, which passed unanimously.

Employee/Team Recognition
Dr. Areola recognized and introduced Tony Dotson for being chosen as the August Employee of the Month. (Attachment I).

STI/HIV Presentation
Rachel Franklin, Kinley Reed, and Norman Foster gave a presentation on STI/HIV data trends and program strategies. (Attachment II) Ms. Reed stated that the data is a few years old due to not receiving current data from the Tennessee Department of Health. Dr. Areola stated that the department did receive some additional funds this year from the Mayor's Office.

State of Public Health
Dr. Areola shared his Performance Tracking Report for FY2026 prior to the meeting. He stated that vaccine is dominating national news now. New Covid vaccine for 2025/2026 has been authorized but waiting on details to order the vaccine and the protocol for the vaccine administration. The department will order once we have received the ordering information.

Chair Franklin asked if it would be possible to do a public health message to the community sharing where the public can get the vaccine. Dr. Areola stated that once we have all the information, the department will provide a message to the public on where they can go to get vaccinated.

Deliberation of Proposed Regulation No. 13, "Part 70 Operating Permit Program

Mr. Finke shared that at the July meeting he asked the Board to approve a public hearing to receive comments on the proposed regulation to change some of the federal mandates. The hearing was held on August 26th and no one participated. When the agenda was set, he was going to ask at this meeting for the Board to approve the regulation that was proposed; however, last Friday, September 5th, the courts rescinded the revision. Mr. Finke asked the Board to approve deferring this for one month in case it is appealed or turned over to higher court. We have not received any communication from the EPA.

Dr. Ziegler made a motion to defer the approval of Proposed Regulation No. 13, "Part 70 Operating Permit Program" for one month. Dr. Griffin seconded the motion, which passed unanimously.

Deliberation of Grant Applications

Mr. Diamond presented one grant application item.

Foundational Grant Application – Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems
Term: December 1, 2025 – November 30, 2026
Amount: $481,943

Dr. Griffin made a motion to approve and ratify the previous August 25th submission of the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Foundational Grant Application. Dr. McDonald seconded the motion, which passed unanimously.

Deliberation of Grants and Contracts

Mr. Diamond presented 6 items.

1. **Grant Amendment from Health Resources and Services Administration – Nashville Strong Babies**
   Term: April 1, 2025 – March 31, 2026
   Amount: $312,324 (new total $1,100,000)
2. **Grant from Tennessee Department of Health – HIV Surveillance & Prevention**
   Term: July 1, 2025 – June 30, 2026
   Amount: $696,500
3. **Grant Amendment from Tennessee Department of Health – Women Infant & Children**
   Term: October 1, 2024 – September 30, 2027
   Amount: -$475,748 (new total $15,954,952)
4. **Grant from the Friends of MACC – Donation**
   Term: NA
   Amount: $20,428
5. **Contract with Cosecha – Community Development Garden at Woodbine Center**
   Term: Execution – December 31, 2028
   Amount: NA
6. **Music City Prep Clinic Grant – Ryan White**
   Term: Execution – February 28, 2026
   Amount: $19,200

Ms. Whitehead made a motion to approve items 1-6. Dr. Ziegler seconded the motion, which passed unanimously.

Report of Director

Dr. Areola referred to the update provided in the Board packet (Attachment III) and highlighted several items therein.

- We are offering flu vaccine at all three clinics.
- Fight Flu Nashville Day is scheduled for October 21.
- We are working with the Mayor's Office to develop a Community Safety Plan. The Mayor's Office will be appointing a Task Force this month.
- The Opioid Response Request for Proposal was sent to downtown today.
- We had a potential site for the new Woodbine facility; however, the availability of that site is now a lease agreement and at this time we are not interested in leasing. General Services continues to suggest potential sites and we will keep assessing those until a selection has been made.
- Staff are continuing to work with General Services and a shelter design firm on plans for a new animal shelter.

Dr. Areola shared that he should be receiving an update from Ms. Boon soon on the work she has done regarding change management.

Dr. Areola recognized Dr. Fonda Harris who is retiring next month. Dr. Harris has been with the health department for 19 years and a total of 34 years with Metro Government.

Report of Chair

Chair Franklin thanked Dr. Fonda Harris for her service to this department.

Chair Franklin reported that Ms. Boon met with board members and several staff members during July and August to help make sense of the change management process. A report is almost ready. She will be meeting with Ms. Boon to determine the best way to share the report with the Board. It will also be shared with the department.

She will be attending the NALBOH annual conference is October 6-8. Chair Franklin will give an update at the October meeting if time permits. If not, she will give an update at the November meeting.

New Business

Dr. Areola referenced items 7-9 on the Board Requests and gave an update.

- Item # 7: Consider having a member of the Youth Advisory Board present at the meetings.
  - The YAB asked what their role would be if they attended the meeting. Dr. Areola communicated with Ms. Latissa Hall that we would like to have them in the audience to observe and participate as needed.
- Item # 8: Dr. Areola to notify the Board what they can do to get the word out about what we are doing in the department and to share the talking points at the appropriate time.
  - Providing presentations like the STI/HIV presentation today gives the information needed and we will continue to do this for other programs.
- Item # 9: Provide a one-page report on each grant annually.
  - Dr. Areola stated that his team will develop a one-page report to share at the next meeting to seek input from the board members on the format.

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 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.
- Consider having a member of the Youth Advisory Board present at the meetings.

- Dr. Areola to notify the Board what they can do to get the word out about what we are doing in the department and to share the talking points at the appropriate time.
- Provide a one-page report on each grant annually.
- Provide an update on the MPHD funding initiative.
- Provide vaccine messaging so that board members can share the message.
- Provide flu vaccine to board members at the next meeting.
- Provide an update on the WIC grant funding at the next meeting.
- Provide an ongoing update on community violence.

Adjournment

Dr. Ziegler made a motion to adjourn the regular meeting. Dr. McDonald seconded the motion, which passed unanimously. The regular meeting adjourned at 5:04 p.m.

CIVIL SERVICE BOARD

Personnel Changes

Mr. Shelton referred to the August 2025, Personnel Changes.

Adjournment

Chair Franklin adjourned the Civil Service Board meeting at 5:06 p.m.

Next Meeting

The next meeting of the Board of Health will be held Thursday, October 9, 2025, at the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Tené H. Franklin

Chair

DRAFT

Metropolitan Board of Health of Nashville and Davidson County
October 2, 2025, Special Called Meeting Minutes

The Special Called meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 2:04 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, Member
Rebecca Whitehead, MBA, Member
Morgan McDonald, MD, Member
Heather Corum Powell, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Aaron Shelton, MBA, Human Resources Manager
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.

Deliberation of Grant Applications

There were no grant applications.

Deliberation of Grants and Contracts

Mr. Diamond presented 9 items.

1. **Grant – Community Safety Initiative – Black Mental Health Village**
   Term: Execution + 1 year
   Amount: $30,000
2. **Grant – Community Safety Initiative – We Are One Recovery**
   Term: Execution + 1 year
   Amount: $32,000
3. **Grant – Ryan White – Neighborhood Health**
   Term: Execution – February 28, 2026
   Amount: $211,866
4. **Grant – Ryan White – Street Works**
   Term: March 1, 2025 – February 28, 2026
   Amount: $452,444
5. **Grant – Ryan White – Meharry Medical College**
   Term: March 1, 2025 – February 28, 2026
   Amount: $563, 908
6. **Grant – Community Safety Initiative – Raphah Institute**
   Term: Execution + 1 year
   Amount: $159,000

7. **Grant – Ryan White – Vanderbilt University Medical Center**
   Term: March 1, 2025 – February 28, 2026
   Amount: $765,882
8. **Grant – Ryan White – Nashville Cares**
   Term: March 1, 2025 – February 28, 2026
   Amount: $1,621,095
9. **Grant – Ryan White – We Are One Recovery**
   Term: Execution – February 28, 2026
   Amount: $276,202

Ms. Whitehead made a motion to approve items 1-9. Dr. McDonald seconded the motion, which passed unanimously.

Adjournment

Dr. McDonald made a motion to adjourn the Special Called meeting. Ms. Corum Powell seconded the motion, which passed unanimously. The Special Called meeting adjourned at 2:09p.m.

CIVIL SERVICE BOARD

Deliberate on Scheduling a Public Hearing Regarding Civil Service Rule 4.5. subsection A, subsection i, subsection b

Mr. Shelton reported that upon the adoption of the new FY26 pay plan, which included a new step structure and new guidelines for the application of the new structure, the previous "two steps" which applied to the ten step pay structure promotional process, should be changes to "three step" in keeping with the intended process and guidelines of the new pay plan for promotions.

This change is necessary because MPHD had established this guideline/process as a rule within our Civil Service Rules which should be changed in keeping with the intent, guidelines and processes of the new pay plan.

Dr. McDonald made a motion to schedule a public hearing regarding the Civil Service Rule 4.5. subsection A, subsection i, subsection b at the next meeting. Ms. Whitehead seconded the motion, which passed unanimously.

Adjournment

Chair Franklin adjourned the Civil Service Board meeting at 2:10 p.m.

Next Meeting

The next meeting of the Board of Health will be held Thursday, November 13, 2025, at the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Tené H. Franklin

Chair

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: November 13, 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: November 13, 2025
Re: Summary of grants & contracts presented for Board approval

1. ***Revised* Nashville Cares subgrant**
   This Ryan White subgrant to Nashville Cares is for the provision of Early Intervention Services, Emergency Financial Assistance, Food Assistance, Housing Services, Linguistic Services, Medical Case Management, Case Management, Mental Health, Non-Medical Case Management, Outpatient Ambulatory Care, Referral Services, and Transportation for Part A participants and Medical Case Management, Outpatient Ambulatory Care and Outreach Services for the Minority AIDS Initiative.

   Revision – Term A.1.j Psychosocial Services was added to the contract. All other terms remain unchanged.

   Term: March 1, 2025 – February 28, 2026
   Amount: $1,621,095
   Manager: Beverly Glaze-Johnson
   Bureau: Joanna Shaw-KaiKai

2. ***Revised* We Are One Recovery subgrant**
   This Ryan White subgrant to We Are One Recovery is for the provision of Early Intervention Services, Housing Services, Mental Health, Psychosocial Services and Transportation Services for Part A participants.

   Revision – Term A.1.a.i. was modified to change the meaning from "provide people testing" to "refer people to outside organizations for testing", all other terms remain unchanged.

   Term: execution – February 28, 2026
   Amount: $276,202
   Manager: Beverly Glaze-Johnson
   Bureau: Joanna Shaw-KaiKai

3. ***Revised* Vanderbilt University Medical Center subgrant**
   This Ryan White subgrant to Vanderbilt University Medical Center is for the provision of Medical Case Management, Mental Health, Outpatient Ambulatory Care and Referral Services for Part A participants.

   Revision – Term A1.c.iv. numbers were reduced to reflect the capability of the remaining staff to meet the service objectives. Terms A.1.d.i. and A.1.d.ii. had the scope numbers reduced to reflect the elimination of the Referral Services in July. Term C.2. was modified to give VUMC 15 more days to finalize the last invoice. Term D.16. was changed to align the contract with the Metro Nashville Public Schools master agreement language. The Business Associate Agreement, Attachment B, was determined by the HIPAA Officer and the HIPAA compliance vendor not to be needed for the contract and was removed.

   Term: March 1, 2025 – February 28, 2026
   Amount: $765,882
   Manager: Beverly Glaze-Johnson
   Bureau: Joanna Shaw-KaiKai

4. **Gideons Army grant**
   A grant to Gideons Army to implement "Gid University", a trauma informed, youth led workforce and leadership program for youth as part of the Community Safety Initiative.

Term:	execution +1 yr
Amount:	$375,000
Manager:	Anidolee Melville-Chester
Bureau:	D'Yuanna Allen-Robb

5. **Pass the Beauty grant**
   A grant to Pass the Beauty to implement program focusing on programs that mitigate financial stress, strengthen anti-violence social norms and peer relationships, and provide peer support and therapy as part of the Community Safety Initiative.

Term:	execution +1 yr
Amount:	$48,000
Manager:	Anidolee Melville-Chester
Bureau:	D'Yuanna Allen-Robb

6. **Lipscomb University Affiliate amendment**
   This contract provides students enrolled in Lipscomb University in the various healthcare programs with the opportunity to have clinical/practicum training experience in MPHD clinics and various other programs.

   Amendment 1 – term 2.10 now reflects a change in the TB test requirements to allow students the option to take an interferon-gamma release assay test or a two step TB skin test.

Term:	July 1, 2022 – June 30, 2027
Amount:	NA
Manager:	Abigail Holloway
Bureau:	Directors Office

7. **Friends of MACC**
   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) Microchips/Rabies Clinic $680.

Term:	NA
Amount:	$20,930
Manager:	
Bureau:	John Finke

8. **Mobile WIC Metropolitan Development and Housing Agency MOU**
   This MOU with MDHA is to allow the mobile WIC outreach program to utilize classroom space for WIC staff to provide WIC services as needed. Due to improvements in the technology and changes to in-person appointment requirements for WIC, Mobile WIC no longer hosts appointments on a regular basis at these locations; however, the team is invited frequently to attend community events and classes, and staff will provide WIC services including certification appointments on-site when attending. The WIC program provides nutrition and breastfeeding education and promotion in addition to food benefits to eligible individuals.

Term:	February 1, 2026 – January 31, 2031
Amount:	NA
Manager:	Lauren Cromer
Bureau:	D'Yuanna Allen-Robb

9. **Mobile WIC Nashville Public Library MOU**
   This MOU with the Library is to allow the mobile WIC outreach program to utilize classroom space for WIC staff to provide WIC services as needed. Due to improvements in the technology and changes to in-person appointment requirements for WIC, Mobile WIC no longer hosts appointments on a regular basis at these locations; however, the team is invited frequently to attend community events and classes, and staff will provide WIC services including certification appointments on-site when attending. The WIC program provides nutrition and breastfeeding education and promotion in addition to food benefits to eligible individuals.

Term:	February 1, 2026 – January 31, 2031
Amount:	NA
Manager:	Lauren Cromer
Bureau:	D'Yuanna Allen-Robb

10. **Renaissance TennCare Network Provider Agreement**
    This is an insurance provider agreement with Renaissance to cover dental benefits for participants in the TennCare Children Dental Benefits Management Program, TennCare Adult Dental Benefits Management Program, CoverKids Dental Benefits Management Program, TennCare Employment and Community First CHOICES Dental Benefits Management Program and TennCare 1915(c) Dental Benefits Management Program.

Term:	execution +5yrs
Amount:	NA
Manager:	Kim Smith
Bureau:	Joanna Shaw-KaiKai

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
NASHVILLE CARES

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Nashville Cares, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through I incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

a. Early Intervention Services

i. Link newly diagnosed people living with HIV in the transitional grant area to care.

ii. Link previously diagnosed individuals in the transitional grant area to care that have been lost to care.

iii. Increase early intervention services points of entry to improve outreach to clients.

b. Emergency Financial Assistance

i. Provide people living with HIV one or more utility payments.

c. Food Assistance

i. Distribute food bags to people living with HIV.

ii. Distribute frozen meals to people living with HIV.

iii. Distribute fresh food bags or vouchers to people living with HIV.

d. Housing Services

i. Provide people living with HIV one or more rental payments.

e. Linguistic Services

i. Provide people living with HIV interpretation services.

ii. Provide people living with HIV translation services.

f. Medical Case Management

i. Provide people living with HIV medical case management including bio-psycho-social assessments, CARE planning and implementation, monitoring and reassessment.

ii. Ninety percent (90%) of people living with HIV receiving medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people living with HIV receiving routine HIV medical care will achieve and maintain viral suppression.

g. Mental Health

i. Provide people living with HIV will receive and recognize a mental health diagnosis through referrals to behavioral health services and completion of diagnostic screening.

ii. One hundred percent (100%) of people living with HIV receiving one or more mental health diagnoses will develop and individualized mental health care plan.

iii. Twenty-four percent (24%) of people receiving one or more mental health diagnoses will participate in group sessions.

iv. Twenty percent (20%) of people living with HIV receiving one or more mental health diagnoses will receive psychiatric medication services.

v. Sixty percent (60%) of people living with HIV receiving one or more mental health diagnoses will follow their individualized mental health care plan until resolution of their initial mental health symptoms.

h. Non-Medical Case Management

i. Provide people living with HIV with non-medical case management including bio-psycho-social assessments and CARE planning and implementation.

ii. Ninety percent (90%) of people living with HIV receiving non-medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people living with HIV receiving HIV medical care will achieve and maintain viral suppression.

i. Outpatient Ambulatory Care

i. Provide people living with HIV with outpatient ambulatory care, including provider visits, diagnostic testing and laboratory services.

ii. Fifty percent (50%) of newly diagnosed people living with HIV will receive rapid antiretroviral therapy within 72 hours of diagnosis.

iii. Ninety-six percent (96%) of people living with HIV receiving outpatient ambulatory care will be retained in care.

iv. Ninety percent (90%) of people living with HIV retained in care will achieve viral suppression.

j. Psychosocial Services

i. Provide people living with HIV with individual and group support, including recruitment and referral services, assessments, and linkage to other services.

k. Referral Services

i. Provide people living with HIV with pharmacy assistance applications.

ii. Provide people living with HIV with free medication.

l. Transportation

i. Provide people living with HIV with bus passes.

ii. Provide people living with HIV with access ride bus passes.

iii. Provide people living with HIV with ride share services.

m. Minority Aids Initiative – Medical Case Management

i. Provide people living with HIV medical case management including bio-psycho-social assessments, CARE planning and implementation, monitoring and reassessment.

ii. Ninety percent (90%) of people living with HIV receiving medical case management will access routine HIV medical care.

iii. Ninety percent (90%) of people living with HIV receiving routine HIV medical care will achieve and maintain viral suppression.

n. Minority Aids Initiative – Outpatient Ambulatory Care

i. Provide people living with HIV with outpatient ambulatory care, including provider visits, diagnostic testing and laboratory services.

ii. Fifty percent (50%) of newly diagnosed people living with HIV will receive rapid antiretroviral therapy within 72 hours of diagnosis.

iii. Ninety-six percent (96%) of people living with HIV receiving outpatient ambulatory care will be retained in care.

iv. Ninety percent (90%) of people living with HIV retained in care will achieve viral suppression.

o. Minority Aids Initiative – Outreach Services

i. Engage people at high risk for HIV in the Hispanic community.

ii. Host testing and engagement events in the Hispanic community.

iii. Test 70% of engaged individuals that are high risk for HIV in the Hispanic community.

iv. Link newly diagnosed people living with HIV to care within 72 hours of diagnosis.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public health coverage programs, including but not

limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

A.5. The Recipient shall utilize Program Income as required by section 28 of the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications and further explained in provision 45 CFR § 75.307(e)(2).

A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.

A.7. 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.

A.8. The Recipient must comply with all quarterly reporting requirements. The Recipient must submit quarterly reports that contain the following:

- Implementation Plans
- Provider Data Import Report
- Other data as requested.

A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.

A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the related provisions of 45 CFR § 75 Health & Human Services ("HHS") Uniform Guidance, 2 CFR § 200.1 Definitions, 2 CFR § 200.313(e) Equipment Disposition, 2 CFR § 200.314(a) Supply Disposition, 2 CFR § 200.320 Micro-Purchase Threshold, 2 CFR § 200.333 Fixed Amount Subawards Amount, 2 CFR § 200.344 Closeout Provisions, 2 CFR § 200.414(f) Indirect Cost Rate Provisions, and 2 CFR § 200.501 Audit Provisions, the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will commence on the date filed with the Metropolitan Clerk after receiving all required Metro approvals and ending on February 28, 2026. Metro will have no obligation for services rendered by the Recipient that are not performed within this term, although it is understood that Recipient has provided services prior to the commencement of the term of this agreement and will be allowed to submit invoices and be paid for services rendered beginning March 1, 2025.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed One Million, Six Hundred Twenty-One Thousand Ninety-Five dollars ($1,621,095). The Grant Spending Plan will constitute the maximum amount 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 agreement, 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

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 Metro Public Health Department, healthap@nashville.gov**.**

Final invoices for the contract period should be received by March 31, 2026. 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 Metro Public Health Department, 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. 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 and approved by the Metropolitan Council.

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 - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. 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 Contract. 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 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 Metro. Notwithstanding any use of approved Sub-Grantee, 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 Non-Profit Grants Manual. 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 Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, 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 Grantees, 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 Grantees, 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.** "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 as provided 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 breach under this Grant Contract. 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. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.

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. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under 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. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.23. **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.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 Five Thousand dollars ($5,000).

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 Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee 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:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634

Holly.Rice@nashville.gov Nancy.Uribe@nashville.gov

Recipient
Nashville Cares
Director
633 Thompson Lane
Nashville, TN 37204

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:

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

ii. 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;

iii. 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

iv. 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)(ii) and D.29(a)(iii) 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.

D.32. **Federal Funding Accountability and Transparency Act (FFATA).** This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

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

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

(1) Eighty percent (80%) or more of the Recipient'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 subawards); and

(2) Twenty-Five Million Dollars ($25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and

(3) 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.

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

(1) Salary and bonus.

(2) 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.

(3) 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.

(4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(5) Above-market earnings on deferred compensation which is not tax qualified.

(6) 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 Ten Thousand dollars ($10,000).

b. The Recipient must report executive total compensation described above to Metro 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 Recipient must submit an executive total compensation report to the Metro by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Recipient will obtain a Unique Entity Identifier 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.sam.gov.

The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.

D.33. **Assistance Listing Number.** When applicable, the Recipient 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:

a. 93.914 HIV Emergency Relief Project Grants.

(THIS PAGE LEFT INTENTIONALLY BLANK.)

Recipient: _____

By: _____

Title: _____

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: _____

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:

A. Grant Spending Plan
B. Business Associate Agreement
C. Application
D. Certificate of Assurance
E. Non-Profit Grants Manual Receipt Acknowledgement
F. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
G. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
H. Independent Audit completed by Certified Public Accountant
I. Certificate of Insurance

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares Rollup

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]	$942,400.00	$0.00	$942,400.00
2	Benefits & Taxes	$236,990.19	$0.00	$236,990.19
4, 15	Professional Fee/ Grant & Award [2]	$15,258.43	$0.00	$15,258.43
5	Supplies	$6,205.31	$0.00	$6,205.31
6	Telephone	$19,375.78	$0.00	$19,375.78
7	Postage & Shipping	$2,100.00	$0.00	$2,100.00
8	Occupancy	$35,723.90	$0.00	$35,723.90
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]	$16,501.03	$0.00	$16,501.03
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$181,930.86	$0.00	$181,930.86
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$162,109.50	$0.00	$162,109.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,621,095.00	$0.00	$1,621,095.00

[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

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares Part A Rollup

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]	$884,800.00	$0.00	$884,800.00
2	Benefits & Taxes	$222,438.94	$0.00	$222,438.94
4, 15	Professional Fee/ Grant & Award [2]	$14,266.17	$0.00	$14,266.17
5	Supplies	$5,233.48	$0.00	$5,233.48
6	Telephone	$18,115.78	$0.00	$18,115.78
7	Postage & Shipping	$2,100.00	$0.00	$2,100.00
8	Occupancy	$33,400.78	$0.00	$33,400.78
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]	$15,625.68	$0.00	$15,625.68
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$176,855.97	$0.00	$176,855.97
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$152,815.20	$0.00	$152,815.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,528,152.00	$0.00	$1,528,152.00

[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

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA EFA

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$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]	$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]	$ 5,121.00	$0.00	$5,121.00
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 (10% of direct cost)	$569.00	$0.00	$569.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$5,690.00	$0.00	$5,690.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	-

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

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
36 Utility pymts supports safe & stable housing for PLWHA	$ 5,121.00
ROUNDED TOTAL	$ 5,121.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA EIS

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]	$94,700.00	$0.00	$94,700.00
2	Benefits & Taxes	$23,755.69	$0.00	$23,755.69
4, 15	Professional Fee/ Grant & Award [2]	$1,735.78	$0.00	$1,735.78
5	Supplies	$596.69	$0.00	$596.69
6	Telephone	$2,204.16	$0.00	$2,204.16
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$4,063.92	$0.00	$4,063.92
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]	$ 2,892.96	$0.00	$2,892.96
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 (10% of direct cost)	$14,438.80	$0.00	$14,438.80
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$144,388.00	$0.00	$144,388.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Holley, Lamont C.	65,000.78	x	4%	+	$	2,652.03
Milliken, Rachel M.	66,996.80	x	30%	+	$	20,501.02
Stockard, Kyle J.	56,992.00	x	50%	+	$	29,065.92
Templeton, Raymond M.	52,000.00	x	50%	+	$	26,520.00
Vennitti, Kayla A.	52,000.00	x	30%	+	$	15,912.00
		x	100%	+	$	-
ROUNDED TOTAL					$	94,700.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	1377.60
Payroll processing fees ($18.20 x 12 mos per FTEs)	358.18
	$ 1,735.78
ROUNDED TOTAL	$ 1,735.78

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (210 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 2,892.96
ROUNDED TOTAL	$ 2,892.96

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA NUTRITION

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]	$34,400.00	$0.00	$34,400.00
2	Benefits & Taxes	$8,623.25	$0.00	$8,623.25
4, 15	Professional Fee/ Grant & Award [2]	$635.04	$0.00	$635.04
5	Supplies	$524.31	$0.00	$524.31
6	Telephone	$806.40	$0.00	$806.40
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,486.80	$0.00	$1,486.80
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]	$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]	$ 32,690.00	$0.00	$32,690.00
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 (10% of direct cost)	$8,796.20	$0.00	$8,796.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$87,962.00	$0.00	$87,962.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Garcia, Elizabeth	48,006.40	x	25%	+	$	12,241.63
Halliwell, Hailey A.	62,004.80	x	35%	+	$	22,135.71
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	34,400.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	504.00
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	131.04
	$	635.04
ROUNDED TOTAL	$	635.04

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

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
467 clients receive food assistance x avg $70/ea	$	32,690.00
ROUNDED TOTAL	$	32,690.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA HOUSING

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$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]	$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]	$ 45,522.90	$0.00	$45,522.90
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 (10% of direct cost)	$5,058.10	$0.00	$5,058.10
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$50,581.00	$0.00	$50,581.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	-

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
99 rental pymts stable housing through short-term assistance to prevent/avoid eviction.	$ 45,522.90
.	$ 45,522.90

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA LINGUISTICS

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$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]	$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]	$ 1,279.80	$0.00	$1,279.80
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 (10% of direct cost)	$142.20	$0.00	$142.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$1,422.00	$0.00	$1,422.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+		$ -
ROUNDED TOTAL						$ -

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

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Interpretation and translation services	$ 1,279.80
ROUNDED TOTAL	$ 1,279.80

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA MCM

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]	$523,500.00	$0.00	$523,500.00
2	Benefits & Taxes	$131,662.84	$0.00	$131,662.84
4, 15	Professional Fee/ Grant & Award [2]	$ 9,112.82	$0.00	$9,112.82
5	Supplies	$ 1,323.00	$0.00	$1,323.00
6	Telephone	$ 11,571.84	$0.00	$11,571.84
7	Postage & Shipping	$ 2,100.00	$0.00	$2,100.00
8	Occupancy	$ 21,335.58	$0.00	$21,335.58
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]	$ 11,210.22	$0.00	$11,210.22
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 (10% of direct cost)	$ 79,090.70	$0.00	$79,090.70
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$790,907.00	$0.00	$790,907.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Aboubaker, Maria D.	77,001.60	x	40%	+	$	31,416.65
Bailey, Tia N.	69,992.00	x	40%	+	$	28,556.74
Baker, Quincy J.	54,995.20	x	15%	+	$	8,414.27
Burgess, LaNese D.	65,000.00	x	40%	+	$	26,520.00
Carlew, Tony L.	65,000.00	x	15%	+	$	9,945.00
Carter, Tony C.	65,000.00	x	15%	+	$	9,945.00
Davis, Shamari T.	46,009.60	x	35%	+	$	16,425.43
DeYoung, Lauren A.	52,000.00	x	40%	+	$	21,216.00
Early, Darrell S.	48,006.40	x	50%	+	$	24,483.26
Hmun, Yin Y.	64,001.60	x	41%	+	$	26,765.47
Holley, Lamont C.	65,000.78	x	30%	+	$	19,890.24
Johnson, Knokeya	60,000.00	x	40%	+	$	24,480.00
Kallberg, Kimberly A.	57,990.40	x	10%	+	$	5,915.02
Murdock, Kenna J.	65,000.00	x	40%	+	$	26,520.00
Murphy, Kaleb	48,006.40	x	44%	+	$	21,545.27
Myatt, Aaron T.	72,009.60	x	25%	+	$	18,362.45
Neeck, Megan E.	39,665.60	x	40%	+	$	16,183.56
Pickney, Erin E.	104,000.00	x	15%	+	$	15,912.00
Polk, Eric J.	50,003.20	x	40%	+	$	20,401.31
Pruden, Jennifer A.	54,995.20	x	38%	+	$	21,316.14
Roberto, Jennifer D.	52,000.00	x	40%	+	$	21,216.00
Ross, Carlos	60,008.00	x	40%	+	$	24,483.26
Spyers, Brittany A.	65,000.00	x	23%	+	$	15,249.00
Vennitti, Kayla A.	52,000.00	x	25%	+	$	13,260.00
Williams, Jernice	69,992.00	x	40%	+	$	28,556.74
Williams, RiTara N.	65,000.00	x	40%	+	$	26,520.00
					$	-
ROUNDED TOTAL					$	523,500.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	7,232.40
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	1,880.42
	$	9,112.82
ROUNDED TOTAL	$	9,112.82

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT

In-State mileage reimbursement for travel for EE duties (155 mil/mo per FTEs at $0.70/mi for 12 mos)	$	11,210.22
ROUNDED TOTAL	$	11,210.22

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA MENTAL HEALTH

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]	$95,000.00	$0.00	$95,000.00
2	Benefits & Taxes	$23,855.92	$0.00	$23,855.92
4, 15	Professional Fee/ Grant & Award [2]	$973.73	$0.00	$973.73
5	Supplies	$913.71	$0.00	$913.71
6	Telephone	$1,236.48	$0.00	$1,236.48
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$2,279.76	$0.00	$2,279.76
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]	$579.60	$0.00	$579.60
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]	$2,500.00	$0.00	$2,500.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (10% of direct cost)	$14,148.80	$0.00	$14,148.80
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$141,488.00	$0.00	$141,488.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	13%	+	$	39,780.03
Catalano, Lily L.	29,255.20	x	20%	+	$	5,968.06
Harris, Paige	36,881.00	x	60%	+	$	22,571.17
Powell, Daniel J.	102,003.20	x	6.5%	+	$	6,762.81
Rauscher, Kara A.	81,993.60	x	20%	+	$	16,726.69
Zhu, Chenxi	62,004.80	x	5%	+	$	3,162.24
		x	100%	+	$	-
ROUNDED TOTAL					$	95,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	772.80
Payroll processing fees ($18.20 x 12 mos per FTEs)	200.93
	$ 973.73
ROUNDED TOTAL	$ 973.73

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (75 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 579.60
ROUNDED TOTAL	$ 579.60

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA NONMCM

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]	$35,600.00	$0.00	$35,600.00
2	Benefits & Taxes	$9,006.80	$0.00	$9,006.80
4, 15	Professional Fee/ Grant & Award [2]	$560.95	$0.00	$560.95
5	Supplies	$757.09	$0.00	$757.09
6	Telephone	$712.32	$0.00	$712.32
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,313.34	$0.00	$1,313.34
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]	$ 445.20	$0.00	$445.20
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 (10% of direct cost)	$5,377.30	$0.00	$5,377.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$53,773.00	$0.00	$53,773.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Aboubaker, Maria D.	77,001.60	x	10%	+	$	7,854.16
Myatt, Aaron T.	72,009.60	x	12%	+	$	8,813.98
Tinguee, Sintrell T.	60,008.00	x	31%	+	$	18,974.53
		x	100%	+	$	-
ROUNDED TOTAL					$	35,600.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	445.20
Payroll processing fees ($18.20 x 12 mos per FTEs)	115.75
	$ 560.95
ROUNDED TOTAL	$ 560.95

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (100 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 445.20
ROUNDED TOTAL	$ 445.20

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA OUTPATIENT

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]	$43,700.00	$0.00	$43,700.00
2	Benefits & Taxes	$11,043.60	$0.00	$11,043.60
4, 15	Professional Fee/ Grant & Award [2]	$317.52	$0.00	$317.52
5	Supplies	$297.28	$0.00	$297.28
6	Telephone	$403.20	$0.00	$403.20
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$743.40	$0.00	$743.40
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]	$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]	$34,800.00	$0.00	$34,800.00
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 (10% of direct cost)	$10,145.00	$0.00	$10,145.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$101,450.00	$0.00	$101,450.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	5%	+	$	15,300.01
Campbell, Zachary M.	111,000.24	x	20%	+	$	22,644.05
Davis, Rachel A.	113,692.80	x	5%	+	$	5,798.33
		x	100%	+	$	-
ROUNDED TOTAL					$	43,700.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	252.00
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	65.52
	$	317.52
ROUNDED TOTAL	$	317.52

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

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
HIV viral load and related laboratory diagnostic tests	$	34,800.00
ROUNDED TOTAL	$	34,800.00

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA PYSCHOSOCIAL

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]	$41,500.00	$0.00	$41,500.00
2	Benefits & Taxes	$10,393.15	$0.00	$10,393.15
4, 15	Professional Fee/ Grant & Award [2]	$666.79	$0.00	$666.79
5	Supplies	$821.40	$0.00	$821.40
6	Telephone	$846.72	$0.00	$846.72
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,561.14	$0.00	$1,561.14
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]	$ 264.60	$0.00	$264.60
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 (10% of direct cost)	$6,228.20	$0.00	$6,228.20
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$62,282.00	$0.00	$62,282.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Early, Darrell S.	48,006.40	x	20%	+	$	9,793.31
Ezell, Temya L.	46,009.60	x	20%	+	$	9,385.96
Link, Tiye U.	94,993.60	x	23%	+	$	22,285.50
		x	100%	+	$	-
ROUNDED TOTAL					$	41,500.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$	529.20
Payroll processing fees ($18.20 x 12 mos per FTEs)	$	137.59
	$	666.79
ROUNDED TOTAL	$	666.79

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
In-State mileage reimbursement for travel for EE duties (50 mil/mo per FTEs at $0.70/mi for 12 mos)	$	264.60
ROUNDED TOTAL	$	264.60

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA REFERRAL

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]	$4,100.00	$0.00	$4,100.00
2	Benefits & Taxes	$1,047.23	$0.00	$1,047.23
4, 15	Professional Fee/ Grant & Award [2]	$67.74	$0.00	$67.74
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$86.02	$0.00	$86.02
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$158.41	$0.00	$158.41
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]	$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]	$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 (10% of direct cost)	$606.60	$0.00	$606.60
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$6,066.00	$0.00	$6,066.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Stafford, Elizabeth J.	63,003.20	x	6.4%	+	$	4,112.85
		x	100%	+	$	-
ROUNDED TOTAL					$	4,100.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$ 53.76
Payroll processing fees ($18.20 x 12 mos per FTEs)	$ 13.98
	$ 67.74
ROUNDED TOTAL	$ 67.74

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

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - RWA TRANSPORTATION

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]	$12,300.00	$0.00	$12,300.00
2	Benefits & Taxes	$3,050.46	$0.00	$3,050.46
4, 15	Professional Fee/ Grant & Award [2]	$195.80	$0.00	$195.80
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$248.64	$0.00	$248.64
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$458.43	$0.00	$458.43
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]	$ 233.10	$0.00	$233.10
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$ 57,442.27	$0.00	$57,442.27
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 (10% of direct cost)	$8,214.30	$0.00	$8,214.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$82,143.00	$0.00	$82,143.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Holley, Lamont C.	65,000.78	x	18.5%	+	$	12,265.65
		x	100%	+	$	-
ROUNDED TOTAL					$	12,300.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	$ 155.40
Payroll processing fees ($18.20 x 12 mos per FTEs)	$ 40.40
	$ 195.80
ROUNDED TOTAL	$ 195.80

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (150 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 233.10
ROUNDED TOTAL	$ 233.10

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
Client transportation assistance; 325 clients	$ 57,442.27
ROUNDED TOTAL	$ 57,442.27

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Nashville Cares MAI Rollup

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]	$57,600.00	$0.00	$57,600.00
2	Benefits & Taxes	$14,551.25	$0.00	$14,551.25
4, 15	Professional Fee/ Grant & Award [2]	$992.26	$0.00	$992.26
5	Supplies	$971.83	$0.00	$971.83
6	Telephone	$1,260.00	$0.00	$1,260.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$2,323.12	$0.00	$2,323.12
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]	$875.35	$0.00	$875.35
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals [2]	$5,074.89	$0.00	$5,074.89
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 (0% of S&B)	$9,294.30	$0.00	$9,294.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$92,943.00	$0.00	$92,943.00

[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

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI MCM

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

POLICY 03 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]	$47,900.00	$0.00	$47,900.00
2	Benefits & Taxes	$12,046.85	$0.00	$12,046.85
4, 15	Professional Fee/ Grant & Award [2]	$836.14	$0.00	$836.14
5	Supplies	$971.83	$0.00	$971.83
6	Telephone	$1,061.76	$0.00	$1,061.76
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$1,957.62	$0.00	$1,957.62
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]	$ 829.50	$0.00	$829.50
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 (10% of direct cost)	$7,289.30	$0.00	$7,289.30
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$72,893.00	$0.00	$72,893.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Hmun, Yin Y.	64,001.60	x	49%	+	$	31,988.00
Roberto, Jennifer D.	52,000.00	x	30%	+	$	15,912.00
		x	100%	+	$	-
ROUNDED TOTAL					$	47,900.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)		663.6
Payroll processing fees ($18.20 x 12 mos per FTEs)		172.54
	$	836.14
ROUNDED TOTAL	$	836.14

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
In-State mileage reimbursement for travel for EE duties (125 mil/mo per FTEs at $0.70/mi for 12 mos)	$	829.50
ROUNDED TOTAL	$	829.50

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
	$	-
ROUNDED TOTAL	$	-

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI OUTPATIENT

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]	$3,200.00	$0.00	$3,200.00
2	Benefits & Taxes	$866.00	$0.00	$866.00
4, 15	Professional Fee/ Grant & Award [2]	$21.17	$0.00	$21.17
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$26.88	$0.00	$26.88
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$49.56	$0.00	$49.56
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]	$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]	$5,074.89	$0.00	$5,074.89
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 (10% of direct cost)	$1,026.50	$0.00	$1,026.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$10,265.00	$0.00	$10,265.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Bourgi, Kassem	300,000.22	x	0.50%	+	$	1,530.00
Campbell, Zachary M.	111,000.24	x	0.75%	+	$	849.15
Davis, Rachel A.	113,692.80	x	0.75%	+	$	869.75
		x	100%	+	$	-
ROUNDED TOTAL					$	3,200.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)		16.8
Payroll processing fees ($18.20 x 12 mos per FTEs)		4.37
	$	21.17
ROUNDED TOTAL	$	21.17

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

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
HIV viral load and related laboratory diagnostic tests	$	5,074.89
ROUNDED TOTAL	$	5,074.89

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

NASHVILLE CARES - MAI OUTREACH

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]	$6,500.00	$0.00	$6,500.00
2	Benefits & Taxes	$1,638.40	$0.00	$1,638.40
4, 15	Professional Fee/ Grant & Award [2]	$134.95	$0.00	$134.95
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$171.36	$0.00	$171.36
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$315.94	$0.00	$315.94
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]	$ 45.85	$0.00	$45.85
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 (10% of direct cost)	$978.50	$0.00	$978.50
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$9,785.00	$0.00	$9,785.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES							AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus		
Jimenez, Grisell N.	50,003.20	x	13%	+		$	6,502.92
		x	100%	+		$	-
ROUNDED TOTAL						$	6,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Database user fees ($70.00 x 12 mos per FTEs)	107.1
Payroll processing fees ($18.20 x 12 mos per FTEs)	27.85
	$ 134.95
ROUNDED TOTAL	$ 134.95

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
In-State mileage reimbursement for travel for EE duties (42.81 mil/mo per FTEs at $0.70/mi for 12 mos)	$ 45.85
ROUNDED TOTAL	$ 45.85

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$ -
ROUNDED TOTAL	$ -

BUSINESS ASSOCIATE AGREEMENT

This agreement is initiated by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY (METRO)**, a metropolitan form government organized and existing under the laws and constitution of the State of Tennessee ("**Metro**" or "**Covered entity**") and **Nashville Cares** ("**Business Associate**").

SECTION 1 – DEFINITIONS

a. **Business Associate**. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Nashville Cares.**

b. **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Metro**, which must fall under one of the following categories:

(1) A health plan.

(2) A health care clearinghouse.

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

c. **Disclosure.** "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

d. **Electronic Media.** "Electronic Media" shall have the same meaning as set forth in 45 CFR § 160.103.

e. **Employer.** "Employer" is defined as it is in 26 U.S.C. § 3401(d).

f. **Genetic Information.** "Genetic Information" shall have the same meaning as set forth in 45 CFR § 160.103.

g. **HITECH Standards**. "HITECH Standards" means the privacy, security and security Breach notification provisions under the Health Information Technology for Economic and Clinical Health (HITECH) Act, Final Rule of 2013, and any regulations promulgated thereunder.

h. **Individual.** "Individual" shall have the same meaning as set forth in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

i. **Person.** "Person" means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

j. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

k. **Protected Health Information.** "Protected Health Information" or “PHI”:

(1) Shall have the same meaning as set forth in 45 CFR § 160.103.

(2) Includes, as set forth in 45 CFR § 160.103, any information, *now also including genetic information*, whether oral or recorded in any form or medium, that:

(i) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

l. **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

m. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

n. **Security Rule**. "Security Rule" shall mean the Standards for Security of Individually Identifiable Health Information at 45 CFR part 160 and subparts A and C of part 164.

o. **Subcontractor.** “Subcontractor” means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

p. **Transaction.** “Transaction**”** shall have the same meaning as set forth in 45 CFR § 160.103.

q. **Catch-all definition.** Terms used but not otherwise defined in this Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Health Information Technology Act of 2009, as incorporated in the American Recovery and Reinvestment Act of 2009 (“HITECH Act”), implementing regulations at 45 Code of Federal regulations Parts 160-164 and any other current and future regulations promulgated under HIPAA or the HITECH Act.

SECTION 2 - OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

a. **Permitted Uses of Protected Health Information**. Business Associate shall not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law. Business Associate may: 1) use and disclose PHI to perform its obligations under its contract with Metro; (2) use PHI for the proper management and administration of Business Associate; and (3) disclose PHI for the proper management and administration of Business Associate, if such disclosure is required by law or such disclosure is authorized by Metro.

b. **Safeguards.** Business Associate shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall develop and implement policies and procedures that comply with the Privacy Rule, Security Rule, and the HITECH Act. The Business Associate must obtain satisfactory assurances that any subcontractor(s) will appropriately safeguard PHI.

c. **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. **Notice of Use or Disclosure, Security Incident or Breach.** Business Associate shall notify Metro of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident (as defined in 45 C.F.R. section 164.304) involving Electronic PHI, and any Breach of Protected Health Information within five (5) business days.

(i) Business Associate shall provide the following information to Metro within ten (10) business days of discovery of a Breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Metro the following information as soon as possible and without unreasonable delay, but in no event later than thirty (30) calendar days from the date of discovery of a Breach:

(1) The date of the Breach;

(2) The date of the discovery of the Breach;

(3) A description of the types of PHI that were involved;

(4) identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed; and

(5) Any other details necessary to complete an assessment of the risk of harm to the Individual.

(ii) Business Associate shall cooperate with Metro in investigating the breach and in meeting Metro's notification obligations under the HITECH Act and any other security breach notification laws.

(iii) Business Associate agrees to pay actual costs for notification after a determination that the Breach is significant enough to warrant such measures.

(iv) Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Metro in the time and manner reasonably requested by Metro.

(v) Business Associate shall report to Metro any successful: (1) unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information; and (2) interference with Business Associate's information systems operations, of which Business Associate becomes aware.

e. **Compliance of Agents.** Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Metro, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. **Access**. Business Associate agrees to provide access, at the request of Metro, and in the time and manner designated by Metro, to Protected Health Information in a Designated Record Set, to Metro or, as directed by Metro, to an Individual, so that Metro may meet its access obligations under 45 CFR § 164.524, HIPAA and the HITECH Act.

g. **Amendments**. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Metro directs or agrees at the request of Metro or an Individual, and in the time and manner designated by Metro, so that Metro may meet its amendment obligations under 45 CFR § 164.526, HIPAA and the HITECH Act.

h. **Disclosure of Practices, Books, and Records**. Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Metro available to Metro, or at the request of Metro to the Secretary, in a time and manner designated by Metro or the Secretary, for purposes of determining Metro's compliance with the HIPAA Privacy Regulations.

i. **Accounting**. Business Associate shall provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR § 164.528 (including without limitation a disclosure permitted under 45 CFR § 164.512) and under the HITECH Act. Business Associate shall make the disclosure Information available to Metro within thirty (30) days of Metro’s request for such disclosure Information to comply with an individual’s request for disclosure accounting. If Business Associate is contacted directly by an individual based on information provided to the individual by Metro and as required by HIPAA, the HITECH Act or any accompanying regulations, Business Associate shall make such disclosure Information available directly to the individual.

j. **Security of Electronic Protected Health Information.** Business Associate agrees to: (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Metro; (2) ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (3) report to Metro any security incident of which it becomes aware.

k. **Minimum Necessary**. Business Associate agrees to limit its uses and disclosures of, and requests for, PHI: (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

l. **Compliance with HITECH Standards.** Business Associate shall comply with the HITECH Standards as specified by law.

m. **Compliance with Electronic Transactions and Code Set Standards**: If Business Associate conducts any Standard Transaction for, or on behalf, of Metro, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulations. Business Associate shall not enter into, or permit its subcontractor or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of Metro that:

(i) Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;

(ii) Adds any Health Information elements or segments to the maximum defined Health Information Set;

(iii) Uses any code or Health Information elements that are either marked “not used” in the Standard’s Implementation Specification(s) or are not in the Standard’s Implementation Specifications(s); or

(iv) Changes the meaning or intent of the Standard’s Implementations Specification(s).

n. **Indemnity.** Business Associate shall indemnify and hold harmless Metro, its officers, agents and employees from and against any claim, cause of action, liability, damage, cost or expense, including attorneys’ fees, arising out of or in connection with any non-permitted use or disclosure of Protected Health Information or other breach of this Agreement by Business Associate or any subcontractor or agent of the Business Associate.

SECTION 3 - OBLIGATIONS OF METRO

a. Metro shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

b. Metro shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Metro has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

SECTION 4 – TERM, TERMINATION AND RETURN OF PHI

a. **Term**. The Term of this Agreement shall be effective when file in the office of the Metropolitan Clerk and shall terminate when all of the Protected Health Information provided by Metro to Business Associate, or created or received by Business Associate on behalf of Metro, is destroyed or returned to Metro, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section. The maximum length of the effective term of the contract is sixty (60) months from the effective date.

b. **Termination for Cause.** Upon Metro's knowledge of a material breach by Business Associate, Metro shall provide an opportunity for Business Associate to cure the breach or end the violation. Metro may terminate this Agreement between Metro and Business Associate if Business Associate does not cure the breach or end the violation within fourteen (14) days. In addition, Metro may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not feasible.

c. **Obligations on Termination.**

(i) Except as provided in subsection (ii), upon termination of this Agreement, for any reason, Business Associate shall return or destroy as determined by Metro, all Protected Health Information received from Metro, or created or received by Business Associate on behalf of Metro. This provision shall apply to Protected Health Information that is in the possession of subcontractor or agents of the Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business Associate shall complete such return or destruction as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement. Within such sixty (60) day period, Business Associate shall certify on oath in writing to Metro that such return or destruction has been completed.

(ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Metro notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Metro does not agree that return or destruction of Protected Health Information is infeasible, subparagraph (i) shall apply. Business Associate shall complete these obligations as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement.

Section 5 – Miscellaneous

a. **Regulatory References.** A reference in this Agreement to a section in HIPAA or the HITECH Act means the section as in effect or as amended, and for which compliance is required.

b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Metro to comply with the requirements of HIPAA or the HITECH Act and any applicable regulations in regard to such laws.

c. **Survival.** The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

d. **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Metro to comply with HIPAA or the HITECH Act or any applicable regulations in regard to such laws.

e. **Governing Law.** The validity, construction, and effect of this Agreement and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that Business Associate may provide.

f. **Venue.** Any action between the parties arising from this Agreement shall be maintained in the courts of Davidson County, Tennessee.

RFP Number: RW-2024-01
Ryan White Part A Services 2025 (3 year duration)
Nashville CARES

Table of Contents

Organization and Team Qualifications 3

Reference Projects 21

Project Approach and Process: Goals, Objectives, Service Delivery, and Work Plan 26

Budget 78

Appendix 1 79

- Resume and job description of proposed Finance Manager
- Organizational chart
- Copies of most recent State Licensure or Accreditations
- Articles of Incorporation
- Documentation of 501(c)3 designation
- Current State of Tennessee Charitable Solicitations Letter
- System for Award Management (SAM) exclusion report
- A-122 Audit report
- Certifications of Assurance
- Grant Manual Receipt Acknowledgement
- Implementation Plan

Appendix 2 120

MOUs and Letters of Support

Budgets – See Excel Documents

- Medical Case Management (MCM)
- Outpatient Ambulatory Medical Care
- Mental Health
- Early Intervention Services
- Non-Medical Case Management
- Psychosocial

Food Bank and Home Delivered Meals

Medical Transportation

Referral

Emergency Financial Assistance

Housing Assistance

Linguistics

Minority AIDS Initiative Outpatient Ambulatory

Minority AIDS Initiative MCM

Minority AIDS Initiative Outreach

A. Organization & Team Qualifications (25 Points)

I. Organization Background:

1. Describe in detail the background of your agency. Include the purpose of your organization, years of experience in providing services to People Living With HIV/AIDS (PLWHAs) and the years of providing these services (note if any HIV specific services are provided and/or if you currently collaborate with an HIV agency) and number of unduplicated persons served last year.

Founded in 1985, Nashville CARES is the largest community-based HIV organization in TN. As a 501(c)3 AIDS service organization that serves the 39 counties of Middle Tennessee, including the 13 counties of the Ryan White TGA, Nashville CARES has extensive experience providing services to people living with HIV (PLWH), having hired its first case manager in 1986 and shortly after opening the first food bank in Nashville to provide services exclusively to those living with HIV. CARES' **mission** is to end the HIV/AIDS epidemic in Middle Tennessee through education, advocacy and support for those at risk for or living with HIV. CARES **vision** is a community where HIV infections are rare, and when they do occur, everyone with HIV has access to the care, treatment, and support to achieve optimal health and self-sufficiency without stigma or discrimination.

Nashville CARES is the only service provider in Nashville that has provided comprehensive core medical and support services funded by Ryan White for 30 years. Ryan White Part A services have been provided throughout the 13 TGA counties (Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Wilson and Williamson) since the TGA was established in 2007. Prior to Nashville being established as a Part A TGA, Nashville CARES provided comprehensive Ryan White core medical and support services funded through Part B beginning in 1994.

Last year, Nashville CARES provided a full range of prevention, core medical, and support services (HIV services) across the state of Tennessee. 10,857 unduplicated persons received prevention and/or HIV support services. Of those 7,018 PLWH received HIV services. 6,559 people living in the TGA received prevention and/or HIV services. Of those, 3,078 PLWH in the TGA received HIV services. **(See Table 1)**

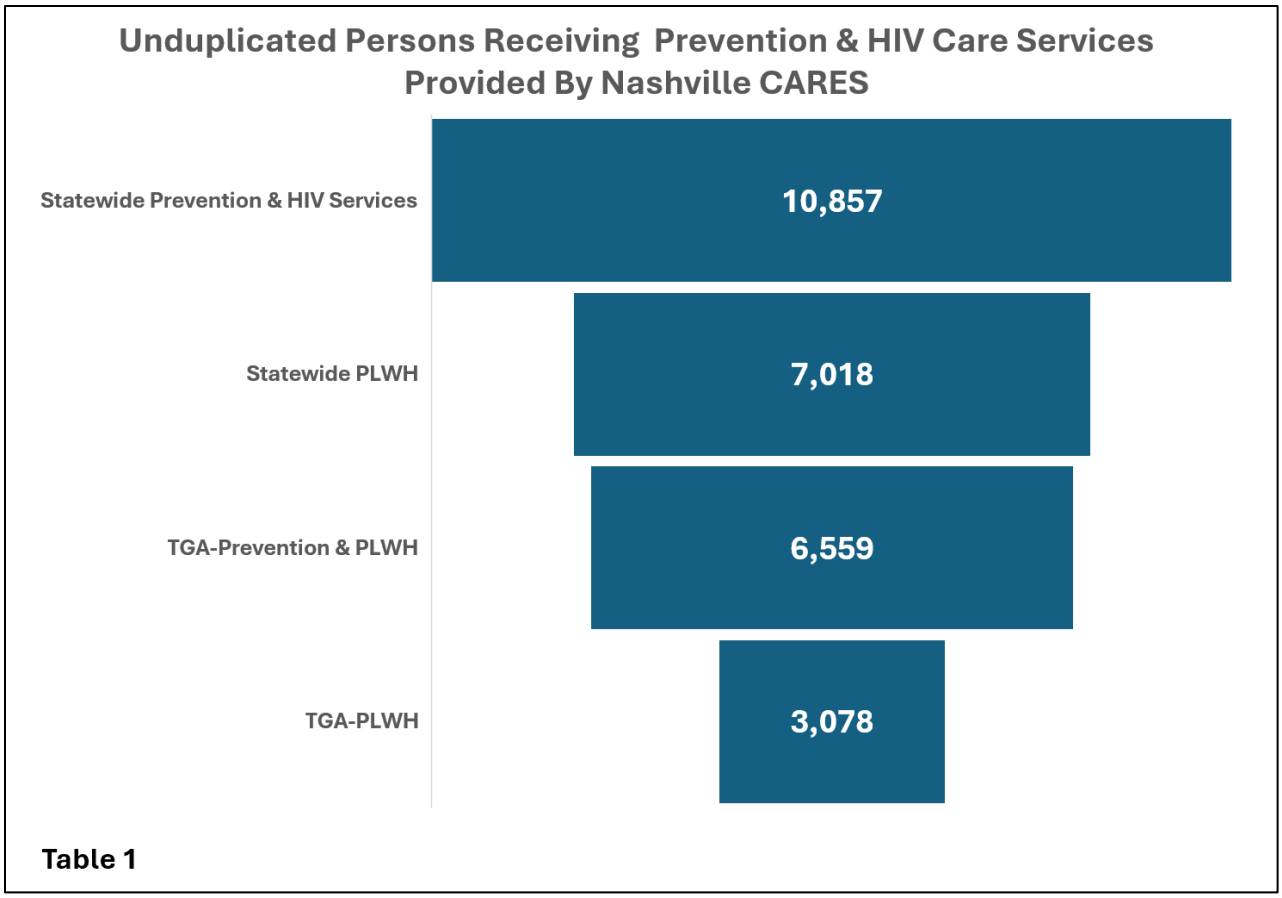
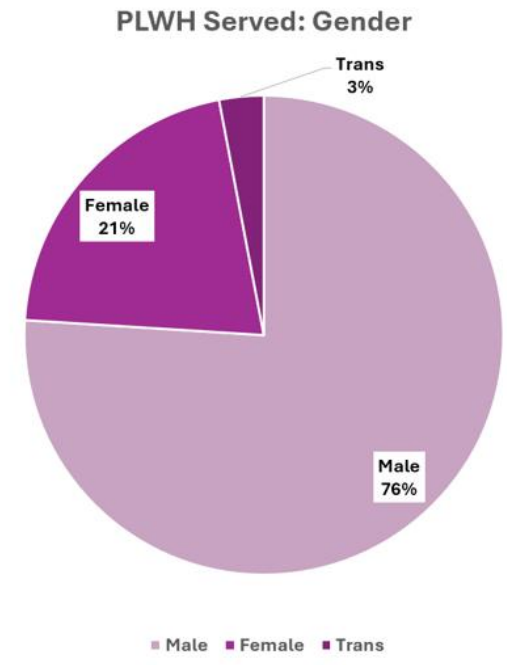
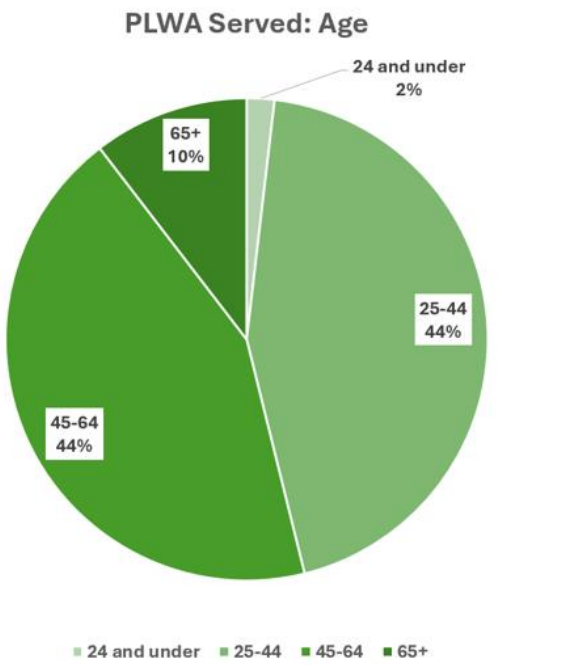
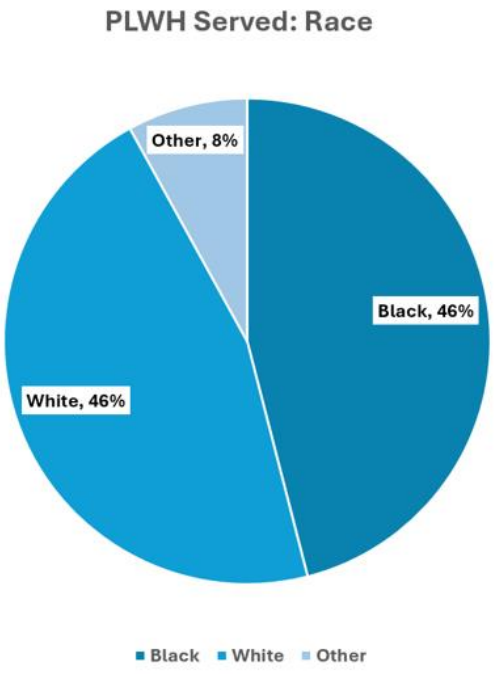


Table 1

Of the 3,078 PLWH in the TGA receiving HIV services, 76% identify as male, 21% identify as women, and 3% identify as transgender; 2% are under 24 years of age, 44% are 24-44 years; 44% are 44-64 years; 10% are over 65 years of age. 46% identify as Black, 46% White, 8% other, with 14% identifying as Hispanic and 86% Non-Hispanic. **(See Figure 1)**


PLWH Served: Gender
Trans 3%
Female 21%
Male 76%
Male
Female
Trans


PLWA Served: Age
24 and under 2%
65+ 10%
25-44 44%
45-64 44%
24 and under
25-44
45-64
65+


PLWH Served: Race
Other, 8%
Black, 46%
White, 46%
Black
White
Other

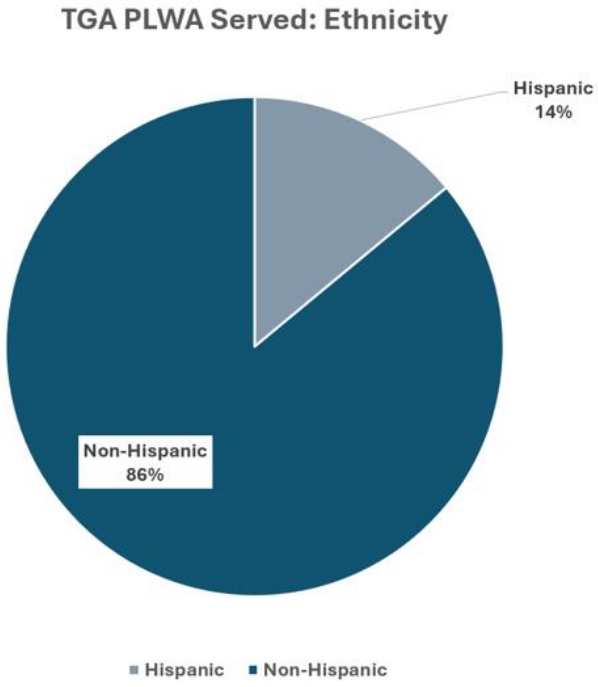

TGA PLWA Served: Ethnicity
Hispanic 14%
Non-Hispanic 86%
Hispanic
Non-Hispanic

Figure 1

Nashville CARES' goals are focused on addressing gaps in services and alleviating barriers to care and treatment. In 2020, due to the gaps in medical services and equitable access to comprehensive HIV care in the TGA, CARES' launched a medical clinic, creating a one-stop shop providing HIV medical, primary care, prevention, and supportive services to meet the needs of people living with HIV and those at risk, focusing on communities of color and African American Men who have Sex with Men (AAMSM), and individuals disproportionately impacted by social determinants of health (SDOH). The Nashville CARES Clinic provides a low-barrier drop-in clinic option for individuals who have increased barriers to care, including unstable housing, substance use disorders, mental health barriers, and other challenges that make regular attendance at appointments difficult. This ensures that clients with high barriers can be retained in care and maintain medication adherence even when life challenges impact their ability to attend regularly scheduled appointments. Initiation of Rapid Antiretroviral Therapy (ART) was established to alleviate barriers to care and increase retention. This serves to achieve viral suppression in a matter of months, which sets The Nashville CARES Clinic apart from other medical clinics in Nashville, with 90% of patients achieving viral suppression and 96% retained in care.

In 2023, CARES began providing services on a Mobile Medical Unit to increase access to services and reduce barriers to care for PLWH especially for those individuals who reside in rural areas of the TGA and to provide prevention and harm reduction services to people at risk for HIV in their communities. Research has proven a 50% increase in access to medical care on mobile units among black and brown communities (Yu et al., 2017). Through this expansion of services, over 2,000 events have been attended, reaching over 20,000 individuals with outreach, education, and comprehensive prevention and care services. The integration of a mobile unit as part of CARES' strategic efforts has further reduced barriers to care and created additional and new access points for PLWH in communities that are underserved. The mobile unit has been in great demand, with CARES purchasing an additional unit to support the expansion of services and providing multiple engagements on the same day to broaden our reach.

The agency also has administered the statewide Insurance Assistance Program for over 25 years. The Insurance Assistance Program (IAP) provides financial assistance for health insurance premiums and medical/prescription deductibles and co-payments to 6,077 HIV-positive individuals across Tennessee. Nashville CARES medical case managers have provided access to insurance to nearly 600 PLWH in the last year, through assisting clients with completing Affordable Care Act Marketplace applications and enrolling them in IAP, greatly improving their access to life saving and sustaining healthcare.

CARES currently provides the following services with support from Ryan White Part A as part of comprehensive services offered: **Medical Case Management** (MCM), **Mental Health** (MH), **Non-Medical Case Management** (CM), **Minority AIDS Initiative MCM** (MAI MCM)**, Psychosocial**, **Early Intervention Services** (EIS), **Medical Transportation, Emergency Financial Assistance, Housing Assistance,** and **Food Bank and Home Delivered Meals**.

CARES is proposing funding for the following services and amounts;

- **Medical Case Management (MCM)** **$1,235,792.53**
- **Outpatient Ambulatory Medical Care** **$158,514.78**
- **Mental Health** **$221,075.37**
- **Early Intervention Services** **$225,606.33**
- **Non-Medical Case Management** **$84,020.81**
- **Psychosocial** **$97,315.04**
- **Food Bank and Home Delivered Meals** **$137,441.06**
- **Medical Transportation** **$128,348.56**
- **Referral** **$9,478.43**
- **Emergency Financial Assistance** **$8,888.89**
- **Housing Assistance** **$79,033.00**
- **Linguistics** **$2,222.22**

- **Minority AIDS Initiative Outpatient Ambulatory** **$13,160.31**
- **Minority AIDS Initiative MCM** **$93,451.76**
- **Minority AIDS Initiative Outreach** **$11,451.83**

2. Describe in detail the current HIV counseling and testing capacity of your organization, and any existing collaborative arrangements with other organizations within your service area that provide HIV counseling and testing services.

Counseling and Testing Services (CTS) have been a mainstay of CARES' services for the past 20 years, with more than 16 years of experience providing Clinical HIV Testing in Hospital Emergency Departments (EDs), Federally Qualified Health Centers (FQHCs), drug treatment facilities, and other Community Health Centers to individuals that are at high risk for HIV. Unique to Nashville CARES prevention services is the ability to reach high risk populations with HIV prevention and testing services. Nashville CARES positivity rate for tests among high-risk populations is 1.4%, exceeding CDC's 1% positivity rate.

In the fall of 2023, CARES added the DART program to its Prevention portfolio, a syringe services program (SSP) to address the opioid epidemic in Tennessee. The DART program utilizes the mobile unit, providing a rapid response to reach people who inject drugs (IWID) where they were located, allowing for streamlined service delivery and increased reach to people at high risk for HIV. The DART Program has demonstrated significant success since its launch. It has reached 473 unduplicated clients with 820 encounters, achieved 456 overdose reversals, collected 14,776 returned needles, and distributed 18,494 syringes. 100% of SSP clients received an HIV test, **with five HIV positive diagnoses,** all of whom were linked to HIV medical care, with 3 of the 5 starting on Rapid Initiation of ART within 72 hours of diagnosis, which has been proven to greatly improve treatment outcomes.

CARES' HIV CTS program includes all elements essential to develop and maintain the program as an effective and efficient public health strategy. These elements include administrative, capacity building, operational, quality assurance, data-to-care, community mobilization, and health department coordination components. CARES provides training and certification throughout the region to organizations and institutions including the use of testing devices for

HIV. This includes personnel at CARES, local human services agencies, local health departments, academic institutions and community health centers.

CARES serves as a fiduciary for HIV Prevention and Testing services to other organizations in the TGA, providing testing devices, supplies, SSP and technical assistance and support. As one of the six agencies receiving funding from the State of Tennessee, CARES serves in this capacity to scale up HIV testing, prevention services, SSP and linkage to care and treatment.

The scope of CARES' HIV CTS has grown through the following partnerships, which has included certifying testers, training students, medical providers and providing technical assistance and capacity building. CARES supports partners to build their infrastructure and capacity to provide CTS within their organization, these are the partners CARES supports and provides HIV tests and supplies:

- **Belmont School of Pharmacy**
- **Center for AIDS Research**
- **Drug Court: Davidson, Rutherford, Williamson counties**
- **Matthew Walker Comprehensive Health Centers**
- **Remote Area Medical Volunteer Corp (RAM)**
- **Recovery Fest**
- **Samaritan**
- **St. Thomas Midtown**
- **Metro Nashville General Hospital**
- **Neighborhood Health**
- **Middle Tennessee State University**
- **TSU Nursing**
- **Vanderbilt Emergency Department**
- **Vanderbilt University**

CARES' model for providing CTS includes housing CARES' CTS personnel at some of the above partners, where there is a high volume of high-risk clients being seen at these partnership institutions and organizations in addition to deploying CTS staff throughout the community at health and community festivals, unhoused encampments, and places where there are high concentrations of people using drugs.

3. Describe in detail how the proposed project fit with the your agency's mission and capabilities?

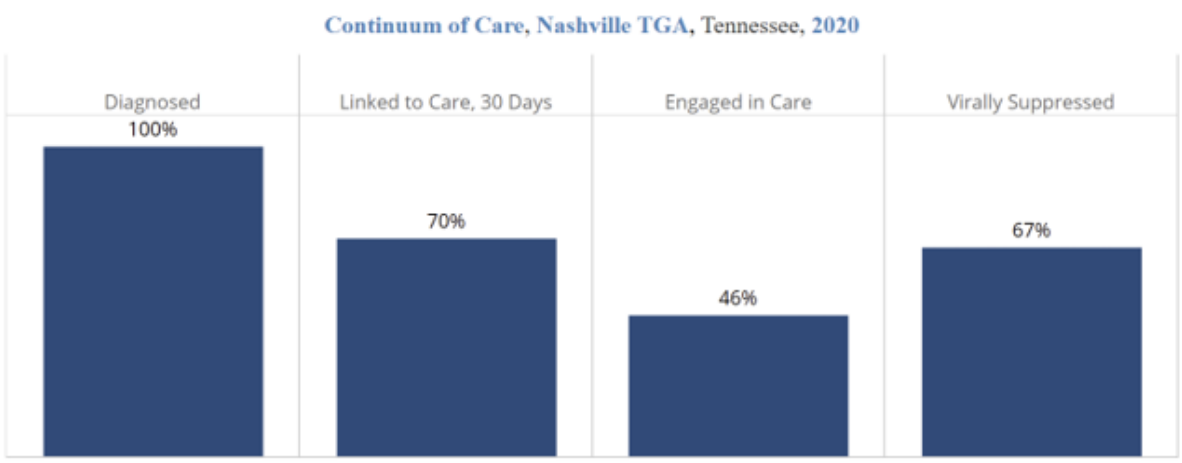
Serving People Living with HIV is the mainstay of CARES. The main goals of CARES are supporting people living with HIV, preventing new infections, and linking individuals to prevention, care, and treatment. As the largest and oldest HIV service organization in Tennessee, this proposal fully fits within the mission and capabilities of the organization. CARES has over 40 years of experience providing comprehensive support services for people living with HIV, medical care, and prevention services in the TGA. CARES provided direct prevention and/or HIV core medical and support services to 10,857 unduplicated individuals statewide during the calendar year of 2024. 3,647 received an HIV test, 473 received SSP services, 422 received HIV and primary care medical services, and 3,078 received core medical and supportive services, including outpatient ambulatory medical care, insurance assistance, case management, psychosocial, mental health, nutrition services, emergency financial assistance, transportation services, and housing assistance. Combined, CARES' staff collectively have more than 500 years of experience delivering these HIV services for which we are requesting funding, with 30% of the personnel having lived experience. Additionally, CARES has a proven track record of spending not only RWA funds initially awarded to the agency but also additional RWA funds in the community that other organizations have not been able to spend, spending on average 99% of awarded funds since Grant Year 2021 to ensure funds are dispersed to clients and communities to address gaps and service needs in the TGA based on the Needs Assessments identified in the TGA.

Demonstration of CARES capabilities in providing services is best seen by looking at the level of comprehensive services provided and the medical outcomes of the people accessing CARES' services.

In 2022 per TDH, there were **6,264** PLWH in the TGA and of that CARES provided services to **3,078, 49%** of all people living with HIV in the TGA.

Also, in the TGA it was reported that **67%** of individuals were virally suppressed. At CARES **85%** of PLWH receiving comprehensive HIV services who have available medical data are virally suppressed, exceeding the TGA average by **18%**.

Regarding engagement in care, the latest Nashville TGA Continuum of Care data shows that only 46% of PLWH in the TGA are engaged in care, with only 67% achieving viral suppression. In comparison to PLWH receiving medical care at Nashville CARES Clinic, 96% of patients are engaged in care and 90% have achieved viral suppression. See **Table 2**, TGA Continuum of Care progress, compared to **Table 3**, CARES progress across the continuum.



Source: https://www.tn.gov/health/health-program-areas/statistics/health-data/hiv-data.html

Table 2

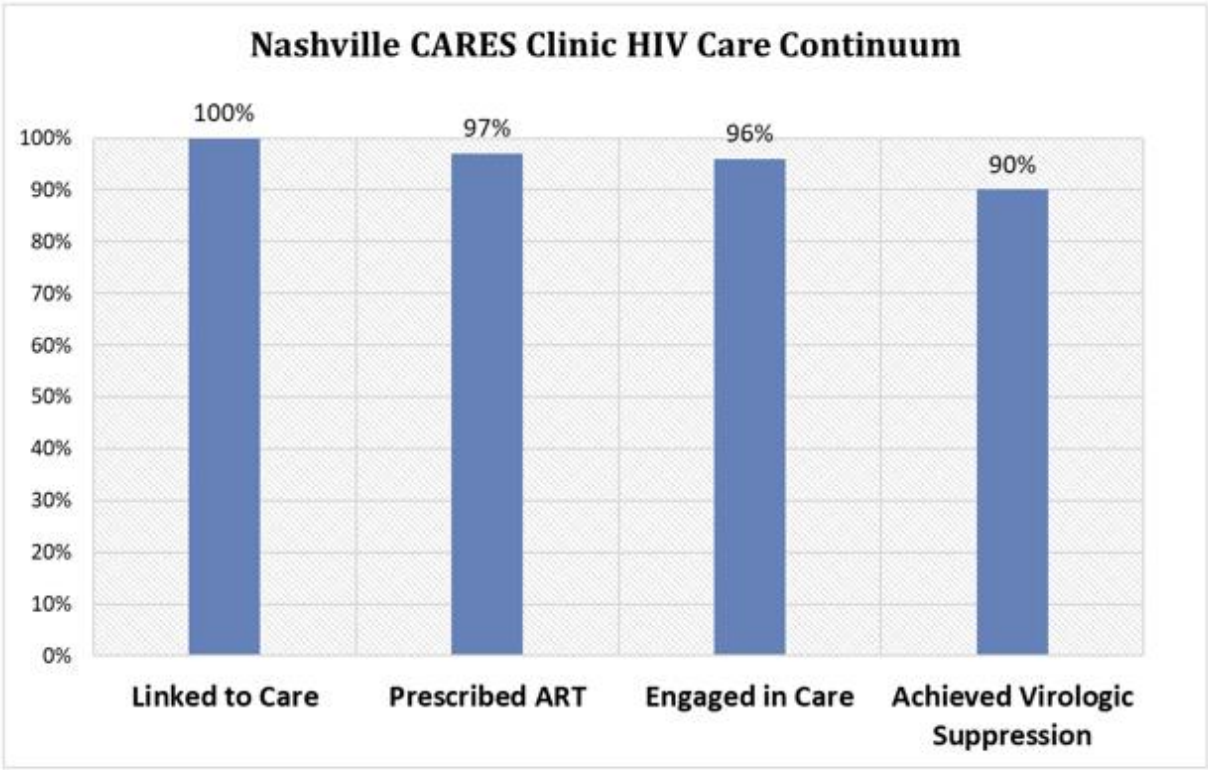


Table 3

4. Describe in detail how your background, mission and past experience contribute to the ability of your organization to conduct the proposed project and meet the expectations of the program requirements. In addition, Metro Health may conduct pre-award on-site visits to determine if the contractor's facilities are appropriate for the services intended.

With nearly half a century of experience providing services to the Nashville TGA jurisdiction, Nashville CARES is uniquely positioned to provide the services requested in this proposal and to meet the needs of PLWH in the TGA. Nashville CARES mission is to end the HIV epidemic within Middle Tennessee through education, advocacy, and support to those at risk for or living with HIV. As a service provider, CARES has led the community in setting the standard for service delivery, having had agency representatives serve on each of the Ryan White Part A Planning Council's committees, including Standards of Care. Nashville CARES has participated as a service provider in meetings with HRSA during the last three HRSA site visits of the RWA program at MPHD, demonstrating the breadth of CARES services and knowledge of the TGA. CARES' personnel serve on the EHE Advisory Council providing leadership and implementing the EHE goals.

CARES provides services throughout all 13 TGA counties through a system of outwardly deployed staff to ensure that clients living in these respective communities can access services closer to home, which reduces barriers to care **(See Table 4).** This includes staff who live in areas with high concentrations of PLWH, such as Rutherford county, which has the second highest number to Davidson county's population of PLWH. CARES is the only HIV provider that has the capacity to reach clients in the community in which they reside. CARES has built the infrastructure to deliver Outpatient Ambulatory Care, Medical Case Management, Mental Health and Psychosocial services via brick and mortar, mobile, satellite location and telehealth platforms. Additionally, to alleviate barriers and reduce service gaps, Nashville CARES' comprehensive service delivery system provides multiple approaches to serve all individuals within the TGA living with HIV. See below for CARES comprehensive service locations:

- Two primary CARES office locations in Davidson county
- Satellite office located in Robertson county
- Medical Mobile Unit that is deployed throughout the TGA to provide on-site HIV medical care, and services.
- Correctional Facilities
- Staff living in ex-urban counties with high populations of PLWH are strategically hired to improve client access by meeting in client homes, local libraries, and other locations identified by the client.

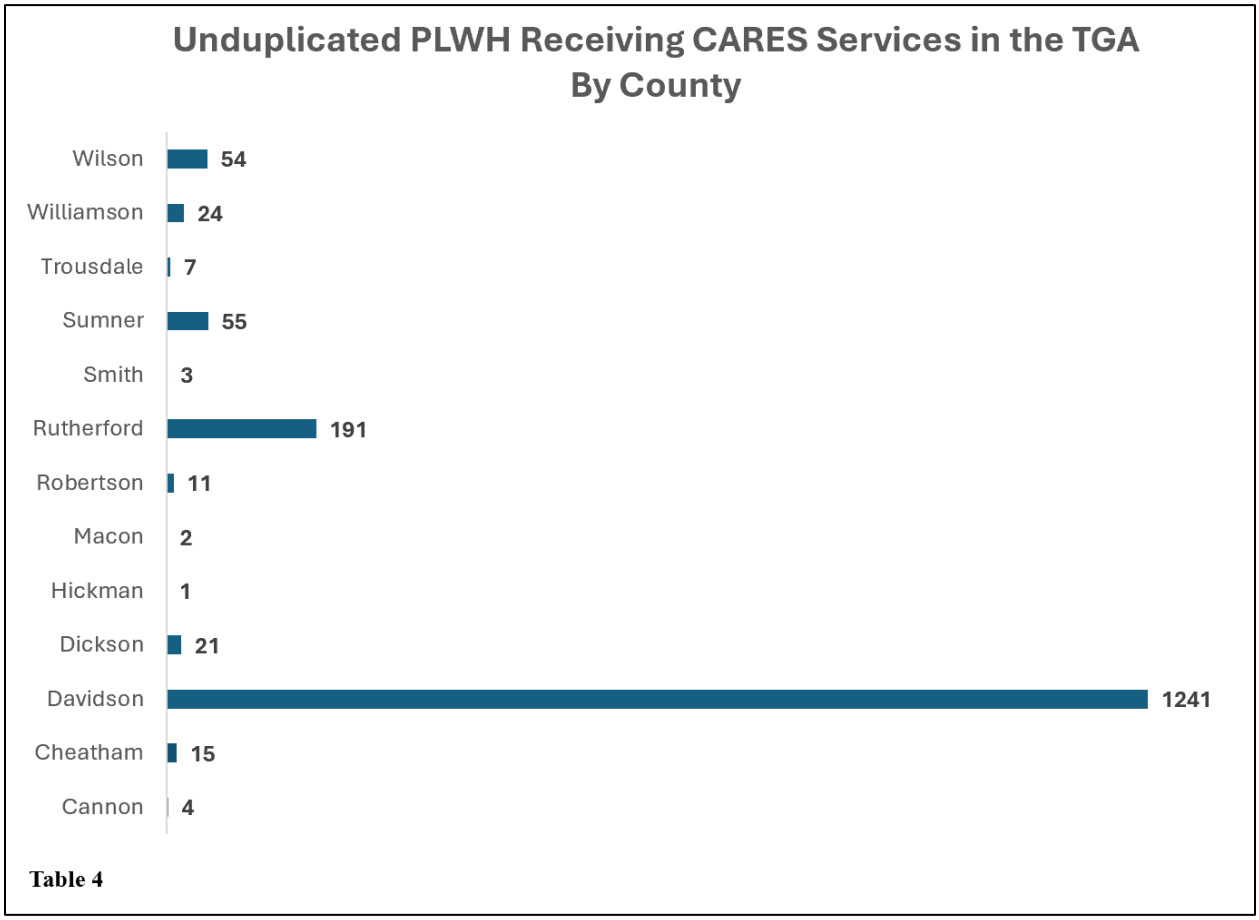


Table 4

Through CARES' extensive history of providing Ryan White services, the agency has developed innovative strategies to ensure that all clients are served. This has included developing a multidisciplinary approach with client service teams that include HIV-positive peers as staff and volunteers who are uniquely positioned to understand the lived experiences and barriers to services for PLWH throughout our services delivery environment. CARES utilizes a client-centered approach and empowerment model to serve all clients with an understanding that each client is unique. Each interdisciplinary team includes a medical provider, HIV+ peer specialist, medical case manager, early intervention specialist, and behavioral health therapist. Integration of this interdisciplinary team allows CARES to assess and meet each client's unique challenges to accessing and remaining in HIV medical care, supporting the achievement of optimal health outcomes.

The Nashville CARES Clinic opened in 2020. With the addition of this clinic, Nashville CARES became the only agency in the service region to provide all services a client may need in a single location. An individual can receive an HIV diagnosis through CARES testing, meet with a HIV+ peer who can help them navigate the feeling of a new diagnosis, have their Ryan White intake completed by a medical case manager, meet with an early intervention specialist, be seen by a medical provider for labs and initial prescription for Rapid ART, meet with a mental health specialist, and pickup their ART from the on-site pharmacy all in one stop, the same day as their diagnosis. Additionally, if during the medical case management intake, barriers to adequate

nutrition and transportation are identified, they can receive a bus pass, fresh produce, eggs, proteins, and pantry staples all before leaving the agency. If the client reports challenges with housing stability, the case manager can assist the client with obtaining financial assistance or refer them for community housing support services, such as Shelter Plus Care or other subsidized housing. This comprehensive approach to service delivery has improved health outcomes, engagement, and retention in medical and supportive services.

II. Agency Capacity:

1. Provide copies of the following:

- Resume and job description of proposed Finance Manager
- Organizational chart for your agency; chart must clearly include the program components funded by Part A/MAI.
- Copies of most recent State Licensure or Accreditations for relevant services.
- Articles of Incorporation.
- Documentation of 501(c) 3 designation.
- Current State of Tennessee Charitable Solicitations Letter.
- System for Award Management (SAM) exclusion report.

See documents in Appendix 1

2. Describe agency's experience in administering federal, state and/or local government funds. Include funding source(s) and number of years administering those funds. Provide information for the following:

Nashville CARES' experience with administration of government funds began in 1986 with the receipt of Centers for Disease Control funds administered by the TN Department of Health (TDH) for AIDS prevention. That experience increased significantly in 1994 with receipt of both Housing Opportunities for Persons with AIDS (HOPWA) and Ryan White Part B funds through TDH. Nashville CARES has administered Ryan White Part A Funds since the Nashville TGA was designated as a Part A jurisdiction in 2007. Current government funding sources are the following, which have been received continuously since the indicated first year of funding:

Source	**Current Funding**	**First Yr Funded**
HOPWA – TN Department of Health (TDH)	$130,000	1994
Ryan White Part B Services – TDH	$604,500	1994
HOPWA – Metropolitan Department of Housing (MDHA)	$1,626,609	1997
Ryan White Part B – United Way	$858,981	2000
Ryan White Part B State/funds Health Insurance TDH	$ 35,932,686	2000
Ryan White Part A Metro Public Health Department (MPHD)	$2,123,582	2007
Ryan White Minority AIDS Initiative MPHD	$99,771	2007
CDC Ending the HIV Epidemic—United Way (formerly CDC/TN State Testing Funds)	$172,030	2008
Emergency Solutions Grant—MDHA	$30,000	2012
CDC HIV High Impact Intervention	$414,625	2015
TN State Direct Appropriations—TDH	$500,000	2023
TN State Opioid Abatement Council	$495,000	2024

• *Agency restrictions from receiving federal funds or placed on restrictive measures in the last five years (e.g., increased reporting, increased monitoring visits), please explain.*

Nashville CARES has never been restricted from receiving federal funds. In fact, funding and scopes of services have increased annually.

• *Corrective action plan(s) in the last three years from any funding source, please describe (include the name of the funder, overview of issues identified and the current status of addressing the identified issues and/or recommendations).*

In the last three years of funding from all funding sources, Nashville CARES has not had any fiscal corrective action plans.

• *Audit finding(s) in the last three years. Please describe an overview of issues identified and the current status of addressing the identified issues.*

Each year Nashville CARES conducts an external A-122 audit based on the federal funding threshold received by the organization. Three years ago, the agency received one finding for:

- Certain account reconciliations were not performed prior to the start of the audit, and certain reconciliations were performed, but reconciling items were not investigated and properly corrected.

To correct this finding, the finance department ensures that all account reconciliations are performed before audit fieldwork begins, and reconciling items are invested and necessary corrections are made. Nashville CARES has received no audit findings in the most recent two years' external audits.

• *If Contractor(s) is currently a Ryan White Part A provider, an administrative review will be conducted of the previous year's spending of grant funds and will be included as part of the score. If Contractor(s) is not a current Ryan White Part A provider, Contractor(s) must provide a letter of reference from a funder to include a description of Contractor's performance in spending allocated grant funds. This letter will be included as part of the score.*

Nashville CARES is a current Ryan White Part A Provider and has spent an average of 99% of total awarded funds, including midyear re-allocations, since grant year 2021 and expects to fully expend current grant year funds, including mid year re-allocated funds as part of the community carry over.

- *Submit copies of most recent A-122 Audit (for the last reporting year) conducted be an independent certified public accountant or 990 form, if not required by federal regulations to complete an A-122 Audit.*

See in Appendix 1

3. Describe agency's current system for collecting data on client demographics, service utilization and performance data. Include all software used to collect this data, staff resources for data collection and hardware resources.

ClientTrack is CARES' data collection software. This is a HIPAA-level encrypted, web-based electronic records system built on a Microsoft.NET framework that incorporates SQL server and Microsoft Report Building that allows for real-time access by CARES personnel. The agency uses ClientTrack for:

- Data Collection including client level data and demographics
- Service Utilization
- Documentation of client interaction
- Eligibility documentation
- Performance Data
- Data Analysis and Reporting
- Outcome Performance

The system is equipped with baseline functions which have been customized by CARES' program personnel to capture multi-grant requirements, including those for Part A. ClientTrack users include:

- Program Management Personnel
- Direct Service Personnel for each service area
- Data Management Team

Hardware: The Director of Data Systems runs a a Lenovo Yoga with 16 GB of RAM and a 13 Gen Intel Core i7-1360P CPU processor @ 2.20GHz (748GB free of 951GB). The agency server is run on a Dell OptiPlex Small Form Factor CPU 16 GB DDR5 x 512 GB M.2 PCIe @ 2.4 GHz.

4. Describe agency's system for managing fiscal and accounting responsibilities. Address the following:

- *Define who oversees this area, what staff is responsible for these activities;*

CARES' Fiscal Department is responsible for the agency's fiscal and accounting management. It is overseen by the Chief Financial Administrative Officer, who is responsible for adherence to all federal and state fiscal standards and ensuring the agency is operating within general accounting practices. CARES' Accounting Manager and/or Grant Specialist is responsible for financial status reporting, fiscal monitoring, forecasting, and budgeting for all government grants. The Chief Executive Officer is responsible for the supervision and oversight of the Chief Financial Administrative Officer.

- *Identify what software is used to manage financial information;*

Abila MIP Fund Accounting software is a commonly used nonprofit fund accounting and financial management software solution used to plan and manage budgets, maximize grants, manage Human Resources, and produce accurate customized reports.

- *Describe the accounting system that is in place; and*

CARES' finances are managed on an accrual basis through a restricted fund accounting system that uses MIP accounting software, described above. Agency finances, along with our accounting and fiscal management procedures, are audited annually by an external certified CPA entity. The accounting system has also been inspected without findings by multiple federal and state entities for its reliability and validity.

• *Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a Federal award.*

The agency utilizes board approved Financial Policies that guide monitoring of grant expenditures. Monthly reports are prepared by the Grant Specialist and distributed to Department Directors. Reports include:

- Approved Grant Budgets by Line Item
- Monthly Spending by Line Item
- Year To Date Spending by Line Item
- Balance Remaining by Line Item
- Projected Spending Plan by Line Item

Program income is generated by Clinic and Mental Health services in this proposal through third party billing and generated through 340b pharmacy sales. The Grants Specialist is responsible for reporting the monthly quarterly program income.

5. Describe agency's process for completing program reports in a timely and accurate manner. Include descriptions of how responsibility for reporting responsibilities are assigned to staff, how reports are reviewed for accuracy and who assures reports are completed on time.

CARES' program reporting is the responsibility of the Director of Data. Monthly program reports are compiled by the Director of Data and provided to the Program Director and CEO to ensure accuracy and for program improvements and enhancements. Based on contractual obligations, reports are submitted as required by the respective funders on monthly, quarterly, semi-annual, and annual basis. Each report is reviewed by the Program Director and CEO prior to being submitted to the funder for accuracy. CARES has an exemplary track record of timely and accurate submission of program reports to local, state, and federal funders.

Nashville CARES is prepared to implement CAREWare at the time that Ryan White Part A identifies.

III. Cultural and Linguistic Competency:
Cultural and Linguistic Standards Requirements:

1. *Describe your agency's cultural competency capabilities as it relates to the population being served by this funding announcement.*

CARES is an organization that adheres to the standards of culturally and linguistically appropriate services to respond effectively to the cultural and linguistic needs of all clients served. The agency serves all cultural groups with a significant focus on racial and ethnic minorities. Equitable services are provided to racial, ethnic, sexual, gender and religious minorities, as well as individuals with disabilities. The agency's policies, procedures, and practices support culturally and linguistically appropriate services to all clients.

2. *Describe the agency's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent staff. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations.*

Based on the national standards developed by the Office of Minority Health and adopted in 2000 by HRSA, CARES practices Culturally and Linguistically Appropriate Standards (CLAS) by focusing on the provision of culturally appropriate care, language access, and organizational support for cultural competence.

Culturally Appropriate CARE

- CARES' personnel provide clients effective, understandable, and respectful care, in a manner that is compatible with their cultural health beliefs, practices, and preferred language.
- CARES is intentional at recruiting, retaining, and promoting, at all levels of the organization, a diverse staff and leadership that is representative of the characteristics of the service area. This includes a diverse Board of Directors.
- CARES ensures that staff at all levels and across all disciplines receive ongoing education and training in culturally appropriate linguistic service delivery.

Language Access

- CARES utilizes community translators to alleviate language barriers for clients receiving services. CARES has existing relationships with AVAZA Language Translation and Interpret Service who provide immediate phone access to over 200 languages and provides in person face-to-face services when needed.
- CARES has bilingual personnel for clients with limited English proficiency and materials in Spanish and English to reduce barriers to care.
- Client material is reviewed by a panel of peers for appropriate reading level and language comprehension.

Organizational Support and Competency

- CARES collects data on client race, ethnicity, and language to strengthen the organizational support for CLAS. Programmatic and agency procedures include information regarding the right to receive culturally appropriate services.
- Language signs are posted at each reception area, allowing a client to point to language needed.
- Instruction guides for accessing translation services are housed in an easily accessible location for staff to ensure that all clients can be served in a timely manner using appropriate translation services

3. *It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well being and incorporating those variables into your service delivery system. Include any innovative or successful activities your agency has undertaken in order to improve your cultural and linguistic capacity.*

As part of CARES' commitment to address CLAS, innovative initiatives have been developed that target highly impactful service delivery for three subpopulations of PLWH. These populations have been identified as having increased cultural barriers to accessing and being retained in services:

- Same Gender Loving Men of Color
- Hispanic People Living with HIV and at increased risk of HIV
- Immigrants/Refugees for whom English or Spanish is not their first language

This includes services that are provided by personnel who share the same cultural backgrounds as the identified population. To address the social determinants of health through a CLAS lens, CARES established a medical home to focus on communities of color that are disproportionately affected by HIV, especially African American Men who have Sex with Men (AAMSM) and Hispanic individuals, with 15% of the clinic patients served identifying as Hispanic.

CARES is committed to enhancing CLAS standards not solely at the service provision level, but throughout the organization and its culture.

IV. Collaboration:
Describe a plan for creating a new or improving an existing network to improve collaboration with HIV agencies that will link PLWHAs to HIV testing and HIV medical care and support services. If applicable, identify any collaborating organizations that will assist the applicant through HIV testing and linkage to HIV medical care and services.

Contractor(s) must demonstrate their commitment to work with or collaborate with organizations representing the HIV/AIDs community through a signed and dated letter of support or memoranda of agreement or understanding. The letter must specify example activities that each entity provides that will help connect high risk clients to HIV testing and services.

Collaborations and partnerships are an integral part of CARES' delivery of services to PLWH. CARES has a long-standing history of formal and informal collaborations with a diverse set of agencies, universities, medical centers, and faith-based institutions that support access to care, linkage to care, and retention in care. Collaborative relationships exist with the following partners that support and enhance seamless services throughout the region promoting access to external services within the continuum of care. **(See Figure 2)**:

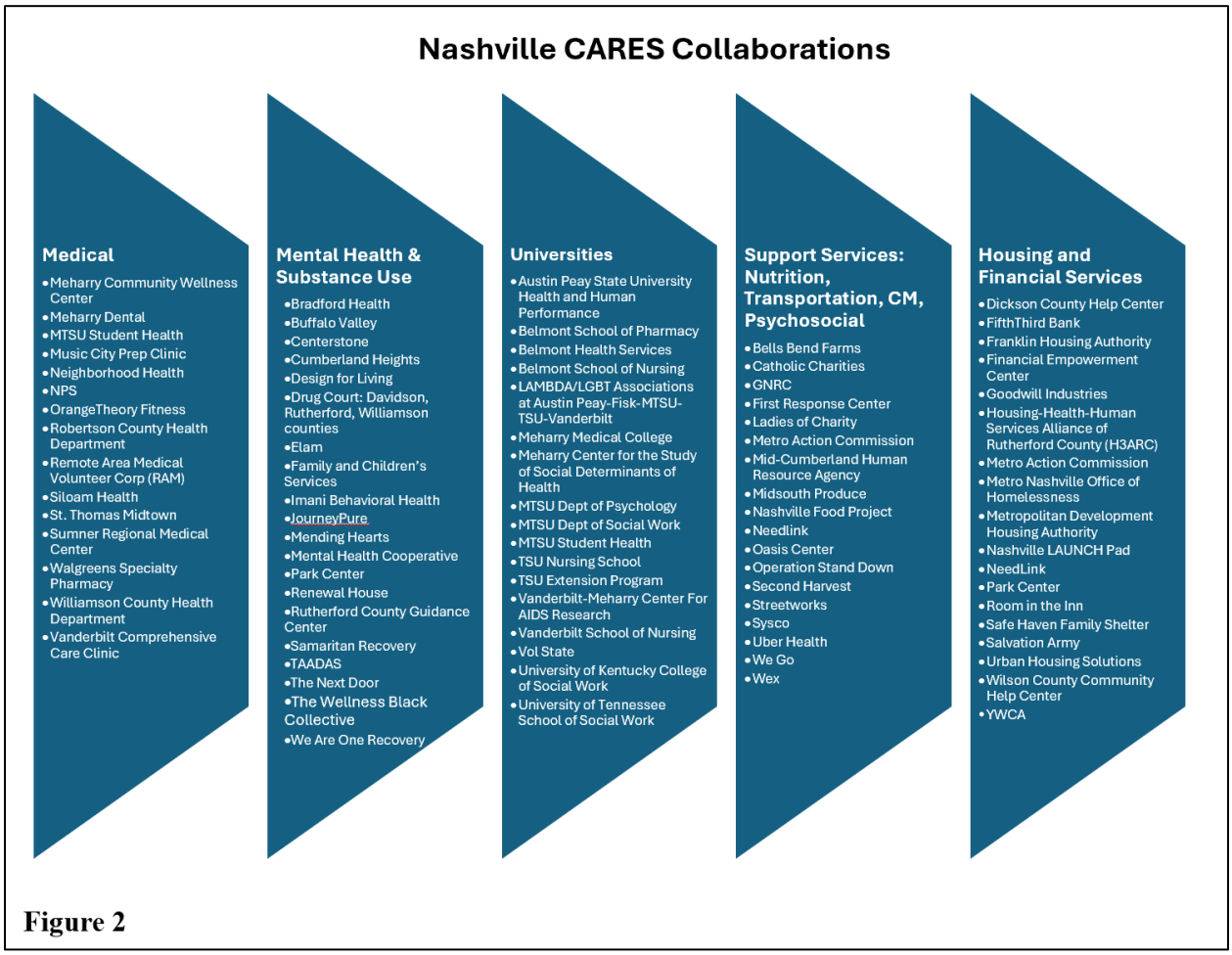


Figure 2

See MOU's and Letters of Support in Appendix 2

The mission of Tennessee AIDS Advocacy Network (TAAN) is to improve awareness among policy makers and the public about HIV as a continuing public health priority within Tennessee. The goal of TAAN is preservation and expansion of HIV care, treatment and support that meets the needs of Tennesseans who are living with and at risk for HIV. TAAN engages a diverse network of partners to collaborate to achieve the HIV policies and goals of the Ending the Epidemic plan and to influence and educate by striving to be the leading resource on HIV policy in Tennessee. Regionally, TAAN advocates on behalf of HIV needs in the South through the Southern AIDS Coalition & Southern AIDS Strategy Initiative, and on the federal level through AIDS United.

B. Reference Projects (10 Points) Service History & References: The file is limited to 5 pages and should in PDF format titled "Reference Projects."

1. If your agency currently provides this service(s) to the HIV/AIDs client population, describe the number of years you have provided this service and the funder of the service. Please provide a reference name and phone number.

As the oldest HIV organization in the TGA, the mission of Nashville CARES remains intently focused on serving PLWH and people at risk for HIV. As the HIV epidemic has evolved, CARES' service provision has aligned with and adapted to the changing HIV epidemic so that CARES' services are intentionally designed to assist populations disproportionately impacted by HIV and to do so through a holistic approach and comprehensive service hub where clients receive each of the services requested. CARES is the only TGA Ryan White provider that provides all services from core medical to support services to prevention services. It is through this comprehensive service delivery model that CARES uniquely helps PLWH to reduce barriers to care and better engage in services throughout the TGA. Ryan White Part A funding is critical to CARES' ability to offer this level of care. 3,087 PLWH in the TGA depend on the comprehensive services provided by CARES. Hence, each service outlined in this proposal plays an instrumental role in CARES' ability to comprehensively meet the needs of PLWH in the TGA.

Case Management (CM) has been an integral part of CARES' services provided to PLWH since 1986. Since that time, CM has evolved at CARES and across the nation to incorporate a focus on medical outcomes. The shift to the medical model began in 2004 with the inception of the Ryan White **Medical Case Management** (MCM) service, which focuses on medical outcomes, including access, linkage, and retention in care. Medical Case Managers then began engaging with medical homes to be part of multidisciplinary teams, so that medication adherence and monitoring of viral load began to drive the medical and supportive service delivery through Standards of Care (SOC). With the evolution in Standards of Care, Case Management incorporated professional standards and training requirements to increase attention to medical outcomes. **MAI MCM** has been funded since 2017. Current funding for this service is provided by Ryan White Part A, Ryan White Part A MAI, Ryan White Part B, and Housing Opportunities for People with AIDS (HOPWA).

Since 2020, Nashville CARES has expanded its service model to incorporate comprehensive **Outpatient Ambulatory Care** (OAC) and **Referral** for PLWH. The goal of this expansion has been to improve health outcomes by integrating HIV care, primary medical care, rapid antiretroviral therapy (ART) initiation, and chronic disease management into CARES' existing framework of HIV services. Between 2022 and 2024, CARES engaged 422 PLWH in clinical services, ensuring continuity of care through a patient-centered approach. Rapid start of ART has been a key focus, and since 2022, 66% of new diagnoses were linked to care in 24 hours or less, with 100% being linked to care within 30 days, reinforcing the importance of early intervention in achieving individual viral suppression and reduction of the community viral load.

Demographically, CARES continues to serve a diverse patient population, with a significant representation of Black/African American individuals (52%), those identifying as lesbian, gay, or bisexual (77%), and Hispanic (15%) populations that remain disproportionately affected by HIV.

Additionally, recognizing the high burden of metabolic and mental health comorbidities among PLWH, CARES has integrated screening and treatment services for conditions such as hypertension (22%), hyperlipidemia (10%), and depressive and anxiety disorders (13% and 16%, respectively). By addressing these coexisting conditions, CARES enhances medication adherence and overall health outcomes.

The success of CARES' OAC approach is reflected in its HIV care continuum outcomes. Among patients engaged in care, 97% have been prescribed ART, 90% have achieved viral suppression, and 96% are engaged in care, demonstrating the program's effectiveness in retention and adherence. CARES' multidisciplinary team works closely with patients to ensure long-term viral load suppression through medication management, adherence counseling, wrap around support services and regular monitoring. This integrated medical management model remains a cornerstone of CARES' mission, ensuring that PLWH receive high-quality, holistic care tailored to their unique needs. Current funding for this service is provided by CDC.

Mental Health Services are an essential component of HIV care. CARES formally began providing mental health services in 1995, when CARES was first licensed by the Tennessee Department of Mental Health. Mental health services are provided by licensed mental health professionals who are trained to meet the psychological wellbeing of PLWH, including mental health and substance use disorders. CARES provides comprehensive behavioral health services within the framework of the medical model and integration in the Nashville CARES Clinic with a focus on clients who are disproportionately affected by the HIV epidemic, as these individuals are often experiencing intersecting comorbidities that require complex treatment plans. These comprehensive mental health plans work to sensitively address the social determinants of health orbiting around race/ethnicity, sexual identity and orientation, and poverty and stigma that are the cornerstones of the health disparities faced by CARES' clients.

CARES' MH program is provided by therapists trained in multiple modalities including EMDR, Brainspotting, IFS, Gottman, EFT, ACT, DBT, MI, and CBT, among others. CARES MH services follow a synergistic approach in treating mental health, trauma, and substance use disorder concurrently. To assess for co-occurring disorders, mental health clients receive standardized screenings using standard assessment tools that are the most appropriate based on client need and include; the ASAM, AUDIT-C, PHQ-4, the Patient Health Questionnaire, ACEs, LEC-5, YBOCS and the PCL-5 (copies of assessment tools provided upon request). CARES' behavioral health therapists formulate diagnostic impressions based on DSM-5 criteria that help to inform the treatment process. On the basis of the assessment, the client and therapist collaboratively develop a plan of treatment with identified goals and action steps to address addiction and mental health issues that can exacerbate the progression of HIV. Action steps generally include individual and group counseling. As needed, program staff maintain contact for follow-up care and coordination of services with external clinical providers. Mental health scopes of services include individual, couples, group, and family therapy. Current funding for this service is provided by Ryan White Part A, and Ryan White Part B.

Early Intervention Services (EIS) have been offered by CARES since 2007 and are part of the continuum of services integrated into the Medical Case Management intake and clinic services, often being the first interaction PLWH have with the agency. EIS targets two groups of PLWH as a means for reducing barriers to medical care engagement: (1) those who are newly diagnosed,

and 2) those who are lost to care. EIS does this through a two-pronged approach: one focused on building points of care for PLWH throughout the community, including medical, corrections, and social service agencies and the other focused on providing individual services directly to PLWH to identify and resolve barriers to care so that PLWH can progress along each phase of the Continuum of Care. Current funding for this service is provided by Ryan White Part A.

CARES acknowledged the importance of providing **Psychosocial support** from the inception of the agency. As the agency's case management model evolved into Medical Case Management, the agency formalized Psychosocial Services to provide a person-centered, peer-based approach to care for people living with HIV. Peer support provides opportunities for shared and lived experiences that are vital to the health and wellbeing of PLWH, as it helps decrease internalized stigma and promote healthy behaviors and positive coping mechanisms. Nashville CARES' Healthy University (HU) was founded over 15 years ago as a Peer-to-Peer model for improving the quality of life, health outcomes, and psychosocial wellbeing of PLWH. Through this model, HU participants can leverage the shared experiences and understanding of living with HIV to foster a supportive community. Opportunities for information exchange and knowledge, emotional support, and assisting clients in navigating the service delivery system to support access to and retention in care. HU Peers provide vital support and operations of programs throughout CARES service areas, including running the Choice Pantry described under food.

Since it's inception as Psychosocial support, HU has offered the "prevention for positives," peer-based program, Healthy Relationships, to help address stigma and discrimination and to support PLWH with HIV disclosure. CARES psychosocial groups have expanded over time to meet the needs of PLWH currently offering 13 unique groups a month each facilitated by an HIV+ peer, to provide space for tailored support to participants. See **figure 3** provided under section Best Practices.

In 2025, HU initiated G.R.O.W.T.H. (Gaining Realistic Outcomes and Weaving-in Transformational Health), an innovative, multi-year project to improve mental and physical health by engaging PLWH through a 16-week health and wellness intervention to reduce stigma and isolation and improve health outcomes. The project will integrate art therapy, music, literature, physical fitness and mindfulness practices to foster self-awareness, mental health, and community support. The project is being provided in collaboration with The Black Wellness Collective and OrangeTheory Fitness.

Delivery of Psychosocial Service continues to be a core component of CARES' services, with peer-to-peer support as CARES' central method for assisting PLWH in improving medical outcomes and overall wellbeing. Engagement in HU support groups correlates with engaging in additional support services, with 38% accessing behavioral health services versus only 3% of the broader client base. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and CDC.

Beginning in 1995, CARES began to offer nutritional support services through a **Food Bank and Home Delivered Meals.** Initial nutritional services began with creation of a designated food pantry, prepared frozen meals, and delivery of in-home nutritional services to PLWH across the TGA, since 2016 CARES nutritional services have expanded to meet a greater need. PLWH

struggle to access healthy nutrition services and require regular access to healthy foods to take alongside their HIV medication. While limited research in the U.S. has focused on food security among those living with HIV, several studies have shown that 25-50% of adults living with HIV in the US are food insecure, nearly twice that of the general US population, with women experiencing the highest rates. Moreover, food insecurity was associated with higher viral loads and lower CD4 cell counts (Spinella et al, (2017). Food Insecurity is associated with Poor HIV Outcomes in Women in the United States. AIDS and Behavior, 21(12), 3473-3477.) Nashville CARES data gathered in 2019 reflects that 97% of CARES' most vulnerable clients reported food insecurity. The last several years have seen rapidly rising food costs and decreased food stock, especially in areas already considered food deserts. The need for nutrition assistance remains high, but access and affordability remain out of reach for many clients. CARES has partnered with several local farms and produce vendors to increase the availability and variety of produce for clients. CARES comprehensive nutrition services support clients in receiving the nutritional support they need based on their unique needs. See description of Food Bank and Home Delivered Meals programs under Best Practices section **(Figure 4)**. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and HOPWA.

CARES **Medical Transportation** program ensures all CARES' clients have access to reliable transportation so they may attend medical and supportive service appointments. CARES transportation services have grown tremendously since initially being offered in 1985, from volunteers transporting clients in their personal vehicles to the present-day combination of Uber Medical transportation, client gas cards, and bus passes. The need for comprehensive transportation services for CARES' clients is ongoing and is a critical aspect of successfully retaining individuals in care. Over the last five years, regional needs assessments consistently list transportation among the highest barriers to accessing and maintaining HIV medical care. As people living with HIV are living longer and consequently are aging with disabilities, adequate access to transportation becomes a key indicator for access to health care. The lack of a comprehensive public transportation system in most of the areas of the TGA makes the gas card and Uber program vital to ensuring clients stay in medical care. Current funding for this service is provided by Ryan White Part A, Ryan White Part B, and HOPWA.

Recognizing stable housing had a direct correlation to the achievement of positive health outcomes, CARES began providing housing-related financial assistance in 1993. **Emergency Financial Assistance** (EFA) and **Housing Assistance** has been provided through Ryan White Part A continuously since 2007. These services have been instrumental in supporting PLWH with sustainable housing and alleviating barriers to care. These services have been particularly impactful in bridging the gap in community services where no other funding is available, including HOPWA (due to HOPWA regulations), to meet the needs of the most economically-challenged PLWH who live in subsidized housing. Current funding for this service is provided by Ryan White Part A, ESG and HOPWA.

Please see community MOUs in Appendix 2

2. If your agency does not currently provide service(s) to the HIV/AIDs client population, explain any related experience that would demonstrate the agency's competency in providing services to this population. Please provide a reference name and phone number.

Not applicable, Nashville CARES currently provides services to PLWH.

3. *Describe any related experience that would demonstrate your agency's competency in providing HIV medical or support services to this population. Please provide a reference name and phone number.*

Integration of services has been a core part of CARES' strategic planning from the beginning of service provision. Engaging diverse stakeholders in the planning process, including people living with HIV, ensures a comprehensive and collaborative approach that allows us to tailor services to meet the needs of the populations CARES serves. This has increased CARES' capacity and competency to scale up CARES' services over time, which has led to the creation of a hub that provides comprehensive HIV medical care and wraparound support services today. Nashville CARES has an in-depth understanding of the Standards of Care and client eligibility and has built a system of care that integrates quality assurance processes to ensure compliance with all standards and quality management goals. Below is a snapshot of services delivered to PLWH in the TGA in calendar year 2024 for the service areas requested in this proposal.

Service Area	**Unduplicated PLWH**
Case Management Services (MCM, Non-MCM, MAI MCM)	2,091
Outpatient Ambulatory	422
Mental Health	152
Early Intervention Services	261
Psychosocial	377
Food Bank and Home Delivered Meals	1,376
Medical Transportation	602
Housing and Emergency Financial Assistance	283

For references, please see MOU's and Letters of Support in Appendix 2

C. Project Approach and Process (30 Points)
I. Staffing:
Present in detail your organization's staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time/hours per month being requested for each proposed staff position.
If applicable, describe in detail the roles and responsibilities of any consultants and/or subcontractors will be used to carry out aspects of the proposed project.

CARES is unique as it relates to the diversity of personnel who work in direct services which mirror the populations served. Combined, CARES' personnel have over 600 years of service and expertise serving vulnerable populations including PLWH. CARES staff meet the education and experience specified in Standards of Care. Supervision of staff is provided by qualified individuals and all training and required monthly supervision is provided consistent with Standards of Care.

The following tables illustrate by service area the personnel responsible for fulfilling the contractual obligations of this proposal. No personnel time is being requested to operate Emergency Financial Assistance, Housing Assistance, or Linguistic services. Services will be operated within existing leveraged personnel resources allowing for maximizing direct financial assistance for PLWH within Standards of Care. No consultants or subcontractors will be used.

Project Staffing	Medical Case Management			
Total FTE Requested	13.43 FTE			
Justification: Personnel provide direct services, providing support to access and linkage point to medical care and supportive services with a focus on housing stability. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Maria Aboubaker	MS Social Work, BS Social Work	28	75%	Personnel time is dedicated to case management services, CARES is requesting 75% of FTE for this proposal.
Tia Bailey	MBA, BS Psychology	8	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Quincy Baker	Masters Health Admin	6	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
LaNese Burgess	MS Public Service Mgmt	16	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Tony Carlew	BS Criminal Justice	21	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Tony Carter	BS Social Work	16	15%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Shamari Davis	BS Social Work	2	35%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.

Lauren DeYoung	BS Exercise Science	4	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Darrell Early	BS Psychology	6	52%	Personnel time is dedicated to case management services, CARES is requesting 52% of FTE for this proposal.
Yin Hmun (bi-lingual)	MS Physics, BS Physics	14	50%	Personnel time is dedicated to case management services, CARES is requesting 50% of FTE for this proposal.
Lamont Holley	MS Social Work, BA Finance	26	30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.
Knokeya Johnson	MS Social Work, BS Social Work	9	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal
Kimberly Kallberg	BS Social Work	12	10%	Personnel time is dedicated to case management services, CARES is requesting 10% of FTE for this proposal.
Kenna Murdock	BS Psychology	12	40%	Personnel time is dedicated to case management services, CARES is requesting 40% of FTE for this proposal.
Kaleb Murphy	BS Public Health	3	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.
Aaron Myatt	MS Social Work, BS Psychology	32	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.
Megan Neeck	BS	9	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal.

Erin Pickney	MS Social Work, BS Psychology	20	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Eric Polk	BA Communicatio ns	12	80%	Personnel time is dedicated 50% to case management services, CARES is requesting 80% of FTE for this proposal.
Jennifer Pruden	BS Social Work	27	38%	Personnel time is dedicated to case management services, CARES is requesting 38% of FTE for this proposal
Jennifer Roberto (bi-lingual)	BS Allied Health Sciences	3	50%	Personnel time is dedicated to case management services, CARES is requesting 50% of FTE for this proposal
Carlos Ross	MS Criminal Justice, BS Criminal Justice	12	80%	Personnel time is dedicated to case management services, CARES is requesting 80% of FTE for this proposal
Brittany Spyers	MS Social Work, BS Social Work	5	23%	Personnel time is dedicated to case management services, CARES is requesting 23% of FTE for this proposal
Kayla Vennitti	BS Education	4	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal
Jernice Williams	MS Human Service, BS Human Service	19	70%	Personnel time is dedicated to case management services, CARES is requesting 70% of FTE for this proposal
RiTara Williams	MS Social Work, BBA	9	80%	Personnel time is dedicated to case management services, CARES is requesting 70% of FTE for this proposal
TBH	Meet SOC		20%	Personnel time is dedicated to case management services, CARES is requesting 20% of FTE for this proposal

TBH	Meet SOC		20%	Personnel time is dedicated to case management services, CARES is requesting 20% of FTE for this proposal

Project Staffing	Outpatient Ambulatory Care			
Total FTE Requested	0.45 FTE			
Justification: Personnel provide direct clinical services, to PLWH who have no insurance or other medical payor for medical care. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Dr. Kassem Bourgi (bi-lingual)	MD, BS Biology	14	9%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 9% of FTE for this proposal.
Zach Campbell	MS Nursing, Nurse Practicioner	2	30%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 30% of FTE for this proposal.
Rachel Davis, PA	MS Physician Assistant, MPH, MSW	8	6.50%	Personnel time is dedicated to ooutpatient ambulatory services, CARES is requesting 6.5% of FTE for this proposal.

Project Staffing	Mental Health
Total FTE Requested	2.09 FTE

Justification: Personnel provide direct mental health services, offering crisis support, mental health screenings, develop Care plan and on-going counseling support. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Lily Catalano	MSSW, BA	16	20%	Personnel time is split between mental health services and research, CARES is requesting 20% of FTE for this proposal.
Dr. Kassem Bourgi	MD, BS Biology	14	12.60%	Personnel time as the Medical Director prescribes psychotropic medications, and consults consistent with mental health license and SOC. CARES is requesting 12.6% of FTE for this proposal.
Paige Harris	LMSW, MSSW	5	50%	Personnel time is dedicated to mental services, CARES is requesting 50% of FTE for this proposal.
Daniel Powell	BA	16	6.5%	Personnel time is dedicated to collection of client level information, reviews records, and ensures appropriate eligibility for services. CARES is requesting 6.5% of FTE for this proposal.
Kara Rauscher	LCSW, MSSW	14	15%	Personnel time is dedicated to mental services, CARES is requesting 15% of FTE for this proposal.
SanTasha Wright	LMSW, MSSW	10	50%	Personnel time is dedicated to mental services, CARES is requesting 50% of FTE for this proposal.

Chenxi Zhu	MEd. Human Dvpt Counseling, BA Neuro.	3	5%	Personnel time is dedicated to mental services, CARES is requesting 5% of FTE for this proposal.
TBH, Mental Health Therapist	Meeting SOC requirements		50%	Personnel time is dedicatedA7:E12 to mental services, CARES is requesting 50% of FTE for this proposal.

Page 33 of 240

Project Staffing	Early Intervention Services			
Total FTE Requested	2.55 FTE			
Justification: Personnel provide linkage, education, and follow up to clients new and lost to care focused on engagement and retention to HIV medical care. Personnel maintain relationships with 'Points of Entry' in the TGA. Services are consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Lamont Holley	MSSW	26	5%	Personnel time is dedicated to EIS, CARES is requesting 5% of FTE for this proposal.
Rachel Milliken	BS Psychology	12	50%	Personnel time is dedicated to EIS, CARES is requesting 50% of FTE for this proposal.
Kyle Stockard	BS Social Work	6	70%	Personnel time is dedicated to EIS, CARES is requesting 70% of FTE for this proposal.
Raymond Templeton	BS Psychology	12	80%	Personnel time is dedicated to EIS, CARES is requesting 80% of FTE for this proposal.
Kayla Vennitti	BS Education	4	50%	Personnel time is dedicated to EIS, CARES is requesting 50% of FTE for this proposal.

Project Staffing	Non-Medical Case Management
Total FTE Requested	.79 FTE

Justification: These personnel serve populations who are housing vulnerable. Personnel provide direct services, providing support to access and linkage point to medical care and supportive services with a focus on housing stability. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Maria Aboubaker	MS Social Work, BS Social Work	28	15%	Personnel time is dedicated to case management services, CARES is requesting 15% of FTE for this proposal.
Aaron Myatt	MS Social Work, BS Psychology	32	25%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.
Sintrell Tinguee	BS	16	39%	Personnel time is dedicated to case management services, CARES is requesting 25% of FTE for this proposal.

Project Staffing	Psychosocial
Total FTE Requested	1.02 FTE

Justification: Personnel provide direct services, to PLWH providing emotional and social support, linkage to care, medication adherence strategies and retention in care. PLWH receive both individual and group services. Services are consistent with SOC to eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Darrell Early	BS Psychology	6	20%	Personnel time is dedicated to psychosocial services, CARES is requesting 20% of FTE for this proposal.
Temya Ezell	High School diploma, Recovery Specialist Certification	20	48%	Personnel time is dedicated to psychosocial services, CARES is requesting 48% of FTE for this proposal.
Tiye Uhura Link	EdD, MDIV, MS, MBA, BA	20	34%	Personnel time is dedicated to psychosocial services, CARES is requesting 34% of FTE for this proposal.

Project Staffing	Food Bank			
Total FTE Requested	.90 FTE			
Justification: Personnel ensures the distribution of food bank items and home delivered meals consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Elizabeth Garcia (bi-lingual)	High School Diploma	37	50%	Personnel time is dedicated to food bank and nutrition services, CARES is requesting 50% of FTE for this proposal.
Hailey Halliwell	MNM, BS	13	40%	Personnel time is dedicated to food bank and nutrition services, CARES is requesting 40% of FTE for this proposal.

Project Staffing	Medical Transportation			
Total FTE Requested	.25 FTE			
Justification: Personnel ensures coordination and distribution of medical transportation services consistent with SOC.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Lamont Holley	MSSW	26	25%	Personnel time is dedicated to Medical Transportation, CARES is requesting 25% of FTE for this proposal.

Project Staffing	Referral			
Total FTE Requested	.10 FTE			
Justification: These personnel serve PLWH on maintaining access to HIV medications when PLWHA are unable to access ADAP or another source of funding for medications. Services are consistent with SOC eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Elizabeth Stafford	AS, Medical Assistant	14	10	Personnel time is dedicated to referral services, CARES is requesting 10% of FTE for this proposal.

Project Staffing	Outpatient Ambulatory Care, Minority AIDS Initative			
Total FTE Requested	.03 FTE			
Justification: Personnel provide direct clinical services, to PLWH who have no insurance or other medical payor for medical care to clients who meet Minority AIDS Initative definition. Services are consistent with SOC to eligible clients.				
Staff Name	**Education**	**Years of Exp.**	**Percent of Time on Project**	**Rationale for time**
Dr. Kassem Bourgi (bi-lingual)	MD, BS Biology	14	1%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.
Zach Campbell	MS Nursing, Nurse Practicioner	2	1%	Personnel time is dedicated to outpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.
Rachel Davis, PA	MS Physician Assistant, MPH, MSSW	8	1%	Personnel time is dedicated to ooutpatient ambulatory services, CARES is requesting 1% of FTE for this proposal.

Project Staffing	Medical Case Management, Minority AIDS Initiative
Total FTE Requested	1.0 FTE

Justification: These personnel serve minority populations as defined as people of color and Hispanic. Personnel provide direct services, providing support to access and linkage point to medical care and supportive services. Personnel conduct psychosocial assessment, Care plan development, linkage to care, on-going support and monitoring. Services are consistent with RW Part A Standards of Care (SOC) to MAI eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Yin Hmun (bi-lingual)	MS Physics, BS Physics	14	40%	Personnel time is dedicated to case management services, CARES is requesting 40% of FTE for this proposal.
Jennifer Roberto (bi-lingual)	BS Allied Health Services	3	30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.
TBH MAI MCM (bi-lingual)	Meet SOC		30%	Personnel time is dedicated to case management services, CARES is requesting 30% of FTE for this proposal.

Project Staffing	Outreach, Minority AIDS Initiative
Total FTE Requested	.15 FTE

Justification: These personnel serve minority populations as defined as people of color and Hispanic. Personnel provide direct services, serve as a liaison between the HIV service system and high risk targeted population and community "gatekeepers". Coordinate services with Early Intervention Services (EIS), Medical Case Management (MCM), and HIV Counseling and Testing (CTS) Providers in the Nashville TGA. Services are consistent with SOC to MAI eligible clients.

Staff Name	Education	Years of Exp.	Percent of Time on Project	Rationale for time
Grisell Jimenez (bi-lingual)	BS Professional Development	6	15%	Personnel time is dedicated to outreach services within the Hispanic community, CARES is requesting 15% of FTE for this proposal.

I. Overview of Population:

Describe in detail the HIV/AIDs population in Davidson County. Describe in the detail the issues that interfere with identifying, engaging and retaining PLWHAs in routine HIV testing and HIV services.

In 2022, Tennessee had 20,830 individuals living with HIV, with an overall rate of 12.2 per 100,000. In the same year, Tennessee also saw a continuous increase of individuals who were living with HIV from 2018 to 2022 (respectively, 17,844 vs. 20830). Though the TGA accounts for only 27% of the state's total population, an estimated 31% of the state's people living with HIV (6,264) live in the TGA, and 76% of people living with HIV live in Davidson County (Nashville), despite the area accounting for only 38% of the TGA. Within the TGA, whereas Whites make up more than half (56%) of the population but represent 43% of all HIV disease cases, AA (African American) represents approximately 27% of persons living in Nashville but accounts for 48% of all HIV disease cases (Healthy Nashville Leadership Council [HNLC] 2021).

Linkage to care rates for both Non-Hispanic AAMSM and youth (aged 25-34 years) lag at only 35%, and viral suppression rates (51%) are lowest among non-Hispanic AA individuals. These findings are particularly alarming considering 70% of new infections are due to MSS, placing AA MSM as the highest risk category (MPHD, 2022). In 2022, 205 new cases of HIV diagnoses were made in the TGA; the majority of new cases were among men (78%) (TDH, 2022) and AA (55.1%) compared with Whites 26.8% and Hispanics 11.8%. By transmission category, 65% of new HIV cases were from MSM (compared with only 20% from heterosexual contact) and 7% among Injecting Drug Users.

Despite national progress along the HIV Continuum of Care (CDC, 2020), racial and sexual minorities in the South continue to bear the brunt of the HIV epidemic. Based on the epidemiological data from the Tennessee Department of Health (TDH) in 2021, 62% of newly diagnosed individuals were linked to HIV medical care within 30 days of diagnosis, 80% of PLWH received any HIV medical care, 57% were retained in HIV medical care and 68% were virally suppressed. Of the 6,264 individuals living with HIV in the TGA, 77% of individuals received any medical care or lab results and 49% retained in HIV medical care. This is less than the State of Tennessee, reporting 57% of those living with HIV retained HIV healthcare showing lapses in care for those living with HIV. In the TGA only 69% of individuals were virally suppressed (TDH, 2022).

Risk Behaviors/Barriers to engaging and retaining in HIV services. Regional and cultural factors exacerbate common challenges faced by people with HIV and those at risk with Southern religiosity, homophobia, poverty, and racism compounding existing stigma and intensifying disparate disease outcomes for PWLH (TDH, 2021). These multiple forms of oppression and discrimination create and add barriers to engaging AA PWLH and MSM and to the ability to end the HIV epidemic in the region (TDH, 2016). Environmental factors often connected to poverty—lack of transportation, affordable housing, social support and childcare, and financial issues—and influence barriers to care in the area. Tennessee's lack of Medicaid expansion adds to access challenges experienced by persons with HIV, especially AA.

According to the two most recent Ryan White Need's Assessments (2018 and 2019), there are many social determinants presenting as barriers to engagement along the HIV Continuum of Care. Socioeconomic status is associated with many barriers PLWH experienced when attempting to access services or stay engaged in care. Lack of financial resources contributes to insufficient transportation, housing instability, and food insecurity. The greatest barrier for PLWH is HIV stigma, underscoring the importance of stigma-reducing initiatives like those employed in psychosocial and peer-based programs. Stigma and discrimination affect the transgender population disproportionately.

The 2022 End the Syndemic Tennessee Consumer Needs Assessment identified several service gaps within the Nashville Transitional Grant Area (TGA) regarding HIV prevention and care:

Limited Access to Pre-Exposure Prophylaxis (PrEP): Approximately 37% of respondents indicated a gap in accessing HIV PrEP services, highlighting the need for increased availability and awareness of PrEP in the Nashville TGA.

Disparities in HIV Diagnoses: Non-Hispanic Black individuals in Tennessee are diagnosed with HIV at a rate 6.5 times higher than non-Hispanic White individuals, indicating significant disparities in prevention and care services.

Delayed HIV Diagnoses: Approximately 19% of individuals in the Nashville TGA received a late HIV diagnosis, suggesting missed opportunities for early detection and intervention.

Retention in HIV Medical Care: Only 49% of persons living with HIV in the Nashville TGA were retained in HIV medical care, indicating challenges in maintaining continuous care and support services.

Transportation: Limited access to reliable transportation hinders individuals from attending medical appointments, accessing support services, and obtaining necessary medications. This is exacerbated for individuals living in rural areas.

Housing: Stable housing is crucial for positive health outcomes for PLWH. The report indicates a shortage of affordable and supportive housing options for individuals living with HIV, which can lead to challenges in maintaining treatment adherence.

Support Services: There is a noted deficiency in comprehensive support services, including mental health counseling and peer support groups, which are essential for holistic care. Peer programs are essential to support optimal health and positive outcomes.

Financial Assistance (e.g., Gas Cards): Financial barriers, such as the inability to afford transportation costs, are significant obstacles. Providing gas cards and uber health could alleviate these challenges to assessing and retention in care and treatment.

Nutritional Support (Food): Access to nutritious food is vital for PLWH. The report points to gaps in food assistance programs tailored to meet the needs of PWLH with other health issues.

Translation Services: Language barriers impede access to care for non-English speaking individuals. The lack of adequate translation services limits effective communication between healthcare providers and patients, affecting the quality of care.

Harm Reduction Services: The report highlighted a need for expanded harm reduction services, including syringe service programs (SSPs) that provide sterile syringes, safe disposal options, HIV and hepatitis C testing, and overdose prevention education. These services are essential for reducing transmission rates and connecting individuals to care.

Mental Health Services: There is a significant gap in accessible mental health care for individuals affected by the syndemic. Integrating mental health services with HIV care can improve overall health outcomes.

Health Literacy and Education: The report emphasizes the need for enhanced health education initiatives to improve understanding of HIV prevention, treatment options, and the importance of regular HIV testing among individuals at risk of HIV.

Community-Based Outreach: Strengthening community outreach programs to engage populations disproportionately affected by HIV, including those with substance use and unhoused individuals, is crucial for effective prevention and care efforts.

Nashville CARES proposal for Ryan White Part A services as described addresses these gaps and promotes access and retention in care.

See the grids below that describe in detail for each service proposed:

1)The number of persons you plan to serve with the funding.
2) The number of units of service you plan to provide by type of intervention (e.g., number of face to face contacts with clients and amount of time each client will be seen each year, number of educational sessions provided, number of contacts with gatekeepers); and
3) the average amount of service a client is expected to receive each year (e.g., 2 face to face each year) and the amount of time that will be spent with gatekeepers (e.g., 3 hours/gatekeeper/year).

Service Area	**Medical Case Management**	
1. Number of persons to be served	**1,700**	
2. Type of Service	**Units**	
a. Face to Face	20,000	
b. Other	20,000	
Total Service Unit	**40,000**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	11.75	3
b. Other	11.75	3
Total Per Client during grant year	**23.5**	**6**

Service Area	Outpatient Ambulatory Medical Care	
1. Number of persons to be served	**40**	
2. Type of Service	**Units**	
a. Face to Face	240	
b. Lab and Diagnostic test	160	
Total Service Unit	**400**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	6	1.5
b. Lab and Diagnostic test	4	NA
Total Per Client during grant year	**10**	**1.5**

Service Area	Mental Health	
1. Number of persons to be served	**125**	
a. Individual	125	
b. Group	30	
c. Psychiatric	25	
2. Type of Service	**Units**	
a. Individual	2,000	
b. Group	600	
c. Psychiatric	125	
Total Service Units	**2,725**	
3. Average Service Units per client	**Units**	**Hours**
a. Individual	16	4
b. Group	20	5
c. Psychiatric	5	1.25

Service Area	Early Intervention Services	
1. Number of persons to be served	**150**	
a. New to Care	75	
b. Lost to Care	75	
2. Type of Service	**Units**	
a. New to Care	2,000	
b. Lost to Care	2,500	
Total Service Units	**4,500**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. New to Care Average per Client	28	7
b. Lost to Care Average per Client	33	8

Service Area	Non-Medical Medical Case Management	
1. Number of persons to be served	**50**	
2. Service Units	**Units**	
a. Face to Face	1,200	
b. Other	1,200	
Total Service Unit	**2,400**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	24	6
b. Other	24	6
Total Per Client during grant year	**48**	**12**

Service Area	Psychosocial	
1. Number of persons to be served	**300**	
a. Individual	**250**	
b. Group	**200**	
2. Type of Service	**Units**	
a. Individual	1600	
b. Group	4000	
Total Service Units	**5,600**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Individual	6.4	1.6
b. Group	20	5

Service Area	Food Bank and Home Delivered Meals	
1. Number of persons to be served	**800**	
a. Food Bags	800	
b. Frozen & Home Delivered Meals	150	
c. Food Voucher / Fresh Food	800	
2. Type of Service	**Units (@$20.00)/Bags, Meals, Voucher**	
a. Food Bags	3,215 Units, 1923 Bags	
b. Frozen & Home Delivered Meals	1,072 Units, 2400 Meals	
c. Food Voucher / Fresh Food	3,215 units, 1,923 Vouchers/Fresh Food	
Total Service Units	**7,502**	
3. Average Service Units per client	**Units**	**Bags/Meals**
a. Food Bags	4	2.4
b. Frozen & Home Delivered Meals	7	16
c. Food Voucher / Fresh Food	4	2.4

Service Area	Medical Transportation
1. Number of persons to be served	**590**
a. Bus Passes	500
b. Ride Share	100
2. Type of Service	**Units (@$20.00)**
a. Bus Passes Distributed	7,878 units
b. Ride Share	5,000 units
Total Service Units	**12,878**
3. Average Service Units per client	**Units**
a. Bus Passes Distributed	16
b. Ride Share	50

Service Area	Referral	
1. Number of persons to be served	**10**	
a. Pharmacy assistance applications	10	
b. Obtain free medications	10	
2. Type of Service	**Units**	
a. Pharmacy assistance applications	10	
b. Obtain free medications	10	
Total Service Units	**10**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Pharmacy assistance applications	1	1
b. Obtain free medications	1	1

Service Area	Emergency Financial Assistance	
1. Number of persons to be served	**84**	
2. Type of Service	**Units**	
a. Months of Bills Paid	105	
b. # of Checks Written	105	
3. Average Service Units per client	**Units**	**$ Amount**
a. Months of Bills Paid Per Client	1.25	$212.50
b. # of Checks Written Per Client	1.25	NA

Service Area	Housing Assistance	
1. Number of persons to be served	**70**	
2. Type of Service	**Units**	
a. Months of Bills Paid	105	
b. # of Checks Written	105	
3. Average Service Units per client	**Units**	**$ Amount**
a. Months of Bills Paid Per Client	1.5	$644
b. # of Checks Written Per Client	1.5	NA

Service Area	Linguistics	
1. Number of persons to be served	**40**	
a. Provide PLWH with interpretation	40	
b. Provide PLWH with translation	40	
2. Type of Service	**Units**	
a. Provide PLWH with interpretation	160	
b. Provide PLWH with translation	40	
Total Service Units	**200**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Provide PLWH with interpretation	4	1
b. Provide PLWH with translation	1	1

Service Area	MAI: Outpatient Ambulatory Medical Care	
1. Number of persons to be served	**20**	
2. Type of Service	**Units**	
a. Face to Face	120	
b. Lab and Diagnostic test	80	
Total Service Unit	**200**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	6	1.5
b. Lab and Diagnostic test	4	NA
Total Per Client during grant year	**10**	**1.5**

Service Area	MAI: Medical Case Management	
1. Number of persons to be served	**120**	
2. Service Units	**Units**	
a. Face to Face	1,500	
b. Other	1,500	
Total Service Unit	**3,000**	
3. Average Amount of Service Per Client	**Units**	**Hours Rounded**
a. Face to Face	12.5	3
b. Other	12.5	3
Total Per Client during grant year	**25**	**6**

Service Area	MAI: Outreach	
1. Number of persons to be served	**100**	
a. Number of high risk or HIV+ contacted	100	
b. Community events hosted	10	
c. Number of persons linked to HIV testing	70	
d. Number of persons linked to medical care	4	
2. Type of Service	**Units / Test / Linkage**	
a. Number of high risk or HIV+ contacted	200	
b. Community events hosted	400	
c. Number of persons linked to HIV testing	70 (tests)	
d. Number of persons linked to medical care	4 (linked to care)	
Total Service Units	**670**	
3. Average Service Units per client	**Units**	**Hours / Test / Linkage**
a. Number of high risk or HIV+ contacted	2	.5
b. Community events hosted	4	1
c. Number of persons linked to HIV testing	1	1 (test)
d. Number of persons linked to medical care	1	4 (linked)

III. Implementation Plan:

The importance of improving progress along the HIV care continuum is supported by the use of scientific research that leads to the identification of best practices and evidence based practices. The use of best practices/evidenced informed models is preferred for all services and as applicable/available.

Describe in detail any evidence bases or best practice models you will use to provide the service. Include a reference to the model name and source of the best practice (e.g., "Healthy Living Project," CDC Evidence-Based Intervention-EBI). https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html Ideally, interventions will be based upon proven outreach and engagement models; and/or adaptations of proven models; and /or novel models of outreach and engagement in care, particularly developed for the HIV/AIDs population.

HIV Continuum of Care and Evidenced Based Practices

CARES' mission is to end the HIV epidemic. This mission is achieved through the use of evidence-based practices designed to help PLWH engage in each phase of the HIV Continuum of Care. CARES' utilizes these evidence-based practices to create a seamless, integrated system of care that supports PLWH from the time of diagnosis throughout the stages of care until viral suppression is achieved and maintained. In doing so, CARES' plays a critical role in improving the quality of life of PLWH and ending the local HIV epidemic.

Figure 3 illustrates the Stages of the Continuum, and the evidenced-based practices utilized throughout the service delivery model of CARES.

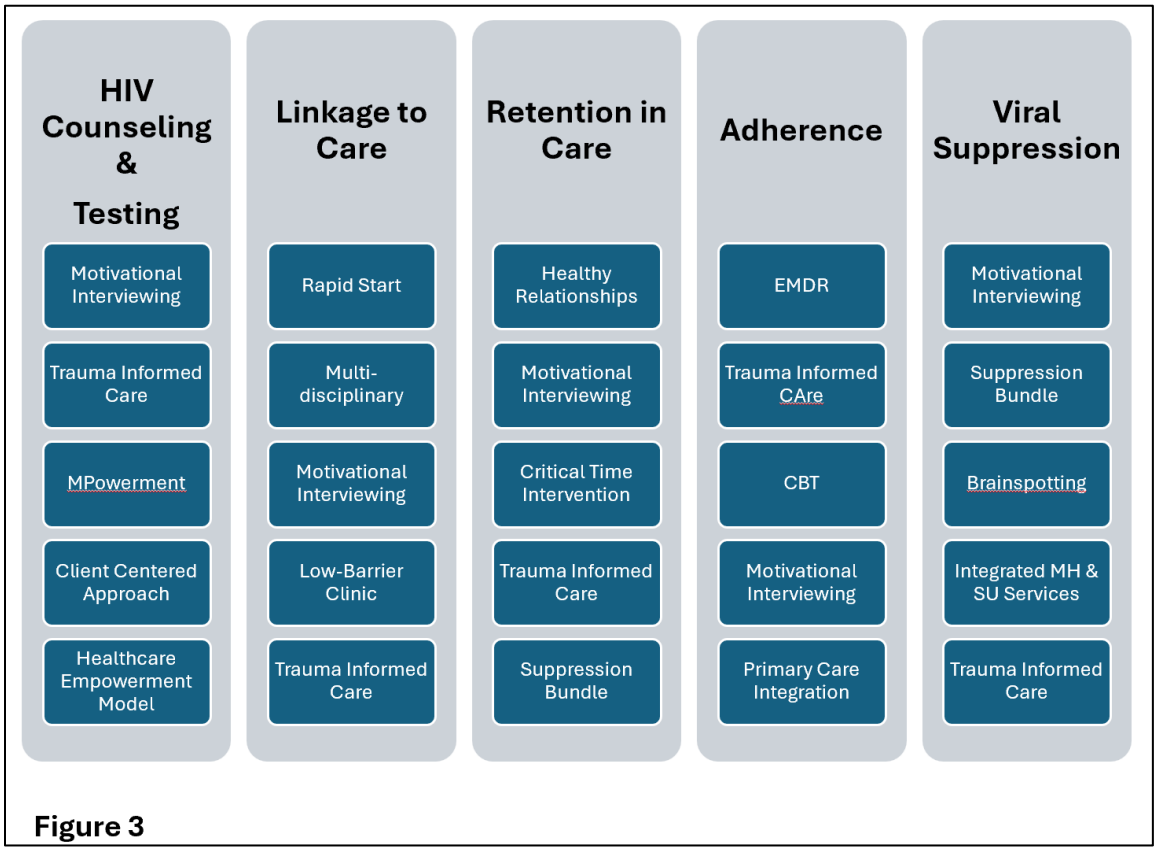


Figure 3

Nashville CARES has a long history of utilizing evidence-based practices to meet the goals of each service area. This proposal incorporates best practices for service delivery with an integrated model across all service areas, which are: Medical Case Management (which also includes Medical Case Management MAI and Non-Medical Case Management), Outpatient Ambulatory Care, Mental Health, Early Intervention Services, Psychosocial services, Food Bank and Home Delivered Meals, Medical Transportation, Referral, Emergency Financial Assistance, Housing Assistance, Linguistics and Outreach. Some of the most well-known models CARES utilizes throughout service delivery areas are described below.

Motivational Interviewing

Motivational Interviewing is a technique designed to increase an individual's motivation to change. This technique helps individuals resolve feelings of ambivalence (indecision or uncertainty) by building discrepancy between current behaviors and desired goals. This approach is used to increase client motivation by promoting change talk and ultimately increase action towards established goals. Motivational Interviewing is a SAMHSA- and HRSA-supported intervention used to mobilize people through the stages of change.

Five Principles of Motivational Interviewing

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Accept client resistance rather than opposing it.
- Support self-efficacy and optimism.

Motivational Interviewing is the foundation of all service areas and is utilized for developing the client – service provider relationship.

Suppression Bundle

The concept of a "Suppression Bundle" is a model of combining three to five evidenced based services to impact access to care, with the outcome of improving viral suppression. This model is utilized through identifying needs during the Medical Case Management assessment, completed biannually or when the circumstances of the PLWH change. This approach is delivered by a interdisciplinary team combining medical, case management, behavioral health and a peer for maximum engagement and support.

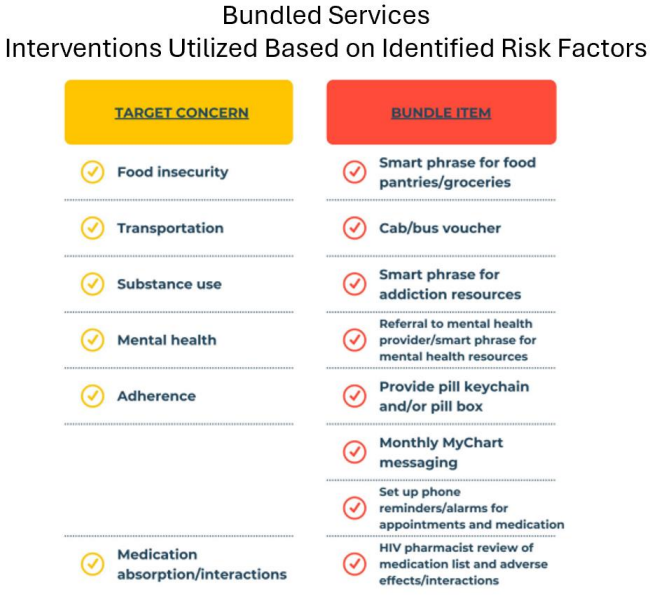


Figure 4

Client Centered Approach

A Client Centered Approach focuses on treating clients with dignity, respect, and compassion. This has been the guiding principle of CARES since its inception. This approach focuses on the whole person and sees each client as unique. Clients guide their own health and wellbeing outcomes, making autonomous decisions with the support of a CARES' service provider. This approach intersects all service areas and is applied across the Care Continuum.

MPowerment

MPowerment is a CDC-endorsed prevention intervention for young same-gender loving men to reduce HIV risk and encourage HIV testing and PrEP initiation. This program utilizes peer support and programming to develop healthy, supportive communities of men who have sex with men that reduces stigma of HIV testing and prevention practices, such testing, safer sex, and PrEP.

Healthcare Empowerment Model

The Healthcare Empowerment Model was designed to increase self-care behaviors of linkage to care, retention, adherence, and viral suppression. Utilization of the empowerment model builds on the strengths and resilience of PLWH and helps them navigate the continuum of care, with service providers assisting to alleviate barriers for successful outcomes.

While each of our service areas operates from the empowerment model, it is the central underpinning of our Psychosocial services, in which peers empower PLWH by modeling self-care and offering ongoing support to achieve positive health outcomes.

Critical Time Intervention

Critical Time Intervention (CTI) is a SAMHSA-endorsed evidence based practice designed to improve outcomes among clients struggling with housing instability. CTI involves 4 stages, with the first being Pre-CTI which focuses on development of the relationship between client and case manager. Moving into Phase 1 - Transition: Through frequent interactions, the case manager and client build rapport and identify stakeholders and other organizations who are part of the support system to create a plan. Phase 2 - Try-Out: During this phase, the client is empowered to implement the plan utilizing the support system that was identified in Phase 1, which results in less frequent interaction as the client interacts with their internal and external support systems. Phase 3 - Transfer of Care: During this phase, most clients have achieved consistent support systems and the case manager's role is to interact as needed to alleviate unforeseen barriers.

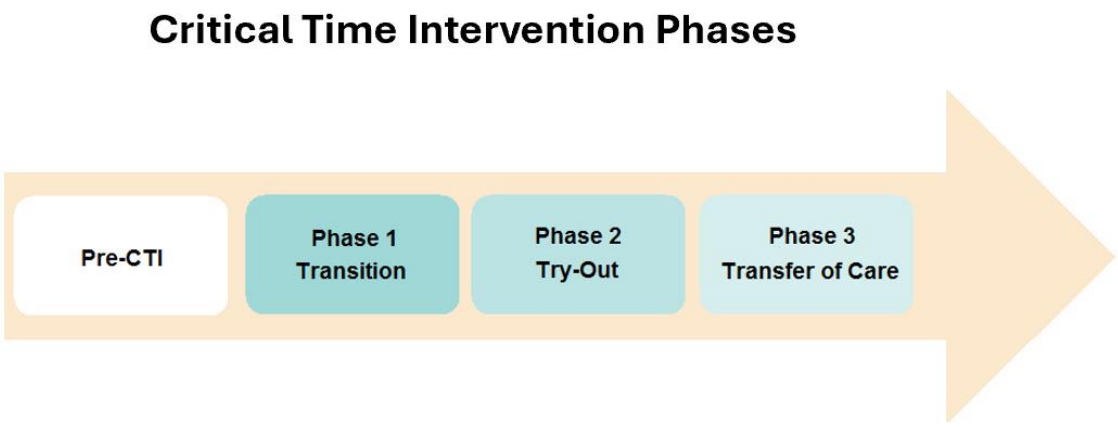


Figure 5

The CTI model is utilized in case management services for clients who experience housing vulnerability, and is adapted to be utilized with clients who have complex bio-psycho-social circumstances that increase barriers to accessing and maintaining HIV health care.

Trauma-Informed Care

Trauma Informed Care (TIC) is defined as an agency-wide approach where providers realize trauma is pervasive, recognize trauma signs and symptoms, and respond by integrating trauma knowledge into service delivery. TIC seeks to resist re-traumatization by providing services through a trauma sensitive lens utilizing six principles:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender issues

TIC has been implemented throughout the service areas to promote wellness and wellbeing for clients. A study conducted at CARES clinic on PLWH exposed to prior trauma or with a current trauma response suggested that an HIV-trauma intervention to improve trauma response increases viral suppression in PLWH who have unsuppressed viremia (Brown et al, 2024).

Healthy Relationships

Healthy Relationships is a CDC-developed High Impact Prevention intervention designed to effect community-level change through peer-led support to PLWH to reduce risky sexual behaviors. Healthy Relationships focuses on addressing stigma to improve an individual's ability to disclose their HIV status to appropriate family, friends, and sexual partners.

This model is utilized in Psychosocial Services.

Cognitive Behavioral Therapy (CBT)

CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. The goal of CBT is to change patterns of thinking or behavior that create barriers that impact individuals overall emotional, physical and mental health and wellbeing.

This approach is utilized in Mental Health and case management services.

Brainspotting

Brainspotting is a somatic psychotherapy treatment that focuses on the connection between the brain and body. It uses a person's field of vision to access the limbic brain and unlock trauma memories that are not typically accessible with traditional talk therapy. The brain is able to reprocess the memories and associated feelings to return one's system to homeostasis. Because this intervention relies on brain-body connection, it can also help alleviate body pain and tension. This intervention aides PLWH, who are disproportionately affected by trauma, in achieving optimal physical and mental wellness.

This approach is utilized in Mental Health Services.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a structured psychotherapy treatment that helps people process traumatic memories and resolve symptoms associated with PTSD. EMDR incorporates eye movements and rhythmic bilateral stimulation to access the traumatic memory and change the way it is stored in the brain, therefore reducing the emotional distress associated with that memory. Like Brainspotting, this intervention is particularly beneficial for PLWH who are disproportionately impacted by trauma and PTSD. This approach is utilized in Mental Health Services.

Best Practices for Outpatient Ambulatory Care services have proven positive health outcomes for PLWH. The CARES clinic has implemented several specific best practice strategic interventions to enhance patient engagement and retention in care, ensuring that PLWH receive consistent and comprehensive medical services. These interventions are designed to reduce barriers to care, improve adherence to treatment, viral suppression and enhance long-term health outcomes.

Rapid HIV Start Program:
The clinic has prioritized rapid initiation of ART. Since October 2024, >90% of new HIV diagnoses (21 total) were started on ART within 72 hours. This early intervention has been shown to reduce time to viral suppression, improve engagement in care, and enhance long-term retention. Rapid initiation is 96% effective in reducing HIV transmission (more effective than any delayed treatment approach) (Cohen, et al. 2011). Some strategies used as part of Rapid Initiation include Observation Therapy (i.e. staff observe newly diagnosed individuals administer first pill), same-day and two-week follow-up blood draws (WHO staging), Teach-back method (ensuring health knowledge acquisition).

Multidisciplinary Care Coordination:
The clinic has strengthened case management and medical care integration, ensuring that PLWH receive multidisciplinary support from a team of medical providers, case managers, behavioral health specialists, and other health navigators. This approach has streamlined referrals, minimized gaps in care, and enhanced retention in medical services.

Integrated Mental Health and Substance Use Services:
Addressing co-occurring mental health and substance use disorders has been central to CARES' retention strategy. With 16% of patients experiencing anxiety disorders and 13% diagnosed with depression, CARES has expanded access to on-site behavioral health services, including individual counseling and medication management. This integrated approach helps stabilize mental health conditions, improving adherence to HIV treatment.

Low-Barrier HIV Clinic for Flexible Access
In response to patient needs, Nashville CARES launched a low-barrier HIV clinic every Tuesday afternoon to accommodate individuals who struggle to attend regular appointments due to mental health and substance use disorders, transportation issues, or other barriers to care. This initiative provides flexible, walk-in access to HIV care, ensuring that patients remain engaged in treatment without the limitations of traditional scheduling.

Expanded Medical Access and Primary Care Integration
To further enhance patient engagement and retention, Nashville CARES has incorporated primary care (PCP) services into its HIV care model, ensuring that PLWH receive comprehensive, whole-person medical care beyond HIV management. Additionally, CARES has streamlined appointment scheduling, making in-person visits available within 72 business hours for all patients to reduce delays in care. To further improve accessibility, CARES has also expanded telemedicine availability, offering flexible virtual appointments for patients who face barriers to in-person visits.

IV. Best Practices:

Provide a clear and succinct description of the proposed project to implement an intervention model designed to create access to HIV testing, improve timely entry, engagement and retention in quality HIV medical care for persons living with HIV infection.

Describe the strategies you will use to identify and engage with key stakeholders recognized and trusted by the HIV/AIDs community; include the names of specific people and entities.

Describe the components of your intervention model and its specific strategies that will:
a) Increase awareness of HIV disease, with a focus on reaching persons at high risk for becoming infected with HIV disease;
b) Identification of high risk persons who need but do not access regular HIV tests and how you will link those persons to HIV testing agencies; and
c) Identification of persons who are HIV positive but have never or who have dropped out of HIV medical care and services and how you will facilitate linking those persons with needed HIV services and care.

Proposed interventions must address personal, financial, sociocultural and structural barriers, especially stigma, that affect PLWHAs access to HIV testing and retention in HIV medical care and services. Define specific barriers that may be encountered by the population being served and discuss how your proposed interventions will positively address each of these barriers.

CARES strives to reduce health-related disparities and address the social determinants of health. PLWH in the Middle Tennessee region receive holistic services at CARES. These services promote empowerment for the individual and are provided in an appropriate cultural and linguistic environment. All service areas proposed in this project focus on the HIV Continuum of Care through an integrated evidence-based approach. CARES is a comprehensive hub providing prevention, care, and treatment services. There are two entry points at CARES to access services. The first entry point is part of a comprehensive prevention program that targets high risk negatives. The second is for people who know their HIV status and are seeking care.

CARES HIV Counseling and Testing Services (CTS) is a core component of the comprehensive prevention program. Targeted testing initiatives to reach high risk individuals as defined by the CDC and TN Department of Health is the focus of prevention services. Additionally, CARES provides clinical HIV testing opportunities for individuals who present at emergency departments, health, and social service organizations to reach those who otherwise do not access routine HIV testing. HIV CTS personnel work closely with Early Intervention Specialists to refer HIV positive individuals either from targeted or clinical testing venues to link newly diagnosed individuals to CARES' services.

Figure 6 and 7 below demonstrate the routes individuals enter CARES services and the path they take to access comprehensive services.

Intervention Model: Nashville CARES HIV Testing, Access and Linkage Model

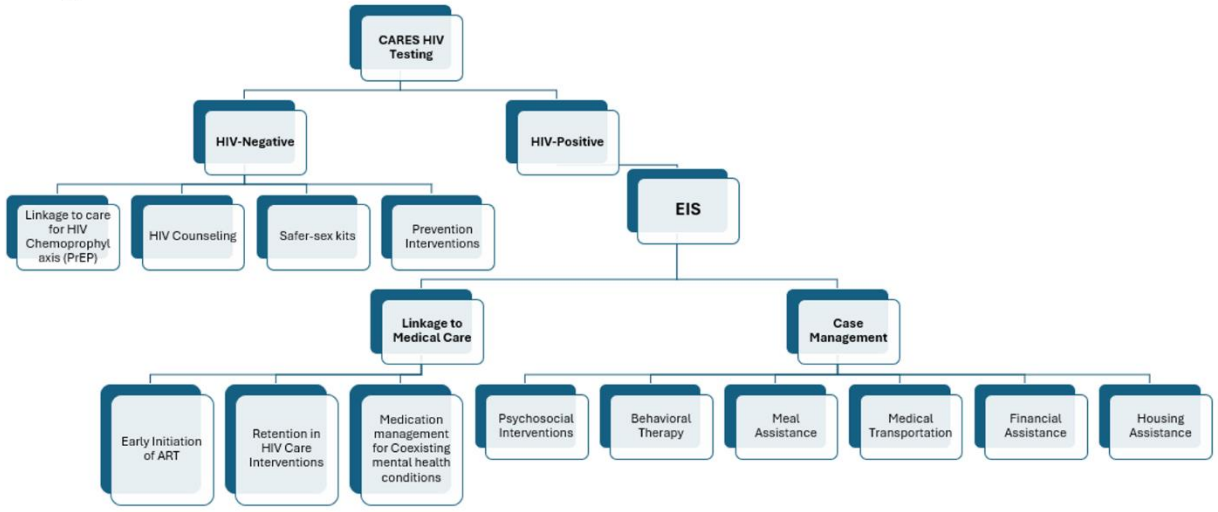


Figure 6 – Entry Point CARES HIV Testing

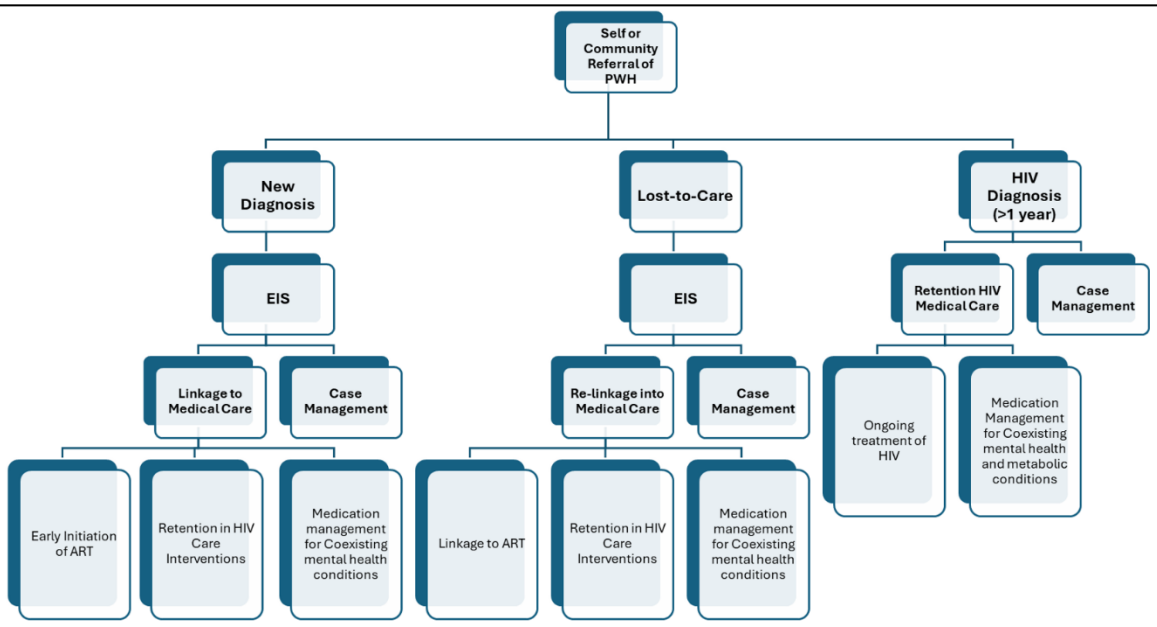


Figure 7 – Entry Point Self or Community Referral

Services represented above in the intervention models are the components of CARES' comprehensive hub that supports PLWH. CARES acknowledges a wide range of stakeholders is

critical to alleviating barriers and ensuring seamless services throughout the community for all clients. For each service area proposed, CARES has formal MOUs and informal partnerships to collaborate and coordinate care for PLWH through the TGA. See list in Team and Qualification section, and MOUs included in attachments.

Each service area within CARES' model is designed to address a full range of psychosocial barriers including: personal, financial, sociocultural, and structural, with the goal of linkage, retention in care, and achieving and maintaining viral suppression. While all services intersect with the others, each service area has a clear strategy to achieve this goal.

Medical Case Management (including MCM MAI and Non-Medical Case Management)

CARES MCM help PLWH address the inherent physical, medical, emotional, and practical issues that arise from living with HIV. MCM assist PLWH gain and maintain access to a full continuum of needed healthcare services, and supportive resources to reduce barriers. This is accomplished through three distinct, but concurrent activities. First, MCMs provide ongoing outreach to medical clinics, health departments, and social services providers throughout the TGA to better coordinate care for PLWH. Second, MCM complete biopsychosocial assessments that serve as the foundation of the individualized CARE Plan. The plan delineates the activities and timeframes to address and resolve the issues and concerns that inhibit the PLWH's ability to become and remain treatment adherent and virally suppressed. Third, a MCM advocates on behalf of a PLWH in an ongoing way to ensure that needed care and services are provided, both by other CARES programs and by private and public stakeholders in the community.

To reduce the structural and social barriers that impede disproportionately impacted PLWH from accessing and staying engaged in care, CARES provides services in traditional and non-traditional locations to meet the needs of all PLWH. CARES' services have been designed to meet PLWH where they are the most comfortable receiving care, reducing inherent structural barriers. This is achieved through a combination of traditional office-based and unique "outwardly deployed" services that are designed to reduce barriers that occur due to PLWH physical needs/limitations, geographical location, stigma and/or access to transportation. This includes home visits, satellite offices throughout the TGA, MCM housed in both HIV clinics and other community social services organizations. Additionally, MCM provides specialized services for clients with unique barriers, including older adults, non-English-speaking clients, men of color who have sex with men, clients with complex medical needs, and clients with housing vulnerabilities. All activities are consistent with the TGA's Standards of Care for MCM services both in design and day-to-day implementation.

Psychosocial

Psychosocial services are primarily provided through PLWH peers. The focus of the services is to provide health and wellness education, as well and emotional support and systems navigation. Peer personnel and volunteers engage PLWH to determine the real or perceived behavioral, psychological, or environmental barrier(s) to HIV treatment adherence and viral suppression. Peers foster trusting relationships between the client and CARES personnel to assist the client in engaging with the appropriate interventions and programs to achieve his/her personal health goals.

As part of the psychosocial service delivery model and in an effort to reduce structural barriers, Healthy University was established. Healthy University programs create a normalizing environment for individuals living with HIV that is respectful, non-discriminatory, and safe. PLWH receive education, support, recreation, and freedom from judgment of gender identity, sexual orientation, race/ethnicity or socioeconomic status. Programs are delivered with the following foundational pillars to increase knowledge, skills, and behaviors: 1) To educate individuals who are HIV+ and their affected family and friends regarding living with HIV successfully; 2) To provide skills to individuals who are HIV+ and their affected family and friends to advocate for themselves within the service delivery system; 3) To provide support for individuals who are HIV+ and their affected family and friends via the CDC's high impact interventions, psychosocial groups, one-on-one counseling, and Alcohol and Substance abuse programs; 4)To provide engagement among peers to practice positive behavior and negotiation skills. Psychosocial programs affect healthy behavior choices, modeling behavior from peer staff and volunteers, addressing stigma and health literacy, and coping with real world stress to decrease sexual risk taking and/or lack of self-care.

During 2020, psychosocial groups rapidly pivoted to offering groups via telehealth platforms. This greatly enhanced access to groups reducing the transportation barrier many participants had experienced prior. Today groups are offered in a variety of formats and times to reduce barriers to access such as transportation, stigma, and travel time. The following are psychosocial groups and programs: *Women's Empowerment Group* (SWEET - Strong Women Empowering Each other Together), *MALES* (Men Advocating Life Education Support), Express Yourself, *Under Construction* (Alcohol & Drug recovery support group), *Silver Strong 50+* (Support group for individuals over 50), *Spiritual Connection* (Spiritual and Emotional Wellness), *Artsy Hearts, The B Side, OrangeTheory Fitness, S.E.T.* (Support, Encourage, Trust), *Healthy Relationships* (CDC- high impact EBI), *StartHere* (Newly Diagnosed, Lost to Care, Affected family/or friends), *Fun Fridays, TSU Cooking, Movie Day, Employment Seminars, Ask-a-Pharmacist, Speaker's Bureau* (Telling your Stories), and various client-suggested programs.

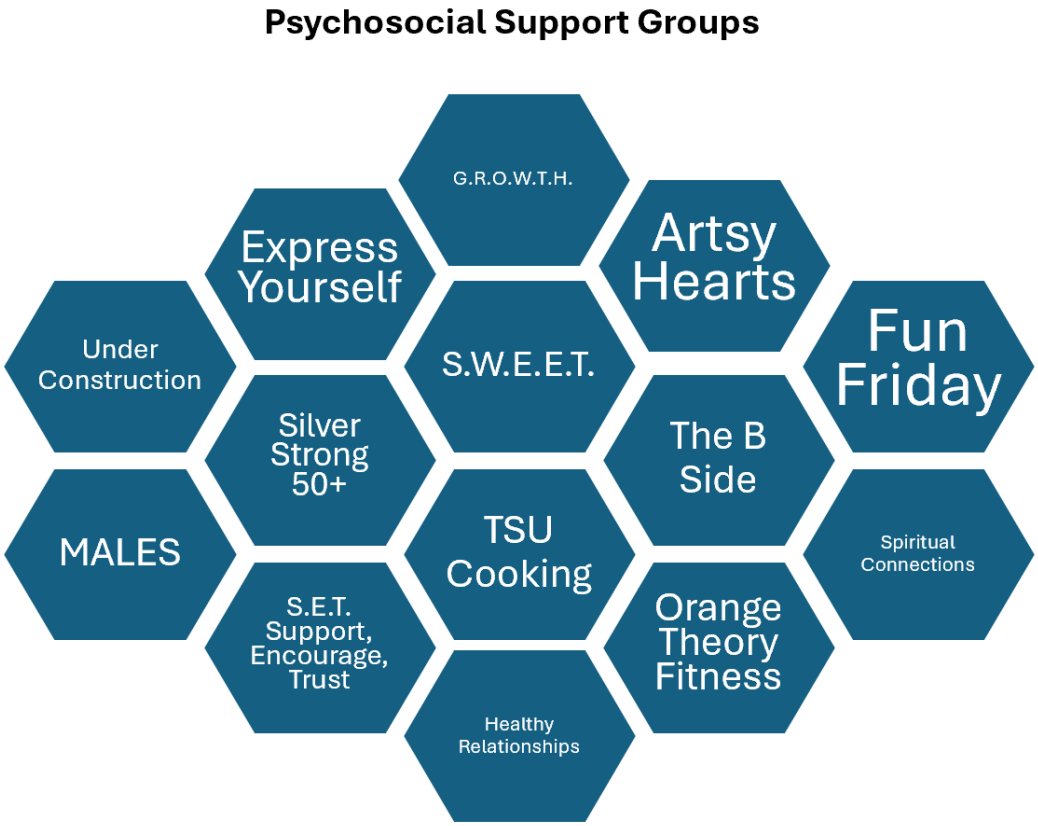


Figure 8

Early Intervention Services (EIS)

EIS personnel assesses newly diagnosed and lost-to-care individuals and then follow routine standards of care to educate, motivate, assess readiness for, and directly accompany individuals to initial HIV primary care visits. EIS are specialized to ensure that the wide variation in PLWH's readiness and understanding are addressed more efficiently to drive enrollment into medical case management and dis-enrollment with EIS. Ultimately, each individual exercises autonomy in making decisions regarding HIV medical care and other support services referrals. This includes PLWH who are not in care, though previously diagnosed and informed of their HIV infection.

This EIS program has worked systemically for more than 15 years to identify and work with four groups of agencies (key stakeholders) that have the potential to serve as ongoing "points of entry" for PLWH who are new to care. First, EIS staff routinely build working relationships with existing community health services providers (outside of Lentz), assuring connections are maintained through staff turnover at each agency. Specifically, CARES' staff collaborate with Federally Qualified Health Centers (NH, MWCHC), HIV/STD testing programs/agencies, and others to enhance and improve the coordination of their services with existing HIV medical and

social services. Second, EIS staff continually identify, contact, and develop services connections with specific EDs, mental health, and AOD treatment centers, correctional settings and social services agencies (predominately for those who are unstably housed) throughout the TGA where PLWH are receiving services but may not be linked to HIV medical and social services care. Much is done through systematic review with TDH of all new HIV diagnoses for the most currently reported year to identify service providers within the TGA. Third, EIS staff will work with local providers of HIV outreach and testing services (especially new programs) to coordinate their efforts with HIV medical and social services providers. Where needed, EIS continues to assist with the ongoing implementation of strategies to identify and address the barriers that keep PLWH from accessing HIV medical care following a positive test result. As noted in the EIS Standards of Care, an entity becomes formally eligible to be a "Point of Entry" when it has identified at least three HIV-positive cases in the last year. For these agencies, Memoranda of Understanding and/or HIPAA Business Agreements defining respective roles and responsibilities will be developed and staff will be trained in the provision of coordinated services. The EIS/Intake Coordinator provides oversight and conducts most of the activities associated with creation of a POE. CARES continually adds to its system of care access points, as well as POEs, to increase access to care for PLWH in the TGA. These activities are in line with the Nashville 'Ending the Epidemic" recommendation to strengthen this component of EIS.

Mental Health

The service model CARES uses to administer mental health services is a standard behavioral health model that employs a clinical psychotherapy approach. To address a client's mental health, clinicians first conduct biopsychosocial assessments utilizing standardized psychometric instruments. After completing the assessment, clinicians then determine a mental health diagnosis. In partnership with the client, a treatment plan is developed and monitored by the clinician. CARES' approaches individualized client plans from a strengths-based and client-centered framework and utilizes interventions like Motivational Interviewing to discuss the process of change. CARES utilizes multiple treatment modalities—including Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma-Informed Care, as well as validated psychometric scales to measure progress with mental health symptoms. The Clinic Medical Director oversees the psychiatric needs of PLWH.

Medical Transportation

The transportation program is designed to increase client access to available medical and social service resources so that they can improve their ability to manage and live with HIV/AIDS. The primary target areas for clients to improve access are: medical and dental appointments, acute medical or dental care, public and private social services appointments, pharmacy services, addiction and mental health services, job training and search, and grocery shopping. Transportation services at Nashville CARES are based on the individual's demonstrated need for assistance, be it economic and/or lack of appropriate access to needed resources. Transportation resources are assessed through a case manager as part of the comprehensive biopsychosocial assessment. This assessment will be updated twice annually or as the individual's needs or circumstances change.

Assistance will be provided to clients who use the "WeGo" Public Transit bus line as a primary means for transportation, and includes Access Ride which serves PLWH who have disabilities and are unable to access standard bus service.

CARES has implemented a new transportation program that provides Ride Share transportation to and from medical appointments for clients within specialized services (older adult, rural, non-virally suppressed, isolated, new-to-care, lost-to-care, etc.) via Uber Health.

For individuals with private automobiles and limited gas funds a Gas Voucher is provided to reduce barriers and address transportation needs. The gas card program is *not* requested through this proposal, as other leveraged resources are funding this initiative.

Emergency Financial Assistance (EFA) and Housing Assistance

By design, the proposed EFA and Housing Assistance services enhance CARES' direct financial assistance program by targeting specific populations whose economic vulnerability directly impacts their health, participation in healthcare, and ability to achieve/maintain viral suppression. EFA provides resources for utility payments, and Housing Assistance provides rental assistance. Both prioritize resources specifically to PLWH living in subsidized housing, who are at risk of homelessness, or who reside in unstable housing. Additionally, services are designed to serve individuals who are experiencing a short-term/temporary financial crisis due to illness, significant medical/prescription expenses, loss of income, and/or significant costs associated with maintaining a safe and healthy living environment. All of the PLWH served will have experienced one of these circumstances. To be eligible for EFA or Housing Assistance, clients must be unable to access other financial assistance resources within the community. Therefore, Ryan White Part A is the payor of last resort.

Medical Case Managers serve as the access point to EFA and Housing Assistance services. The goal of EFA and Housing Assistance service is to achieve economic and housing stability. EFA and Housing services are part of a comprehensive medical case management plan that alleviates barriers to empower PLWH to achieve medical, emotional, and practical stability and self-sufficiency.

Food Bank and Home Delivered Meals

CARES believes in the philosophy that "food is medicine." Across the TGA, food deserts, food swamps, and food insecurity impact PLWH. Studies support that PLWH with food insecurity who receive effective food & nutrition services are less likely to miss medical appointments, have fewer hospitalizations and emergency room visits, and are more likely to receive and comply with HIV medication regimen (Academy of Nutrition and Dietetics).

The Food Bank and Home Delivered Meal program provides PLWH with comprehensive options for supplementing and meeting their nutritional needs. These include 1) Traditional Food Pantry services in the form of pre-packed bags of fresh produce and dry and canned goods; 2) Ready-to-Eat food bags designed for PLWH who are homeless or have no access to cooking facilities; 3) The Choice Food Pantry where clients are able to choose preferred vegetables, fruits, grains, protein, etc; 4) Care-a-Van Cuisine which provides frozen meals for easy

preparation; 5) Specialized Nutrition which provides food items to meet special dietary and cultural needs. **See Figure 9**

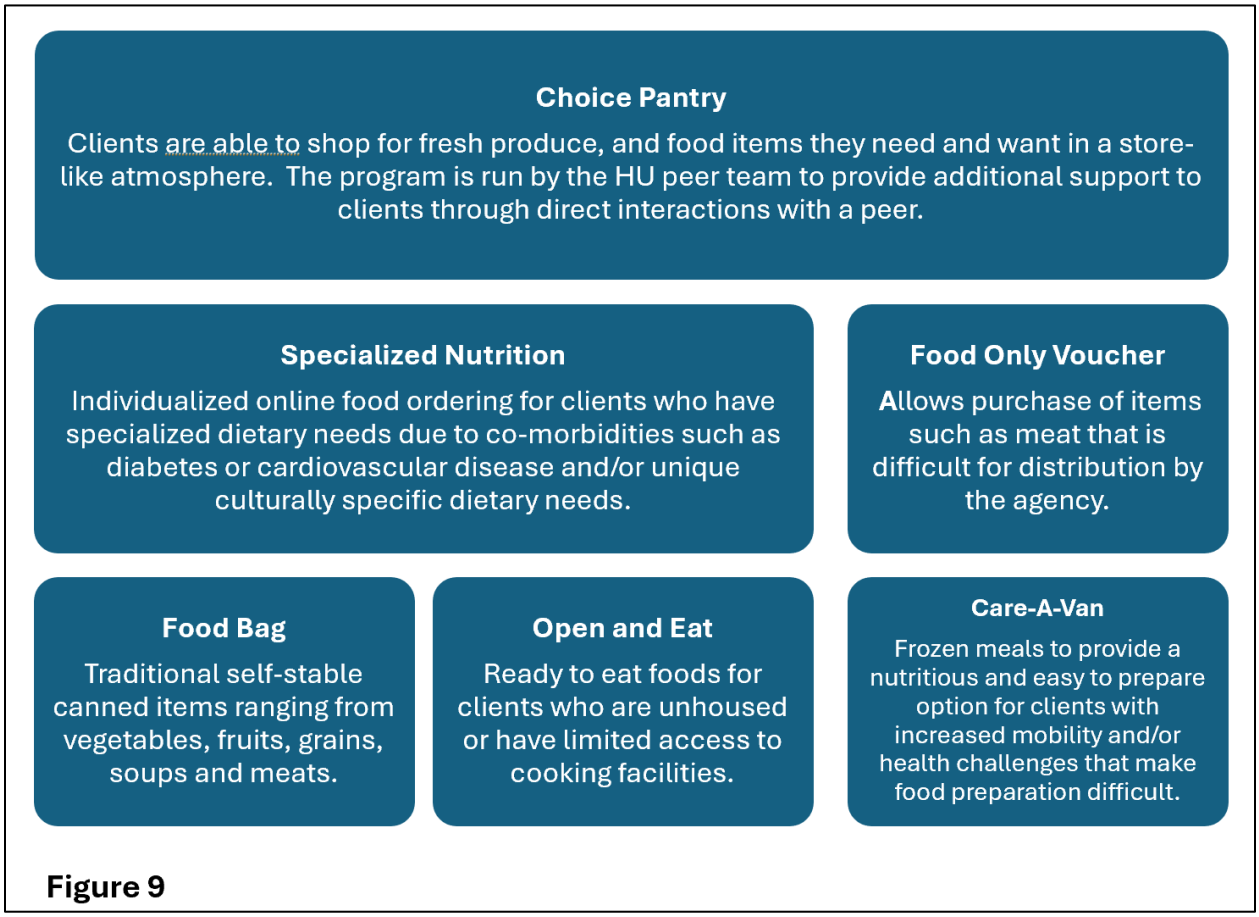


Figure 9

CARES' nutritional services provide clients with ingredients to prepare healthy and nutritional meals to support a balanced diet essential to effective HIV treatment adherence. Choice Pantry and the Specialized Nutrition Program also allow clients to ensure the contents are their food bags are culturally appropriate and meet any specialized dietary needs they may have.

Food Bank services at Nashville CARES are based on the individuals' demonstrated need for assistance, be it economic and/or lack of appropriate access to quality food. Nutritional needs are assessed through a case manager as part of the comprehensive biopsychosocial assessment. This assessment will be updated twice annually or as the individual's needs or circumstances change.

V. Service Specific Questions:

1. Service Model

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in each activity.

MCM GOAL: Assist PLWH to identify and address barriers that limit a person's ability to connect to HIV medical care and then link with needed services and to support the coordination and follow up of a person's medical care so they successfully participate in adhere to HIV medical care and achieve viral suppression.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
1,700 PLWH will receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning • Implementation • Monitoring • Reassessment	• Complete assessment and care plan • Case notes and care plan needs documented • Reported engagement in medical care	MCM Staff	February 28, 2026
1,530 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • % attended medical care	MCM Staff	February 28, 2026
1,377 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

OUTPATIENT AMBULATORY CARE GOAL: Provide comprehensive, accessible and culturally competent HIV outpatient/ambulatory care in accordance with PHS Guidelines, in order to improve health outcomes for individuals who do not have access to other payors for HIV health care.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
40 PLWH will receive Outpatient Ambulatory Care	• Provider visit • Lab and diagnostic services	• Appointment attendance	Clinic Staff	February 28, 2026
20 newly diagnosed receive Rapid ART	• Linkage to clinic for new diagnosis • Provider visit • Lab and diagnostic services • Prescribed ART within 72 hours of diagnosis	• Positive HIV tests are reported to clinic staff within same business day • 20 of newly diagnosed patients prescribed ART within 72 hours	Clinic Staff	February 28, 2026
38 (96%) PLWH will be retained in care	• Provider visit • Assessing and navigating barriers to retention in care • Monitor adherence	• At least 96% of PWH enrolled in clinic are engaged in care (at least 2 viral loads and/or office visits per year). •	Clinic Staff	February 28, 2026
34 (90%) PLWH retained in care will achieve viral suppression	• Lab and diagnostic services • Assessing and navigating barriers to viral suppression • Monitor adherence	• Viral suppression lab value	Clinic Staff	February 28, 2026

MENTAL HEALTH GOAL: Increase emotional support for people living with HIV who are experiencing mental health symptoms				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
125 PLWH recognize mental health diagnosis	Referred into BH and screening conducted.	Initial behavioral health assessment conducted.	BH Therapists	February 28, 2026
125 PLWH develop an individualized MH care plan	• Schedule initial meeting • Complete initial assessment • Care plan is created collaboratively	Care plan is completed in full and updated every 180 days.	BH Therapists	February 28, 2026
30 PLWH will participate in group sessions	• Attend group sessions	Care plan is completed in full and updated every 180 days.	BH Therapists	February 28, 2026
25 PLWH will receive psychiatric medication services	• Schedule initial meeting • Complete initial assessment • Care plan is created collaboratively	Care plan is completed in full and updated every 180 days.	Psychiatric Prescriber	February 28, 2026
75 PLWH follow MH care plan until resolution of initial MH symptoms	After completion of baseline assessment, client receives follow-up assessments at least every 180 days or by end of planned termination.	Changes in symptoms are assessed qualitatively (verbally) and through validated psychometric instruments.	BH Therapists	February 28, 2026

EIS GOAL 1: Link HIV Positive Individuals to HIV Outpatient Ambulatory Care				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**

Link 75 newly diagnosed individuals in the TGA to care	• Outreach • Assessment • Referral • Linkage • Reassessment	• -% linked within 30 days of diagnosis • % achieving 2 HIV apts within a year (at least 3 months apart) • - % achieving viral suppression	EIS Coordinator and EIS Specialists	February 28, 2026
Link 75 previously diagnosed individuals in the TGA that have been lost to care	Outreach, Assessment, referral, linkage and reassessment	• -% linked within 30 days of referral • - % achieving 2 HIV apts within a year (at least 3 months apart) • -Establish base line viral load • -% achieving viral suppression	EIS Coordinator and EIS Specialists	February 28, 2026
EIS GOAL 2: Identify "Points of Entry" in the TGA where PLWH not linked to care may receive services				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Increase EIS Points of Entry to outreach to clients	Meet with providers that test for HIV.	Signed MOA Staff trained on EIS	EIS Coordinator and Director of Client Serivces	February 28, 2026

Non-Medical Case Management GOAL: Assist PLWH by providing guidance and assistance in improving access to needed services, with a focus on housing stability.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
50 PLWH receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning	• Complete assessment and care plan	MCM Staff	February 28, 2026

	• Implementation • Monitoring • Reassessment	• Case notes and care plan needs Reported engagement in medical care		
45 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • Link eligible clients to Insurance Assistance Program • % linked to medical care	MCM Staff	February 28, 2026
41 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

PSYCHOSOCIAL SERVICES GOAL: To assist PLWHA with supportive services that enhances the person's ability to maintain/improve overall health status.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 300 PLWH with individual and group support	• Recruitment, Referral • Assessments • Linkage to other services	• 96% of newly diagnosed or lost-to-care clients linked within 30 days of diagnosis/EIS to Peer Services • 90% achieving medication adherence and increased health literacy • 85% virally suppressed	Psychosocial staff and peer volunteers	February 28, 2026

FOOD BANK AND HOME DELIVERED MEALS GOALS: Increase food access for PLWH				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Distribute food bags to 800 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026
Distribute frozen meals to 150 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026
Distribute fresh food bag / voucher to 800 PLWH	Assess for eligibility Distribute bags	Service documented in Client Track	Support Services Coordinator	February 28, 2026

MEDICAL TRANSPORTATION GOAL: Provide transportation resources to ensure access to medical and supportive services				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 500 PLWH with bus passes	Assess eligibility Distribute bus pass	Receipt of pass documented in client record	Support Services Coordinator	February 28, 2026
Provide 40 PLWH with access ride bus vouchers	Assess eligibility Distribute bus pass	Receipt of pass documented in client record	Support Services Coordinator	February 28, 2026
Provide 100 PLWH with Ride Share	Assess eligibility and set up ride	Completion of Ride Share	Support Services Coordinator	February 28, 2026

REFERRAL GOAL: Provide access to needed services in order to improve engagement and maintenance in HIV medical care and services.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
10 PLWH receive pharmacy assistance application	• Assessment of medication assistance need • Complete Patient Assistance Application	Completed application	Patient Lead	February 28, 2026
10 PLWH receive free medication	• Qualify and enroll in assistance program	Obtainment of medication	Patient Lead	February 28, 2026

EFA GOAL: Provide short-term financial support with utility payment to A) support access of and/or to maintain medical care adherence to medical care and/or health and wellness B) Address financial need that due to high and/or unexpected medical cost.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
84 PLWH receive utility payment	• Assessment of financial need • Develop / Implement	Attainment of financial assistance to maintain utility service	Medical Case Manager	February 28, 2026

	CARE plan to address need • Approval from ad-hoc committee			

HOUSING GOAL: Provide short-term financial support with rental payments to maintain PLWH in stable housing in order to facilitate continuation of HIV medical care and appropriate medication adherence and improving quality of life and health outcomes.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
70 PLWH receive rental payment	• Assessment of financial need • Develop / Implement CARE plan to address need • Approval from ad-hoc committee	Attainment of financial assistance to maintain utility service	Medical Case Manager	February 28, 2026

LINGUISTIC GOAL: Provide access to needed linguistic services in order to facilitate the delivery of HIV medical care and services in order to improve overall health status.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Provide 40 PLWH with interpretation services	• Assessment of need • Delivery of interpretation service	• Utilization of interpretation service • Documented in client record	Client Service staff	February 28, 2026
Provide 40 PLWH with translation services	• Assessment of need • Delivery of translation service	• Utilization of translation service • Documented in client record	Client Service staff	February 28, 2026

MAI OUTPATIENT AMBULATORY CARE GOAL: Provide comprehensive, accessible and culturally competent HIV outpatient/ambulatory care in accordance with PHS Guidelines, in order to improve health outcomes for individuals who do not have access to other payors for HIV health care.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**

20 PLWH will receive Outpatient Ambulatory Care	• Provider visit • Lab and diagnostic services	• Appointment attendance	Clinic Staff	February 28, 2026
10 newly diagnosed receive Rapid ART	• Linkage to clinic for new diagnosis • Provider visit • Lab and diagnostic services • Prescribed ART within 72 hours days of diagnosis	• Positive HIV tests are reported to clinic staff within same business day • 20 of newly diagnosed patients prescribed ART within 72 hours	Clinic Staff	February 28, 2026
19 (96%) PLWH will be retained in care	• Provider visit • Assessing and navigating barriers to retention in care • Monitor adherence	• At least 96% of PWH enrolled in clinic are engaged in care (at least 2 viral loads and/or office visits per year). •	Clinic Staff	February 28, 2026
17 (90%) PLWH retained in care will achieve viral suppression	• Lab and diagnostic services • Assessing and navigating barriers to viral suppression • Monitor adherence	• Viral suppression lab value	Clinic Staff	February 28, 2026

MAI MCM GOAL: Assist PLWH to identify and address barriers that limit a person's ability to connect to HIV medical care and then link with needed services and to support the coordination and follow up of a person's medical care so they successfully participate in adhere to HIV medical care and improving viral suppression for MAI population.				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
120 PLWH receive Medical Case Management	• Bio-Psycho-Social Assessment • CARE Planning • Implementation • Monitoring • Reassessment	• Complete assessment and care plan • Case notes and care plan needs documented • Reported engagement in medical care	MCM Staff	February 28, 2026
108 (90%) access routine HIV medical care	• Ensure ability to access through insurance and/or RW benefits • Linkage to medical care • Assessment / Monitoring of barriers to access care • Monitoring medical visits	• Scheduled medical appointment. • % linked to medical care	MCM Staff	February 28, 2026
97 (90% of those in medical care) achieve and maintain viral suppression	• Assessment / Monitoring of barriers to viral suppression • Monitor adherence	• % achieving viral suppression • Monitoring viral load and establish a baseline	MCM Staff	February 28, 2026

MAI OUTREACH GOAL: Provide community focused outreach services to high risk communities (Hispanic) in order to increase HIV knowledge of HIV prevention, identification and treatment in order to assure early identification				
OBJECTIVE	**Action Steps**	**Measurement**	**Person Responsible**	**TIME LINE (BY WHEN)**
Engage 100 people at high risk for HIV in the Hispanic community	• Provide direct prevention to community in face to face and group interactions	• Individuals engaged in targeted prevention services	Outreach staff	February 28, 2026
Host 10 testing and engagement events in the Hispanic community	• Attend community events	• Attended events in target population	Outreach staff	February 28, 2026
Test 70 high risk individuals for HIV in the Hispanic community	• Provide HIV testing and counseling services	• Completed HIV test	Outreach staff	February 28, 2026
Link new diagnosis to care	• Link to medical care within 72 hours of diagnosis	• Attend first medical appointment	Outreach staff	February 28, 2026

METROPOLITAN GOVERNMENT OF NASHVILLE 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

December 30, 2024

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.

_____
Signature of Authorized Representative
Name: Amna Osman
Title: Chief Executive Officer
Agency Name: Nashville CARES
Date: February 7, 2025

METROPOLITAN GOVERNMENT OF NASHVILLE 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

December 30, 2024

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.*

_____
Signature of Authorized Representative
Name: Amna Osman
Title: Chief Executive Officer
Agency Name: Nashville CARES
Date: February 7, 2025

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248222395
July 07, 2011 LTR 4168C E0
62-1274532 000000 00
00018810
BODC: TE

NASHVILLE C A R E S INC
633 THOMPSON LN
NASHVILLE TN 37204

036876

Employer Identification Number: 62-1274532
Person to Contact: Miss Converse
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 27, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1986.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations 2

FILED
SECRETARY OF STATE
1985 OCT 21 PM 4:13

CHARTER

OF

NASHVILLE C.A.R.E.S. INC.

The undersigned natural person or persons, having capacity to contract and acting as the incorporator or incorporators of a corporation under the Tennessee General Corporation Act, adopt the following charter for such corporation: BOOK 6712 PAGE 993

1. The name of the corporation is NASHVILLE C.A.R.E.S., INC.

2. The duration of the corporation is perpetual.

3. The address of the principal office of the corporation in the State of Tennessee shall be:

131 15th Ave No. Nashville, Tn 37203

4. The purpose or purposes for which the corporation is organized are:

(a) To provide support, counseling, social services relief, and direct services to persons suffering from AIDS and to those persons families and loved ones.

(b) To educate and inform the general public by providing the most current medical and scientific information about AIDS, evaluation methods, and risk reduction practices.

(c) To provide for research opportunities for those interested in providing data about the various aspects of the disease and evaluation methods.

(d) To work with community leaders, the news media, governmental agencies and private organizations to insure that the issues surrounding the AIDS virus are addressed responsibly and accurately.

5. This corporation is to have members.

Corporation not for profit.

6. No part of the net earnings of this corporation shall inure to the benefit of any member, director, or other individual.

7. This corporation shall not carry on propaganda, or otherwise attempt to influence legislation, and shall not participatre in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

CREIA
1985 OCT 21 PM

8. In the event of the dissolution of this corporation, the net assets shall be transferred or conveyed to one or more domestic or foreign corporations, societies or organizations, which are not for profit, and which themselves are exempt organizations as described in Section 501(c)(3) and Section 170(c)(2) of the Federal Internal Revenue Code of 1954, or corresponding sections of any prior or future Federal Internal Revenue Code: or to the State of Tennessee or any County or Municipality of the State of Tennessee, for exclusively public purposes.

Notwithstanding any other provisions of these articles, this corporation will not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States internal revenue law or (b) a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States internal revenue law.

9. Whenever the members or directors are required or permitted to take any action by vote, such action may be taken without a meeting on written consent, setting forth the action so taken, signed by all of the persons entitled to vote thereon.

DATED, this 21 day of October, 1985.

INCORPORATOR

Janet E. Pierce

Details ×

NASHVILLE CARES

633 THOMPSON LANE NASHVILLE TN 37204
ANGELA MURRAY
(615) 330-2103
www.nashvillecares.org
Status: Active
CO Number: CO883
Registration Date: 04/01/1996
Renewal Date: 12/31/2025

Purpose

Nashville CARES exists to end the HIV epidemic, promote comprehensive sexual health, and end sexual health stigmatization and discrimination through prevention, education, treatment, support, advocacy, and strategic partnership.

Financials (28) ⌄

Officers (13) ⌄

Charity Events (0) ⌄



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, 2021, and 2025. 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.



Details

NASHVILLE CARES

633 THOMPSON LANE NASHVILLE TN 37204
ANGELA MURRAY
(615) 330-2103
www.nashvillecares.org
Status: Active
CO Number: CO883
Registration Date: 04/01/1996
Renewal Date: 12/31/2025

Purpose

Nashville CARES exists to end the HIV epidemic, promote comprehensive sexual health, and end sexual health stigmatization and discrimination through prevention, education, treatment, support, advocacy, and strategic partnership.

Financials (28)

Officers (13)

Charity Events (0)

Tennessee Code Unannotated
State Comptroller
State Treasurer
Title VI Information
Public Records Policy and Records Request Form

Tennessee Secretary of State

SUBSCRIBE

© 2025 Tennessee Secretary of State | Web and Social Media Policies

NASHVILLE CARES (COUNCIL ON AIDS RESOURCES, EDUCATION, AND SERVICES)

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Mutual Benefit Corporation

Status: Active
Control Number: 000163095
Initial Filing Date: 10/21/1985 4:30:00 PM
Fiscal Ending Month: June
AR Due Date: 10/01/2025

Registered Agent
AMNA OSMAN, MPA
633 THOMPSON LN
NASHVILLE, TN 37204

Principal Office Address
633 THOMPSON LANE
NASHVILLE, TN 37204-3616

Mailing Address
633 THOMPSON LANE
NASHVILLE, TN 37204-3616

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (43)

Type	Date	Tracking Number	Change History
2024 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2024 7:27:13 AM	B1629-8797	
2023 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2023 5:14:34 PM	B1457-5405	
2022 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/28/2022 5:35:47 PM	B1296-3145	○ Principal Address 1 changed from: 633 THOMPSON LN to: 633 THOMPSON LANE
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/4/2022 2:14:00 AM		
Assumed Name for Nashville CARES (Council on AIDS Resources, Education, and Services)	4/20/2022 1:58:22 PM	B1203-2989	○ New Assumed Name changed from: No Value to: Nashville CARES' Clinic at My House

2021 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	7/26/2021 11:13:56 AM	B1071-6486	
2020 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/11/2020 10:46:57 AM	B0955-4053	○ Principal Address 3 changed from: PATRICIA M HIGGINS to: NASHVILLE CARES - CEO/CFO
Notice of Determination for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/2/2020 1:40:21 AM	B0935-4462	
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2020 1:40:34 AM		
2019 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/10/2019 4:43:09 PM	B0765-9373	○ Principal Address 3 changed from: TAMMY GLASS to: PATRICIA M HIGGINS ○ Registered Agent First Name changed from: JOSEPH to: AMNA ○ Registered Agent Last Name changed from: INTERRANTE, PHD to: OSMAN, MPA ○ Registered Agent Physical Address 1 changed from: 633 THOMPSON LANE to: 633 THOMPSON LN ○ Registered Agent Physical Postal Code changed from: 37204 to: 37204-3616
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2019 1:40:25 AM		
2018 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	7/17/2018 1:28:01 PM	B0571-6336	
2017 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/29/2017 4:04:49 PM	B0447-0965	○ Principal Address 3 changed from: ROBERT ADAMS to: TAMMY GLASS

2016 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/26/2016 1:50:50 PM	B0300-1912	
2015 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2015 1:26:19 PM	B0156-3786	○ Principal Address 3 changed from: No value to: ROBERT ADAMS
2014 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2014 12:27:44 PM	B0002-8877	
2013 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/30/2013 1:31:04 PM	A0202-0766	
2012 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2012 8:00:00 AM	A0144-2577	○ Principal Address 1 changed from: 633 THOMPSON LANE to: 633 THOMPSON LN ○ Principal Postal Code changed from: 37204 to: 37204-3616
2011 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/26/2011 8:00:00 AM	A0098-0950	○ Principal Address 1 changed from: 501 BRICK CHURCH PARK DRIVE to: 633 THOMPSON LANE ○ Principal Postal Code changed from: 37207 to: 37204 ○ Registered Agent Last Name changed from: INTERRANTE PH D to: Interrante, PhD ○ Registered Agent Physical Address 1 changed from: 501 BRICK CHURCH PARK DR to: 633 THOMPSON LANE ○ Registered Agent Physical Postal Code changed from: 37207 to: 37204
Notice of Determination for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/3/2011 3:04:49 AM	A0096-1202	
System Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/5/2011 3:02:57 AM		

2010 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2010 8:00:00 AM	A0047-0566	
2009 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/5/2009 9:23:35 AM	A0001-0366	○ Principal Address 1 changed from: 501 BRICK CHURCH to: 501 BRIC CHURCH PARK DRIVE
2008 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2008 12:08:05 AM	6384-1511	
2007 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/27/2007 12:06:19 AM	6137-0627	
2006 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/25/2006 12:06:41 AM	5866-1846	
2005 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/29/2005 12:05:34 AM	5572-0638	
2004 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/28/2004 12:05:53 AM	5244-1271	○ Principal Address Changed ○ Registered Agent Physical Address Change ○ Mail Address Changed
2003 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/2/2003 12:05:34 AM	4926-0668	
2002 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/23/2002 12:03:08 AM	4606-0254	

2001 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	9/26/2001 12:05:22 AM	4307-0649	
2000 Annual Report for Nashville CARES (Council on AIDS Resources, Education, and Services)	8/4/2000 12:04:48 AM	3969-0550	
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/4/1995 12:01:53 AM	3061-1489	○ Principal Address Changed ○ Registered Agent Physical Address Change
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/19/1994 12:02:12 AM	2905-0907	○ Registered Agent Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	12/8/1992 12:01:23 AM	2603-0655	○ Registered Agent Physical Address Change ○ Mail Address Changed ○ Fiscal Year Close Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	1/28/1992 12:01:54 AM	2365-1521	○ Principal Address Changed
CMS Annual Report Update for Nashville CARES (Council on AIDS Resources, Education, and Services)	1/30/1991 12:03:48 AM	2063-0564	○ Registered Agent Changed
Administrative Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	3/13/1990 12:01:09 AM	1675-0504	○ Mail Address Changed
Articles of Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	3/12/1990 12:01:54 AM	1675-0507	○ Principal Address Changed
Registered Agent Change (by Agent)	9/16/1987 12:02:56 AM	711 01200	○ Registered Agent Physical Address Change ○ Registered Agent Changed

Articles of Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	8/18/1987 12:01:41 AM	705 01267	○ Name Changed
Administrative Amendment for Nashville CARES (Council on AIDS Resources, Education, and Services)	5/4/1987 12:02:18 AM	684 02607	○ Mail Address Changed
Initial Filing for Nashville CARES (Council on AIDS Resources, Education, and Services)	10/21/1985 12:03:49 AM	571 02400	

Name History (2)

NASHVILLE CARES

NASHVILLE, TENNESSEE

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

JUNE 30, 2024 AND 2023

NASHVILLE CARES

NASHVILLE, TENNESSEE

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

JUNE 30, 2024 AND 2023

CONTENTS

	PAGE
BOARD OF DIRECTORS	i - ii
INDEPENDENT AUDITOR'S REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Financial Position	4
Statement of Activities for the Year Ended June 30, 2024	5
Statement of Activities for the Year Ended June 30, 2023	6
Statements of Cash Flows	7
Statement of Functional Expenses for the Year Ended June 30, 2024	8
Statement of Functional Expenses for the Year Ended June 30, 2023	9
Notes to Financial Statements	10 - 22

Nashville CARES
2024 Board of Directors

Officers

Beth-Ann Martorello, CISA, CCSA, CRISC, President

Christopher Ott, MD, FACEP, Past President

Richard D. Bird, Jr., CPA, Treasurer

Claire Wisely, Secretary

At-Large Members

David Andrews

Terrance Bond, J.D.

George Rowe, III, J.D.

Josephine (Betsy) Bahn, ACNP-BC

Sheri Nichols Bucy

Gerran Thomas, PhD, M.A.

Nashville CARES
2023 Board of Directors

Officers

Beth-Ann Martorello, CISA, CCSA, CRISC, President

Damon Whiteside, Vice President

Christopher Ott, MD, FACEP, Past President

Richard D. Bird, Jr., CPA, Treasurer

Claire Wisely, Secretary

At-Large Members

David Andrews

Terrance Bond, J.D.

Hunter Rost

George Rowe, III, J.D

Josephine (Betsy) Bahn, ACNP-BC

Sheri Nichols Bucy

Elizabeth Saxton Inman

Gerran Thomas, PhD, M.A.

KraftCPAs PLLC

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Nashville CARES
Nashville, Tennessee

REPORT ON THE AUDITS OF THE FINANCIAL STATEMENTS

OPINION

We have audited the accompanying financial statements of Nashville CARES (the "Agency"), a Tennessee not-for-profit corporation, which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, cash flows and functional expenses for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Agency as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS") and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Agency and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

RESPONSIBILITIES OF MANAGEMENT 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, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in aggregate, that raise substantial doubt about the Agency's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

NASHVILLE
615-242-7351
555 Great Circle Road
Nashville, TN 37228

CHATTANOOGA
423-894-7400
6136 Shallowford Road, Suite 101
Chattanooga, TN 37421

COLUMBIA
931-388-3711
610 North Garden Street, Suite 200
Columbia, TN 38401

LEBANON
615-449-2334
105 Bay Court
Lebanon, TN 37087

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, internal omissions, misrepresentations, or the override of internal controls. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nashville CARES's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nashville CARES's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, amount other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

OTHER INFORMATION

Management is responsible for the other information included in the financial statements. The other information comprises the board of directors listing on pages i-ii but does not include the basic financial statements and our auditor's report thereon. Our opinion on the basic financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audits of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

OTHER REPORTING REQUIRED BY *GOVERNMENT AUDITING STANDARDS*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 11, 2025 on our consideration of Nashville CARES's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Nashville CARES's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Nashville CARES's internal control over financial reporting and compliance.

Kraft CPAs PLLC

Nashville, Tennessee
February 11, 2025

NASHVILLE CARES

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2024 AND 2023

	2024	2023
ASSETS		
Cash and cash equivalents	$ 19,545,958	$ 4,759,430
Accounts receivable	1,261,348	1,364,199
Federal, state and local government grants and contracts receivable	1,386,261	3,664,982
Prepaid expenses and other	176,836	311,715
Property and equipment, net	4,041,198	3,568,710
Operating leases - right-of-use asset	178,164	-
Beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	48,115	45,971
TOTAL ASSETS	$ 26,637,880	$ 13,715,007
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	$ 3,076,275	$ 2,110,693
Accrued payroll and compensated absences	371,246	358,348
Deferred revenue	9,558,143	3,077,834
Operating lease liability	178,586	-
Notes payable	1,541,026	1,801,751
TOTAL LIABILITIES	14,725,276	7,348,626
NET ASSETS		
Without donor restrictions:		
Undesignated	9,179,148	4,466,063
Designated for property and equipment, less related debt	2,500,172	1,766,959
Designated for beneficial interest in agency endowment fund	48,115	45,971
Total without donor restrictions	11,727,435	6,278,993
With donor restrictions	185,169	87,388
TOTAL NET ASSETS	11,912,604	6,366,381
TOTAL LIABILITIES AND NET ASSETS	$ 26,637,880	$ 13,715,007

See accompanying notes to financial statements.

NASHVILLE CARES

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 2024

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
PUBLIC SUPPORT AND REVENUE			
Public Support:			
Contributions	$ 686,558	$ -	$ 686,558
Contributed nonfinancial assets	6,750	-	6,750
Special events	250,560	-	250,560
Less: direct expenses	(310,616)	-	(310,616)
Federal, state and local grants and contracts	37,483,226	387,500	37,870,726
Foundation and corporate grants	553,791	-	553,791
Total Public Support	38,670,269	387,500	39,057,769
Medication revenue	23,126,230	-	23,126,230
Interest income	129,179	-	129,179
Other revenue	538,267	-	538,267
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	4,435	-	4,435
Net assets released resulting from satisfaction of donor restrictions	289,719	(289,719)	-
TOTAL PUBLIC SUPPORT AND REVENUE	62,758,099	97,781	62,855,880
EXPENSES			
Program Services:			
Case management services	2,456,239	-	2,456,239
Housing and financial assistance	386,975	-	386,975
Emotional and practical support	1,219,943	-	1,219,943
Educational services	1,871,398	-	1,871,398
Public policy and advocacy	246,458	-	246,458
Insurance assistance	30,001,507	-	30,001,507
Healthcare	18,788,483	-	18,788,483
Supporting Services:			
Management and general	1,828,870	-	1,828,870
Marketing	152,971	-	152,971
Fund development	322,685	-	322,685
Volunteer services	34,128	-	34,128
TOTAL EXPENSES	57,309,657	-	57,309,657
CHANGE IN NET ASSETS	5,448,442	97,781	5,546,223
NET ASSETS - BEGINNING OF YEAR	6,278,993	87,388	6,366,381
NET ASSETS - END OF YEAR	$ 11,727,435	$ 185,169	$ 11,912,604

See accompanying notes to financial statements.

NASHVILLE CARES

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 2023

	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
PUBLIC SUPPORT AND REVENUE			
Public Support:			
Contributions	$ 132,530	$ -	$ 132,530
Special events	287,747	-	287,747
Less: direct expenses	(136,583)	-	(136,583)
Federal, state and local grants and contracts	36,237,730	-	36,237,730
Foundation and corporate grants	111,631	-	111,631
Total Public Support	36,633,055	-	36,633,055
Medication revenue	3,327,871	-	3,327,871
Interest income	13,333	-	13,333
Other revenue	93,012	-	93,012
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	3,547	-	3,547
Net assets released resulting from satisfaction of donor restrictions	120,093	(120,093)	-
TOTAL PUBLIC SUPPORT AND REVENUE	40,190,911	(120,093)	40,070,818
EXPENSES			
Program Services:			
Case management services	2,796,707	-	2,796,707
Housing and financial assistance	457,239	-	457,239
Emotional and practical support	1,342,034	-	1,342,034
Educational services	1,375,899	-	1,375,899
Public policy and advocacy	208,676	-	208,676
Insurance assistance	28,511,994	-	28,511,994
Healthcare	2,787,738	-	2,787,738
Supporting Services:			
Management and general	1,478,694	-	1,478,694
Marketing	152,882	-	152,882
Fund development	142,936	-	142,936
Volunteer services	70,320	-	70,320
TOTAL EXPENSES	39,325,119	-	39,325,119
CHANGE IN NET ASSETS	865,792	(120,093)	745,699
NET ASSETS - BEGINNING OF YEAR	5,413,201	207,481	5,620,682
NET ASSETS - END OF YEAR	$ 6,278,993	$ 87,388	$ 6,366,381

See accompanying notes to financial statements.

NASHVILLE CARES

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 5,546,223	$ 745,699
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	121,735	117,986
Change in value of beneficial interest in agency endowment fund held by the Community Foundation of Middle Tennessee	(4,435)	(3,547)
(Increase) decrease in:		
Accounts receivable	102,851	(1,226,281)
Federal, state and local government grants and contracts receivable	2,278,721	(1,515,394)
Contributions receivable	-	5,000
Prepaid expenses and other	134,879	(179,756)
Operating lease - right-of-use asset	(178,164)	-
Increase (decrease) in:		
Accounts payable	965,582	1,218,653
Accrued payroll and compensated absences	12,898	69,425
Deferred revenue	6,480,309	(722,029)
Operating lease liability	178,586	-
NET ADJUSTMENTS	10,092,962	(2,235,943)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	15,639,185	(1,490,244)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(594,223)	(220,247)
Distributions from agency endowment fund	2,291	2,276
NET CASH USED IN INVESTING ACTIVITIES	(591,932)	(217,971)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on notes payable	(260,725)	(250,874)
NET CASH USED IN FINANCING ACTIVITIES	(260,725)	(250,874)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	14,786,528	(1,959,089)
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	4,759,430	6,718,519
CASH AND CASH EQUIVALENTS - END OF YEAR	$ 19,545,958	$ 4,759,430
SUPPLEMENTAL CASH FLOW DISCLOSURE:		
Cash paid during the year for:		
Interest paid during the year	$ 76,197	$ 81,645
Operating cash outflows - payments on operating leases	$ 4,512	$ -
Non-cash operating activities are as follows:		
ROU asset obtained in exchange for operating lease liabilities	$ 182,602	$ -

See accompanying notes to financial statements.

NASHVILLE CARES

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2024

	PROGRAM SERVICES							SUPPORTING SERVICES				
	CASE MANAGEMENT SERVICES	HOUSING & FINANCIAL ASSISTANCE	EMOTIONAL & PRACTICAL SUPPORT	EDUCATIONAL SERVICES	PUBLIC POLICY & ADVOCACY	INSURANCE ASSISTANCE	HEALTHCARE	MANAGEMENT AND GENERAL	MARKETING	FUND DEVELOPMENT	VOLUNTEER SERVICES	TOTALS
Salaries	$ 1,713,649	$ -	$ 368,956	$ 990,972	$ 152,274	$ 566,518	$ 379,428	$ 676,624	$ 110,607	$ 85,863	$ 28,457	$ 5,073,348
Employee taxes and fringe benefits	379,802	-	69,212	180,521	12,675	85,512	73,695	119,816	20,938	10,256	3,782	956,209
TOTAL PAYROLL AND RELATED EXPENSES	2,093,451	-	438,168	1,171,493	164,949	652,030	453,123	796,440	131,545	96,119	32,239	6,029,557
Client assistance	-	386,674	651,954	53,987	-	28,908,550	188	-	-	-	-	30,001,353
Advertising	-	-	-	47,000	-	-	-	2,500	-	3,625	-	53,125
Audit	-	-	-	-	-	-	-	35,450	-	-	-	35,450
Bank fees	-	-	-	-	-	-	2,332	12,335	-	-	-	14,667
Conferences and training	43,116	-	18,523	8,367	10,287	1,199	17,742	114,377	92	4,708	16	218,427
Contracts	-	-	-	74,681	-	352,588	-	-	-	-	-	427,269
Depreciation	-	-	-	-	-	-	-	121,735	-	-	-	121,735
Equipment	589	-	137	210	19	156	85	11,952	28	9	6	13,191
Insurance	-	-	-	-	-	-	3,155	83,048	-	-	-	86,203
Licenses & permits	1,210	-	2,319	44	4	31	1,627	1,136	7	3	3	6,384
Medication	-	-	-	-	-	-	18,197,393	-	-	-	-	18,197,393
Memberships	-	-	-	1,212	12,054	-	1,119	10,623	1,656	4,214	-	30,878
Occupancy	78,324	-	17,323	38,571	2,614	20,575	13,657	135,913	3,544	1,752	972	313,245
Postage	1,896	-	938	105	-	18,167	-	553	-	8	2	21,669
Printing	3,952	-	650	556	57	1,194	-	805	-	3,249	4	10,467
Professional fees	86,126	-	48,343	131,050	54,493	30,250	82,091	462,283	12,871	166,469	276	1,074,252
Special event production	-	-	-	6,845	46,307	-	-	1,936	155	255,373	-	310,616
Supplies	22,805	301	15,357	265,028	90	5,035	5,893	10,650	379	33,002	20	358,560
Telephone	71,590	-	15,696	20,824	1,324	10,814	4,693	15,267	2,649	1,160	354	144,371
Travel/mileage	53,099	-	935	8,803	567	918	330	1,084	-	93	236	66,065
Vehicle costs	-	-	-	-	-	-	5,055	-	-	145	-	5,200
Volunteer incentives	-	-	9,600	49,410	-	-	-	-	-	350	-	59,360
Miscellaneous	81	-	-	57	-	-	-	12,719	200	7,779	-	20,836
TOTAL EXPENSES	$ 2,456,239	$ 386,975	$ 1,219,943	$ 1,878,243	$ 292,765	$ 30,001,507	$ 18,788,483	$ 1,830,806	$ 153,126	$ 578,058	$ 34,128	$ 57,620,273
Less: expenses netted with revenue on statement of activities												
Special event production	-	-	-	(6,845)	(46,307)	-	-	(1,936)	(155)	(255,373)	-	(310,616)
TOTAL EXPENSES BY FUNCTION	$ 2,456,239	$ 386,975	$ 1,219,943	$ 1,871,398	$ 246,458	$ 30,001,507	$ 18,788,483	$ 1,828,870	$ 152,971	$ 322,685	$ 34,128	$ 57,309,657

See accompanying notes to financial statements.

Board of Health November 13, 2025 Advance Packet

NASHVILLE CARES

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED JUNE 30, 2023

	PROGRAM SERVICES							SUPPORTING SERVICES				
	CASE MANAGEMENT SERVICES	HOUSING & FINANCIAL ASSISTANCE	EMOTIONAL & PRACTICAL SUPPORT	EDUCATIONAL SERVICES	PUBLIC POLICY & ADVOCACY	INSURANCE ASSISTANCE	HEALTHCARE	MANAGEMENT AND GENERAL	MARKETING	FUND DEVELOPMENT	VOLUNTEER SERVICES	TOTALS
Salaries	$ 1,860,888	$ -	$ 453,447	$ 848,711	$ 129,145	$ 444,601	$ 85,556	$ 684,212	$ 98,833	$ 84,356	$ 54,690	$ 4,744,439
Employee taxes and fringe benefits	387,722	-	85,217	161,992	14,489	72,443	17,191	113,493	21,032	16,345	12,410	902,334
TOTAL PAYROLL AND RELATED EXPENSES	2,248,610	-	538,664	1,010,703	143,634	517,044	102,747	797,705	119,865	100,701	67,100	5,646,773
Client assistance	(56)	457,239	621,760	67,441	-	27,585,499	27	3,633	-	-	-	28,735,543
Advertising	-	-	-	-	-	-	-	-	2,692	-	-	2,692
Audit	-	-	-	-	-	-	-	35,262	-	-	-	35,262
Bank fees	-	-	-	-	-	-	1,496	7,396	-	870	-	9,762
Conferences and training	4,463	-	3,529	7,748	3,476	-	20,037	72,886	-	16,347	-	128,486
Contracts	-	-	-	-	-	324,715	-	-	-	-	-	324,715
Depreciation	35,693	-	13,053	9,433	396	1,498	348	56,484	1,081	-	-	117,986
Equipment	906	-	194	400	21	351	116	14,206	26	17	17	16,254
Insurance	-	-	-	-	-	-	3,098	82,261	-	27	-	85,386
Licenses & permits	-	-	515	-	-	-	-	1,552	-	-	-	2,067
Medication	-	-	-	-	-	3,000	2,499,639	-	-	-	-	2,502,639
Memberships	-	-	-	274	11,799	-	-	13,107	1,440	203	-	26,823
Occupancy	104,033	-	23,188	42,676	2,216	29,496	11,347	100,978	3,488	2,308	2,165	321,895
Postage	2,430	-	2,186	779	-	12,066	-	747	-	2	18	18,228
Printing	2,902	-	643	907	42	118	-	584	14	157	-	5,367
Professional fees	78,149	-	42,549	28,429	44,967	25,702	134,151	255,684	17,450	8,971	259	636,311
Special event production	-	-	-	-	-	-	-	-	1,539	135,044	-	136,583
Supplies	35,389	-	36,615	127,873	82	2,431	9,973	11,044	1,565	9,308	138	234,418
Telephone	230,805	-	38,222	58,085	2,043	9,709	2,761	24,301	5,261	1,683	1,159	374,029
Travel/mileage	53,383	-	2,337	7,888	-	-	28	358	-	616	-	64,610
Vehicle costs	-	-	-	359	-	-	1,970	506	-	-	-	2,835
Volunteer incentives	-	-	11,493	12,807	-	-	-	-	-	1,722	-	26,022
Miscellaneous	-	-	7,086	97	-	365	-	-	-	4	(536)	7,016
TOTAL EXPENSES	$ 2,796,707	$ 457,239	$ 1,342,034	$ 1,375,899	$ 208,676	$ 28,511,994	$ 2,787,738	$ 1,478,694	$ 154,421	$ 277,980	$ 70,320	$ 39,461,702
Less: expenses netted with revenue on statement of activities												
Special event production	-	-	-	-	-	-	-	-	(1,539)	(135,044)	-	(136,583)
TOTAL EXPENSES BY FUNCTION	$ 2,796,707	$ 457,239	$ 1,342,034	$ 1,375,899	$ 208,676	$ 28,511,994	$ 2,787,738	$ 1,478,694	$ 152,882	$ 142,936	$ 70,320	$ 39,325,119

See accompanying notes to financial statements.

Board of Health November 13, 2025 Advance Packet

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General

Nashville CARES (the "Agency") was founded in 1985 as a Tennessee not-for-profit corporation with the mission of ending the HIV/AIDS epidemic in Middle Tennessee. The Agency serves northern Middle Tennessee and other Tennessee areas by providing practical, financial, material and emotional support services to persons living with AIDS or HIV infection and to those persons' families and loved ones. The Agency educates and informs the general public by providing the most current medical and scientific information about AIDS/HIV infection and risk reduction practices. The Agency also provides HIV testing and screening to identify individuals infected with HIV and link them to medical care and support. Funding for the Agency's services is provided principally by grants from the U.S. Department of Housing and Urban Development ("HUD"), the U.S. Department of Health and Human Services and from individual, foundation and corporate donors.

Basis of Presentation

The financial statements of the Agency have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP"), which require the Agency to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of the Agency's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Agency or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Agency did not have any net assets with donor restrictions that are perpetual in nature as of June 30, 2024 or 2023.

Contributions, Support and Revenues

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions, depending on the existence and/or nature of any donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the Statements of Activities.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions, Support and Revenues (Continued)

Contributions are recognized when cash, securities or other assets, or an unconditional promise to give is received. A contribution is conditional if an agreement includes a barrier that must be overcome and either a right of return of assets transferred or a right of release of a promisor's obligation to transfer assets exists. The presence of both a barrier and a right of return or right of release indicates that a recipient is not entitled to the contribution until it has overcome the barrier(s) in the agreement. Conditional promises to give are not recognized until the barrier(s) in the agreement are overcome.

A significant portion of the Agency's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Agency has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the Statements of Financial Position. The Agency had remaining available award balances on federal and state conditional grants and contracts of approximately $5,350,000 and $2,600,000 at June 30, 2024 and 2023, respectively, that had not been recognized as revenue because qualifying expenditures had not yet been incurred. Advance payments under such grants/contracts of $9,558,143 and $3,077,834 were recognized in the Statements of Financial Position as deferred revenue as of June 30, 2024 and 2023, respectively.

The Agency reports any gifts of equipment or materials as unrestricted support unless explicit donor restrictions specify how the assets must be used. Gifts of long-lived assets, and/or support that is restricted to the acquisition of long-lived assets, are reported as restricted support. Expirations of donor restrictions are recognized when the donated or acquired long-lived assets are placed in service.

Contributed of Nonfinancial Assets

Contributed nonfinancial assets are recorded at fair value at the date of donation. Contributions of nonfinancial assets with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions of nonfinancial assets are recorded as net assets without donor restrictions.

Donated services are recognized if the services (a) create or enhance non-financial assets; or (b) require specialized skills, are performed by people with those skills and would have otherwise been purchased by the Agency. Contributions of nonfinancial assets consist of donated professional services utilized in the Agency's program and are valued at fair values if purchased. The Agency received contributed nonfinancial assets of $6,750 and $0 for the year ended June 30, 2024 and 2023, respectively.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributed of Nonfinancial Assets (Continued)

A substantial number of unpaid volunteers have contributed their time to the Agency's program and supporting services. The value of this contributed time is not reflected in these statements since it does not meet the criteria noted above.

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits with banks and money market funds.

Promises to Give

Unconditional promises to give that are expected to be collected within one year are recorded as contributions receivable at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. The discount on those amounts is computed using a risk-free interest rate applicable to the year in which the promise is received. Amortization of the discount, if any, is recognized on the interest method over the term of the gift and included in contribution revenue.

All contributions receivable at June 30, 2024 and 2023 are due in less than one year.

An allowance for uncollectible contributions is provided based on management's estimate of uncollectible pledges and historical trends. Pledges deemed uncollectible are charged off against the allowance in the period of determination. As of June 30, 2024 and 2023, no allowance for doubtful accounts is considered necessary.

Property and Equipment

Property and equipment are recorded at cost at the date of purchase or at estimated fair value at the date of gift to the Agency. The Agency's policy is to capitalize purchases with a cost of $5,000 or more and an estimated useful life greater than one year. Depreciation is calculated by the straight-line method over the estimated useful lives of five years for vehicles, software, furniture and equipment and most building improvements, and forty years for buildings and significant building improvements.

Agency Endowment Fund

The Agency's beneficial interest in an agency endowment fund held by the Community Foundation of Middle Tennessee (the "Community Foundation") is recognized as an asset. Investment income and changes in the value of the fund are recognized in the Statements of Activities, and contributions made or distributions received from the fund are recorded as increases (decreases) in the beneficial interest. (See Note 5.)

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

The Agency classifies its assets measured at fair value based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs).

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The beneficial interest in an agency endowment fund held by the Community Foundation represents the Agency's interest in pooled investments with other participants in the funds. The Community Foundation prepares a valuation of the fund based on the fair value of the underlying investments using quoted market prices and allocates income or loss to each participant based on market results. The Agency reflects this asset within Level 2 of the valuation hierarchy.

There have been no changes in the valuation methodologies used at June 30, 2024 and 2023.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Agency believes its valuation method is appropriate and consistent with that of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Leases

The Agency made an accounting policy election available under Topic 842 not to recognize right-of-use ("ROU") assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or July 1, 2022, for existing leases upon the adoption of Topic 842). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives. To determine the present value of lease payments, the Agency used the discount rate implicit in the lease agreement, if readily determinable. For leases in which the rate implicit in the lease agreement is not readily determinable, the Agency made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Advertising/Marketing

The Agency expenses advertising/marketing expenses as incurred. Advertising/marketing expenses amounted to $206,251 and $154,421 for the years ended June 30, 2024 and 2023, respectively.

Program and Supporting Services

The following functional expense allocations are included in the accompanying financial statements:

Program Services

Case management services - social services to meet financial and material needs of those living with HIV and their families living in 17 counties of northern Middle Tennessee. Provides eligibility services for clients via Medical Case Management Associates.

Housing and financial assistance - provides social services to meet housing and related financial needs of those living with HIV and their families living in 17 counties of northern Middle Tennessee. These clients also receive case management services.

Emotional and practical support - social services to meet emotional and/or therapeutic needs of those living with HIV and their families living in 17 counties of northern Middle Tennessee.

Educational services - provision of HIV/AIDS prevention education and awareness to various populations and target groups throughout 17 counties of northern Middle Tennessee, as well as HIV testing/screening to help individuals learn their HIV status and take appropriate action.

Public policy and advocacy - works to inform the community about the importance of the challenges of HIV/AIDS in Tennessee and the benefits of federal, state and community partnerships to address the needs of prevention, treatment and care in the state.

Insurance assistance - financial assistance for payment of medical insurance premiums and/or medical and prescription deductibles and co-payments for persons with HIV/AIDS throughout the State of Tennessee.

Healthcare - primary healthcare clinic for those living with or at risk of contracting HIV. Provides HIV treatment and maintenance, routine testing for HIV and STIs and prescriptions for pre-exposure prophylaxis (PrEP).

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Program and Supporting Services (Continued)

Supporting Services

Management and general - includes the functions necessary to ensure an adequate working environment, board operations, community planning and networking activities.

Marketing - includes activities to inform the public and agency constituencies about the organization and its work, as well as education to raise and sustain community awareness of domestic HIV/AIDS issues. Includes the cost of the Agency newsletter and any public relations campaigns.

Fund development - includes costs of activities directed toward appeals for financial support, including special events. Other activities include the cost of solicitations and creation and distribution of fundraising materials.

Volunteer services - includes recruitment, training and placement of volunteers within the various departments of the Agency. There are currently more than 400 volunteers that work in all areas of the Agency.

Allocation of Functional Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the Statements of Activities. The Statements of Functional Expenses present the natural classification detail of expenses by function. Expenses that can be directly attributed to a particular function are charged to that function. Certain costs have been allocated among more than one program and supporting services benefited. Such allocations are determined by management on a basis of time and effort. The expenses that are allocated include salaries, employee taxes and fringe benefits, printing, postage, supplies, telephone, conferences and training, travel/mileage, volunteer incentives, depreciation and occupancy.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Agency qualifies as a not-for-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, income taxes are not provided.

The Agency files a U.S. Federal Form 990 for organizations exempt from federal income tax.

Management performs an evaluation of all income tax positions taken or expected to be taken in the course of preparing the Agency's income tax returns to determine whether the income tax positions meet a "more likely than not" standard of being sustained under examination by the applicable taxing authorities. Management has performed its evaluation of all income tax positions taken on all open income tax returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. Accordingly, there are no provisions for income taxes, penalties or interest receivable or payable relating to uncertain income tax positions in the accompanying financial statements.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain amounts in the prior year financial statements have been classified to conform to the current year's presentation. Such reclassifications had no effect on net assets or the change in net assets as previously reported.

Events Occurring After Reporting Date

The Agency has evaluated events and transactions that occurred between June 30, 2024 and February 11, 2025, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 2 - AVAILABILITY AND LIQUIDITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of June 30 are as follows:

	2024	2023
Financial assets at year end:		
Cash and cash equivalents	$ 19,545,958	$ 4,759,430
Receivables:		
Accounts	1,261,348	1,364,199
Grants and contracts	1,386,261	3,664,982
	22,193,567	9,788,611
Less amounts not available for general expenditures within one year:		
Amounts received for advocacy	(82,764)	(15,393)
Amounts received for building sustainable organizational capacity	(5,000)	-
Amounts received for prevention	(1,825)	(4,352)
Amounts received for technology improvement	-	(67,643)
Amounts received for operating	(95,580)	-
Balance - end of year	$ 22,008,398	$ 9,701,223

Certain donor-restricted assets are limited as to use, and are not available for general expenditure. Other donor-restricted contributions receivable are only subject to time restrictions and will be met within one year.

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

NOTE 3 - GRANTS AND CONTRACTS RECEIVABLE

Federal, state and local government grants and contracts receivable consisted of the following as of June 30:

	2024	2023
HUD - Housing Opportunities for Persons with AIDS (HOPWA) - TDH	$ 21,864	$ 26,552
HUD - Housing Opportunities for Persons with AIDS (HOPWA) - MDHA	512,726	662,700
HUD - Emergency Solutions Grant - MDHA	4,630	20,027
CDC - High Impact Prevention - Direct	245,167	201,933
CDC - HIV Prevention and Education - UWMN	22,621	33,919
CDC - Counseling and Testing Services - TDH	-	59,167
Ryan White Part B - TDH	100,289	2,273,960
Ryan White Part A - MPHD	278,177	285,540
Ryan White Part B - UWMN	174,868	96,324
Vanderbilt National Institutes of Health	25,919	4,860
	$ 1,386,261	$ 3,664,982

NOTE 4 - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30:

	2024	2023
Land	$ 795,000	$ 795,000
Buildings	2,270,361	2,270,361
Building improvements	1,324,161	1,324,161
Vehicles	294,288	224,441
Software	116,797	116,797
Furniture and equipment	345,836	337,528
Construction in progress	516,068	-
	5,662,511	5,068,288
Less accumulated depreciation	(1,621,313)	(1,499,578)
	$ 4,041,198	$ 3,568,710

Construction in progress at June 30, 2024 consist of renovations to the Thompson Lane office. Estimated costs to complete the project consist of approximately $738,000 at June 30, 2024. The project is anticipated to be completed during the year end June 30, 2025.

NOTE 5 - AGENCY ENDOWMENT FUND

The Agency has a beneficial interest in the Nashville CARES Endowment Fund (the "Fund"), an agency endowment fund held by the Community Foundation. The Agency has granted variance power to the Community Foundation, and the Community Foundation has the ultimate authority and control over the Fund and the income derived therefrom. The Fund is charged a .4% administrative fee annually. Upon request by the Agency, income from the Fund representing a 5% annual return may be distributed to the Agency or to another suggested beneficiary.

A schedule of changes in the Agency's beneficial interest in this fund for the years ended June 30, 2024 and 2023, follows:

	2024	2023
Balance - beginning of year	$ 45,971	$44,700
Contributions to the fund	-	-
Change in value of beneficial interest in agency endowment fund:		
Investment income (loss)	4,713	3,825
Administrative expenses	(278)	(278)
	4,435	3,547
Distributions to the Agency	(2,291)	(2,276)
Balance - end of year	$ 48,115	$ 45,971

NOTE 6 - FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Agency's assets at fair value as of June 30:

	2024			
	Level 1	Level 2	Level 3	Total
Beneficial interest in agency endowment fund	$ -	$ 48,115	$ -	$ 48,115

	2023			
	Level 1	Level 2	Level 3	Total
Beneficial interest in agency endowment fund	$ -	$ 45,971	$ -	$ 45,971

NOTE 7 - LEASES

The Agency leases office space under a non-cancelable operating lease commencing May 2024 through April 2030. The monthly rent is $2,700 with an escalation clause of 3.0% per year after the first 12 months.

The lease expense amounted to $5,896 and $0 at June 30, 2024 and 2023, respectively.

Additional information related to the lease is as follows for the year ended June 30:

	2024	2023
Operating lease:		
Operating lease right-of-use asset	$ 178,164	$ -
Operating lease liability	$ 178,586	$ -
Weighted-average remaining lease term:		
Operating lease	5.84 years	0 years
Weighted-average discount rate:		
Operating lease	4.64%	0.00%

Future undiscounted cash flows and a reconciliation to the operating lease liability recognized on are as follows as of June 30, 2024:

Year ending June 30,	
2025	$ 32,562
2026	33,539
2027	34,545
2028	35,581
2029	36,649
Thereafter	31,301
Total lease payments	204,177
Less imputed interest	(25,591)
Total present value of operating lease liability	$ 178,586

NOTE 8 - DEBT

In May 2013, the Agency entered into a loan agreement with BancorpSouth Bank for $2,015,000. The loan requires principal and interest installments, with interest accrued at 4.49% per annum, through June 3, 2028. On that date, the interest rate will be modified to be prime plus 0.25% (with a floor of 4.5%) until the note's maturity on June 3, 2033. This note may be prepaid in whole or in part at any time without penalty. The outstanding balance on the note was $1,128,211 at June 30, 2024 ($1,228,232 at June 30, 2023).

In November 2016, the Agency entered into a new loan agreement with BancorpSouth Bank for $1,500,000. The loan requires principal and interest installments, with interest accrued at 3.499% per annum, through November 15, 2026. This note may be prepaid in whole or in part at any time without penalty. The outstanding balance on the note was $412,815 at June 30, 2024 ($573,519 at June 30, 2023).

Both loans are subject to deeds of trust on the real estate acquired with the loan proceeds and security agreements covering all other assets of the Agency. As of June 30, 2024, the net book value of the land, buildings and improvements was $3,274,082.

Future maturities of notes payable based on the outstanding balances at June 30, 2024 are as follows:

Year ending June 30,	
2025	$ 271,929
2026	282,744
2027	187,438
2028	119,120
2029	679,795
	$ 1,541,026

The Agency had a line of credit agreement with a bank that allowed for maximum borrowings up to $1,000,000. The line of credit bore interest quarterly at the prime rate minus 0.75% and matured on February 23, 2024. As of June 30, 2024, this line was still continuing on a month-to-month basis. There was no outstanding balance on the line of credit as of June 30, 2024 and 2023.

Subsequent to year-end, in October 2024, the Agency amended the line of credit to allow for maximum borrowings up to $950,000. The line of credit now bears interest monthly at the current Wall Street Journal Prime Rate with a floor of 5.5% and will mature on October 28, 2025.

Both the facility notes place certain restrictions and limitations on the Agency, including maintenance of a specified debt service coverage ratio.

NOTE 8 - DEBT (CONTINUED)

Total interest expense incurred by the Agency was $71,793 and $76,645 in 2024 and 2023, respectively and is included in occupancy expense for the notes payable.

NOTE 9 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of the following as of June 30:

	2024	2023
Net assets with purpose restrictions		
Advocacy	$ 82,764	$ 15,393
Building Sustainable Organizational Capacity	5,000	-
Operating	95,580	-
Prevention	1,825	4,352
Technology improvement	-	67,643
	$ 185,169	$ 87,388

NOTE 10 - EMPLOYEE BENEFIT PLAN

The Agency sponsors a Section 403(b) retirement plan. Employees may participate in the plan upon hiring. Under the plan, the Agency has the discretion to vary the rate of the Employer match on an annual basis up to a maximum of 6% of each eligible employee's compensation. Management elected to not make matching contributions during 2024 and 2023.

NOTE 11 - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the Agency to concentrations of credit risk consist of cash and cash equivalents, various state and federal grants and accounts receivable. Contributions receivable consist of individual and corporate contribution pledges which are widely dispersed to mitigate credit risk. Grant receivables and revenue represent concentrations of credit risk to the extent they are receivable from concentrated sources.

The Agency maintains cash balances at financial institutions whose accounts are insured by the Federal Deposit Insurance Corporation ("FDIC") up to statutory limits. As of June 30, 2024, the Agency's depository accounts exceeded FDIC insurance limits by approximately $19.3 million.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2025

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: Autumn OBrien	
James A. Rothberg & Associates, Inc. 2000 Glen Echo Road Suite 208 Nashville TN 37215	PHONE (A/C, No, Ext): (615) 997-1822	FAX (A/C, No): (615) 665-1300
	E-MAIL ADDRESS: aobrien@jarinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Nashville CARES Inc 633 Thompson Lane Nashville TN 37204	INSURER A : CRC	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 24-25 **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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	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? ☐ N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	General Liability			AB670478303	12/31/2024	12/31/2025	Network Security Liability	$1,000,000
							Media Liability	$1,000,000
							Reputational Harm	$1,000,000

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

Metropolitan Government of
Nashville and Davidson County, its officials, officers, employees, and volunteers are
named as additional insureds per general liability additional insured endorsement and
automobile liability additional insured endorsement. Contract 6485129 contract 6485129 for Ryan White Part A Services - RFQ 42015
Abuse And Molestation coverage included $1m/$3M
Cyber Liability coverage included

CERTIFICATE HOLDER

Purchasing Agent, Metropolitan Goverment of
Nashville and Davidson County
Metro Courthouse
Nashville TN 37201

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

Adam J. Rothberg

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/17/2025

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: Autumn OBrien	
James A. Rothberg & Associates, Inc. 2000 Glen Echo Road Suite 208 Nashville TN 37215	PHONE (A/C, No, Ext): (615) 997-1822	FAX (A/C, No): (615) 665-1300
	E-MAIL ADDRESS: aobrien@jarinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Nashville CARES Inc 633 Thompson Lane Nashville TN 37204	INSURER A : Wesco Insurance Company	002468
	INSURER B : Technology Insurance Company	011234
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 24-25 **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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		WPP1900297-04	12/31/2024	12/31/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Social Work, Foster Care	$ 1,000,000 $ 300,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	Y		WPP1900297-04	12/31/2024	12/31/2025	~~COMBINED SINGLE LIMIT~~ (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	☒ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 10,000			WUM1900299-04	12/31/2024	12/31/2025	~~COMBINED SINGLE LIMIT~~ EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TWC4435829	06/15/2025	06/15/2026	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Sexual Abuse and Molestation Professional Liability			WPP1900297-04	12/31/2024	12/31/2025	Each Incident Policy Aggregate Professional Liability	$1,000,000 $3,000,000 $1,000,000

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

CERTIFICATE HOLDER

Metro Government of Nashville and Davidson County
750 South Fifth Street
Nashville TN 37206

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

Adam J. Rothberg

© 1988-2015 ACORD CORPORATION. All rights reserved.

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
WE ARE ONE RECOVERY

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and We Are One Recovery, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through I incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

a. Early Intervention Services

i. Refer 64 people to outside organizations for HIV and sexually transmitted infection rapid testing.

b. Housing Services

i. Reduce housing insecurity for 50% of eligible clients living at the Madison and Old Hickory recovery residences.

c. Mental Health Services

i. Achieve a 70% participation rate in therapy for eligible enrolled clients.

d. Psychosocial Services

i. Eighty-five percent (85%) of eligible clients will report improved psychosocial health using client satisfaction surveys and self-reported mental health assessments.

e. Transportation Services

i. Provide 100% of clients with transportation support.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

A.5. The Recipient shall utilize Program Income as required by section 28 of the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications and further explained in provision 45 CFR § 75.307(e)(2).

A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.

A.7. 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.

A.8. The Recipient must comply with all quarterly reporting requirements. The Recipient must submit quarterly reports that contain the following:

- Implementation Plans
- Provider Data Import Report
- Other data as requested.

A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.

A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the related provisions of 45 CFR § 75 Health & Human Services ("HHS") Uniform Guidance, 2 CFR § 200.1 Definitions, 2 CFR § 200.313(e) Equipment Disposition, 2 CFR § 200.314(a) Supply Disposition, 2 CFR § 200.320 Micro-Purchase Threshold, 2 CFR § 200.333 Fixed Amount Subawards Amount, 2 CFR § 200.344 Closeout Provisions, 2 CFR § 200.414(f) Indirect Cost Rate Provisions, and 2 CFR § 200.501 Audit Provisions, the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The Grant will commence on the date this contract is approved by all required parties and filed in the office of the Metropolitan Clerk and end on February 28, 2026. 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 Two Hundred Seventy-Six Thousand Two Hundred Two dollars ($276,202). The Grant Spending Plan will constitute the maximum amount 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 agreement, 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

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 Metro Public Health Department, healthap@nashville.gov**.**

Final invoices for the contract period should be received by March 31, 2026. 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 Metro Public Health Department, 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 Accountant 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. 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 and approved by the Metropolitan Council.

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 - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. 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 Contract. 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 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 Metro. Notwithstanding any use of approved Sub-Grantee, 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 Non-Profit Grants Manual. 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 Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, 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 Grantees, 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 Grantees, 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.** "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 as provided 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 breach under this Grant Contract. 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. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.

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. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under 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. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.23. **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.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 Five Thousand dollars ($5,000).

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 Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee 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:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900
Holly.Rice@nashville.gov

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634
Nancy.Uribe@nashville.gov

Recipient

We Are One Recovery
Executive Director
PO Box 1636

Madison, TN 37116

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:

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

ii. 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 on a public (federal, state, or local) grant;

iii. 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

iv. 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)(ii) and D.29(a)(iii) 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.

D.32. **Federal Funding Accountability and Transparency Act (FFATA).** This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

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

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

(1) Eighty percent (80%) or more of the Recipient'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 subawards); and

(2) Twenty-Five Million Dollars ($25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and

(3) 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. Securities 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.

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

(1) Salary and bonus.

(2) 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.

(3) 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.

(4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(5) Above-market earnings on deferred compensation which is not tax qualified.

(6) 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 Ten Thousand dollars ($10,000).

b. The Recipient must report executive total compensation described above to Metro 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 Recipient must submit an executive total compensation report to Metro by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Recipient will obtain a Unique Entity Identifier 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.sam.gov.

e. The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.

D.33. **Assistance Listing Number.** When applicable, the Recipient 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:

a. 93.914 HIV Emergency Relief Project Grants.

(THIS PAGE LEFT INTENTIONALLY BLANK.)

Grant contract between the Metropolitan Government of Nashville and Davidson County and We Are One Recovery Contract #

Recipient: _____

By: We Are One Recovery

Title: CEO

Sworn to and subscribed to before me, a Notary Public this October 16, 2025 day of October, 2025, by James Curtis, the CEO of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: Shantara Franklin

My Commission Expires: April 22, 2028

SHANTARA FRANKLIN
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY
My Commission Expires April 22, 2028

(N0718182 1)

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:

A. Grant Spending Plan
B. Business Associate Agreement
C. Application
D. Certificate of Assurance
E. Non-Profit Grants Manual Receipt Acknowledgement
F. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
G. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
H. Independent Audit completed by Certified Public Accountant
I. Certificate of Insurance

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

We Are One Recovery

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]	$173,000.00	$0.00	$173,000.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$37,600.00	$0.00	$37,600.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$7,587.00	$0.00	$7,587.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$30,369.00	$0.00	$30,369.00
9	Equipment Rental & Maintenance	$9,000.00	$0.00	$9,000.00
10	Printing & Publications	$1,646.00	$0.00	$1,646.00
11, 12	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$8,000.00	$0.00	$8,000.00
16	Specific Assistance To Individuals [2]	$9,000.00	$0.00	$9,000.00
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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$276,202.00	$0.00	$276,202.00

[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

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]	$25,668.00	$0.00	$25,668.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$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]	$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]	$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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$25,668.00	$0.00	$25,668.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
C Jason Emerson	45000	x	100%	+	$	25,668.00
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	25,700.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$0.00	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$30,369.00	$0.00	$30,369.00
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]	$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]	$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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$30,369.00	$0.00	$30,369.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL						$ -

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$122,000.00	$0.00	$122,000.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$ 37,600.00	$0.00	$37,600.00
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	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
10	Printing & Publications	$1,146.00	$0.00	$1,146.00
11, 12	Travel/ Conferences & Meetings[2]	$0.00	$0.00	$0.00
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$8,000.00	$0.00	$8,000.00
16	Specific Assistance To Individuals[2] (utilities for housing)	$9,000.00	$0.00	$9,000.00
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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$177,746.00	$0.00	$177,746.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Chad Curtis, CEO - case manager	120000	x	100%	+	$	120,000.00
Thea Coalescing - Case Manger	40000	x	100%	+	$	2,000.00
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	122,000.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
ROUNDED TOTAL	$	45,600.00

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
ROUNDED TOTAL	$	-

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
ROUNDED TOTAL	$	-

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]	$9,540.00	$0.00	$9,540.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$0.00	$0.00	$0.00
6	Telephone	$7,587.00	$0.00	$7,587.00
7	Postage & Shipping	$0.00	$0.00	$0.00
8	Occupancy	$0.00	$0.00	$0.00
9	Equipment Rental & Maintenance	$9,000.00	$0.00	$9,000.00
10	Printing & Publications	$500.00	$0.00	$500.00
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]	$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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$26,627.00	$0.00	$26,627.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
C. Jason Emerson - Peer Support Case Manager	45000	x	100%	+	$	3,540.00
Thea Coalescing - Case Manager	40000	x	100%	+	$	6,000.00
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	9,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$15,792.00	$0.00	$15,792.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
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	$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]	$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]	$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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$15,792.00	$0.00	$15,792.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Jason Emerson - Peer Support Case Manager	45000	x	100%	+	$	15,792.00
		x	100%	+	$	-
ROUNDED TOTAL						$ 15,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

BUSINESS ASSOCIATE AGREEMENT

This agreement is initiated by and between **THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY (METRO)**, a metropolitan form government organized and existing under the laws and constitution of the State of Tennessee ("**Metro**" or "**Covered entity**") and **We Are One Recovery** ("**Business Associate**").

SECTION 1 – DEFINITIONS

a. **Business Associate**. "Business Associate" shall generally have the same meaning as the term "Business Associate" in 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **We Are One Recovery.**

b. **Covered Entity.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Metro**, which must fall under one of the following categories:

(1) A health plan.

(2) A health care clearinghouse.

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

c. **Disclosure.** "Disclosure" means the release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

d. **Electronic Media.** "Electronic Media" shall have the same meaning as set forth in 45 CFR § 160.103.

e. **Employer.** "Employer" is defined as it is in 26 U.S.C. § 3401(d).

f. **Genetic Information.** "Genetic Information" shall have the same meaning as set forth in 45 CFR § 160.103.

g. **HITECH Standards**. "HITECH Standards" means the privacy, security and security Breach notification provisions under the Health Information Technology for Economic and Clinical Health (HITECH) Act, Final Rule of 2013, and any regulations promulgated thereunder.

h. **Individual.** "Individual" shall have the same meaning as set forth in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

i. **Person.** "Person" means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.

j. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

k. **Protected Health Information.** "Protected Health Information" or “PHI”:

(1) Shall have the same meaning as set forth in 45 CFR § 160.103.

(2) Includes, as set forth in 45 CFR § 160.103, any information, *now also including genetic information*, whether oral or recorded in any form or medium, that:

(i) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(ii) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

l. **Required By Law.** "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.103.

m. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

n. **Security Rule**. "Security Rule" shall mean the Standards for Security of Individually Identifiable Health Information at 45 CFR part 160 and subparts A and C of part 164.

o. **Subcontractor.** “Subcontractor” means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

p. **Transaction.** "Transaction" shall have the same meaning as set forth in 45 CFR § 160.103.

q. **Catch-all definition.** Terms used but not otherwise defined in this Agreement shall have the same meaning as the meaning ascribed to those terms in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology Act of 2009, as incorporated in the American Recovery and Reinvestment Act of 2009 ("HITECH Act"), implementing regulations at 45 Code of Federal regulations Parts 160-164 and any other current and future regulations promulgated under HIPAA or the HITECH Act.

SECTION 2 - OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

a. **Permitted Uses of Protected Health Information**. Business Associate shall not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law. Business Associate may: 1) use and disclose PHI to perform its obligations under its contract with Metro; (2) use PHI for the proper management and administration of Business Associate; and (3) disclose PHI for the proper management and administration of Business Associate, if such disclosure is required by law or such disclosure is authorized by Metro.

b. **Safeguards.** Business Associate shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement. Business Associate shall develop and implement policies and procedures that comply with the Privacy Rule, Security Rule, and the HITECH Act. The Business Associate must obtain satisfactory assurances that any subcontractor(s) will appropriately safeguard PHI.

c. **Mitigation.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. **Notice of Use or Disclosure, Security Incident or Breach.** Business Associate shall notify Metro of any use or disclosure of PHI by Business Associate not permitted by this Agreement, any Security Incident (as defined in 45 C.F.R. section 164.304) involving Electronic PHI, and any Breach of Protected Health Information within five (5) business days.

(i) Business Associate shall provide the following information to Metro within ten (10) business days of discovery of a Breach except when despite all reasonable efforts by Business Associate to obtain the information required, circumstances beyond the control of the Business Associate necessitate additional time. Under such circumstances, Business Associate shall provide to Metro the following information as soon as possible and without unreasonable delay, but in no event later than thirty (30) calendar days from the date of discovery of a Breach:

(1) The date of the Breach;

(2) The date of the discovery of the Breach;

(3) A description of the types of PHI that were involved;

(4) identification of each individual whose PHI has been, or is reasonably believed to have been, accessed, acquired, or disclosed; and

(5) Any other details necessary to complete an assessment of the risk of harm to the Individual.

(ii) Business Associate shall cooperate with Metro in investigating the breach and in meeting Metro's notification obligations under the HITECH Act and any other security breach notification laws.

(iii) Business Associate agrees to pay actual costs for notification after a determination that the Breach is significant enough to warrant such measures.

(iv) Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Metro in the time and manner reasonably requested by Metro.

(v) Business Associate shall report to Metro any successful: (1) unauthorized access, use, disclosure, modification, or destruction of Electronic Protected Health Information; and (2) interference with Business Associate's information systems operations, of which Business Associate becomes aware.

e. **Compliance of Agents.** Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Metro, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. **Access**. Business Associate agrees to provide access, at the request of Metro, and in the time and manner designated by Metro, to Protected Health Information in a Designated Record Set, to Metro or, as directed by Metro, to an Individual, so that Metro may meet its access obligations under 45 CFR § 164.524, HIPAA and the HITECH Act.

g. **Amendments**. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Metro directs or agrees at the request of Metro or an Individual, and in the time and manner designated by Metro, so that Metro may meet its amendment obligations under 45 CFR § 164.526, HIPAA and the HITECH Act.

h. **Disclosure of Practices, Books, and Records**. Business Associate shall make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Metro available to Metro, or at the request of Metro to the Secretary, in a time and manner designated by Metro or the Secretary, for purposes of determining Metro's compliance with the HIPAA Privacy Regulations.

i. **Accounting**. Business Associate shall provide documentation regarding any disclosures by Business Associate that would have to be included in an accounting of disclosures to an Individual under 45 CFR § 164.528 (including without limitation a disclosure permitted under 45 CFR § 164.512) and under the HITECH Act. Business Associate shall make the disclosure Information available to Metro within thirty (30) days of Metro’s request for such disclosure Information to comply with an individual’s request for disclosure accounting. If Business Associate is contacted directly by an individual based on information provided to the individual by Metro and as required by HIPAA, the HITECH Act or any accompanying regulations, Business Associate shall make such disclosure Information available directly to the individual.

j. **Security of Electronic Protected Health Information.** Business Associate agrees to: (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information that it creates, receives, maintains or transmits on behalf of Metro; (2) ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and (3) report to Metro any security incident of which it becomes aware.

k. **Minimum Necessary**. Business Associate agrees to limit its uses and disclosures of, and requests for, PHI: (a) when practical, to the information making up a Limited Data Set; and (b) in all other cases subject to the requirements of 45 CFR 164.502(b), to the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

l. **Compliance with HITECH Standards.** Business Associate shall comply with the HITECH Standards as specified by law.

m. **Compliance with Electronic Transactions and Code Set Standards**: If Business Associate conducts any Standard Transaction for, or on behalf, of Metro, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulations. Business Associate shall not enter into, or permit its subcontractor or agents to enter into, any Agreement in connection with the conduct of Standard Transactions for or on behalf of Metro that:

(i) Changes the definition, Health Information condition, or use of a Health Information element or segment in a Standard;

(ii) Adds any Health Information elements or segments to the maximum defined Health Information Set;

(iii) Uses any code or Health Information elements that are either marked “not used” in the Standard’s Implementation Specification(s) or are not in the Standard’s Implementation Specifications(s); or

(iv) Changes the meaning or intent of the Standard’s Implementations Specification(s).

n. **Indemnity.** Business Associate shall indemnify and hold harmless Metro, its officers, agents and employees from and against any claim, cause of action, liability, damage, cost or expense, including attorneys’ fees, arising out of or in connection with any non-permitted use or disclosure of Protected Health Information or other breach of this Agreement by Business Associate or any subcontractor or agent of the Business Associate.

SECTION 3 - OBLIGATIONS OF METRO

a. Metro shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

b. Metro shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Metro has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

SECTION 4 – TERM, TERMINATION AND RETURN OF PHI

a. **Term**. The Term of this Agreement shall be effective when file in the office of the Metropolitan Clerk and shall terminate when all of the Protected Health Information provided by Metro to Business Associate, or created or received by Business Associate on behalf of Metro, is destroyed or returned to Metro, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this section. The maximum length of the effective term of the contract is sixty (60) months from the effective date.

b. **Termination for Cause.** Upon Metro's knowledge of a material breach by Business Associate, Metro shall provide an opportunity for Business Associate to cure the breach or end the violation. Metro may terminate this Agreement between Metro and Business Associate if Business Associate does not cure the breach or end the violation within fourteen (14) days. In addition, Metro may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not feasible.

c. **Obligations on Termination.**

(i) Except as provided in subsection (ii), upon termination of this Agreement, for any reason, Business Associate shall return or destroy as determined by Metro, all Protected Health Information received from Metro, or created or received by Business Associate on behalf of Metro. This provision shall apply to Protected Health Information that is in the possession of subcontractor or agents of the Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business Associate shall complete such return or destruction as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement. Within such sixty (60) day period, Business Associate shall certify on oath in writing to Metro that such return or destruction has been completed.

(ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Metro notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Metro does not agree that return or destruction of Protected Health Information is infeasible, subparagraph (i) shall apply. Business Associate shall complete these obligations as promptly as possible, but no later than sixty (60) days following the termination or other conclusion of this Agreement.

Section 5 – Miscellaneous

a. **Regulatory References.** A reference in this Agreement to a section in HIPAA or the HITECH Act means the section as in effect or as amended, and for which compliance is required.

b. **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Metro to comply with the requirements of HIPAA or the HITECH Act and any applicable regulations in regard to such laws.

c. **Survival.** The respective rights and obligations of Business Associate shall survive the termination of this Agreement.

d. **Interpretation.** Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Metro to comply with HIPAA or the HITECH Act or any applicable regulations in regard to such laws.

e. **Governing Law.** The validity, construction, and effect of this Agreement and any and all extensions and/or modifications thereof shall be governed by the laws of the State of Tennessee. Tennessee law shall govern regardless of any language in any attachment or other document that Business Associate may provide.

f. **Venue.** Any action between the parties arising from this Agreement shall be maintained in the courts of Davidson County, Tennessee.

Project Overview for We Are One Recovery

A. Organization & Team Qualifications

1. Agency Background : We Are One Recovery, a 501(c)(3) nonprofit organization, founded in 2019 by our CEO, due to his lived experience as both a person living with HIV and living in long-term recovery from substance use disorder and his desire to provide hope and healing to others. Our mission is to provide LGBTQIA2S+ individuals and allies with safe, supportive, and substance-free spaces equipped with the resources they need to recover and thrive. Central to our work is the commitment to reducing new HIV diagnoses and improving the health and well-being of those living with HIV. This priority is deeply rooted in our leadership, as two of our board members also openly living with HIV. We are proud to be Nashville's first and only LGBTQ+ recovery residence. With a focus on trauma-informed and affirming care, we operate two co-ed recovery residences: an 8-bed home in Madison, TN, and a 17-bed home in Old Hickory, TN. These residences provide not only housing but also comprehensive support services for LGBTQ+ individuals navigating substance use disorders and co-occurring challenges. Our work is trailblazing a path of hope and inclusion for the LGBTQ+ community in Middle Tennessee.

We Are One Recovery serves a diverse population, as evidenced by its applicant demographics. The average age of residents is 34.5 years, with individuals ranging from 18 to 65, demonstrating the program's accessibility across life stages. The gender composition of applicants includes 44% cis-male, 16% cis-female, and 40% trans or non-binary, highlighting the organization's ability to meet the needs of underserved groups, particularly trans and non-binary individuals. With 41.7% of our residents living with HIV, We Are One Recovery has three years of experience in providing comprehensive support services to PLWHA to improve their health, well-being, and to meet their needs. Additionally, We Are One Recovery's commitment to racial inclusion is evident in its service to a racially diverse population: 59% White, 26% Black, 6% multi-racial, and 2% Native American. Substance use trends among our program participants indicate a critical need for targeted interventions, with 45.1% reporting methamphetamine use, 31.9% alcohol, 31% opioids, and 29.2% marijuana. The organization's trauma-informed approach is vital, as 88.5% of applicants have a history of trauma, and 34.5% have attempted suicide. Furthermore, co-occurring mental health conditions such as depression (41.5%), PTSD (38.1%), and anxiety (37.2%) reinforce the need for integrated care that addresses both behavioral health and recovery. Through its inclusive model and commitment to meeting these unique needs, We Are One Recovery provides an essential resource for the LGBTQ+ community in Nashville and surrounding areas.

2. HIV Counseling and Testing Capacity: We are One Recovery has a well-established HIV counseling and testing program designed to provide accessible, confidential, and client-centered services to individuals at risk for or living with HIV. We offer rapid HIV testing at two locations in North Nashville. Our capacity will allow us to conduct between 30-100 HIV tests annually, ensuring timely diagnosis and linkage to care. Our certified HIV counselors provide pre- and post-test counseling, delivering risk reduction education, harm reduction strategies, and immediate referrals for individuals who test positive. We utilize evidence-based approaches such as motivational interviewing and trauma-informed counseling to ass barriers to testing and care. Additionally, we offer screening for co-occurring conditions, including hepatitis C, and substance use disorders, integrating comprehensive prevention and treatment strategies. To expand access, we maintain partnerships with two key organizations within our service area. These partnerships enhance our ability to reach high-risk populations and ensure seamless linkage to care. Our key partners include Nashville CARES and Music City PrEP, which provide confirmatory testing, PrEP and PEP services, and HIV medical care.

We also collaborate with Thistle Farms, Mental Health Coop, Davidson County Recovery Court, Mental Health Court, Athena Court, Cumberland Heights and so many other organizations. Through these collaborations and service enhancements, our organization ensures that individuals receive timely and culturally competent HIV counseling, testing, and linkage to essential medical and support services.

3. Project Fit with Agency's Mission and Capabilities: The proposed project aligns seamlessly with our agency's mission and capabilities, reinforcing our commitment to providing high-quality, equitable healthcare and support services for individuals affected by HIV/AIDS. Our mission is to help LGBT+ folks have the resources they need to recover and thrive, with a strong focus on HIV prevention, treatment, and support. This project directly supports our goal of reducing HIV transmission, improving health outcomes, and addressing social determinants of health that impact people living with or at risk for HIV. With over 5 years of experience in substance use disorder treatment and HIV prevention and linkage to care, our agency has developed robust programs that integrate medical services, behavioral health support, and social services. Our providers, case managers, and outreach specialists are highly trained in delivering HIV testing, counseling, referrals to PrEP/PEP services, and linkage to HIV medical care. We have also built strong collaborations with community-based organizations like the Metro Public Health Department, to ensure a comprehensive and coordinated continuum of care. These partnerships allow us to provide seamless referrals for medical treatment, housing assistance, mental health services, and other critical support. The proposed project will expand our existing efforts by enhancing outreach, increasing testing capacity, and strengthening linkage-to-care strategies for individuals who test positive. It will also improve our ability to address barriers to care, such as stigma, transportation, and financial hardship, by providing integrated HIV care. Our demonstrated success in serving marginalized and vulnerable communities combined with our ability to implement innovative, data-driven approaches, makes us well-positioned to execute this project effectively. By leveraging our agency's experience, infrastructure, and community partnerships, this project will advance our mission while significantly enhancing access to HIV prevention and care services for those who need them most.

4. Ability of the Program to Conduct the Project: We Are One Recovery has a strong background, mission, and extensive experience in delivering HIV prevention, care, and support services, positioning us well to successfully conduct the proposed project and meet the program requirements. For over 5 years, we have been dedicated to serving individuals at risk for or living with HIV/AIDS, focusing on equitable, high-quality healthcare, case management, and community-based support. Our organization was founded with a mission to provide safe supportive spaces particularly for HIV+ LGBTQIA+ populations. This commitment drives our efforts to reduce health disparities, promote early HIV detection, and ensure that all individuals have access to HIV care and supportive services. Our past experience includes opening a second sober living home featuring seventeen beds funded by TNDMHSAS, an LGBT+ IOP funded by Music City Prep, hiring a case manager, funded by Metro Public Health Dept as well as a few general operating grants. We have successfully delivered HIV testing and counseling, referrals to PrEP/PEP services, medical case management, housing assistance, mental health and substance use support, and outreach programs the marginalized and under served HIV positive LGBT+ community. Our agency has developed strong partnerships with local healthcare providers, community-based organizations, public health agencies, and social service entities, ensuring a comprehensive and coordinated approach to HIV care. These partnerships enable us to streamline linkage-to-care, reduce service gaps, and improve long-term health outcomes for people living with HIV/AIDS (PLWHAs). In addition, our agency has a proven

track record of program implementation, evaluation, and data-driven decision-making. We utilize evidence-based models such as Trauma-Informed Care, Motivational Interviewing, and Peer Navigation to enhance engagement, retention, and adherence to treatment. Our staff undergoes continuous training in cultural and linguistic competency, ensuring that services are tailored to meet the diverse needs of the communities we serve.

II. Organization Capacity

1. Copies of the following are included in the Attachment:

- Copies of resumes and job descriptions
- Organizational chart including funded elements by Part A
- Copies of licenses and accreditations
- Articles of Incorporation
- Documentation of 501(c)3 status
- Charitable Solicitation Letter
- SAM exclusion report

2. Agency experience administering government funds: We are one has not yet received any federal funds. We do receive state funds from the Tennessee Department of Mental Health and Substance Abuse Services through the Creating Homes Initiative. We also receive funds from the Metro Nashville Davidson County Department of Health for a case manager. We do not have any restrictions, concerns, or corrective action plans from the funders regarding the use of these funds. There have been no audit findings. Copies of our 990s are included in the attachments.

3. Current System for Collecting Data: We currently use an electronic medical record, One Step, to collect and manage client data. All staff members are trained on the database and all client records are maintained within it. The EHR allows for monitoring both the housing portion of our services as well as the clinical. Routine reports allow for monitoring and continuous quality improvement at both the individual and agency levels.

4. Fiscal Oversight: All financial concerns are the direct responsibility of the CEO who works closely with the board for oversight and monitoring. We currently use XXXXX to manage our accounting systems and to monitor financial transactions. An annual audit is conducted by XXX and the results are reviewed by the board and reported to a variety of state and local entities.

5. Program Reporting: Ensuring the reporting of program reports to funders in a timely and accurate manner is the responsibility of the CEO. Data and information is collected by all staff typically through the OneStep system or through specific mechanisms tied to grant requirements. All reports are reviewed by the board to ensure that they are informed and that the reports are accurate, timely, and complete.

III. Cultural and Linguistic Competency

1. Cultural and Linguistic Competency Capabilities: Our agency is committed to cultural competency in serving people living with HIV/AIDS by fostering an inclusive, respectful, and informed approach to care and support. Our team receives ongoing training in HIV/AIDS awareness, stigma reduction, and culturally responsive care. We ensure that staff members are knowledgeable about

the diverse experiences of individuals affected by HIV/AIDS, including LGBTQIA+ communities, communities of color, and other vulnerable populations. We create a welcoming environment where individuals feel safe and respected. Our policies prioritize confidentiality, dignity, and person-centered care. To ensure accessibility, we provide language assistance services and culturally appropriate educational materials. Our outreach efforts use clear, inclusive language to engage diverse communities. Collaboration is key to our approach. We work closely with local organizations, advocacy groups, and healthcare providers to ensure holistic support. Additionally, we actively participate in HIV/AIDS awareness initiatives to combat stigma and misinformation. Recognizing the impact of trauma and structural inequalities, we integrate mental health support, social services, and harm reduction strategies into our programs. Our agency continually evolves to enhance cultural competency, ensuring that people living with HIV/AIDS receive equitable, compassionate, and high-quality support.

2. Demonstration of a Commitment to Cultural and Linguistic Competency: Our agency's strategic plan is centered on ensuring culturally and linguistically competent health care by integrating inclusive policies, workforce development, and community engagement. We are committed to fostering a healthcare environment that respects and responds to the diverse cultural backgrounds, languages, and lived experiences of the individuals we serve. Our strategic approach involves continuous assessment and improvement of our services to eliminate disparities and promote health equity. To achieve this, our policies emphasize inclusivity, non-discrimination, and the provision of culturally appropriate care. We implement clear guidelines that require staff to deliver services with cultural humility and linguistic accessibility. Our policies mandate the availability of language assistance services, including translation and interpretation support, to ensure effective communication with patients who have limited English proficiency. Additionally, we develop and distribute culturally relevant health materials to enhance health literacy among diverse populations. Our initiatives focus on building a culturally competent workforce through ongoing training and professional development. We provide regular education on cultural awareness, implicit bias, and effective communication strategies to equip our staff with the knowledge and skills necessary for cross-cultural interactions. We also prioritize recruitment and retention of a diverse workforce that reflects the communities we serve, ensuring representation and inclusivity in service delivery. Community engagement is a cornerstone of our commitment to cultural competence. We collaborate with local organizations and community leaders to better understand and address the unique needs of various populations. Through outreach programs, partnerships, and advisory boards that include members from diverse backgrounds, we ensure that our services remain relevant and responsive. By integrating cultural and linguistic competence into our strategic plan, policies, and initiatives, we create an environment where individuals receive equitable, respectful, and effective care. Our agency remains dedicated to evolving our practices to meet the needs of an increasingly diverse population and to fostering a healthcare system that is accessible and inclusive for all.

3. Understanding of the Depth and Breadth of Cultural and Linguistic Competency: Our agency's strategic plan is grounded in the understanding that cultural competence is essential to providing effective and equitable health care. We recognize that integrated patterns of human behavior—including language, beliefs, norms, values, and socioeconomic and political factors—play a significant role in shaping individuals' health outcomes and psychological well-being. To ensure that these factors are incorporated into our service delivery system, we have developed policies and initiatives that prioritize inclusivity, cultural responsiveness, and linguistic accessibility. Our policies emphasize the importance of culturally

and linguistically appropriate services by requiring staff to engage in ongoing education on cultural humility, implicit bias, and trauma-informed care. We have implemented a mandatory cultural competency training program that covers key topics such as health disparities, intersectionality, and best practices for working with diverse communities. Additionally, we require staff have foundational knowledge on the social determinants of health to better understand how systemic barriers impact access to care and overall well-being. To improve our linguistic capacity, we provide professional interpretation services, bilingual staff support, and translated health materials to ensure that language is never a barrier to care. We utilize technology-driven solutions such as telehealth with on-demand interpretation services and multilingual patient portals to enhance accessibility. Our agency also offers community education workshops in multiple languages to promote health literacy and empower individuals to make informed decisions about their health. We have undertaken several innovative initiatives to strengthen our cultural competence. One of our most successful endeavors was our CEO has been through two trainings from IITAP (International Institute for Addiction Professionals) and is now a Certified Rainbow Advocate & Certified Rainbow Clinician. We also have partnerships with Thistle Farms, Davidson County Recovery Court & Mental Health Court where our CEO has done trainings with their staff to be competent to treat the LGBT+ community. These trainings have built in information for staff to learn about HIV and the intricacies of working with the LGBT+ community.

IV. Collaboration

1. Plan for Collaboration: Our plan for improving collaboration with HIV agencies focuses on strengthening an integrated network that enhances access to HIV testing, medical care, and comprehensive support services for people living with HIV/AIDS (PLWHAs). This initiative will expand existing partnerships, establish new strategic collaborations, and improve coordination to ensure seamless service delivery. A key component of this plan is the implementation of a centralized referral system that connects PLWHAs to HIV testing sites, medical providers, case management services, and social support programs. This system will facilitate real-time communication between service providers, reducing delays in care and improving client retention in medical treatment. To enhance collaboration with HIV service providers, we will work closely with federally qualified health centers (FQHCs), community-based organizations (CBOs), and Metro Public Health Department. Key partners will include AIDS service organizations, and specialized clinics that offer HIV primary care. These partnerships will support a multidisciplinary approach to care, integrating medical, behavioral health, and social support services. By partnering with Metro Public Health Department and community clinics, we will ensure that all individuals who test positive are immediately linked to HIV medical care and case management services. A crucial element of our strategy is the establishment of an Integrated HIV Care model, where trained staff—many of whom have lived experience—will assist clients in overcoming barriers to care. These navigators will provide one-on-one support, accompany clients to medical appointments, help with insurance navigation, and connect them with housing, food assistance, and mental health services. Community engagement and education will be another priority in strengthening our network. We will conduct joint outreach campaigns, host community health fairs, and provide education on HIV prevention, treatment, and stigma reduction. Collaborating organizations will play a critical role in disseminating information and fostering trust within priority populations. Several key partners will support this initiative, including community clinics and CBOs offering housing, food assistance, legal aid, and support groups. Additionally, LGBTQIA+ and minority health organizations will help address the unique needs of disproportionately affected populations, while faith-based and grassroots organizations will engage hard-to-reach communities and promote health equity.
By enhancing collaboration, streamlining referrals, and integrating support services, our network will ensure that PLWHAs receive timely and comprehensive care. This initiative will improve health outcomes, increase retention in treatment, and strengthen the overall HIV care continuum.

2.Demonstration of Commitment to Collaboration through letters of commitment. We Are One Recovery's commitment to work with and collaborate with organizations representing the HIV/AIDS community is represented through the attached Letters of Support.

B. Reference Projects

1. Demonstrated History of Providing Services to PLWH: Our agency has been providing comprehensive HIV/AIDS services for over 3 years, ensuring access to testing, medical care, and supportive services for individuals living with or at risk for HIV/AIDS. These services in conjunction with partnerships, however we are organizationally ready to do these services in house as our counselor has been a certified HIV/Hep C tester & counselor for over 5 years. Our dedicated team ensures that individuals receive culturally competent, client-centered care, addressing both medical and social determinants of health.

For further information or verification of our services, contact names and phone numbers are attached. We remain committed to enhancing the quality of life for people living with HIV/AIDS and continuing our collaborative efforts to improve health outcomes. Our agency has extensive experience in providing HIV medical and support services, demonstrating our commitment to improving health outcomes for people living with and at risk for HIV/AIDS. For over 5 years, we have delivered a range of comprehensive services, including HIV testing and counseling, medical case management, linkage to care, mental health and substance use support, housing assistance, and prevention services such as PrEP and harm reduction programs. Our expertise in serving diverse populations, including LGBTQIA+ individuals, communities of color, and those experiencing homelessness, ensures that we provide culturally competent, client-centered care. We have successfully managed a collaborative project with Nashville Cares which have helped our participants who are PLWH access and stay engaged in care. Our collaborations have strengthened our ability to provide integrated and holistic services tailored to the needs of this population. Our experience is backed by strong partnerships and proven outcomes in improving retention in care, viral suppression rates, and overall quality of life for our clients. We remain dedicated to enhancing HIV care and support services through continued collaboration, innovation, and culturally responsive approaches. We hope to utilize this experience to begin to provide these needed services within our agency improving access and engagement by having them available at all times onsite and not just when our collaborative partner is available.

C. Project Approach and Process

I. Staffing: This staffing plan ensures that We Are One Recovery remains fully equipped to provide holistic, affirming, and trauma-informed care to LGBTQ+ individuals in need. By integrating clinical expertise, case management, transportation, housing, outreach, and peer support, the program will maximize its impact, reduce health disparities, and create a lasting positive change in the lives of those it serves.

Staffing Plan for We Are One Recovery

Name	Position	Qualifications & Role
Chad Curtis, LMSW, CTS, CPRS, SAP, RAC, RAE, CHSM	**Part-Time Therapist & Clinical Supervisor**	Brings **20 years of experience in human services**, including **12 years in the addiction field**. Licensed social worker, **Certified Trauma Specialist, Certified Peer Recovery Specialist, and Substance Abuse Professional**. Has been a **Certified HIV/Hep C Counselor & Tester for six years**. Oversees therapists, ensuring high-quality trauma-informed care for LGBTQ+ individuals.
Alan Whitley, LCSW	**Therapist**	Licensed clinical social worker and **strong advocate for HIV and LGBTQ+ human rights**. Will be trained as a **Certified HIV/Hep C Tester & Counselor** to enhance HIV-informed clinical services.
Thea Coalescing, CPRS	**Case Manager**	Two decades of experience serving the LGBTQ+ community. **Certified Peer Recovery Specialist (CPRS)** and passionate advocate for individuals living with HIV. Will be trained as a **Certified HIV/Hep C Tester & Counselor** to strengthen case management and early intervention efforts.
Jason Emerson	**Driver**	Former **house manager** for two years, now a board member assisting in **training new house managers**. Has been a **manager in his current profession for over ten years**. Will become a **Certified Peer Recovery Specialist (CPRS)**, obtain the **appropriate license to drive a van**, and has a **clean driving record**.
National Institute for Behavioral Health (NIBH)	**Program Evaluators & Trainers**	Contracted for **program evaluation, research, performance monitoring, and culturally competent staff training** on **HIV care, trauma-informed treatment, and behavioral health best practices**.

Current Clinical Staff Roles: The clinical staff at We Are One Recovery includes a Certified Trauma Counselor, Licensed Social Worker, Rainbow Advocate Educator & Clinician, and a Certified Peer Recovery Specialist and Substance Abuse Professional, all of whom bring specialized expertise in addressing the complex needs of LGBTQ+ individuals living with or at risk for HIV. This grant will provide partial salary support over a three-year period, ensuring continuity of care for clients receiving trauma-informed mental health and substance use treatment. The counselor is uniquely equipped to help clients navigate the emotional impact of an HIV diagnosis, offering guidance that fosters healing, resilience, and a renewed sense of hope for the future. Through a combination of evidence-based interventions such as Trauma-focused Cognitive Behavioral Therapy (TCBT), Motivational Interviewing (MI), Hope Theory (HT), and many more modalities as well as affirming and culturally competent care, the clinical team empowers clients to process trauma, reduce mental health distress, and engage in long-term recovery. By addressing co-occurring disorders such as PTSD, depression, and anxiety, the counselor helps clients rebuild their lives with dignity and self-acceptance, ultimately improving treatment adherence, health outcomes, and overall well-being.

Role of the new Case Manager: The case managers will play a critical role in providing medical and psychosocial case management, ensuring that clients have access to individualized care plans tailored to their specific needs. They will coordinate medical appointments, connect clients to HIV treatment, mental

health services, housing resources, and employment assistance, and provide ongoing treatment adherence support to help clients remain engaged in their recovery journey. Case managers will also monitor client progress, facilitate referrals, and advocate for services that promote stability, self-sufficiency, and improved health outcomes. Their efforts will directly contribute to increasing viral suppression rates, reducing health disparities, and improving overall well-being for LGBTQ+ individuals living with or at risk for HIV.

Role of the Driver: A full-time driver will be employed to ensure that clients have reliable, safe, and accessible transportation to attend medical appointments, therapy sessions, job interviews, and community support groups. Many of the program's participants experience transportation barriers, which can lead to missed medical visits, poor treatment adherence, and disengagement from care. The driver will operate the organization's program vehicle, providing door-to-door transportation services while ensuring safety, efficiency, and accessibility. This position is crucial in helping clients overcome logistical challenges, maintain consistency in their treatment plans, and stay connected to vital services.

The National Institute for Behavioral Health will be contracted to provide program evaluation, research, and performance monitoring to assess the effectiveness of services and client outcomes. They will design and implement data collection protocols, track key performance indicators, and analyze program impact to ensure compliance with best practices and funding requirements. Their work will help refine the program's approach, ensuring that services remain data-driven, evidence-based, and aligned with the evolving needs of the community. Additionally, the institute will identify and contract expert trainers to provide culturally competent education for staff, equipping them with the latest strategies in HIV care, trauma-informed treatment, and behavioral health interventions.

Supplies: To support early intervention services, funding will be allocated for the purchase of medical supplies and rapid HIV and Hepatitis C testing kits. These resources will allow the program to identify and diagnose individuals at risk, ensuring immediate linkage to HIV care and treatment services. Access to on-site testing will increase the likelihood of early detection, reduce transmission rates, and promote preventive healthcare measures within the LGBTQ+ community.

Electronic Health Record: A HIPAA-compliant case management software system will be implemented to enhance client progress tracking, referral management, and data security. This system will allow for efficient documentation, streamlined service coordination, and secure storage of sensitive health information, ensuring compliance with federal confidentiality regulations. By utilizing digital tools that support effective case management and client engagement, the program can maximize efficiency while maintaining high standards of care.

Supplies: To further enrich client services, funding will support therapeutic materials and life-skills workshop supplies. Therapy resources, including workbooks, trauma recovery guides, and digital tools, will be provided to assist in both individual and group therapy sessions. Life-skills workshop materials, such as budgeting guides, employment readiness resources, and independent living tools, will help clients develop practical skills for long-term stability and self-sufficiency. These resources will strengthen clients' ability to manage daily responsibilities, secure financial independence, and build confidence in their personal recovery journey. Program operations will be strengthened through outreach and educational materials designed to promote early intervention services, HIV prevention, and treatment engagement. These materials will be distributed at community events, healthcare facilities, and recovery centers to increase awareness and encourage high-risk individuals to seek services. Additionally, funding will support peer-led training stipends, enabling individuals with lived experience to facilitate support groups, skill-building workshops, and mentorship programs. By leveraging peer leadership and community-driven support, the program will foster an inclusive, empowering, and client-centered environment that encourages long-term recovery and resilience.

Housing Support: Housing support is an essential component of the program, ensuring that individuals have a stable and affirming living environment while undergoing treatment and support services. Funding

will cover utilities, maintenance, and emergency housing needs for the Madison and Old Hickory recovery residences, helping to sustain safe and welcoming spaces for LGBTQ+ individuals in recovery. The availability of housing assistance, coupled with structured support services, significantly reduces the risk of relapse, increases treatment adherence, and improves overall health outcomes.

Transportation: Transportation services will also include vehicle maintenance, fuel, insurance, and operational costs to sustain the transportation program. Additionally, ride-share reimbursements and public transit passes will be provided to clients who live outside the immediate service area, ensuring that all participants have the means to access healthcare, employment, and community resources. By eliminating transportation barriers, the program will increase client retention in care, improve medical appointment adherence, and support successful transitions into independent living.

Staffing Plan and Justification

Each staff member in this plan is integral to achieving the program's objectives, ensuring culturally competent, trauma-informed, and accessible services for LGBTQ+ individuals living with or at risk for HIV. With a team of highly qualified professionals, We Are One Recovery is committed to delivering comprehensive, affirming, and evidence-based care that supports mental health stability, substance use recovery, and treatment adherence. The staffing structure has been carefully designed to address critical service gaps, maximize efficiency, and improve health outcomes for those most in need.

The clinical team consists of Chad Curtis, LMSW, CTS, CPRS, SAP, RAC, RAE, CHSM, a licensed social worker and certified trauma specialist with 20 years of experience in human services and 12 years working in addiction recovery. He has been a Certified HIV/Hep C Counselor & Tester for six years and will serve as a part-time therapist and clinical supervisor under this grant. Chad's expertise in trauma-informed care and culturally affirming mental health services ensures that clients receive the necessary support to navigate the emotional challenges associated with an HIV diagnosis and co-occurring disorders. His role will also include clinical oversight, ensuring the implementation of evidence-based therapeutic interventions, such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Hope Theory (HT) to improve client outcomes.

Supporting the clinical services, Alan Whitley, LCSW, brings extensive experience in mental health care and a strong commitment to HIV and LGBTQ+ advocacy. He will provide individual and group therapy sessions, focusing on reducing barriers to care and increasing engagement in treatment. Alan will also undergo certification as an HIV/Hep C Tester & Counselor, expanding his ability to provide early intervention and prevention services within the program. His work ensures that clients struggling with mental health distress, substance use disorders, and trauma-related symptoms have access to specialized, affirming care.

To further enhance client support, Thea Coalescing, CPRS, will serve as the full-time case manager under this grant. With two decades of experience working with the LGBTQ+ community, Thea is a Certified Peer Recovery Specialist (CPRS) and a dedicated advocate for individuals living with HIV. She will be responsible for coordinating medical and psychosocial case management services, ensuring clients are linked to HIV care, mental health treatment, housing support, and employment resources. Her role is essential in promoting treatment adherence, improving viral suppression rates, and fostering long-term stability for clients. She will also complete training as a Certified HIV/Hep C Tester & Counselor, further strengthening early intervention efforts within the program.

Addressing transportation barriers, Jason Emerson will serve as a part-time driver, providing clients with safe and reliable transportation to medical appointments, therapy sessions, job interviews, and support groups. Jason has over ten years of managerial experience in his current profession and has demonstrated exceptional leadership skills as a former house manager at We Are One Recovery, a position he held for two years. He currently sits on the organization's board of directors, assisting with training new house managers. Under this grant, Jason will obtain CPRS certification and the appropriate licensure to operate the program vehicle, ensuring accessibility for clients who might otherwise struggle to engage in care.

Program evaluation and staff training will be provided through a contract with the National Institute for Behavioral Health (NIBH), which specializes in HIV behavioral health research, program evaluation, and culturally competent training. NIBH will conduct data tracking, performance monitoring, and service assessments, ensuring that the program remains aligned with Ryan White grant objectives and best practices. Their work will be instrumental in analyzing client outcomes, refining intervention strategies, and supporting long-term program sustainability.

This staffing structure ensures that We Are One Recovery can effectively deliver trauma-informed, evidence-based, and LGBTQ+ affirming services to individuals facing complex health and social challenges. With a strong clinical team, dedicated case management, reliable transportation services, and expert evaluation support, the program is well-positioned to expand its reach, improve health outcomes, and create lasting change in the lives of LGBTQ+ individuals living with or at risk for HIV.

D. Budget

Professional Fees	National Institute for Behavioral Health (Research and Evaluation)	$30,000.00
	Medical Supplies and Testing Kits (Early Intervention Services)	$7,500.00
	HIPAA-Compliant Case Management Software	$5,000.00
Category Total		**$42,500.00**
Supplies	Therapy Materials (Mental Health and Substance Abuse Services)	$5,000.00
	Life-Skills Workshop Supplies (Psychosocial Support)	$3,000.00
Category Total		**$8,000.00**
Direct Assistance to Individuals	Housing Operations (Utilities, Maintenance, Emergency Housing Support)	$30,000.00
Category Total		**$30,000.00**
Transportation Services	Vehicle Maintenance and Operations	$20,000.00
	Ride-Share Reimbursements and Public Transit Passes	$5,000.00
Category Total		**$25,000.00**
Program Operations	Outreach and Educational Materials (Early Intervention Services)	$5,000.00
	Peer-Led Training Stipends (Psychosocial Support)	$5,000.00

Category Total	**$10,000.00**
Grand Total	**$315,000.00**

Budget Justification

Salaries, Benefits & Taxes – $184,500

1. **Clinical Staff ($129,500):**
    - Licensed therapists will provide **trauma-informed, LGBTQ+ affirming** outpatient mental health and substance use treatment.
    - Services will address **co-occurring disorders** such as PTSD, depression, and anxiety, reducing barriers to care for LGBTQ+ individuals living with HIV.
    - Funding covers salaries for clinicians who will deliver evidence-based interventions, including **Cognitive Behavioral Therapy (CBT)** and **Motivational Interviewing (MI)** to improve client outcomes.
    - **Impact:** reduces barriers to care and increases treatment retention, ensuring participants engage in evidence-based therapies.
2. **Case Managers ($15,000):**
    - Case managers will coordinate individualized care plans, connect clients to medical and psychosocial services, and ensure treatment adherence.
    - Supports **continuity of care, treatment adherence**, and increased access to critical resources, leading to **improved viral suppression rates** for individuals living with HIV.
3. **Driver ($15,000):**
    - A full-time driver will support the transportation program, ensuring clients have reliable access to medical appointments, therapy sessions, and employment opportunities.
    - Addresses **transportation barriers**, a key factor in **HIV care retention** and **substance use recovery success**.

Professional Fees – $42,500

1. **National Institute for Behavioral Health ($30,000):**
    - The National Institute for Behavioral Health will conduct research and evaluation of the program's effectiveness. Their responsibilities include designing and implementing data collection protocols, tracking metrics such as participant outcomes, and analyzing program impacts. Additionally, the institute will identify

and contract trainers for educational events, ensuring sessions are rooted in evidence-based practices.

- Ensures compliance with **Ryan White HIV/AIDS Program** reporting requirements, demonstrating **measurable improvements in client health and stability**.

2. **Medical Supplies and Testing Kits ($7,500):**
    - Funds will purchase rapid HIV and Hepatitis C test kits, along with other medical supplies, to support Early Intervention Services.
    - Provides **early diagnosis and treatment linkage**, reducing **HIV transmission rates**.
3. **HIPAA-Compliant Case Management Software ($5,000):**
    - A **secure software system** will track **client progress, referrals, and treatment adherence**, ensuring **data security and streamlined coordination**.
    - Enhances **care integration** between providers, leading to **higher retention in treatment and services**.

Supplies – $8,000

1. **Therapy Materials ($5,000):**
    - Materials such as therapy workbooks, session guides, and digital tools will support individual and group therapy sessions.
    - Enhances **engagement and effectiveness** of **mental health and substance use treatment**.
2. **Life-Skills Workshop Supplies ($3,000):**
    - Resources for workshops, including budgeting templates, resume guides, and educational handouts, will empower clients to build practical skills.
    - Empowers clients with **financial and employment stability**, promoting **long-term self-sufficiency**.

Direct Assistance to Individuals – $30,000

1. **Housing Operations ($30,000):**
    - This funding will support utilities, maintenance, and emergency housing needs for the Madison and Old Hickory recovery residences, providing clients with stable and affirming housing.
    - Provides **stable housing**, which is **proven to improve medication adherence and decrease relapse rates** among LGBTQ+ individuals living with HIV.

Transportation Services – $25,000

1. **Vehicle Maintenance and Operations ($20,000):**

- Includes fuel, insurance, and regular maintenance for the program vehicle used to transport clients.
- Ensures **reliable transportation to essential services**, improving **client retention in medical and psychosocial care**.

2. **Ride-Share Reimbursements and Public Transit Passes ($5,000):**
    - Supplemental transportation support for clients outside the immediate service area.
    - Reduces missed appointments and enhances **treatment adherence**.

Program Operations – $10,000

1. **Outreach and Educational Materials ($5,000):**
    - These funds will support the development of materials to promote Early Intervention Services and educate clients about HIV care and prevention.
    - Funds **community outreach efforts** to increase awareness of **HIV prevention, treatment, and harm reduction strategies**.
    - **Impact:** Expands reach and **engages hard-to-reach populations**, increasing **service utilization**.
2. **Peer-Led Training Stipends ($5,000):**
    - Peer facilitators will be compensated for leading psychosocial support groups and life-skills workshops, creating a community-oriented and client-centered approach.
    - Promotes **peer-driven recovery models**, fostering **community engagement and long-term client retention**.

II. Overview of Population

Davidson County, Tennessee, has a significant population of residents living with HIV/AIDS (PLWHAs). With Nashville/Davidson County accounting for 13% of Tennessee's 861 new HIV diagnoses in 2022—approximately 112 new cases—the need for targeted, affirming interventions has never been greater. Moreover, 21% of all Tennesseans living with diagnosed HIV reside in Nashville, underscoring the city's pivotal role in the state's HIV response. The urgency is further emphasized by a statewide increase in HIV diagnoses attributed to injection drug use, rising from 6% in 2018 to 14% in 2022. Several factors impede the identification, engagement, and retention of PLWHAs in routine HIV testing and services. Stigma remains a fundamental barrier, discouraging individuals from seeking testing and care due to fear of discrimination. In Middle Tennessee, including Davidson County, barriers such as a lack of understanding about the importance of early HIV detection and care, not knowing where to go for services, and the absence of conveniently located care facilities contribute to delayed linkage to HIV medical care.

1) Number of Persons Living with HIV to be Served with the Funding: With the proposed funding, We Are One Recovery plans to serve approximately 100 individuals within Davidson County. This includes

both individuals currently living with HIV/AIDS and those at high risk who will benefit from prevention services.

2) Number of Units of Service Planned by type of Intervention:

HIV Testing and Counseling: We aim to conduct 200 HIV testing sessions annually, with each session lasting approximately 30 minutes.

Educational Sessions: Our plan includes providing 24 educational workshops focusing on HIV prevention, treatment adherence, and stigma reduction. Each session will be approximately two hours.

Engagement with Gatekeepers: We intend to establish and maintain relationships with key community gatekeepers, planning for 6 contacts per gatekeeper annually, dedicating about six hours per gatekeeper per year to foster collaboration and referral networks.

3) Average Amount of Service per Client per Year:

Face-to-Face Interactions: Each client is expected receive an average of 24 face-to-face consultations per year, with each session lasting approximately one hour

Time Spent with Gatekeepers: We anticipate dedicating about two hours per gatekeeper annually to strengthen partnerships and improve client referrals.

By addressing these barriers and implementing the outlined interventions, we aim to enhance the identification, engagement, and retention of PLWHAs in Davidson County, ultimately improving health outcomes and reducing HIV transmission rates.

III. Implementation Plan

Our program is committed to implementing evidence-based and best practice models to improve progress along the HIV care continuum, ensuring that individuals receive high-quality, effective, and culturally competent services. We will incorporate proven outreach, engagement, and retention strategies that have been shown to enhance HIV testing, linkage to care, treatment adherence, and viral suppression among people living with HIV/AIDS (PLWHAs) One of the primary models we will utilize is Motivetional Interviewing as a non-judgemental non-shaming approach to services. Additionally, for PLWH individuals experiencing mental health challenges, trauma, or substance use issues, we will incorporate Trauma-Informed Care (TIC) and Motivational Interviewing (MI) as foundational approaches. TIC ensures that services are delivered in a safe, supportive, and empowering environment, recognizing the impact of trauma on health behaviors. MI, an evidence-based counseling technique, will be used by our providers to help clients resolve ambivalence about treatment, enhance motivation, and build self-efficacy in managing their health. By leveraging these evidence-based interventions, best practice models, and innovative outreach strategies, we will effectively support HIV prevention, linkage to care, retention, and viral suppression for PLWHAs in our service area.

IV. Best Practices

We Are One Recovery seeks funding through the Ryan White HIV/AIDS Program to address critical gaps in care for LGBTQ+ individuals living with HIV in the Nashville Transitional Grant Area (TGA). These individuals face compounded barriers, including stigma, discrimination, housing instability, and a lack of access to culturally competent care. According to data, individuals living with HIV who are unhoused are at a significantly higher risk of transmitting the virus. This is often due to survival strategies such as engaging in transactional relationships for shelter or sharing needles. Our program addresses this critical issue by providing stable, supportive housing for individuals living with HIV. By ensuring access to safe housing, we aim to reduce the spread of the virus and support healthier outcomes for those affected. The proposed project will deliver a comprehensive continuum of care designed to improve health outcomes, increase engagement in HIV care, and foster long-term recovery and stability for LGBTQIA+ individuals in the Nashville TGA. Demographic and health data highlight the urgency of these interventions. High rates of methamphetamine use (45.1%) among We Are One Recovery applicants and co-occurring mental health

conditions such as PTSD (38.1%) and depression (41.5%) validate the program's trauma-informed, affirming approach. The organization also effectively reaches underserved populations, with 40% of applicants identifying as trans or non-binary, groups that frequently face barriers in accessing affirming care. Our strategy to identify and engage key stakeholders trusted by the HIV/AIDS community is rooted in collaborative partnerships, community engagement, and culturally competent outreach efforts. We will leverage relationships with healthcare providers, community-based organizations, faith-based groups, advocacy networks, and individuals with lived experience to ensure a comprehensive approach to HIV prevention, testing, linkage to care, and retention in services. We will work closely with Metro Public Health Department (MPHD). Through our collaborations, we will coordinate outreach efforts, and ensure seamless linkage to care for individuals newly diagnosed or re-engaging in services. We will also continue our partnerships with Nashville CARES and Music City PrEP and build relationships with other community-based organizations that serve marginalized and high-risk populations, ensuring that our outreach is culturally and linguistically competent. The project aims to directly address these barriers and health disparities through the following objectives:

1. **Delivering Integrated HIV Care:** Enhance access to Early Intervention Services (EIS), medical case management, and mental health and substance abuse treatment tailored to LGBTQ+ clients.
2. **Expanding Housing Assistance:** Provide stable, recovery-focused housing to reduce homelessness and improve treatment adherence among persons living with HIV (PLWH).
3. **Enhancing Accessibility:** Address transportation barriers by providing reliable, tailored transportation solutions to ensure clients can access medical care and other essential services.
4. **Providing Psychosocial Support and Life-Skills Coaching:** Empower clients through peer-led psychosocial support and workshops focused on financial literacy, job readiness, and essential life skills.

By leveraging evidence-based strategies and culturally competent care, this project represents a critical opportunity to improve health outcomes and quality of life for LGBTQ+ individuals living with HIV in the Nashville TGA while contributing to the broader state and national effort to combat the HIV epidemic.

Program Activities and Implementation

1) Integrated HIV Care

- Rapid HIV and Hepatitis C Testing (EIS): Onsite testing will be conducted using advanced rapid test kits to ensure immediate results. Trained staff will provide pre- and post-test counseling to educate clients on their results, the importance of care, and next steps. Individuals testing positive will receive warm handoffs to HIV specialists within the TGA network for timely medical care, supported by case managers who will ensure follow-up and scheduling adherence.
- Trauma-Informed Therapy: Therapy sessions will address co-occurring mental health issues, substance use, and the trauma often associated with HIV stigma. Services will be grounded in LGBTQ+ affirming practices, fostering a safe environment where clients feel understood and respected. A combination of individual and group therapy will be offered, with evidence-based modalities such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI).
- Medical Case Management: Each client will work with a dedicated case manager to develop an individualized care plan focusing on treatment adherence, medication management, and health education. Case managers will coordinate with primary care and specialty providers to ensure seamless integration of services.

2) Housing Assistance

- Affirming Recovery Residences: The Madison and Old Hickory homes will provide structured, affirming environments that include recovery-focused programming and wrap-around support

services. Weekly case management and peer coaching sessions will focus on maintaining sobriety, adherence to treatment, and personal goal achievement.

- Transition to Permanent Housing: Partnerships with local housing agencies and nonprofits will expand access to affordable permanent housing solutions for residents transitioning out of the recovery program. Case managers will guide residents through the housing application process, ensuring a smooth transition while maintaining continuity of care.

3) **Transportation Support**

- Dedicated Transportation Services: A full-time driver and program vehicle will ensure residents have access to medical appointments, therapy sessions, and job interviews. Flexible scheduling will accommodate individual needs, minimizing missed appointments and promoting treatment adherence.
- Supplemental Transportation Support: Ride-share reimbursements and public transit passes will be provided to clients residing outside the immediate service area or with specialized travel needs.

4) Psychosocial and Life-Skills Support

- Peer-Led Groups: Weekly clinical support groups facilitated by trained peers will focus on addressing relapse prevention, building community, and navigating challenges related to HIV, recovery, and housing. These sessions will offer a safe space for clients to share experiences, gain insights, and develop coping strategies.
- Life-Skills Workshops: Practical workshops will cover resume building, budgeting, and navigating public services, equipping clients with essential tools for independence. Workshops will be tailored to meet the needs of LGBTQ+ individuals, ensuring relevance and cultural competency.

5) Mental Health Services

- Individual Therapy: Clients will participate in one-on-one therapy sessions with licensed clinicians trained in trauma-informed, LGBTQ+ affirming practices. These sessions will address co-occurring disorders, stigma, and emotional well-being as part of a holistic recovery plan.
- Clinical Group Therapy: Group sessions with a licensed social worker will focus on shared challenges such as internalized trans/homophobia, body dysmorphia, societal discrimination, religious persecution, identity-related issues, sexual trauma/assault, family estrangement or disownment, early-life or lifetime bullying, childhood & adult trauma, sexual health education, relapse prevention, and building resilience to foster a sense of community.

6. Substance Abuse Outpatient Care

- **Evidence-Based Treatment:**
  We Are One Recovery will partner with licensed outpatient treatment centers, including RCN Treatment Centers, Thistle Farms, and other reputable programs, to ensure participants receive high-quality, evidence-based clinical care. These partnerships will provide comprehensive outpatient services tailored to the unique needs of LGBTQ+ individuals living with HIV, including group therapy, individual counseling, and harm reduction programs. Treatment approaches will align with evidence-based practices recommended by SAMHSA, such as Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and relapse prevention strategies. This collaboration will ensure that participants receive the best possible support for achieving and maintaining long-term recovery.
- **Collaboration for HIV-Informed Programming:**
  Since establishing our physical locations, We Are One Recovery has forged strong partnerships

with leading organizations to address the comprehensive needs of our community. Our collaborations include Nashville CARES and Street Works, both of which bring invaluable expertise and resources to support individuals living with or at risk for HIV. Additionally, we have formalized our partnership with Music City Prep through a Memorandum of Understanding (MOU), enabling us to provide even more targeted and integrated services. We've received referrals for housing from all these organizations. Together, these partnerships empower us to deliver holistic, HIV-informed programming that promotes health, stability, and well-being within the LGBTQ+ community.

- **Relapse Prevention Programs:**
  Structured relapse prevention programs will address the underlying causes of addiction while considering the unique challenges of living with HIV. Participants will engage in peer-supported and clinician-guided sessions that emphasize building resilience, developing coping strategies, and maintaining adherence to both recovery and HIV treatment plans. Programs will integrate SAMHSA's evidence-based recommendations to ensure comprehensive, client-centered care.

Expected Outcomes

We Are One Recovery anticipates achieving the following measurable outcomes for LGBTQ+ individuals living with HIV in recovery from substance use disorders in the Nashville and Greater Nashville area:

- **Increased Engagement in HIV Care and Improved Viral Suppression Rates:**
  The program aims to ensure that at least 90% of participants engage in consistent HIV care within the first 30 days of enrollment. Through Early Intervention Services (EIS), medical case management, and trauma-informed therapy, the program expects to improve medication adherence, with 80% of participants achieving viral suppression within six months of program engagement. These improvements will align with the goals of the Ryan White HIV/AIDS Program and Nashville's commitment to the Fast-Track Cities Initiative.
- **Reduction in Homelessness and Housing Insecurity:**
  By providing stable, affirming housing at the Madison and Old Hickory recovery residences and supporting transitions to permanent housing, the program projects a 50% reduction in housing insecurity among residents within 12 months. Through daily case management and partnerships with housing agencies, 70% of participants will transition to permanent housing within one year of completing the program.
- **Enhanced Access to Care and Services:**
  Reliable transportation will ensure 100% of participants attend scheduled medical appointments, therapy sessions, and job interviews. By addressing this critical barrier, the program expects to reduce missed appointments by at least 30% compared to baseline data. Case management services will ensure 90% of participants are successfully connected to all necessary medical, mental health, and social services.
- **Improved Psychosocial Health and Community Integration:**
  Through weekly peer-led support groups and life-skills workshops, 85% of participants will report improved psychosocial health, as measured by standardized client satisfaction surveys and self-reported mental health assessments. Workshops on budgeting, resume building, and navigating public systems will result in 75% of participants securing employment or achieving financial stability within one year of program enrollment.
- **Capacity Building Among Partner Organizations:**
  By working with outpatient treatment centers such as RCN Treatment Centers and Thistle Farms, the program will help at least three partner organizations develop HIV and AIDS-informed programming aligned with SAMHSA best practices. This effort will increase the availability of high-quality, culturally competent care for LGBTQ+ individuals living with HIV in the Nashville area.

- **Reduction in Substance Use Relapse Rates:**
  Through evidence-based outpatient care and relapse prevention programming, the program aims to maintain a 70% sobriety rate among participants six months post-discharge. This includes continued adherence to HIV treatment regimens and participation in aftercare services, ensuring long-term recovery success.

By focusing on these measurable outcomes, We Are One Recovery will not only improve individual health and stability but also contribute to systemic changes that enhance the quality and accessibility of services for LGBTQ+ individuals in recovery from substance use disorders and living with HIV.

V. Service Specific Questions

Service Model

We Are One Recovery is dedicated to providing comprehensive, trauma-informed, and culturally competent services for LGBTQ+ individuals living with or at risk for HIV. Our proposed project will integrate early intervention services (EIS), mental health and substance use treatment, case management, housing assistance, and transportation services to improve engagement in HIV care and overall health outcomes. The following work plan details the key activities and implementation strategies required to achieve the goals of the program.

Service Model

Planning Phase (First 3 Months)

1. **Program Infrastructure and Staff Training:**
   - Recruit and onboard necessary staff, including clinical therapists, case managers, and support staff.
   - Conduct specialized training in trauma-informed care, motivational interviewing (MI), and culturally competent HIV prevention and treatment.
   - Certify clinical staff as HIV/Hepatitis C testers and counselors.
2. **Community Engagement and Outreach Strategy:**
   - Strengthen partnerships with Nashville CARES, Music City PrEP, StreetWorks and Metro Public Health Department for integrated service delivery.
   - Develop educational and outreach materials tailored for LGBTQ+ individuals at risk for or living with HIV.
   - Establish a referral pipeline with community-based organizations and local medical providers.

Work Plan

Implementation Phase (Months 4-12)

1. **Early Intervention and Testing Services**
   - Provide on-site rapid HIV and Hepatitis C testing at both recovery residences and outreach locations.
   - Offer pre- and post-test counseling, emphasizing risk reduction and harm reduction strategies.
   - Connect newly diagnosed individuals with HIV care providers and medical case management services.
   - Assist clients in accessing PrEP/PEP, HIV primary care, and housing assistance.

2. **Trauma-Informed Mental Health and Substance Use Treatment**
    - Deliver individual and group therapy sessions focusing on HIV, sexual health, trauma-focused recovery, co-occurring disorders, and resilience-building.
    - Implement peer-led psychosocial support groups to reduce isolation and increase adherence to treatment plans.
    - Utilize evidence-based practices such as CBT, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
3. **Psychosocial Support Services**
    - Develop individualized care plans that address clients' medical, mental health, and social needs.
    - Track progress through a HIPAA-compliant case management software system.
4. **Housing and Support Services**
    - Provide safe, stable, and affirming housing for LGBTQ+ individuals in recovery.
    - Cover housing operations, including utilities, maintenance, and emergency financial assistance for residents.
    - Facilitate workshops on life skills, financial literacy, and employment readiness to support independent living.
5. **Transportation Services**
    - Employ a dedicated driver to transport clients to medical appointments, therapy sessions, and employment opportunities.
    - Offer ride-share reimbursements and public transit passes for clients outside the immediate service area.
    - Ensure that lack of transportation does not become a barrier to HIV care and treatment adherence.
6. **Program Evaluation and Continuous Improvement**
    - Contract with the National Institute for Behavioral Health (NIBH) for program monitoring, evaluation, and quality improvement.
    - Collect and analyze key performance indicators such as retention in care, mental health improvements, and viral suppression rates.
    - Utilize client feedback and data-driven decision-making to refine service delivery.

Work Plan (Year 1)

Goal	Objectives	Action Steps	Responsible Staff	Timeline
Increase access to HIV testing and linkage to care for LGBTQ+ individuals	Provide approximately 100 rapid HIV tests in Year 1	Conduct on-site testing, offer pre/post-test counseling, and ensure warm handoffs to HIV care providers	Clinical therapists, case managers	Ongoing (starting Month 4)
Improve engagement in mental health and substance use treatment	Achieve 70% participation in therapy for enrolled clients	Offer weekly trauma-informed therapy and peer-led support groups	Clinical therapists, peer facilitators	Monthly

Goal	Objectives	Action Steps	Responsible Staff	Timeline
Enhance housing stability for LGBTQ+ individuals living with HIV	Reduce housing insecurity for 50% of residents	Maintain recovery residences, provide emergency assistance, and offer life-skills workshops	Case managers, housing coordinators	Quarterly
Ensure transportation barriers do not impact HIV care engagement	Provide 100% of clients with reliable transportation options	Hire a driver, schedule medical transport, and offer transit passes	Program director, transportation coordinator	Ongoing
Evaluate program effectiveness and client outcomes	Conduct quarterly program reviews and annual evaluations	Implement data tracking, review metrics, and adjust services as needed	National Institute for Behavioral Health, program director	Quarterly

---

Anticipated Challenges and Mitigation Strategies

Challenge	Potential Impact	Solution
Stigma and discrimination prevent clients from seeking services	Clients may avoid HIV testing and treatment	Provide culturally competent, LGBTQ+ affirming care and community education
Limited transportation options in rural areas	Clients may struggle to access HIV medical care	Utilize program vehicle, ride-share reimbursements, and transit passes
Client relapse and disengagement from care	Clients may drop out of treatment before achieving stability	Implement peer-led relapse prevention support groups and intensive case management
Limited availability of trained clinicians	Delayed service implementation	Invest in staff training, certification, and professional development

---

SMARTIE Goals:

Goal 1: Increase Client Retention in HIV Care

- Specific: Improve treatment adherence and retention in care for LGBTQ+ clients living with HIV by providing trauma-informed mental health and substance use services, transportation, and case management.
- Measurable: Achieve a 80% retention rate among clients attending scheduled medical appointments and support sessions.

- Achievable: Utilize clinical staff, case managers, and transportation services to ensure clients have consistent access to services.
- Relevant: Supports Ryan White HIV/AIDS Program goals by increasing medical treatment retention and positive health outcomes.
- Time-bound: Track and review retention data monthly, with quarterly evaluations of service gaps and program improvements.
- Inclusive: Provide culturally competent, LGBTQ+ affirming care to address stigma-related barriers.
- Equitable: Prioritize services for clients who face additional barriers such as homelessness, economic instability, or co-occurring disorders.

Goal 2: Improve Mental Health and Self-Sufficiency

- Specific: Provide trauma-informed therapy and life-skills workshops to improve clients' mental health and build independence.
- Measurable: Achieve an 70% improvement in clients' self-reported mental health and skill acquisition as measured by intake, mid-program, and program-end assessments.
- Achievable: Conduct individual and group therapy sessions while offering at least one life-skills workshop per month focused on financial literacy, employment readiness, and independent living.
- Relevant: Directly addresses co-occurring disorders, such as PTSD and anxiety, that often affect treatment adherence and recovery.
- Time-bound: Measure client progress quarterly, with year-end program evaluations.
- Inclusive: Ensure that therapy and workshops are accessible and tailored to LGBTQ+ participants' lived experiences.
- Equitable: Prioritize outreach and services for underserved individuals, including unhoused clients and those with limited access to traditional care settings.

Through a structured, client-centered approach, We Are One Recovery will provide essential services that improve HIV care engagement, reduce health disparities, and promote overall well-being among LGBTQ+ individuals. Our comprehensive service model—spanning HIV testing, trauma-informed therapy, case management, housing, and transportation—ensures that clients receive the support necessary to thrive. This work plan aligns with Ryan White Program goals and is designed to yield measurable improvements in health outcomes, self-sufficiency, and quality of life.

Conclusion

This project presents a transformative opportunity to close critical gaps in care and enhance health outcomes for LGBTQ+ individuals living with HIV in the Nashville TGA. By integrating stable housing, trauma-informed therapy, comprehensive HIV care, and essential wraparound services, We Are One Recovery will provide a holistic, client-centered model that fosters long-term stability, self-sufficiency, and recovery. This initiative not only supports individual well-being but also strengthens public health efforts to reduce health disparities and combat the HIV epidemic.

Through strategic partnerships, data-driven programming, and a commitment to equity, We Are One Recovery is dedicated to creating lasting change in the lives of those we serve. With the support of the Ryan White HIV/AIDS Program, we will build a stronger, healthier, and more inclusive community, ensuring that every individual has the opportunity to access care, thrive, and lead a life of dignity and stability.

References

- *Tennessee Department of Health. HIV Epidemiological Profile. Nashville/Davidson County: Contribution to Statewide New Diagnoses and HIV Prevalence, 2022.*
- *Tennessee Department of Health. HIV Data Dashboard. State and County-Level Statistics on HIV Diagnoses and Populations, 2022.*
- *Tennessee Department of Health. Data Highlighting Injection Drug Use and HIV Correlation Trends in Tennessee (2018-2022), 2022.*
- *Centers for Disease Control and Prevention (CDC). Strategies for Addressing Stigma and Barriers to Care in LGBTQ+ Populations Living with HIV. 2022.*
- *We Are One Recovery. Internal Program Data: Demographics, Health Risk Factors, and Program Evaluation. 2024.*
- *Substance Abuse and Mental Health Services Administration (SAMHSA). Advisory: Treating Substance Use Disorders Among People with HIV. SAMHSA, 2022.*
- *Substance Abuse and Mental Health Services Administration (SAMHSA). Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders. SAMHSA, 2022.*
- *Fast-Track Cities Initiative. Nashville's HIV Epidemic Response Plan. Nashville Public Health Department, 2022.*

METROPOLITAN GOVERNMENT OF NASHVILLE 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

September 24, 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.



__ _____
Signature of Authorized Representative
Name: _James Chad Curtis_____
Title: CEO_____
Agency Name: _We Are One Recovery_____
Date: 1/21/25_____

METROPOLITAN GOVERNMENT OF NASHVILLE 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

September 24, 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.*

__ _____

Signature of Authorized Representative
Name: __James Chad Curtis
Title: __CEO_____
Agency Name: _We Are One Recovery
Date: 1/30/2025_____

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

DEPARTMENT OF THE TREASURY

Date: APR 0 9 2019

WE ARE ONE
C/O JAMES CURTIS
1100 NORVEL AVE
NASHVILLE, TN 37216

Employer Identification Number:
83-3272780
DLN:
17053044303019
Contact Person:
LEE CROUCH ID# 17141
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
January 14, 2019
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

B0630-9102 01/14/2019 9:09 AM Received by Tennessee Secretary of State

000999856

CHARTER
NONPROFIT CORPORATION

SS-4418

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

Control # 000999856

Amount Due: $100.00
Please file before 01/15/2019

Tre Hargett
Secretary of State

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: We Are One

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
JAMES CHAD CURTIS
1100 NORVEL AVE
NASHVILLE, TN 37216-2506
DAVIDSON COUNTY

5. Fiscal Year Close Month: December **Period of Duration:** Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
This corporation is a ☑ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☐ religious corporation / ☑ not a religious corporation.
This corporation will ☐ have members / ☑ not have members.

9. The complete address of its principal office is:
1100 NORVEL AVE
NASHVILLE, TN 37216-2506
DAVIDSON COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

RDA 1678

SS-4418 (Rev. 1/13)

B0630-9103 01/14/2019 9:09 AM Received

CHARTER
NONPROFIT CORPORATION

SS-4418

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

Control # 000999856

Amount Due: $100.00
Please file before 01/15/2019

Tre Hargett
Secretary of State

The name of the corporation is: We Are One

10. The complete mailing address of the entity (if different from the principal office) is:
1100 NORVEL AVE
NASHVILLE, TN 37216-2506

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	James C Curtis	1100 NORVEL AVE	NASHVILLE, TN 37216-2506

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by T.C.A. §48-51-303(a)(1).

☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).

☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic Signature — Incorporator, Title/Signer's Capacity

James C Curtis, Printed Name — Dec 16, 2018 11:33PM, Date

RDA 1671

SS-4418 (Rev. 1/13)

Details

WE ARE ONE RECOVERY

120 RAYON DR OLD HICKORY TN 37138
Mr. CHAD CURTIS
(615) 962-2528
www.weareonerecovery.org
Status: Active
CO Number: CO39434
Registration Date: 12/06/2020
Renewal Date: 06/30/2026

Purpose

LBGTQ2iA+ recovery housing for people living with substance use disorder. Teaching them life-coping skills & how to be productive members of society.

Financials (5)

Fiscal Year End	Total Revenue
12/31/2024	$829,409.00
12/31/2023	$82,168.79
12/31/2022	$31,526.05
12/31/2021	$0.00
12/31/2020	$0.00

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, 2021, and 2025. 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.

Details ×

WE ARE ONE RECOVERY

120 RAYON DR OLD HICKORY TN 37138
Mr. CHAD CURTIS
(615) 962-2528
www.weareonerecovery.org
Status: Active
CO Number: CO39434
Registration Date: 12/06/2020
Renewal Date: 06/30/2026

Purpose

LBGTQ2iA+ recovery housing for people living with substance use disorder. Teaching them life-coping skills & how to be productive members of society.

Financials (5)

Fiscal Year End	Total Revenue
12/31/2024	$829,409.00
12/31/2023	$82,168.79
12/31/2022	$31,526.05
12/31/2021	$0.00
12/31/2020	$0.00

Tennessee Code Unannotated
State Comptroller
State Treasurer
Title VI Information
Public Records Policy and Records Request Form

Tennessee Secretary of State

SUBSCRIBE

© 2025 Tennessee Secretary of State | Web and Social Media Policies

WE ARE ONE RECOVERY

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000999856
Initial Filing Date: 1/14/2019 9:09:00 AM
Fiscal Ending Month: December
AR Due Date: 04/01/2026

Registered Agent
JAMES CHAD CURTIS
1171 SIOUX TER
MADISON, TN 37115

Principal Office Address
1171 SIOUX TER
MADISON, TN 37115-5551

Mailing Address
1171 SIOUX TER
MADISON, TN 37115-5551

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (12)

Type	Date	Tracking Number	Change History
2024 Annual Report for WE ARE ONE RECOVERY	6/16/2025 4:38:15 PM	B2025436587	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ Annual Report Status changed from: Delinquent to: Good ○ Officers Changed
Notice of Determination for WE ARE ONE RECOVERY	6/10/2025 6:46:35 AM	B2025388499	○ Delinquent Annual Report
2023 Annual Report for We Are One Recovery	1/16/2024 4:17:56 PM	B1492-9663	
2022 Annual Report for We Are One Recovery	2/1/2023 12:21:09 PM	B1330-6230	○ Registered Agent First Name changed from: CHAD to: JAMES
Application for Reinstatement for We Are One Recovery	9/16/2022 11:42:00 AM	B1276-3264	○ Business Name changed from: We Are One to: We Are One Recovery ○ Filing Status changed from: Inactive - Dissolved (Administrative) to: Active ○ Inactive Date changed from: 08/11/2021 to: No Value
2021 Annual Report for We Are One Recovery	9/13/2022 5:09:43 PM	B1277-2728	

2020 Annual Report for We Are One Recovery	8/27/2022 1:28:30 AM	B1269-9263	○ Principal Address 1 changed from: 1100 NORVEL AVE to: 1171 SIOU TER ○ Principal Address 3 changed from: No value to: CHAD CURTIS ○ Principal City changed from: NASHVILLE to: MADISON ○ Principal Postal Code changed from: 37216-2506 to: 37115-5551 ○ Registered Agent First Name changed from: JAMES to: CHAD ○ Registered Agent Physical Address 1 changed from: 1100 NORVEL AVE to: 1171 SIOUX TER ○ Registered Agent Physical Address 3 changed from: No Value to: CHAD CURTIS ○ Registered Agent Physical City changed from: NASHVILLE to: MADISON ○ Registered Agent Physical Postal Code changed from: 37216-2506 to: 37115-5551
Dissolution/Revocation - Administrative for We Are One Recovery	8/11/2021 1:41:15 AM	B1079-7498	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/11/2021
Notice of Determination for We Are One Recovery	6/3/2021 1:40:42 AM	B1045-6664	
System Amendment for We Are One Recovery	4/15/2021 1:48:26 AM		
2019 Annual Report for We Are One Recovery	2/29/2020 11:17:56 AM	B0825-5912	
Initial Filing for We Are One Recovery	1/14/2019 9:09:00 AM	B0630-9102	○ Record Status changed from: Pending to: Active

WE ARE ONE, INC.

FINANCIAL STATEMENTS

DECEMBER 31 2024

(With Independent Auditor's Report Thereon)

Table of Contents

Roster of Board of Directors……... i

Independent Auditors Report…….. Page 1

Financial statements…….Page 3-6

Notes to financial statement…….Page 7-11

A. Jack Farmer, CPA
1044 Lewisburg Pike
Franklin, TN 37064
ajfarmer.cpa@farmercpapllc.com
Telephone 615.429.3771

A J Farmer CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of We Are One, Inc.

Opinion

I have audited the accompanying financial statements of We Are One, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities, functional expense and cash flows for the year then ended, and the related notes to the financial statements. In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of We Are One, Inc. as of December 31, 2024, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. I am required to be independent of We Are One, Inc. and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. I believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about We Are One, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

· Exercise professional judgment and maintain professional skepticism throughout the audit.

· Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

· Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of We Are One, Inc.'s internal control. Accordingly, no such opinion is expressed.

· Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

· Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about We Are One, Inc.'s ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

A J Farmer, CPA
Franklin, Tennessee
August 27, 2024

WE ARE ONE, INC
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2024

	2024
ASSETS	
CURRENT ASSETS	
Cash and cash-equivalents	$ 85,924
Accounts receivable	44,649
Total current assets	130,573
PROPERTY AND EQUIPMENT	
Real property	555,858
Less accumulated depreciation	(3,523)
Total property and equipment	552,335
Total Assets	682,908
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts payable	
Accrued expense	
Total current liabilities	-
NET ASSETS	
Without donor restrictions	682,908
Total liabilities and net assets	$ 682,908

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS
YEAR ENDED DECEMBER 31, 2024

CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS	**2024**
Support and revenue	
State of Tennessee grant and contract revenue	594,959
Grants from non profits	133,000
Rent income	97,052
Other income	4,397
Interest	1
Total support and revenue	829,409
Program expense	114,165
Managemnet and general expense	19,266
Fundraising expense	6,445
Total expense	139,876
Increase (decrease) in net assets without donor restrictions	689,533
Net assets without donor restrictions beginning of year	(6,625)
Net assets without donor restrictions end of year	$ 682,908

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF FUNCTIONAL EXPENSE
YEAR ENDED DECEMBER 31, 2024

	2024			
	Program	Management & General		Total
Salaries	28,229	6,416		34,645
Employee benefits				-
Vehicle expense	1,799	-		1,799
Fund raising	-		6,445	6,445
Software and applications	180	1,430		1,610
Postage and delivery	65	560		625
Printing	633	112		745
Repairs and maintenance	4,796	-		4,796
Dues and subscriptions	-	1,701		1,701
Interest		3,583		3,583
Bank fees and service charges	-	399		399
Miscellaneous supplies and other program	23,659	-		23,659
Rent	31,003	-		31,003
Utilities	13,192			13,192
Equipment rental	1,208	-		1,208
Insurance	-	4,395		4,395
Furniture and house supplies	5,670			5,670
Depreciation	3,523	-		3,523
Staff development	14	14		28
License and permits	-	657		657
Client assistance	195	-		195
	$ 114,166	19,266	6,445	139,877

See notes to financial statements

WE ARE ONE, INC
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2024

Cash Flows From Operating Activities		**2024**
Increase (decrease) in net assets	$	689,533
Adjustments to reconcile increase (decrease) in net assets to cash provided (used) by operating activities		
Forgiveness of debt - non cash		
Depreciation		3,523
(Increase) decrease in contracts receivable		(44,649)
Increase (decrease) in accounts payable		-
Increase (decrease) in accrued liabilities		-
Total adjustments		(41,126)
Net cash provided (used) by operating activities		648,407
Cash Flows From Investing Activities		
Acquisition of plant property and equipment		(555,858)
Net cash used by investing activities		(555,858)
Cash Flows From Financing Activites		
Net cash provided by financing activites		-
Increase (decrease) in cash		92,549
Cash and cash equivalents beginning of year		(6,625)
Cash and cash equivalents end of year	$	85,924

See notes to financial statements

We Are One, Inc.
Notes to Financial Statements

1. ORGANIZATION AND NATURE OF BUSINESS

We Are One , Inc. a Tennessee not-for-profit corporation (the "Organization"), is dedicated to providing members of the LGBTQ2iA community a safe, non-violent and non-judgmental place to live free of alcohol and drugs in the state of Tennessee. This approach was developed as a way to rebuild lives. Focusing on healing the whole person our program helps residents identify behaviors that can lead to substance use disorders then implement a restorative approach to treatment and recovery.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation.

The Organization reports information regarding its financial position and activities in accordance with FASB ASC 958. Under ASC 958 as updated by ASU 2016-14, the organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets with no donor restrictions, net assets with donor restrictions which can be temporary or permanent based upon the existence or absence of donor-imposed restrictions. (The Corporation has no material assets that meet the definition of net assets with donor restrictions.) In addition, the Corporation reports information regarding contributions in accordance with ASU 2016-14. In accordance with ASU 2016-14, contributions received are recorded as donor restricted, or with no donor restrictions. (The Corporation has received no material contributions with donor-imposed restrictions that would result in net assets with donor restrictions.) The Organization adopted ASU 2016-14 effective for the year ended June 30, 2019.

Basis of Accounting.

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The ASU has been applied retrospectively to all periods presented.

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of Corporations management and the board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Corporation or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity. Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

Measure of operations – The statements of activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Corporations ongoing services and interest and dividends earned on investments. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Recently Adopted Accounting Pronouncements

In February 2016, the Financial Accounting Standards Board issued accounting standards update ("ASU") 2016-02 "Leases (Topic 842)". Under this guidance, an entity is required to recognize right-of-use assets and lease liabilities on its balance sheet and disclose key information about leasing arrangements.

The Organization adopted the new standard effective December 31, 2024 using the modified retrospective approach. This approach allows the Organization to initially apply the new accounting standard at the adoption date and recognize a cumulative adjustment to the opening balance of net assets in the period of adoption. The prior year comparative information if presented has not been restated and continues to be reported under accounting standards in effect for the period. The adoption of the new standard had no impact on net assets.

The new standard provides a number of optional practical expedients at transition. The Organization elected a short term lease exception policy, which allows entities to not apply the new standard to short term leases (i.e. leases with terms of 12 months or less) and elected to utilize a risk free rate for calculating the lease liability. See note 9.

In June 2016 the Financial Accounting Standards Board issued accounting standards update ASU 2016-13 Financial Instruments (Topic 326): Measurement of credit losses on Financial Instruments (ASC 326) which significantly changed how entities will measure credit losses for most financial assets and certain other instruments that are not at fair value through net income. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entities to credit risk and measurement of credit losses. Financial assets held by the Organization that are subject to the guidance in FASB ASC 326 were accounts receivable.

The Organization adopted the standard effective January 1, 2024. The impact of the adoption was not considered material to the financial statements and primarily resulted in new and enhanced disclosures only.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles and the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all short-term, highly liquid investments with an original maturity date of three months or less to be cash equivalents. All are available for use in current operations.

Property and Equipment

Property and equipment are reported at cost. Donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Property and equipment are depreciated principally using straight-line methods over their estimated useful lives.

Long-lived Assets

The Organization periodically reviews the values assigned to long-lived assets to determine if any impairments are other than temporary. Management believes that the long-lived assets in the accompanying statement of assets, liabilities, and net assets are appropriately valued.

Revenue Recognition - Contributions

The Organization recognizes contributions as revenue when they are received or unconditionally pledged and records these revenues as with donor restrictions or without donor restrictions according to donor stipulations that limit the use of these assets due to either a time or purpose restriction. Contributions received with donor restrictions that are met in the year of receipt are recorded as revenues without donor restrictions. When a restriction expires or is met in a subsequent year, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the consolidated statements of activities and changes in net assets. Conditional contributions or promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions to be received in future periods are discounted at an appropriate discount rate. Amortization of discounts on multi-year pledges is recorded as additional contribution revenue as either with or without donor restrictions based on any donor-imposed restrictions, if any, on the related contributions.

Revenue Recognition - Grants and Contract Liabilities

The majority of the Organization's revenue is derived from cost-reimbursable state contracts and grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. The Organization received cost-reimbursable grants of $594,959 that have been recognized at December 31, 2024. The Organization has also recognized $44,649 in grant receivables at December 31, 2024.

Revenue Recognition – Program Service Fees

The Organization recognizes revenue when goods or services are transferred to customers in an amount that reflects the consideration which it expects to receive in exchange for those goods or services. In determining when and how revenue is recognized from contracts with customers, the Organization performs the following five step analysis: (1) identification of contract with customer, (2) determination of performance obligations, (3) measurement of the transactions price, (4) allocation of the transaction price to the performance obligation, and (5) recognition of revenue when or as the Organization satisfies each performance obligation.

. Revenue and Support

We Are One. Inc receives most of its income, approximately 98%, from grants paid by the State of Tennessee Department of Finance and Administration. The reimbursement is driven by when the Organization spends the money. During 2024 a grant from the state for $555,858 was used to purchase real property at 120 Rayon Dr, Nashville, TN 37138 in furtherance of their mission of providing housing for their clients.

Revenue Recognition – Nonfinancial Assets

Volunteers have made contribution of their time in furtherance of our mission. These services were not reflected in the accompanying statement of activities because they do not meet the necessary criteria for recognition under US GAAP.

Grants Contracts and Other Receivables

Grants and contract receivables consist of amounts due related to services provided under nonexchange grant and contract agreements and are presented net of an estimation of credit losses. Managements estimate of credit losses is based on historical collection experience and a review of the current status of the account. It is reasonably possible that managements estimate of credit losses for uncollectible accounts could change. There was no estimation for credit losses December 31, 2024.

Contributions

Contributions received are recorded as donor restricted either temporarily or in perpetuity, and contributions without donor restrictions, available for use in the current period, depending on the existence and nature of any donor stipulations that limit the use of the donated assets. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from donor restrictions. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as net assets without donor restrictions. There are no nonfinancial contributed assets.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Functional Allocation of Expenses.

The costs of providing the various programs and other activities have been summarized on a functional basis and natural basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on hours worked in each area.

Advertising

Advertising costs are expensed as incurred.

2. AVAILABILITY AND LIQUIDITY

The following represents The Corporations financial assets at December 31, 2024:

Cash and cash equivalents as of December 31, 2024 is	$85,924.
Grant receivables as of December 31, 2024 is	44,649
Total	$130,573

The Organization's goal is generally to maintain financial assets to meet 60 days of operating expenses (approximately $12,152). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposit.

3. DUE FROM THE STATE OF TENNESSEE:

We Are One, Inc. is due monies from the State of Tennessee Department of Finance from time to time. There are $44,649 in receivables for the year ended December 31, 2024. Due to the timing and nature of receivables it was deemed more effective to test them, if any, by verifying subsequent receipts than requesting balance confirmations.

We Are One, Inc.
Notes to Financial Statements

4. COMMITMENTS

The Organization received a line of credit renewable yearly with a facility of $47,000 December 31, 2025 at a 5% rate of interest secured by property at 120 Rayon Dr, Nashville, Tennessee.

5. QUESTIONED COSTS / CONTINGENCIES

Questioned costs are those amounts charged to a funded program that may not be in compliance with requirements set forth in contracts, statutes, and regulations governing allowability or eligibility. A questioned cost may not be reimbursed by the State or the State agency may require that the funds already expended be refunded back to the State. These amounts can be "questioned" by the State for the specific grant to which they apply. The final determination as to whether such costs will be allowed or disallowed under the grants will be made by the individual grantor agencies at a later date.

6. SUBSEQUENT EVENT

Management has evaluated events and transactions subsequent to the statement of financial position date through the date of the auditor's report, August 27, 2025 (the date the financial statements were available to be issued), for potential recognition or disclosure in the financial statements. Management has identified one item, disclosed in Note 4 requiring disclosure.

7. UNCERTAIN TAX POSITIONS

The Organization follows the accounting guidance for uncertainty in income taxes using the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by tax authorities. Such tax positions initially and subsequently need to be measured as the largest amount of tax benefit that has a greater than 50% likelihood of being realized upon ultimate settlement with the tax authority assuming full knowledge of the position and relevant facts. The adoption of FASB ASC 740 did not have a material impact on the Corporation's financial statements. Management has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

8. TAX STATUS

The Organization, obtained its determination letter dated April 9, 2019 in which the Internal Revenue Service stated that the Corporation was in compliance with the applicable requirements of Internal Revenue Code Section 501 (c) 3. The Corporation has had no significant modifications of its programs since receiving the determination letter. Management believes that the Corporation is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and is exempt from federal income tax under IRC Section 501 (a).

9. LEASES

The Organization primarily has operating leases for client residence and copiers, which are third-party leases. The Organization's leases have remaining lease terms that are less than one year, and therefore are not considered financing leases as management does not intend to renew.

The Organization determines if an arrangement is a lease at inception by determining whether the agreement conveys the right to control the use of the identified asset for a period of time, whether the Organization has the right to obtain substantially all of the economic benefits from use of the identified asset, and the right to direct the use of the asset.

Lease liabilities are recognized at the commencement date based upon the present value of the remaining future minimum payments over the lease payments over the lease term using the rate implicit in the lease or the Organization's incremental borrowing rate. The incremental borrowing rate is defined as the rate of interest the Organization would have to pay to borrow on a collateralized basis over a similar term in an amount equal to the lease payments in a similar economic environment. The Organizations lease terms include options to renew or terminate the lease when it is reasonably certain that it will exercise the option.

The right-of-use assets are initially measured at the carrying amount the lease liability and adjusted for any prepaid or accrued lease payments, remaining balance of lease incentives received, unamortized initial direct costs, or impairment charges relating to the right-of-use asset. Certain leases contain escalation clauses, which are factored into the right-of-use asset where appropriate. Lease expense for minimum lease payments are recognized on straight line basis over the lease term.

Variable lease expenses include payments for variable common area maintenance are expensed as incurred. The Organization's lease agreements do not contain any material residual value guarantees or restrictive covenants.

Operating expense was $31,003 for the year ended December 31, 2024.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/25/2025

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:	
HCP National Insurance Services, Inc 806 E Avenida Pico Suite I #2030 San Clemente CA 92673	PHONE (A/C, No, Ext): 949-862-7400	FAX (A/C, No): 949-258-5313
	E-MAIL ADDRESS: service@hcpnational.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Lloyds of London	AA1122000
INSURED We Are One Recovery PO BOX 1636 Madison TN 37116	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Sexual Abuse & Molestation (claims made)	Y		B0621PWEAR000725	09/24/2025	09/24/2026	Per claim Aggregate	$1,000,000 $1,000,000

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

Retroactive date: 9/24/2025, Deductible $25,000

Metro Government of Nashville & Davidson County, its officials, officers, employees and volunteers are named as additional insured

CERTIFICATE HOLDER

Metro Public Health Department
Attn: Beverly Glaze-Johnson
2500 Charlotte Avenue
Nashville, TN 37209

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03) **The ACORD name and logo are registered marks of ACORD**

CERTIFICATE OF INSURANCE

ISSUE DATE 09/24/2025

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 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	INSURER(S) AFFORDING COVERAGE
The Mutter Agency 1994 Gallatin Rd N Ste 312 Madison, TN 37115	INSURER A: Scottsdale Insurance Company
	INSURER B: N/A
INSURED	INSURER C: N/A
We are One Recovery 1171 Sioux Terrace Madison, TN 37115	INSURER D: Scottsdale Insurance Company
	INSURER E: N/A

COVERAGES

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	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	CPS4050574	9/19/2025	9/19/2026	GENERAL AGGREGATE	2,000,000
					PRODUCTS-COM/OP AGG.	1,000,000
					PERSONAL & ADV. INJURY	1,000,000
					EACH OCCURRENCE	1,000,000
					DAMAGE PREM RENTED TO YOU	100,000
					MED EXPENSE (Any one person)	5,000
B	Directors & Omissions Liability	NDO2561993B	07/13/2025	07/13/2026	COMBINED SINGLE LIMIT	$1,000,000
					MEDICAL PAYMENTS TO OTHERS	$1,000,000
C	Cyber Liability	P105.255.882.1	08/01/2025	08/01/2026	EACH OCCURRENCE	$1,000,000
					AGGREGATE	$1,000,000
D	Errors and Omissions	CPS4050574	9/19/2025	9/19/2026	Each Claim	1,000,000
					Aggregate	2,000,000
E	PROPERTY	WCIWV			BUILDING	$412,000
					CONTENTS	$30,000
					BUSINESS INCOME	

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Shelters, Mission, Settlement or Halfway House Not Church or Office Building

Metro Government of Nashville & Davidson County, its officials, officers, employees and volunteers are named as additional insureds per the General Liability insured endorsement.

CERTIFICATE HOLDER

Metro Public Health Department
Attn: Beverly Glaze-Johnson
Attn: Anidolee Melville-Chester
2500 Charlotte Avenue
Nashville, TN 37209

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 SIGNATURE

Keith E. Allard

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
VANDERBILT UNIVERSITY MEDICAL CENTER

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Vanderbilt University Medical Center, ("Recipient"), is for the provision of Ryan White Part A program services, as further defined in the "SCOPE OF PROGRAM" and detailed in this Grant Contract. Attachments A through H incorporated herein by reference.

A. **SCOPE OF PROGRAM:**

A.1. The Recipient will use the funds to provide the following Ryan White Part A program services:

a. Medical Case Management

i. Provide 1152 eligible clients with medical case management services.

ii. Provide 4224 medical case management service units for eligible clients at 15 minutes per unit.

iii. Provide 2656 assessment and reassessment service units for eligible clients

b. Mental Health

i. Provide 256 behavioral health units for eligible clients at 15 minutes per unit.

c. Outpatient Ambulatory Care

i. Provide 23 new uninsured eligible clients with direct outpatient ambulatory care.

ii. Provide 268 uninsured eligible clients in the transitional grant area with direct outpatient ambulatory care.

iii. Complete 536 visits to the Vanderbilt Comprehensive Care Clinic for clients in the transitional grant area receiving direct outpatient ambulatory care

iv. Complete 2221 encounters between pathway nurse case managers and eligible clients.

d. Referral Services

i. Provide 142 referral units for clinical pharmacy services for eligible clients at 15 minutes per unit.

ii. Provide 112 eligible clients receiving pharmacy assistance with access to medications.

A.2. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public benefits programs, including but not limited to, Housing Opportunities for Persons with AIDS, Section 8 Housing, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Women Infant & Children and other non-profit service programs.

A.3. The Recipient shall ensure that eligible program participants are referred, encouraged and assisted in enrolling in other private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance.

A.4. The Recipient shall ensure billing and collection from private and public health coverage programs, including but not limited to, Medicaid, Medicare, State Children's Health Insurance Programs, and Private Insurance, so that the Ryan White Program remains the payer of last resort.

A.5. The Recipient shall utilize Program Income as required by section 28 of the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications and further explained in provision 45 CFR § 75.307(e)(2).

A.6. The Recipient shall utilize the CAREWare information system for program reporting purposes and meet the standards and specifications in 45 CFR § 170, subpart B.

A.7. 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.

A.8. The Recipient must comply with all quarterly reporting requirements. The Recipient must submit quarterly reports that contain the following:

- Implementation Plans
- Provider Data Import Report
- Other data as requested.

A.9. The Recipient will only utilize these grant funds for services the Recipient provides to documented residents of Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Robertson, Rutherford, Smith, Sumner, Trousdale, Williamson and Wilson Counties. Documentation of residency may be established with a recent utility bill; voter's registration card; driver's license or other government issued identification; current record from a school district showing an address; or affidavit by landlord; or affidavit by a nonprofit treatment, shelter, half-way house, or homeless assistance entity located in the named counties.

A.10. The funds received through this contract are considered federal funds subject to the Single Audit Act, the related provisions of 45 CFR § 75 Health & Human Services ("HHS") Uniform Guidance, 2 CFR § 200.1 Definitions, 2 CFR § 200.313(e) Equipment Disposition, 2 CFR § 200.314(a) Supply Disposition, 2 CFR § 200.320 Micro-Purchase Threshold, 2 CFR § 200.333 Fixed Amount Subawards Amount, 2 CFR § 200.344 Closeout Provisions, 2 CFR § 200.414(f) Indirect Cost Rate Provisions, and 2 CFR § 200.501 Audit Provisions, the Ryan White Part A Notice of Award for grant #H89HA11433-17 (RS2025-1084) and all applicable modifications, the HIV/AIDS Bureau Policy Notices and Program Letters, and the HHS Ryan White Part A Manual.

B. **GRANT CONTRACT TERM:**

B.1. **Grant Contract Term.** The term of this Grant will commence on the date filed with the Metropolitan Clerk after receiving all required Metro approvals and ending on February 28, 2026. Metro will have no obligation for services rendered by the Recipient that are not performed within this term, although it is understood that Recipient has provided services prior to the commencement of the term of this agreement and will be allowed to submit invoices and be paid for services rendered beginning March 1, 2025.

C. **PAYMENT TERMS AND CONDITIONS:**

C.1. **Maximum Liability.** In no event will Metro's maximum liability under this Grant Contract exceed Seven Hundred Sixty-Five Thousand Eight Hundred Eighty-Two dollars ($765,882). The Grant Spending Plan will constitute the maximum amount 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 agreement, 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

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 Metro Public Health Department, healthap@nashville.gov**.**

Final invoices for the contract period should be received by April 15, 2026. 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 Metro Public Health Department, 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. 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 and approved by the Metropolitan Council.

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 - Cause.** Metro shall have the right to terminate this Grant Contract immediately if Metro determines that Recipient, its employees or principals have engaged in conduct or violated any federal, state or local laws which affect the ability of Recipient to effectively provide services under this Grant Contract. 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 Contract. 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 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 Metro. Notwithstanding any use of approved Sub-Grantee, 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 Non-Profit Grants Manual. 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 Quarterly Program Report to be received by Metro Public Health Department, within thirty (30) days of the end of the quarter and a Final Program Report, to be received by Metro Public Health Department, 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 Grantees, in connection with the performance of the contract:

1. Which are negligent; or

2. Which result in violation of the federal or state civil rights statutes (such as 42 U.S.C. § 1983); or

3. Which arise directly from or out of the negligent selection, supervision, or retention of Contractor's employees or subcontractors even if the resulting harm arises from intentional acts of Contractor's employees or subcontractors so long as the indemnification is consistent with Tennessee law 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 Grantees, 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.

D.17. **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 as provided 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 breach under this Grant Contract. 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. Recipient will promptly notify Metro within forty-eight (48) hours of any delay caused by a Force Majeure Event and will describe in reasonable detail the nature of the Force Majeure Event.

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. Metro shall have the right to terminate this Grant Contract at any time for failure of Recipient to comply with applicable federal, state or local laws in connection with the performance of services under 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. **Headings.** Section headings are for reference purposes only and will not be construed as part of this Grant Contract.

D.23. **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.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 Five Thousand dollars ($5,000).

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 Sub-Grantee under a contract to the prime Grantee or higher tier Sub-Grantee 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:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-8900
Holly.Rice@nashville.gov

For inquiries regarding invoices:
Metro Public Health Department
2500 Charlotte Avenue
Nashville, TN 37209
(615) 340-5634
Nancy.Uribe@nashville.gov

Recipient

Scott Kilgore, scott.kilgore@vumc.org

With a copy to: Office of Sponsored Programs, Contracts Management – research.contracts@vumc.org

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:

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

ii. 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;

iii. 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

iv. 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)(ii) and D.29(a)(iii) 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.

D.32. **Federal Funding Accountability and Transparency Act (FFATA).** This Grant Contract requires the Recipient to provide supplies or services that are funded in whole or in part by federal funds that are subject to FFATA. The Recipient is responsible for ensuring that all applicable FFATA requirements, including but not limited to those below, are met and that the Recipient provides information to the Metro as required.

The Recipient shall comply with the following:

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

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

(1) Eighty percent (80%) or more of the Recipient'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 subawards); and

(2) Twenty-Five Million Dollars ($25,000,000) or more in annual gross revenues from federal procurement contracts (and subcontracts), federal financial assistance subject to the Transparency Act (and subawards); and

(3) 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.

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

(1) Salary and bonus.

(2) 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.

(3) 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.

(4) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(5) Above-market earnings on deferred compensation which is not tax qualified.

(6) 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 Ten Thousand dollars ($10,000).

b. The Recipient must report executive total compensation described above to Metro 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 Recipient must submit an executive total compensation report to the Metro by the end of the month in which the amendment to this Grant Contract becomes effective.

d. The Recipient will obtain a Unique Entity Identifier 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.sam.gov.

The Recipient's failure to comply with the above requirements is a material breach of this Grant Contract for which Metro may terminate this Grant Contract for cause. Metro will not be obligated to pay any outstanding invoice received from the Recipient unless and until the Recipient is in full compliance with the above requirements.

D.33. **Assistance Listing Number.** When applicable, the Recipient 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:

a. 93.914 HIV Emergency Relief Project Grants.

(THIS PAGE LEFT INTENTIONALLY BLANK.)

Recipient: Vanderbilt University Medical Center

By: Jane Freedman, MD

Title: Deputy CEO and Chief Health System Officer

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: _____

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:

A. Grant Spending Plan
B. Application
C. Certificate of Assurance
D. Non-Profit Grants Manual Receipt Acknowledgement
E. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
F. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
G. Independent Audit completed by Certified Public Accountant
H. Certificate of Insurance

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Vanderbilt Rollup

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]	$186,300.00	$0.00	$186,300.00
2	Benefits & Taxes	$54,200.00	$0.00	$54,200.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$13,722.72	$0.00	$13,722.72
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]	$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]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$486,257.00	$0.00	$486,257.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$25,402.27	$0.00	$25,402.27
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$765,882.00	$0.00	$765,882.00

[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

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]	$ 59,900.00	$0.00	$59,900.00
2	Benefits & Taxes	$17,400.00	$0.00	$17,400.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$4,448.18	$0.00	$4,448.18
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]	$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]	$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 (10% of S&B)	$8,174.82	$0.00	$8,174.82
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$89,923.00	$0.00	$89,923.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
James, Christopher	$ 91,448.92	x	10%	+	$	9,144.89
Johnson, LaToya	$ 76,451.31	x	35%	+	$	26,757.96
Shefner, Sophia	$ 68,437.20	x	35%	+	$	23,953.02
ROUNDED TOTAL					$	59,900.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$ 115,400.00	$0.00	$115,400.00
2	Benefits & Taxes	$33,600.00	$0.00	$33,600.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$9,174.54	$0.00	$9,174.54
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]	$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]	$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 (0% of S&B)	$15,817.45	$0.00	$15,817.45
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$173,992.00	$0.00	$173,992.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Hall, Ashley Social Worker	$ 80,266.49	x	30%	+	$	24,079.95
Jame, Christopher	$ 91,448.92	x	20%	+	$	18,289.78
Ruble, Jessica	$ 86,672.60	x	30%	+	$	26,001.78
Smith, Deborah	$ 73,866.00	x	30%	+	$	22,159.80
Taylor, LaDonya	$ 82,743.41	x	30%	+	$	24,823.02
ROUNDED TOTAL						$ 115,400.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$ -	$0.00	$0.00
2	Benefits & Taxes	$0.00	$0.00	$0.00
4, 15	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
5	Supplies	$100.00	$0.00	$100.00
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]	$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]	$0.00	$0.00	$0.00
17	Depreciation [2]	$0.00	$0.00	$0.00
18	Other Non-Personnel [2]	$486,257.00	$0.00	$486,257.00
20	Capital Purchase [2]	$0.00	$0.00	$0.00
22	Indirect Cost (0% of S&B)	$10.00	$0.00	$10.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$486,367.00	$0.00	$486,367.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
		x	100%	+	$	-
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL						$ -

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

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]	$11,000.00	$0.00	$11,000.00
2	Benefits & Taxes	$3,200.00	$0.00	$3,200.00
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	$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]	$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]	$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 (10% of S&B)	$1,400.00	$0.00	$1,400.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$15,600.00	$0.00	$15,600.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Taylor, Lori	$ 74,284	x	15%	+	$	10,954.04
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL						$ 11,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	$ -

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
ROUNDED TOTAL	$ -

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
ROUNDED TOTAL	$ -

RFP: RW-2024-01 Ryan White HIV/AIDS Program (RWHAP) Part A and MAI
Organization and Team Qualifications

A. Organization & Team Qualifications (25 Points)

I. Organization Background:

1. Describe in detail the background of your agency. Include the purpose of your organization, years of experience in providing services to People Living With HIV/AIDS (PLWHAs) and the years of providing these services (note if any HIV specific services are provided and/or if you currently collaborate with an HIV agency) and number of unduplicated persons served last year.
2. Describe in detail the current HIV counseling and testing capacity of your organization, and any existing collaborative arrangements with other organizations within your service area that provide HIV counseling and testing services.
3. Describe in detail how the proposed project fits with your agency's mission and capabilities?
4. Describe in detail how your background, mission and past experience contribute to the ability of your organization to conduct the proposed project and meet the expectations of the program requirements. In addition, Metro Health may conduct pre-award on-site visits to determine if the contractor's facilities are appropriate for the services intended.

General Background, Experience, and Services

The Vanderbilt Comprehensive Care Clinic (VCCC), originally called Comprehensive Care Center, opened on February 1st, 1994, after years of planning by regional healthcare, business, and government agencies. Throughout the planning process, the Nashville Mayor's office coordinated a community-wide effort that involved all stakeholders, including PLWHA and their families. At the time that the VCCC opened, there was no effective treatment for HIV and almost all clients progressed to AIDS. Today, the VCCC provides state-of-the-art medical and wraparound support services to PLWHA. The VCCC's care centers around reducing HIV viral load in clients to undetectable levels, limiting the risk of disease transmission, and supporting clients' changing medical needs as they age.

During its 30-plus year history of treating PLWHA, the VCCC has served over 10,000 clients and has developed a world-class environment where clients receive care in a safe, supportive, and compassionate setting. The number of unduplicated clients in Calendar Year (CY) 2024 was 3,811.

Because the VCCC is managed by the Vanderbilt University Medical Center (VUMC), a major academic research institution, and housed in VUMC's Infectious Disease department, the VCCC's clients receive care that aligns with the latest research and best practices. In addition to HIV care, the VCCC also provides primary care to over 80% of its clients and is certified as Primary Care Medical Home by the Joint Commission. The VCCC providers include nine infectious diseases specialists certified as HIV primary care physicians and three nurse practitioners. In total, VCCC providers have more than 120 years of cumulative experience providing healthcare to PLWHA at the VCCC.

More information on the comprehensive medical care that the VCCC provides to PLWHA within the Nashville Transitional Grant Area (TGA) and throughout Middle Tennessee is detailed below. These services are provided regardless of a client's race, ethnicity, gender, class, sexual orientation, or financial status.

Adolescent and Pediatric HIV Care and Transition to Adult Care

The Adolescent and Pediatric HIV Care provides treatment to PLWHA who are children, teens, or young adults. HIV care is provided by experts from VUMC's Adolescent and Pediatric Infectious Disease program in consultation with providers at the VCCC. As adolescent PLWHA age, the goal is to transition them to care at VCCC by the age of 25. Strategies to achieve this include personalized facility tours and open, continuous communication between the individual transitioning to adult care, their prior provider, VCCC providers, and VCCC staff, including behavioral health specialist to help clients adjust to adult care.

Anti-Retroviral Therapy (ART) Conference

There are several different options available to clients in terms of medications to treat HIV. The correct ART combination for each individual client is based on the client's characteristics, medical issues, and HIV genotype. Clients requiring a change to HIV medications, particularly in the setting of complex resistance mutations, drug-drug interactions, and adverse effects on their current regimen, are reviewed in an ART Conference, attended by expert HIV providers, the clinical pharmacist, behavior health specialists, and the client's case manager. These individuals review the multiple treatment options for the client and select the best. The client is then contacted by the Pathways team to begin treatment.

Clinical Trials

Clients are recruited to clinical trials at the VCCC based on the availability of a trial and the appropriateness of the trial intervention. Clinical trials may investigate many potential outcomes including new medications or strategies to treat HIV, identify complications or side effects of HIV drugs or treatments, identify other diseases and conditions associated with HIV, and compare the effectiveness of approved drugs. Clinical trial staff are primarily located on the fourth floor of the VCCC tower, and clients can meet with research staff as part of their clinical trial follow-up.

Dermatology

VCCC provides a twice-monthly dermatology clinic for VCCC clients staffed by Dr. Eva Parker, a board-certified dermatologist and expert in dermatology in immunocompromised clients. Services include examination and basic, in-office procedures such as biopsy and cryotherapy.

Nutrition Services

Nutrition services at the VCCC include nutrition consultations by a pharmacist who can assess a client's needs in terms of dietary modification, diabetes and pre-diabetes

counseling, and counseling on and procurement of weight loss medications as recommended by the VCCC medical provider, such as GLP-1 receptor agonists. Clients may also be referred to a VUMC dietitian to address clinical problems such as obesity, high cholesterol, diabetes, and wasting.

Obstetrics Clinic (OC3)

The Obstetric Comprehensive Care Clinic (OC3) portion of the VCCC was formed in 1999 in collaboration with VUMC. Since that time, the OB clinic has delivered over 500 babies who are HIV negative. The OC3 consists of an on-site team made up of clinicians and case managers from the VCCC, Vanderbilt OB/GYN, and Vanderbilt Pediatric Infectious Diseases. The multidisciplinary team follows each woman and infant throughout the pregnancy and postpartum period. This collaboration now continues through the chest/breastfeeding period for clients who choose this option. Other OC3 services include pre-conception counseling, primary and specialty medical care, psychosocial services, logistical support and coordination, along with social service outreach and case management.

Pathways Program

All clients that are new to VCCC are assessed for and – if appropriate – enrolled into the Pathways program. This innovative approach to care addresses combines the expertise of VCCC's clinical pharmacy services with personalized support from a Pathways Nurse Case Manager (PNCM) to help clients adjust to HIV care, limit the risk of virologic failure, reduce the chance of being lost to care, and limit the potential for transmitting HIV. Based on an intensive case management score, a social determinants of health assessment, and nursing judgement, new clients may be assigned to one of four levels of Pathways support (from least to most intensive support)

Through Pathways, a PNCM and pharmacy specialist help PLWHA overcome barriers and obtain medications, including through prior approvals, special programs, or based on financial need. The Pathways team also provides medication therapy management, supports medication reconciliation, and oversees medication adherence counseling. The goals of the Pathways team are to increase medication adherence and reduce the possibilities of an adverse drug event (ADE) or a potential adverse drug event (pADE).

Among VCCC's client population are PLWHA who have significant mental health challenges and face multiple social barriers that may inhibit successful HIV management. These challenges prevent them from being fully engaged in their HIV medical care. Clients receive Pathways services until they reach their goals and then transition into the existing VCCC model of routine HIV medical care. Because Pathways is tailored to a client's need, some clients may receive continuous support from the Pathways program throughout their time at the VCCC whereas other clients may transition out of the Pathways program rapidly. Clients may be enrolled in Pathways at any time. Typically, clients who are not in Pathways will be enrolled due to an observed increase in barriers to care, a reduction in medication adherence, or an increase in appointment no-shows or not scheduling follow-up care.

Psychiatric/Behavioral Health Services

Psychiatric and behavioral health services are provided to VCCC clients on an outpatient basis. The clinic employs one psychiatric nurse practitioner, supervised by a VUMC psychiatrist, and three behavioral health consultants who offer a full range of psychiatric and behavioral health services for clients. In addition to individual therapy, psychiatric and behavioral health service providers and staff consult for medication therapy management for clients identified with psychiatric co-morbidities and serve as the psychiatric expert resource for VCCC's ART case conference on issues affecting adherence and regimen selection. Furthermore, they conduct psychiatric evaluations, screen for and treat underlying psychiatric, substance abuse, or related concerns that may compromise medication adherence and client health. VCCC's approach to behavioral health incorporates a Behavioral Health Consultant (BHC) model to improve access to behavioral health services. The BHC model moves behavioral health care out of the therapist's office and into the exam room when the client's presenting issue is first identified, at which point the client, and the behavioral health consultant may develop an ongoing plan of care. This practice of meeting the client where they are has demonstrated significant improvement in access to behavioral health care. Brief assessment and careful assessment of follow-up needs allow for more efficient utilization of behavioral health services.

Social Services

Social services at the VCCC include medical case management, intake coordination, and social interventions as needed to help clients and their families deal with the multiple issues associated with an HIV diagnosis, including disclosure of diagnosis, eligibility for Ryan White services, family dynamics, health literacy, loss of health, medication adherence, overcoming barriers to care, and transitioning to new levels of care. In addition, the social work team is responsible for helping ensure clients have access to health insurance, which enables PLWHA to assess the care they need. Social workers asses a client's needs, facilitate the use of medical and community resources, and support the client through difficult psycho-social situations.

Specialized Diagnostic Services

High Resolution Anoscopy services are provided on-site at the VCCC. People living with HIV have an increased risk of anal cancer and this procedure detects and treats pre-malignant anal lesions.

Colposcopy services are provided on-site at the VCCC. Women living with HIV have an increased risk of cervical cancer and this procedure detects and treats pre-malignant anal lesions.

HIV Counseling and Testing Capacity

The VCCC is primarily a referral destination for community-based organizations (CBOs) who support PLWHA. The VCCC has strong collaborative relationships with organizations such as Nashville Cares, Street Works, Neighborhood Health, the First Response Center,

the Nashville Metro Public Health Department (MPHD), the State of Tennessee Department of Health (TDOH), and county health departments within the TGA and throughout Middle Tennessee.

Because of its role as a health care provider to PLWHA, the VCCC will perform confirmatory testing for HIV, as appropriate. In addition, VCCC offers limited on-site testing, typically to the partners of the VCCC's clients; however, the VCCC does not provide testing to the public, nor does its staff conduct testing at community events where other HIV service agencies may provide rapid testing to individuals. Due to the limited nature of HIV funding, the VCCC works to not duplicate services offered by CBOs that serve PLWHA within the TGA and throughout Middle Tennessee.

New clients at VCCC receive a 90-minute psychosocial intake with a social worker who provides education about HIV, available programs, and services for PLWHA, and assists with adjusting to this new diagnosis. The social worker will also give the client a Social Determinants of Health assessment and receive financial information from the client to confirm eligibility for Ryan White services, including Ryan White Part A services outlined in this application.

After meeting with the social worker, the client meets with a PNCM for approximately 40 minutes to begin receiving the additional support through the Pathways program described earlier in this application. After meeting with the social worker and PNCM, the client is scheduled for an initial 40-minute intake with an HIV provider. Labs are taken prior to the initial provider meeting so that the medical information needed for prescribing ART treatments is available as soon as possible. In many cases, Rapid ART is initiated for clients prior to the initial meeting with the HIV provider.

Agency Mission and Capabilities

VUMC's mission is personalizing the client experience through our caring spirit and distinctive capabilities.

The mission of the Vanderbilt Comprehensive Care Clinic complements that of VUMC and is to provide quality medical care for people with HIV and AIDS by:

- Providing comprehensive, cost-effective, innovative, state-of-the-art medical procedures and treatments;
- Caring for individuals with HIV/AIDS with dignity, compassion, and hope;
- Helping these individuals and their caretakers access related services;
- Collaborating with healthcare institutions and organizations through research and education;
- Uniting the business, public, and medical sectors to support the VCCC.

The VCCC is the oldest and largest HIV medical facility in Tennessee, it was the first HIV Center of Excellence in the State and serves as a model for other HIV clinics in Tennessee.

Providing excellent HIV medical care is the primary focus of the clinic. The VCCC provides clients with ART, access to clinical trials, dermatology, nutrition services, obstetrics, psychiatric and behavioral health services, specialized diagnostics, medical case management through the clinic's Pathway's team and social workers. The VCCC's Pathways teams helps clients adhere to treatment, reconcile their medications, anticipate and address safety issues, and obtain free or low-cost medications, as needed; the VCCC's social workers educate clients about HIV and assist them in adjusting to their diagnosis, provide behavioral health services, review eligibility for Ryan White services, and facilitate the use of medical and community resources.

Through an individualized, holistic approach to assisting in social supports and providing medical services to our clients, PLWHA, who are treated at the VCCC will have the resilience to overcome social stigma related to a positive HIV or AIDS diagnosis and the medical support necessary to optimize their health outcomes by minimizing their viral load and adapting their drug regimen to address their evolving health care needs.

Background, Mission, and Past Experience

The VCCC was founded to manage HIV primary care, limit unnecessary hospitalizations, reduce the length of hospital stays, lessen the use of emergency room visits, and reduce the use of facilities for terminal care while maintaining the optimal health of PLWHA.

Now in its 31st year, the VCCC manages an increasingly complex practice. The VCCC's HIV suppression rate in CY2023 and CY2024 exceeded 90% and the clinic's clients are leading longer, healthier lives. As a result, managing chronic conditions, co-morbidities, and diseases associated with aging are a new challenge that VCCC's providers are facing. Due to their changing and evolving health care needs, the VCCC has become a place of ongoing primary care for many of VCCC's clients.

The VCCC has used its extensive history treating PLWHA to share best practices with colleagues across Tennessee and beyond. While it has deep experience providing direct care, the VCCC continues to innovate with recent examples seen in its Pathways program and its Adolescent Transition program (which provides navigation for former pediatric PLWHA to the adult medical enterprise). The Adolescent Transition program includes a collaborative partnership with the Vanderbilt Pediatric Adolescent Health Clinic, which is the only pediatric HIV clinic in Middle Tennessee.

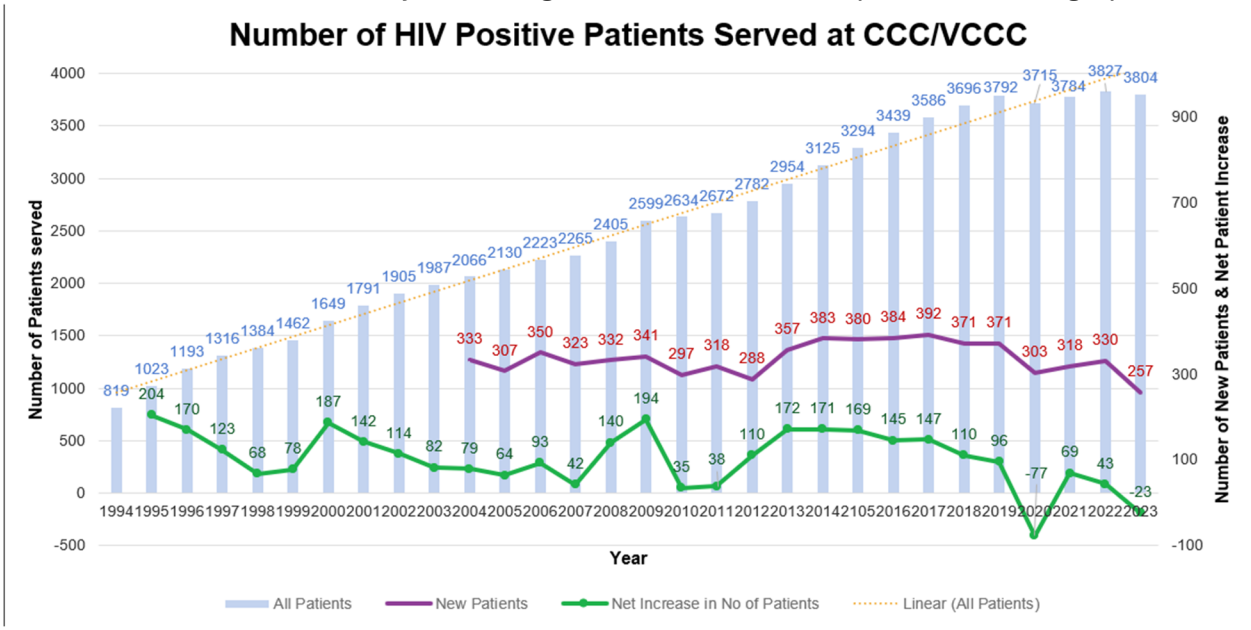
The VCCC is the appropriate entity to receive Ryan White Part A funds because of the clinic's deep expertise and commitment to treating PLWHA in the TGA. The VCCC's medical providers have over 120 cumulative years of experience providing care to PLWHA at the VCCC.

Since CY2019, the VCCC's overall client level has stayed stable, increasing slightly from 3,792 in CY2019 to 3,811 in CY2024. During that time, the VCCC also saw 1,208 new clients, implemented the use of the Pathways program for all new clients, and achieved a

viral suppression rate of over 90% (91.3% in CY2023) for the first time in VCCC history. The VCCC is still finalizing its viral suppression rate for CY2024, but preliminary data indicates it will remain above 90%.

VCCC providers and staff have achieved all this despite the challenges of providing care during the COVID-19 epidemic, the challenges of supporting clients who may not pursue care due to the stigma of being a PLWHA, limited financial resources, or dealing with addiction or other issues that may complicate treatment or limit the client's ability to adhere to HIV treatment. There is no other organization in Middle Tennessee that can replicate the exceptional medical care that the VCCC provides to its clients.

An overview of VCCC's history of serving PLWHA since 1994 is provided in the graph below:



VCCC welcomes MPHD representatives to visit its facility at any time.

II. Organization Capacity:

1. Provide copies of the following:
   - Resume and job description of proposed Finance Manager
   - Organizational chart for your agency; chart must clearly include the program components funded by Part A/MAI.
   - Copies of most recent State Licensure or Accreditations for relevant services.
   - Articles of Incorporation.
   - Documentation of 501(c)3 designation
   - Current State of Tennessee Charitable Solicitations Letter.
   - System for Award Management (SAM) exclusion report

2. Describe agency's experience in administering federal, state and/or local government funds. Include funding source(s) and number of years administering those funds. Provide information for the following:

- Agency restrictions from receiving federal funds or placed on restrictive measures in the last five years (e.g., increased reporting, increased monitoring visits), please explain.
- Corrective action plan(s) in the last three years from any funding source, please describe (include the name of the funder, overview of issues identified and the current status of addressing the identified issues and/or recommendations).
- Audit finding(s) in the last three years. Please describe an overview of issues identified and the current status of addressing the identified issues.
- If Contractor(s) is currently a Ryan White Part A provider, an administrative review will be conducted of the previous year's spending of grant funds and will be included as part of the score. If Contractor(s) is not a current Ryan White Part A provider, Contractor(s) must provide a letter of reference from a funder to include a description of Contractor's performance in spending allocated grant funds. This letter will be included as part of the score.
- Submit copies of most recent A-122 Audit (for the last reporting year) conducted be an independent certified public accountant or 990 form, if not required by federal regulations to complete an A-122 Audit.

3. Describe agency's current system for collecting data on client demographics, service utilization and performance data. Include all software used to collect this data, staff resources for data collection and hardware resources.
4. Describe agency's system for managing fiscal and accounting responsibilities. Address the following:
   - Define who oversees this area, what staff is responsible for these activities.
   - Identify what software is used to manage financial information.
   - Describe the accounting system that is in place; and
   - Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a federal award.
5. Describe agency's process for completing program reports in a timely and accurate manner. Include descriptions of how responsibility for reporting responsibilities are assigned to staff, how reports are reviewed for accuracy and who assures reports are completed on time.

Requested Documentation

The resume and job description of Adrian McBride, VCCC's Program Manager for Ryan White Parts A-D grants, are included as Attachment 02: Resume and Job Description of Proposed Finance Manager.

The organizational chart for the VCCC, including program components funded by Ryan White Part A, is included as Attachment 10 Organizational Chart with Ryan White Part A Program Components.

A copy of VUMC's accreditation as a Primary Care Home from the Joint Commission and other VUMC accreditations are included as Attachment 03 State Licensures or Accreditations

A copy of VUMC's Articles of Incorporation is included as Attachment 04 Articles of Incorporation

A copy of VUMC's 501(c)3 designation is included as attachment 05 Documentation of 501(c)3 Designation.

As a hospital, VUMC is legally exempt from the need for a State of Tennessee Charitable Solicitations Letter. A document supporting this is included as Attachment 07 State of Tennessee Charitable Solicitations Letter.

A copy of VUMC's System for Award Management (SAM) exclusion report is included as Attachment 08 System for Award Management Exclusion Report

Agency Restrictions, Corrective Actions, and Audit Findings

VUMC and the VCCC have extensive experience managing and administering federal, state, and local grant funds. In Fiscal Year 2024 (July 2023 through June 2024), VUMC received 2,371 new grants and contract awards and received over $750 million in federal funding. These grants and contracts are for assorted services, including research, clinical, and professional services, leases, training, and licensing agreements.

The VCCC is a current recipient of Ryan White Parts A, B, C, D, and F funds. The VCCC has administered Ryan White Part B funds since the clinic's inception in 1994, Part C funds were first awarded to the clinic in 1996, and Part D in 1999. The clinic has received Ryan White Part A funds since 2007. Dr. Sean Kelly, VCCC's Medical Director, is the Principal Investigator (PI) for Ryan White Parts A-D grants.

The PI of Ryan White Part F, which supports the Southeast AIDS Education Training Center (SE AETC) and was first awarded in 2015, is Dr. Cody Chastain.

Neither VUMC nor the VCCC have been restricted from receiving federal funds or placed on restrictive measures.

In the last three years, there have been two audit findings from the VCCC's Ryan White Part B funder that required a corrective action plan. The audit findings, root causes, corrective actions, and status are documented below:

Finding One: The grantee (VCCC) did not file monthly invoices in a timely manner.

Root Cause: There was a significant delay between the awarding of the contract to VCCC for Ryan White Part B services and formal execution of the contract by both parties. The delay was due to legal negotiations, but there was limited communication between parties which contributed to confusion about when invoices should have begun being submitted to the funder.

Corrective Action: VCCC began invoicing for services upon the execution of the contract. In addition, VCCC hired a program manager to manage the day-to-day financial aspect of its suite of Ryan White A-D grants, including ongoing communication with funders.

Current Status: Resolved.

Finding Two: The VCCC did not provide a depression screening tool to clients visiting the clinic.

Root Cause: Depression screening was accruing but was not being tracked within the VCCC's medical record system.

Corrective Action: Depression screening (PHQ9) was added to the nursing screening process for all clients at each visit.

Current Status: Resolved.

VCCC is a current Ryan White Part A provider. MPHD conducted a fiscal audit of VCCC's systems in October 2024, and no findings were reported then. An audit of medical records was conducted in December of 2024 and no findings were reported.

VUMC's most recent financial audit (through FY2023) is included as Attachment 06: A-122 Audit.

Agency's Current System for Collecting Data

VUMC uses multiple information systems to manage health records and administer health care services. The primary system, Epic Enterprise, manages clients' clinical records, scheduling, and billing, including the costs of HIV-related care that are paid by third-party payors and by Ryan White. Additional databases that VCCC staff use to collect, monitor, and track client information include MedData Services for pharmacy assistance, RedCap for Pathways case management and medication adherence, referral, behavioral health consultations, and other medical case management services.

To create the Ryan White mandated reports, such as Ryan White HIV/AIDS Program Services Report (RSR) that is submitted to HRSA annually, the VCCC's database administrator works with staff at Vanderbilt Informatics to identify required data points, download them from multiple institution systems, and convert the data to flat files. The data is then imported into Microsoft Access or Microsoft Excel, cleaned, and prepared for RSR reporting. In addition to the RSR, the database administrator will pull data from these systems to share with the MPHD and TDOH (VCCC's Ryan White Parts A and B funders, respectively) as part of VCCC's quarterly Provider Data Export. These funders upload this client-level data into CAREWares using a unique identifier.

Using MS SQL Management Studio tools, the database administrator can pull clinical data, monthly service data, demographic data, and epidemiological data for sharing with internal and external partners. Data shared with HRSA is anonymized before sharing, and VUMC staff are trained on and adhere to stringent client privacy guidelines. Staff who violate client privacy face disciplinary action up to and including termination as well as any additional legal repercussions. Client privacy policies are developed by VUMC and shared across the entity. A copy of these policies is available upon request.

Data required for Quality Improvements projects are also collected in the above-mentioned systems and databases, some of which were created exclusively for VCCC use. The database administrator spends considerable time finding and identifying the correct fields in these overlapping systems. Data extracted from various sources is matched, normalized, cleaned, and then missing data are completed by chart review. This process takes place in MS Access. VCCC has a consistent record of submitting RSR and other funder-requested reports in time and correctly. The RSR data dictionary is used to prepare the data for RSR reporting.

In the coming months, the VCCC will be transitioning into using CAREWares to track client data. The VCCC will work collaboratively with the MPHD to determine a realistic timeline for full implementation of CAREWares.

Data on client experience is assessed using an outside vendor (Press Ganey) to ensure objectivity. Reports are generated at least monthly or as needed.

Agency System for Managing Fiscal and Accounting Responsibilities

VCCC's Program Manager is responsible for the day-to-day financial management of Ryan White grants. VUMC's financial system typically closes within 10 days (about 1 and a half weeks) of the month-end, and the Program Manager pulls a variety of internal reports to review spending. These reports include staff salary and benefits spend, spend on materials, supplies, and other direct costs, and indirect costs. In addition, VCCC providers and staff review and confirm their effort quarterly.

If errors are found, the Program Manager can adjust spending as needed. Spending changes are tracked within VUMC's accounting system, and the Program Manager completes Cost Transfer Memos or other documentation as needed for audit and record-keeping purposes.

The Program Manager works under the supervision of the Director of Medical Specialties Clinics as well as the Division Administrator for the VUMC's Department of Medicine's Infectious Disease Division. The grant's PI also provides support.

VUMC follows Generally Accepted Accounting Principles, and monthly revenue and expenditure reports and program income reports are generated by the Program Manager using data from a variety of internal VUMC resources, including the financial data stored on

Workday – the backbone VUMC's fiscal management system and predominate repository of VUMC's fiscal information. The Program Manager also provides spending information to the Finance Department, who then generate monthly invoices. Data for these reports are obtained through VUMC's Workday system, which tracks program expenditures such as staff salary and fringe benefits, equipment and supplies, mileage reimbursement, and indirect costs among other categories. Each grant is given a unique code to track spending, and staff pull financial reports from Workday to track grant allocation, spending, and closeout.

Additional administrative tools include COEUS, an internal grant submission and tracking tool developed and managed by VUMC's Office of Sponsored Programs, and PEER, which tracks contracts, grant agreements, Memorandum of Understanding, and other legal documents. Information from these systems is shared with Workday, as needed. For example, a budget created as part of a grant application submission provides the foundation for the budget that is created for that grant in Workday. Workday also provides other administrative tools to VUMC, including departmental budgeting and planning, purchasing, and human resources. This resource provides VCCC and VUMC with one primary repository of information to support day-to-day programs and clinic operations.

Agency's Process for Completing Program Reports

Each year, and with each new grant contract, the Program Manager and Database Administrator develop a schedule for reporting on financial and programmatic data to the funder. The schedule describes reports required, the staff member responsible for its completion and the date the report is due to the funder or administrator. The Program Manager, in collaboration with VUMC's finance department, is responsible for program income reports, revenue and expenditure reports, monthly financial reports, and monthly invoices. Quarterly data and export reports, monthly program reports, and any demographic or epidemiologic reports or studies are completed by the database administrator.

Staff also have a monthly check-in with VCCC and VUMC leadership where current expenditures and reporting needs are reviewed and discussed.

III. Cultural and Linguistic Competency:

The National Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

At Metro Public Health, we are committed to ensuring equitable services for and effective communication with persons whose primary language is not English, and who have limited or no ability to speak, read, write, or understand the English language. This includes communities traditionally identified as Limited English Proficient (LEP) and D/deaf or Heard

of Hearing. In accordance with federal laws, including Section 1557 of the Patient Protection and Affordable Care Act, and Title VI of the Civil Rights Act of 1964, we will provide qualified language assistance at all points of contact at no cost to customers and their companions. This commitment aligns with Metro Public Health's mission of protecting, improving, and sustaining the health and well-being of all people in Nashville and Davidson County.

To ensure that our customers receive the necessary care and can enjoy effective communication with their medical providers, we strongly encourage our partners to respect and accommodate the customer's linguistic needs. This means offering language assistance to individuals who have limited English proficiency or other communication needs, at no cost to them, to facilitate timely access to all health care and services. Meaningful language access must come from qualified sources. Interpreting and translation services must be provided by competent, qualified individuals. Interpreter skills can be determined by administering appropriate assessments. Minors and untrained or unqualified individuals should not provide language access services (interpreting or translating). Qualified interpreters are familiar with specialized vocabulary and know to adhere to national standards of practice for interpreters in healthcare that ensure, among other things, client confidentiality.

For written communication, machine translation alone is insufficient to meet civil rights requirements. Any use of AI or machine translation must be reviewed by a qualified human interpreter when the underlying text is critical for meaningful access to an activity or program. Partners are encouraged to post public notices of nondiscrimination and include notices of availability of language and disability services in significant documents. All notices about the availability of language assistance must be provided in the top 15 languages in the state or states in which the organization operates. For example, the notice of availability must be included on applications for benefits, terminations of eligibility, consent forms, discharge papers, medical bills, and explanations of benefits.

Partners must also ensure the effectiveness o□their language access procedures. Please consider the □ollowing:
• Instructions on how employees can obtain qualified translators/interpreters.
• Explanations of how employees identify LEP individuals.
• A list of translated materials and their locations.

Cultural and Linguistic Standards Requirements:

1. Describe your agency's cultural competency capabilities as it relates to the population being served by this funding announcement.
2. Describe the agency's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent staff. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system

or organization or among professionals that enables effective work in cross-cultural situations.
3. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being and incorporating those variables into your service delivery system. Include any innovative or successful activities your agency has undertaken in order to improve your cultural and linguistic capacity.

Agency's Cultural Competency for PLWHA

As a provider of health care to a stigmatized population, VCCC is acutely aware of the importance of overcoming barriers to care, including cultural and linguistic barriers. VCCC incorporates cultural competence awareness in staff meetings and all staff members complete annual compliance training for non-discriminatory practices. All training completed by staff is tracked online, and VUMC may develop and push out new training to staff as needs arise. In addition, VCCC staff also participate in periodic training, including a course on "Stigma", offered by the SE AETC. The SE AETC offers in-person and web-based trainings led by subject-matter experts throughout the Southeast region of the United States. Staff may attend these training courses to expand their personal knowledge of serving PLWHA, for continuing education credits, and to learn how other ASOs in the Southeast are reaching their clients.

As a practice, VCCC seeks to hire bi-cultural staff to deepen the organization's ability to learn and develop new insights. Furthermore, VUMC tracks the demographics and languages of its clients. VCCC providers and staff can access this information to gain a deeper understanding of the demographics served by VCCC and the language needs of its clients.

In accordance with federal law, VUMC provides interpreters to clients free of charge. VUMC interpreter services include American Sign Language interpreters, readers for clients who are visually impaired or blind, assistive listening devices, access to client materials that are compatible with assistive technology, and qualified interpreters and translated documents for clients with Limited English Proficiency.

When a Limited English Proficient client schedules an appointment, VUMC's Interpreter Services receives an automatic interpreter request. Staff can also request interpreters at the time of the appointment. At VCCC, interpreters for Spanish and Arabic may be available on-site at the time of the appointment with other languages available via telephone. If a Spanish or Arabic translator is not available on-site, staff will use the telephone or video translation services.

VCCC staff has materials that have been translated into Spanish in their office. These include the book: *100 Questions about HIV*; a handout: "Get the Support You Need"; and informational documents about the Ryan White program. The handout and Ryan White

documents are also available in a second language and may be shared electronically or printed. If other languages are needed, VCCC staff will reach out to translation services.

Finally, VCCC employs staff who speak Spanish, Nigerian, and Swahili. While these staff members use VUMC's translation services for translating medical language, having a provider or staff member who speaks a client's native language helps reduce language-driven barriers to care.

Agency's Strategic Plan, Policies, and Initiatives for Culturally and Linguistically Competent Health Care

The growth and refinement of the Pathways Program is an example of the VCCC's culturally and linguistically competent approach to health care. The VCCC has embraced the evidence-based principle that undetectable is untransmittable and that guideline has informed how the Pathways Program has developed over time to improve client care.

Initially, the Pathways Program was structured under the clinic's Clinical Pharmacy Services to help address the needs of the clinic's most difficult-to-treat clients. These would be clients with significant barriers to care, such as a lack of financial resources, limited or no transportation, coping with psychiatric issues that made treatment adherence inconsistent, or were managing a substance-use disorder that made medication adherence not a realistic goal.

After seeing the success of the Pathways Program within that client population, the VCCC strategized on how to make the Pathways Program an integral part of clinic operations for all clients. To do this, the clinic first switched its approach to the Pathways Program. Instead of the Pathways Program being an element of the VCCC's Clinical Pharmacy Services, the VCCC's Clinical Pharmacy Services became an element of the Pathways Program. This ensured that medication adherence, not just medication access, was the primary focus of the program. Second, the Pathways Program formalized its approach to care to better address the needs of all new clients. Instead of being connected as a last resort, the Pathways Program became the second department that new clients connected with after social work. Furthermore, Pathways staff added social determinants of health assessment, an intensive case management score, and incorporated professional observations to better identify where and to what extent clients needed support from the Pathways Program. By including professional observation, Pathways staff is better able to tailor the Pathways Program to the cultural or linguistic needs of the client. For example, a client may come from a community where HIV is stigmatized and Pathways staff can use best practices, such as coded text reminders from a personal cellphone number rather than VUMC's automated system, inconspicuous pill holders, or the use of quarterly medical interventions in a client's ART rather than a daily pill, to reduce the risk of others discovering the client's HIV status.

After reviewing data and internal results, the Pathways Program determined that there were four levels of intervention best suited for the clinic's clients: one, being the lowest level of

intervention and four being the most. All new clients are assigned to at least one of these levels, thereby ensuring they have a PNCM as a resource as they adjust to care. Clients who adjust and manage their care well are removed from the Pathways Program – though they can contact their PNCM at any time if issues arise – and clients who show difficulty adhering to care are moved up and down between the levels. Clients may also be moved to a different PNCM, as needed. In this way, both PNCM and the client take leadership in care and develop a trusting relationship that acknowledges and addresses cultural or linguistic barriers. VCCC surpassed a viral suppression rate of 90% for the first time in CY2023 and believes that the growth of the Pathways Program was a vital factor in this achievement.

Innovative or Successful Activities to Improve Cultural and Linguistic Capacity

The VCCC continuously evaluates client service data to improve clinic operations and ensure that staff are providing culturally and linguistically competent health care. A recent example of this is the full-time employment of two behavioral health consultants at the VCCC and the use of another staff member to provide 0.5 FTE behavioral health care.

The VCCC developed these new roles to better address the immediate needs of the clinic's clients. While the clinic tries to make its processes as seamless as possible, a visit to the VCCC can be stressful and behavioral health issues may arise. In the past, the client would have to schedule a follow-up visit with a behavioral health specialist and return to the clinic for care. By expanding the clinic's staffing capacity, the VCCC can now see clients experiencing a behavioral health issue at the time of their visit. This enables clients to confront cultural stigma and address worries as they arise, process difficult emotions, and develop coping strategies in partnership with expert staff. If needed, a medical translator is always available to VCCC clients and staff.

For concerns that arise outside of clinic hours, the VCCC behavioral health staff manage a triage phone system and reach out to clients who contact the clinic as soon as possible during clinic hours. Furthermore, clients who are dealing with an immediate psychiatric crisis may either call VUMC's hotline at any time or receive walk-in care at VUMC's adult psychiatric hospital during walk-in hours (8 AM to 11 PM M-F; 8 AM to 7 PM Sa-Su). Due to VUMC's electronic medical record system, notes from VCCC behavioral health staff are available to VUMC psychiatric staff and vice versa.

IV Collaboration

1. Describe a plan for creating a new or improving an existing network to improve collaboration with HIV agencies that will link PLWHAs to HIV testing and HIV medical care and support services. If applicable, identify any collaborating organizations that will assist the applicant through HIV testing and linkage to HIV medical care and services.
2. Contractor(s) must demonstrate their commitment to work with or collaborate with organizations representing the HIV/AIDs community through a signed and dated letter of support or memoranda of agreement or understanding. The letter must specify example activities that each entity provides that will help connect high risk clients to HIV testing and services.

Creating or Improving an Existing Network to Improve Collaboration with HIV Agencies

Dr. Sean Kelly is a member of the Metro TDH Standard of Care Committee, which developed and reviews standards for all aspects of HIV care provision and governs how services are delivered to achieve positive health outcomes.

Dr. Kelly is also a member of the AIDS Centers of Excellence Advisory Committee, which advises the TN Department of Health in the designation of AIDS Centers of Excellence across the state, provide quality assurance monitoring for centers across the state, and establishes and reviews policies for centers across the state.

A primary concern of the VCCC and other stakeholders is re-engaging clients who have been lost to care – that is, clients who have been diagnosed and may have begun treatment but have failed to attend follow-up appointments or respond to outreach. To address this population, VCCC has a staff member whose role is centered on reaching out to and re-engaging former clients in care. VCCC defines an individual as lost-to-care if a VCCC client has not attended an appointment at the VCCC for over a year and has not informed the VCCC that they have moved or transferred their care to another provider. Strategies may include phone calls, text messages, reminders about upcoming appointments, and contact if a client lost-to-care makes and then misses an appointment.

Due to the importance of ending HIV transmission, it is the policy of the VCCC continuously follow-up and encourage PLWHA meet with their provider, social worker, and PNCM at the VCCC, even if they have been lost to care or have a history of no-shows for scheduled appointments. VCCC providers and staff understand that clients may face barriers to care such as lack of financial resources, behavioral health issues, social stigma, or substance use disorder. VCCC understands these difficulties may contribute to clients not adhering to treatment and collaborates with clients to address issues that may be a barrier to care so that they can begin or resume treatment. The VCCC welcomes PLWHA back into care regardless of their past appointment history.

Finally, VCCC understands its role in the TGA and Middle Tennessee linkage-to-care landscape as an entity that provides medical care to PLWHA. Other ASOs in TGA host rapid testing either at their facilities or at community events. Individuals who test positive are then referred to VCCC for treatment. VCCC limits its testing services to individuals needing confirmatory testing or to partners of current VVCCC clients. This approach allows other ASOs to prioritize HIV/AIDS testing and prevention services while the VCCC focuses on medical treatment.

B. Reference Projects (10 Points) Service History & References:

1. If your agency currently provides this service(s) to the HIV/AIDs client population, describe the number of years you have provided this service and the funder of the service. Please provide a reference name and phone number.
2. If your agency does not currently provide service(s) to the HIV/AIDs client population, explain any related experience that would demonstrate the agency's competency in providing services to this population. Please provide a reference name and phone number.
3. Describe any related experience that would demonstrate your agency's competency in providing HIV medical or support services to this population. Please provide a reference name and phone number.

Metro reserves the right to check any and/or all contacts for projects, including but not limited to internet each and media reviews, submitted but is not obligated to do so as part of the evaluation.

Metro reserves the right to check any and/or all contacts for projects, including but not limited to internet each and media reviews, submitted but is not obligated to do so as part of the evaluation.

The file is limited to 5 pages and should in PDF format titled "Reference Projects."

Reference Projects

The VCCC has been providing medical care to PLWHA for over 30 years. The clinic was founded in 1994 as a key recommendation by the Mayor's Commission on AIDS as a single site for comprehensive HIV and AIDS care and became the largest HIV primary care clinic in Tennessee. In CY2024, the VCCC provided medical care to 3,811 clients and has served over 10,000 clients since its founding.

The VCCC became a Ryan White Part A grantee in 2007 and the VCCC is pleased to submit this proposal to continue our partnership with the MPHD. This federal funding is distributed from the Health Resources and Services Administration to the MPHD. Currently, VCCC's Ryan White Part A grant funds behavioral health consultants and nurse case managers who support clients with medication adherence, safety, prescription assistance, and prior authorizations. Ryan White Part A funding also provides for direct medical services for PLWHA within the TGA from whom no other funding source is available.

A reference for Ryan White Part A is Beverly Glaze-Johnson, MSP, LBSW, BSW. Ryan White Part A Director, Metro Public Health Department. (615) 485-5574, Beverly.Glaze-Johnson@nashville.gov.

The VCCC became a Ryan White Part B grantee in 2008. This federal funding is distributed to the State of Tennessee from HRSA, supports the VCCC in its role as an HIV Center of Excellence, and allows VCCC providers to give care at health departments in Springfield, Columbia, and Cookeville, TN. This funding also supports staff who provide medical case management and screen clients for Ryan White eligibility, provide referral services, support client retention and engagement, provide pharmacy services, and support clinical quality management processes.

A reference for Ryan White Part B is Robertson Nash, PhD, ACNP-BC. HIV Program Director, Tennessee Department of Health. (615) 532-9254, Robertson.nash@tn.gov.

The VCCC became a Ryan White Part C grantee in 1998 and a Ryan White Part D grantee in 1999. This federal funding through the HRSA and continues to this day. It funds a mix of client care services including behavioral health services, adolescent services, outpatient obstetric services, and medication adherence.

VCCC's Project Officer for Ryan White Parts C and D is Christie Slay, MPA, MAEd, CHES. Public Health Analyst and Project Officer, Health Resources and Services Administration. She began as VCCC's Project Officer in February 2025. She can be reached at (301) 443-0504 or cslay@hrsa.gov.

C. Project Approach and Process (30 Points)

I. Staffing:

Present in detail your organization's staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time/hours per month being requested for each proposed staff position.

If applicable, describe in detail the roles and responsibilities of any consultants and/or subcontractors will be used to carry out aspects of the proposed project.

Organization Staffing Plan

VCCC providers and staff are listed below. For providers, VCCC proposes that MPHD reimburse the VCCC for outpatient services provided to uninsured PLWHA who are eligible for Ryan White Part A through a mutually agreed upon fee schedule. The fee schedule will include the CPT code, the procedure code, and the reimbursement rate for the procedure. The cost of the procedures will be determined by VCCC with the understanding that fees will set to cover costs and program income will not be generated through the fee schedule.

The salary, benefits, and IDC (10%) of the Pathways Nurse Case Managers (PNCM) listed below will be reimbursed to VCCC via an agreed per-encounter charge. The per-encounter charge will be based on the effort required for the PNCM to serve the Ryan White Part A population at the VCCC divided by the estimated number of encounters during the grant year. Each month, VCCC will review internal data to determine the total number of PNCM encounters with Ryan White Part A clients and multiple that by the per-encounter charge. For reference, in GY2024-2025, the per encounter charge for the PNCM is $37.63 and the per-encounter charge will be included in the fee schedule.

The effort for the Behavioral Health Consultants, Social Work Medical Case Management, and Referral services will be based on the percentage of Ryan White Part A-eligible clients served at the VCCC, which is currently 50%.

Fee-Schedule Based-Staff (Outpatient/Ambulatory Care)

Providers

- S. Bailin, MD. Assistant Professor, provides diagnoses and treatment of disease. He has been a physician with the VCCC since 2021.
- J. Castilho, MD, Assistant Professor, provides diagnoses and treatment of disease. She has been a physician at VCCC since 2012.
- C. Chastain, MD, Assistant Professor, provides diagnoses and treatment of disease. He has been a physician with the VCCC since 2014. Dr. Chastain is currently the PI for the VCCC's Ryan White Part F grant at the SE AETC.
- S. Dunaway, MD., Associate Professor, provides diagnoses and treatment of disease. She has been a physician at VCCC since 2023.

- K. Eguakun, NP, Nurse Practitioner, provides diagnoses and treatment of disease and manages the VCCC's anoscopy clinic. He has been an NP at VCCC since 2010.
- D. Hughes, NP, Nurse Practitioner, provides diagnoses and treatment of disease and oversees the development and maintenance of the VCCC's Women, Infant, Children, and Youth policies and protocols. She has been an NP at the VCCC since 2018.
- S. Kelly, MD, Associate Professor and Medical Director of the VCCC, provides diagnoses and treatment of disease. He has been a physician with the VCCC since 2016 and serves as the PI on the VCCC's Ryan White A-D grants.
- A. Person, MD, FIDSA, Professor of Medicine and Director of Interprofessional Education at the SE AETC, provides diagnoses and treatment of disease. She has been a physician with the VCCC since 2010.
- A. Pettit, MD, MPH, Assistant Professor, provides diagnoses and treatment of disease. She has been a physician with the VCCC since 2013.
- C. Smith, NP, Nurse Practitioner, provides diagnoses and treatment of disease. She has been an NP with the VCCC since 2021.
- C. Terndrup, MD., Associate Professor, provides diagnoses and treatment of disease. He has been with the VCCC since 2023.
- K. Wagner, MD, PhD, Associate Professor, provides diagnoses and treatment of disease. She has been with the VCCC since 2023.
- C. Wanjalla, MD, PhD, Assistant Professor, provides diagnoses and treatment of disease. She has been with the VCCC since 2017.
- K. White, MD, PhD, Associate Professor, provides diagnoses and treatment of substance use disorders. She has been with the VCCC since 2022.

Fellows

- E. Moore has been a fellow at VUMC since 2023.
- K. Okafor has been a fellow at VUMC since 2022.
- R. Pellegrino has been a fellow at VUMC since 2022.
- L. Pryke has been a fellow at VUMC since 2024.
- M. Uehling has been a fellow at VUMC since 2024.
- Zeoli has been a fellow at VUMC since 2024.
- M. Zou has been a fellow at VUMC since 2023.

Pharmacy

- R. Moss, PharmD, leads pharmacy services to improve adherence to treatment regimens, decrease problems associated with drug interactions, and decrease rates of adverse and potential adverse medication events. He has been with the VCCC since 2009.
- A. Muscarella, PharmD, works with clients to improve adherence to treatment regimens, provide medication management and counseling, support comprehensive medication review, therapy selection, and medication monitoring She is involved in several quality improvement projects at the clinic to support clinical and pharmacy services. She has been with the VCCC since 2024.

Nursing

- K. Bradford, LPN Lead, takes clients to see providers and administers injections. She has been with the VCCC since 2019.
- A. Thomas, RN, provides triage services, takes clients to see providers, and administers injections. He has been with the VCCC since 2022.
- K. Williams, RN and Assistant Manager of Patient Care Services, oversees nursing and front desk staff. She has been with the VCCC since 2024.
- M. Anderson, RN, provides triage services, takes clients to see providers, administers injections, and administers colposcopies. She has been with the VCCC since 2024.
- R. Morton, RN, provides triage services, takes clients to see providers, administers injections, and administers anal cancer screenings. He has been with the VCCC since 2023.

Pathways Nurse Case Managers (PNCM)

- A. Fisher, RN, case manager, works with clients to improve adherence to treatment regimens, decrease problems associated with drug interactions, and decrease rates of adverse and potential adverse medication events. She has been with the VCCC since 2021.
- A. Jackson, RN, case manager, works with clients to improve adherence to treatment regimens, decrease problems associated with drug interactions, and decrease rates of adverse and potential adverse medication events. She has been with the VCCC since 2018.
- L. Reese, RN, case manager, works with clients to improve adherence to treatment regimens, decrease problems associated with drug interactions, and decrease rates of adverse and potential adverse medication events. She has been with VCCC since 2013.
- K. Richie, RN, case manager, works with clients to improve adherence to treatment regimens, decrease problems associated with drug interactions, and decrease rates of adverse and potential adverse medication events. She has been with the VCCC since 2023.

Direct Grant-Funded Staff

Medical Case Management (Social Workers)

- A. Hall, LCSW, provides multiple supports to PLWHA at the VCCC, including intake counseling to newly diagnosed PLWHA, initial and ongoing eligibility assessments for PLWHA, billing support, and connection of PLWHA to non-VCCC supportive resources. She has been with the VCCC since 2016. 50% of her effort will be charged to Ryan White Part A medical case management, as determined by caseload.
- C. James, LCSW, oversees social work team and provides multiple supports to PLWHA at the VCCC, including intake counseling to newly diagnosed PLWHA, initial and ongoing eligibility assessments for PLWHA, billing support, and connection of PLWHA to non-VCCC supportive resources. He has been with the VCCC since 2013.

25% of his effort will be charged to Ryan White Part A medical case management, as determined by caseload.

- J. Ruble, LCSW, provides multiple supports to PLWHA at the VCCC, including intake counseling to newly diagnosed PLWHA, initial and ongoing eligibility assessments for PLWHA, billing support, and connection of PLWHA to non-VCCC supportive resources. She has been with the VCCC since 20216. 50% of her effort will be charged to Ryan White Part A medical case management, as determined by caseload.
- D. Smith, LMSW, provides multiple supports to PLWHA at the VCCC, including intake counseling to newly diagnosed PLWHA, initial and ongoing eligibility assessments for PLWHA, billing support, and connection of PLWHA to non-VCCC supportive resources. She has been with the VCCC since 2023. 50% of her effort will be charged to Ryan White Part A medical case management, as determined by caseload.
- L. Taylor, LMSW, provides multiple supports to PLWHA at the VCCC, including intake counseling to newly diagnosed PLWHA, initial and ongoing eligibility assessments for PLWHA, billing support, and connection of PLWHA to non-VCCC supportive resources. She has been with the VCCC since 2023. 50% of her effort will be charged to Ryan White Part A medical case management, as determined by caseload.

Mental Health (Behavioral Health Consultants)

- C. James, LCSW, will provide individual therapy and targeted brief behavioral health interventions. He has been with the VCCC since 2013. 25% of his effort will be charged to Ryan White Part A behavioral health, as determined by caseload.
- L. Johnson, LMSW, will provide individual therapy and targeted brief behavioral health interventions. She has been with the VCCC since 2023. 50% of her effort will be charged to Ryan White Part A behavioral health, as determined by caseload.
- S. Shefner, LMSW, will provide individual therapy and targeted brief behavioral health interventions. She has been with the VCCC 2022. 50% of her effort will be charged to Ryan White Part A behavioral health, as determined by caseload.

Referral Services (Patient Pharmacy Assistance Coordinator)

- L. Taylor, LPN, patient pharmacy assistance coordinator, assists clients applying for and receiving free medications through national pharmacy assistance programs and completes prior authorizations. She has been with the VCCC since 2000. 50% of her effort will be charged to Ryan White Part A referral, as determined by caseload.

VCCC is not using any consultants or subcontractors to carry out aspects of the proposed project.

II. Overview of Population:

Describe in detail the HIV/AIDs population in Davidson County. Describe in the detail the issues that interfere with identifying, engaging, and retaining PLWHAs in routine HIV testing and HIV services. Describe in detail:

1) The number of persons you plan to serve with the funding.
2) The number of units of service you plan to provide by type of intervention (e.g., number of face-to-face contacts with clients and amount of time each client will be seen each year, number of educational sessions provided, number of contacts with gatekeepers); and
3) the average amount of service a client is expected to receive each year (e.g., 2 face to face each year) and the amount of time that will be spent with gatekeepers (e.g., 3 hours/gatekeeper/year).

HIV/AIDS in Davidson County

Data below details the HIV/AIDS population in Nashville and Davidson County. As is evident from these tables, this population represents a diverse group of PLWHA with unique challenges and obstacles to engagement in care. Major challenges that VCCC staff have identified include transportation, housing, behavioral health co-morbidities, and substance use. At the VCCC, 60% of clients are at or below 200% of the federal poverty levels, 50% have a history of substance use, 50% have a history of behavioral health issues, and 10% have unstable or threatened housing.

Nashville and Davidson County 2022 HIV Surveillance Data[1]

	Tennessee[2] # (Rate per 100,000))	Nashville/Davidson County # (Rate per 100,000)
Newly Diagnosed Clients	861 (12.2)	112 (N/A)
Living with HIV	20,830 (295.4)	4,332 (N/A)
Demographic Breakdown for Nashville and Davidson County in 2022		
	Newly Diagnosed[3] # (Rate per 100,000)	Living with HIV[4] # (Rate per 100,000)
Gender		
Cisgender Male	92 (26.9)	3457 (1010.6)
Cisgender Female	14 (3.8)	791 (216.1)
Transgender Person	6 (N/A)	84
Age		
<15	0 (0.0)	5 (4.2)
15-24	23 (25.1)	110 (120.0)

[1] Tennessee Department of Health, HIV Epidemiology and Surveillance Program. Tennessee HIV Epidemiological Profile, 2022. Nashville, TN: Tennessee Department of Health; May 2024.
[2] Ibid. Pg. 18
[3] Ibid. Pg. 116
[4] Ibid. Pg. 118

25-34	55 (38.3)	836 (581.7)
35-44	18 (17.5)	890 (864.3)
45-54	12 (15.3)	954 (1214.5)
>=55	4 (2.3)	1537 (893.2)
Transmission Risk		
Cisgender Male		
MMS[5]	67 (N/A)	2557 (N/A)
IDU[6]	5 (N/A)	183 (N/A)
MMS & IDU	1 (N/A)	145 (N/A)
HSC[7]	16 (N/A)	253 (N/A)
PE[8]	0 (N/A)	14 (N/A)
Other	0 (N/A)	5 (N/A)
Unknown	3 (N/A)	300 (N/A)
Cisgender Female		
HSC	11 (N/A)	548 (N/A)
IDU	2 (N/A)	126 (N/A)
PE	0 (N/A)	9 (N/A)
Other	0 (N/A)	5 (N/A)
Unknown	1 (N/A)	103 (N/A)
Transgender Person		
ASC[9]	6 (N/A)	74 (N/A)
IDU	0 (N/A)	1 (N/A)
ASC & IDU	0 (N/A)	2 (N/A)
PE	0 (N/A)	0 (N/A)
Other	0 (N/A)	0 (N/A)
Unknown	0 (N/A)	7 (N/A)

If awarded the funding requested, VCCC providers plan to serve a projected 400 uninsured clients who live within the TGA with direct medical services, between two and three times per year and 1,800 clients with ancillary services including behavioral health consultations, coordination with the Pathways Program, and social worker-led medical case management. Client interactions with behavioral health, the Pathways Program, and social workers is based on client need, but VCCC estimates that each client should see at least one of those clinic staff between two and three times per year. Visits with gatekeepers may be face-to-face or non-face-to-face, depending on factors such purpose of visit, client need, and access to transportation.

[5] Male-to-Male Sexual Contact
[6] Injection Drug Use
[7] Heterosexual Contact
[8] Perinatal Exposure
[9] Any Sexual Contact

Medical Case Management (Social Workers)

The social work team works collaboratively to provide medical case management that ensures clients adjust to living with HIV, are assessed for eligibility for the Ryan White program, and are aware of non-VUMC supportive organizations and resources. Clients may reach out to their social worker at any time with questions, concerns, or for additional resources. In CY2024, VCCC social workers reported 6,696 encounters (9,689 service units) with Ryan White Part A-eligible clients. Of these encounters, 1,266 were face-to-face and 5,430 were non-face-to-face.

Mental Health (Behavioral Health Consultants)

The Behavioral Health team engages with clients needing behavioral health services as part of their scope of care. The Behavioral Health team performs general behavioral health assessments, crises assessment and counseling, coordinates client resources, and provides supportive therapy. In CY2024, the Behavioral Health team recorded meetings with Ryan White Part A-eligible clients 230 times; of these, 190 meetings were face-to-face and 40 were non-face-to-face. In total, they performed 385 units of service for Ryan White Part A-eligible clients, with each unit being 15 minutes.

Outpatient and Ambulatory Care (Direct Medical Services and PNCM)

VCCC Providers provides direct medical care to uninsured, Ryan White Part A-eligible clients in the TGA. Care for PLWHA includes labs, non-labs (such as x-ray and imaging), specialty care, and care from VCCC providers. From November 2023 and October 2024, the VCCC provided 4,727 technical (labs and non-labs) procedures, 360 specialty procedures, and 1,885 procedures from a VCCC medical provider to approximately 400 uninsured, Ryan White Part A-eligible clients. Due to the importance of care and how insurance status may change over the course of a year, VCCC staff work collaboratively to ensure a client's most-recent insurance information is in VUMC's system. While telehealth is available, direct medical care provided through Ryan White Part A funding typically occurs face-to-face.

The Pathways team works collaboratively to provide medical case management that ensures clients obtain the appropriate medication for their care and adhere to their medication treatment schedule. Clients may contact their PNCM at any time with questions or concerns about their treatment plan. In CY2024, PNCMs reported 7,481 encounters with Ryan White Part A-eligible clients for 10,465 service units. Of these encounters, 955 were face-to-face and 6,526 were non-face-to-face.

Referral Services

In addition, VCCC's prior authorization and patience assistance coordinator reported 1,005 encounters (1,856 service units) to assist Ryan White Part A-eligible clients in obtaining their medication. Of these encounters, 999 were non-face-to-face.

VCCC will ensure that Ryan White Part A is the payer of last resort for services provided through this grant. More detailed metrics are outlined in the Workplan Section.

III. Implementation Plan:

The importance of improving progress along the HIV care continuum is supported by the use of scientific research that leads to the identification of best practices and evidence-based practices. The use of best practices/evidenced informed models is preferred for all services and as applicable/available.

Describe in detail any evidence bases or best practice models you will use to provide the service. Include a reference to the model name and source of the best practice (e.g., "Healthy Living Project," CDC Evidence-Based Intervention-EBI). https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html Ideally, interventions will be based upon proven outreach and engagement models; and/or adaptations of proven models; and /or novel models of outreach and engagement in care, particularly developed for the HIV/AIDs population.

Implementation Plan and Evidence-Based Models of Service

All services provided at the VCCC are developed following nationally accepted standards as described in the U.S. Centers for Disease Control and Prevention's HIV Compendium of Best Practices[10] and the U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.[11] The laboratory evaluation used for intake and monitoring clients at the VCCC is based on the US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

Clients are referred to the VCCC from various testing sites including CBOs, Health Department clinics, and private practices. For new clients, it is essential that VCCC's providers and staff work collaboratively to engage and retain clients in care. Once the client is seen by the provider, the client is followed closely for the first six months by the assigned PNCM and social worker. These staff members help the client address any issues that may be (or become) a barrier to care. The client's follow-up is also closely monitored by staff who will actively reach out to the client to reschedule missed appointments, help coordinate transportation or address other needs. A Linkage and Retention Nurse reaches out directly to clients who are lost-to-care (have not seen a VCCC provider for more than 12 months) to help get those clients return to treatments.

The client's success in treating HIV and attaining virologic control (a critical step in the HIV care continuum) is facilitated by an interdisciplinary care team approach. New clients are assessed to determine if Rapid ART is appropriate and all clients starting, stopping, or changing antiretrovirals are presented in a case conference setting (ART conference) which involves providers, behavioral health providers, social worker medical case managers, and members of the Pathways team. The treatment recommendations are based on the

[10] https://www.cdc.gov/hivpartners/php/compendium/index.html
[11] https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new

virologic, immunologic and co-morbidities status of the client and social factors and client preferences. This recommendation is then presented to the client by the Pathways team, who send the prescription to the client's preferred pharmacy, manage any prior authorizations or formulary compliance issues, and follow-up with the client during their first few weeks of taking the new medication to quickly identify and address any ADEs or pADEs. The Pathways team is also consulted, as needed, by clinic staff to address issues such as pharmacy access, drug interactions, and formulary changes. The Pathways team is also consulted as needed by clinic staff to deal with issues regarding pharmacy access, drug interactions, and formulary changes. This success of this evidence-based approach to care is reflected in the VCCC's HIV viral load suppression, which surpassed 90% for the first time during CY2023. Preliminary data indicate that the viral load suppression rate remained above 90% during CY2024 as well.

IV. Best Practices:

Provide a clear and succinct description of the proposed project to implement an intervention model designed to create access to HIV testing, improve timely entry, engagement, and retention in quality HIV medical care for persons living with HIV infection.

Describe the strategies you will use to identify and engage with key stakeholders recognized and trusted by the HIV/AIDs community; include the names of specific people and entities.

Describe the components of your intervention model and its specific strategies that will:
a) Increase awareness of HIV disease, with a focus on reaching persons at high risk for becoming infected with HIV disease.
b) Identification of high-risk persons who need but do not access regular HIV tests and how you will link those persons to HIV testing agencies; and
c) Identification of persons who are HIV positive but have never or who have dropped out of HIV medical care and services and how you will facilitate linking those persons with needed HIV services and care.

Proposed interventions must address personal, financial, sociocultural, and structural barriers – especially stigma – that affect PLWHAs access to HIV testing and retention in HIV medical care and services. Define specific barriers that may be encountered by the population being served and discuss how your proposed interventions will positively address each of these barriers.

Addressing Barriers to Care

The VCCC serves as a clinical resource for people diagnosed with HIV infection. The VCCC works collaboratively with CBOs that serve PLWHA, including Nashville Cares, Street Works, Neighborhood Health, the First Response Center, MPHD, and other county health departments withing the TGA, to increase awareness of HIV prevalence, identify high-risk individuals, and identify PLWHA who may not have sought or have dropped out of care.

To avoid duplicating services offered by CBOs, VCCC does not offer routine screening or testing for HIV; instead, HIV testing is limited to confirmatory testing or the testing of partners of current VCCC clients. VCCC's testing and screening protocols are based on national standards and if a person tests positive for HIV, that person is offered immediate crisis counseling and begins the intake process to become a VCCC client.

A critical challenge to the VCCC is the retention of clients who have not followed up or have difficulty adhering to structured care. A common cause of this difficulty adhering to care are lack of financial resources, lack of information about and social stigma surrounding HIV, untreated behavioral health issues, or substance use disorders. To overcome these issues, VCCC staff employ multiple resources, strategies, and tools. To address financial need, VCCC staff help clients maximize their eligibility for financial support services such as Ryan White programs, connect with local CBOs to find additional financial aid and address issues such as housing, and engage in private fundraising to help cover the cost of transportation and provide food on-site for clients in need. Education-wise, the VCCC provides clients with an overview of HIV upon diagnoses and has additional informational materials available on-site, including in non-English languages. Social workers and other professionals work collaboratively with clients to devise ways to address the stigma they may face in their daily life, whether that be through building independent coping strategies or developing methods to share their story and experience with family, friends, and colleagues to further reduce the cultural stigma around HIV. Behavioral Health specialists provide crises and on-going counseling services to clients in need, and the VCCC has an on-site group that meets weekly to help HIV positive individuals who suffer from a substance use disorder manage both their HIV and their addiction. Finally, the SE AETC allows VCCC clients, providers, and staff access, create, and share stigma and cultural humility training tools as well as learn from other ASOs in the Southeast.

To continue improving its viral suppression rate, the VCCC has focused on clients who were demonstrating difficulty adhering to medical treatment or were being lost to care. In the last five years, the VCCC has refined and continuously improved its Pathways Program, including the integration of objective metrics to help categorize clients based on their risk levels. The additional focus on staffing, resources, and program implementation have allowed the VCCC to expand the program from clients who were demonstrating barriers to care to all new clients at the VCCC. The issues addressed by the Pathways team may be extremely complex and demand a significant amount of time and expertise to address. Complex issues can involve drug interactions, formulary changes, co-pay changes, gaps in coverage and medication adherence. Clients may see the members of the Pathways team on the same day of their clinical appointment or may be scheduled to see them as needed. By providing additional, initial support to new clients and continuing these supports until the client demonstrates the ability to consistently adhere to treatment plans, the Pathways teams helps ensure that ADEs or pADEs are addressed early, before the client may be tempted to stop medication, shows the client how to address barriers to care, and develop good medication adherence and communication habits.

The Pathways team also manages unique programs designed to eliminate common barriers to care. These programs receive funding and support from the Nashville community.

1. VCCC Transportation Program: VCCC has contracted with a rideshare vendor to provide free transportation to and from clinic for clients who need it. Approximately 110 rides are arranged each month.
2. VCCC Food Pantry: VCCC has an on-site food pantry in which Supplemental Nutrition Assistance Kits (SNAKS), curated by a dietician, are provided to clients who are experiencing food insecurity. Approximately 46 SNAKs are distributed each month.
3. VCCC Harm Reduction: VCCC provides on-site syringe service for those with substance use disorders, which includes provision of safe, sterile injecting supplies, naloxone, viral hepatitis testing, and linkage to the VCCC Substance Use Recovery Clinic. Funds for the syringe service program are provided by community fundraising efforts; Ryan White Part A funds to not go to support this service.

For additional support, all clients are also assigned to a social worker who serves as a medical case manager for the clients and helps coordinate access to available community resources, including Ryan White-funded services. New clients first meet with a social worker who follows the client's process through enrollment in the clinic and meeting with the client's medical provider. This process includes obtaining records from outside facilities, reviewing the client's history of care, providing HIV related education, scheduling the provider visit, accompanying the client to the lab for intake lab tests, and being the client's primary point of contact until they meet with their provider. Clients may also reach out to their social worker at any time to help address their changing circumstances and needs.

Clients new to the VCCC are scheduled for a 40-minute meeting with a VCCC provider and follow-up appointments are typically scheduled for20 minutes. Due to the complexity of HIV care, the VCCC also allows for walk-in appoints address immediate needs and concerns. These appointments are typically scheduled for 15 minutes, and clinic staff work diligently to ensure that walk-in clients are seen. Clients may also access VCCC providers via telehealth services, and a triage phone line is reviewed by VCCC nurses each morning and staffed during the day to provide clients with additional assistance. Routine clinical care includes initial laboratory evaluation and ongoing laboratory monitoring to assure virologic control and immunologic status.

Finally, the VCCC understands that specific client groups may be at higher risk of virologic failure. The VCCC has developed programs targeting these high-risk clients, including the Obstetrics Comprehensive Care Clinic (OC3) and the Adolescent Transition Program. The OC3 focuses on pregnant women with HIV and manages their care throughout their pregnancy by collaborating with the Pediatric Infectious Diseases and Maternal Fetal Medicine programs at VUMC. This program serves about 30 pregnant women a year and has had over 500 HIV negative babies born from HIV infected mothers. The Adolescent

Transition program focuses on adolescents living with HIV who are transitioning to adult-based care and is the result of a collaboration with the Pediatric Infectious Diseases and Adolescent Medicine programs at VUMC. This program provides youth under the age of 25 with a soft entry into the VCCC, including personalized facility tours and open communication as the client's care is transitioned from their adolescent provider to their VCCC provider. In CY2023, 5 clients transitioned from adolescent to adult care at the VCCC.

As a result of these efforts, in CY2023 the VCCC achieved a 91% percent viral suppression rate, the highest in its history. Of the nine percent not reaching viral suppression, three percent are due to not receiving a test during CY2023 and the remaining six percent are either transitioning into care or not controlling the virus. VCCC staff continuously work with these individuals to get them into consistent, effective care. Due to the severity and health impacts of HIV, the VCCC's policy is that any individual who has been lost-to-care may resume treatment at the VCCC. Choosing to resume HIV treatment is a critical step toward limiting HIV transmission, and the VCCC strives to create a welcoming, judgement-free environment so that clients feel valued for making the correct decision both for their health and the health of their partners.

V. Service Specific Questions:

1. Service Model

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in activity.

2. Work Plan

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in each activity.
The work plan should include clearly written:

1. Goals
2. Objectives that are specific, time-framed, and measurable
3. Action steps
4. Staff responsible for each action step; and
5. Anticipated dates of completion.

Please note that goals for the work plan are to be written for the first year of the grant.

Discuss any challenges that are likely to be encountered in planning and implementing the project's activities described in the work plan and describe realistic and appropriate approaches to be used to resolve these challenges.

Service Model

The VCCC is a comprehensive outpatient treatment program for people living with HIV. It has over 30 years of experience developing and managing complicated care provision programs and the funding requested in this proposal would support specific efforts that are incorporated into the mission of the VCCC.

Services provided to PLWHA at the VCCC include the following:

- Clinical and Laboratory Evaluation (Primary Care, Colposcopy, Obstetrics and HIV)
- Clinical Pharmacy Services and Patient Assistance Program
- Clinical Trials Access
- Coordination of Home Care, Hospice, Infusion Transfusion Services
- Food Pantry
- Harm Reduction
- High Resolution Anoscopy
- Inpatient Care Direction
- Medical Case Management as Defined by HRSA
- New Patient Navigation
- Nutrition Services
- On-call Services
- PrEP Clinic
- Psychiatric Care and Behavioral Health Services
- Transition of Care Case Management
- Transportation Assistance

Specifically, Ryan White Part A funding will support direct medical, laboratory, and diagnostic services for PLWH as well as other core medical services needed to ensure treatment adherence, including behavioral health services, pharmacy case management, including referral services and PNCM support, and social workers who provide medical case management per HRSA's definition. Specific services are detailed below, based on service category.

Medical Case Management (Social Workers)

Due to the significant impact a diagnosis of HIV can have on an individual and their family as well as the difficulty of navigating the suite of Ryan White or other HIV/AIDS-related support services, the VCCC employs social workers who provide medical case management support to clients as defined by HRSA. At the VCCC, social workers:

- perform a psychosocial assessment on all new intakes. This 90-minute appointment consists of educating clients about HIV, providing therapeutic support for processing the diagnosis, determining eligibility for Ryan White services, and connecting the client to other CBOs and ASOs for additional resources;
- assist with Rapid Art Start appointments for qualifying clients;
- assist clients enrolling in ACA insurance plans during annual open enrollment;

- enroll, re-enroll, or dis-enroll clients in Ryan White services, as determined by financial need;
- assist clients with enrollment in Medicare and helps with other billing or insurance problems;
- provide brief therapy and crisis intervention;
- collaborate with other clinic staff to identify a client's barriers to treatment adherences and brainstorm, plan, and implement intervention strategies to solve complex client problems that inhibit care;
- identify clients or are or may become at-risk individuals;
- reach out to clients who have been lost-to-care;
- communicate regularly with clients throughout the year.

Mental Health (Behavioral Health Consultants)

Ryan White Part A partially funds three behavioral health specialists to provide behavioral health services to clients who are eligible for Ryan White Part A services. Support may include crises counseling, individual therapy, substance use disorder therapy, and therapy to address targeted behavioral issues. The VCCC behavioral health team has a designated person available during clinic hours to assist with behavioral health needs while the client is in the clinic meeting with their provider.

VCCC also provides clients who need additional behavioral health support with access to a psychiatrist and a psychiatric nurse practitioner. The psychiatrist is not funded through Ryan White Part A whereas care provided by the psychiatric nurse practitioner would be covered through the outpatient and ambulatory care process detailed in the section above.

Outpatient/Ambulatory Care (Direct Medical Services and PNCM)

VCCC will use a substantial portion of Ryan White Part A funds to cover the expense of outpatient care to uninsured clients who are eligible for Ryan White Part A. Social Work Medical Case Managers, funded in part by this grant, will work to ensure that Ryan White-eligible clients with insurance – whether through their employer, through the ACA marketplace, or through another insurance provider (i.e. Medicare or Tricare) are enrolled into the Ryan White Insurance Assistance Program. VCCC will always consider Ryan White Part A the payor-of-last-resort for outpatient or ambulatory care expenses.

The bulk of direct medical and laboratory services funded through outpatient and ambulatory services will be conducted by VCCC providers, including nine physicians, three nurse practitioners (NP), and seven fellows. In total, these providers have 120 years of experience treating PLWHA at the VCCC. All clinical providers funded by this proposal are well-qualified for their role. Each physician is board certified in Internal Medicine and Infectious Diseases and each NP has been trained at the VCCC in HIV specialty care and is precepted by a VCCC physician who is available for consult as needed. All NPs follow defined treatment protocols for HIV related care and general medical care. NP charts are reviewed and co-signed by precepting physicians as per Tennessee law. VCCC will break

outpatient and ambulatory care billings into three categories: 1) Hospital Billings, 2) Specialty Billings, and 3) VCCC Medical Services.

Hospital billings will cover lab testing and non-lab expenses (such as x-rays, scans, and other imaging) ordered by VCCC providers through outpatient services. Labs and non-labs ordered during emergency visits or by non-VCCC providers (excluding specialty providers referred to by VCCC providers) will be excluded from this billing. A full list of labs and non-labs eligible for fee reimbursement through Ryan White Part A will be listed in an agreed-upon Fee Schedule.

Vanderbilt Professional Laboratory Services (VPLS) provides access to an extensive menu of anatomic and clinical referral services available from the laboratories of Vanderbilt Medical Center to over 1,000 healthcare providers in 48 states and 12 countries. VPLS clients are given timely, high-quality testing services by this CAP-accredited laboratory and valuable professional consultation services by Vanderbilt pathologists. The VUMC Diagnostic Laboratory is licensed by State of Tennessee Department of Health and is CLIA and CAP certified.

Specialty billing will cover the expense of referring Ryan White Part A to specialists for additional testing and care. To be eligible for reimbursement, the initial referral will be from a VCCC provider. The specialist may then treat the client, order appropriate tests, or refer the client to a second specialist for additional care. The second specialist may order tests necessary and treat the client. If the second specialist believes an additional referral is required, the client will need to return the VCCC so that a VCCC provider may review the client's medical records and refer the client to the new specialist. At which point, the cycle begins again.

VCCC medical services billings will cover treatment received by the client at the VCCC. These will be the reimbursement of professional fees generated by the client's visit.

VCCC staff will review the hospital, specialty, and medical billings each month to ensure charges are appropriate. Charges with the following issues will be denied by VCCC staff and will return to VUMC for eventual coverage through charity care or another funding source:

1. Charge are more than three months prior.
    a. Example: a charge for a service in August does not appear in VUMC's billing system until December. This charge is more than three months old and will be denied.
2. Department services are not covered.
    a. Example: a charge from the emergency room appears on the specialty billings spreadsheet. This charge is not for outpatient care and will be denied.
3. Not a covered service.

   a. Example: a procedure not on the Ryan White Part A fee schedule is ordered. This charge is not a covered service and will be denied.
4. Client has insurance.
   a. Example: a procedure is ordered, and a review of the client's record shows they had employer insurance at the time of service. This charge will be denied.
5. Referral not by VCCC within the last 12 months.
   a. Example: a client meets with a specialist for a procedure thirteen months after a VCCC provider issues the referral. This charge will be denied.
6. Ordering provider is not VCCC.
   a. Example: The second specialist refers the client to a third specialist for additional care. Instead of returning to VCCC to formalize the procedure, the client makes an appointment and goes to the third specialist. This charge will be denied.

The second element of outpatient/ambulatory care will be the fee-for-encounter reimbursement of the work of VCCC's PNCMs. These staff members meet with clients to help address any issues that may arise through treatment, including identifying ADEs or pADEs or potential adverse effects based on conversations with the client or other issues that may impact medication adherence. These meetings may take place face-to-face or non-face-to-face via faxes, letters, MHAV messages, phone calls, text messages, videoconference, or other methods that clients may reach out to their PNCM.

The VCCC will maintain records of charges reimbursed through the outpatient or ambulatory billing reimbursement process and MPHD may review those records as part of their annual audit process. Billings for outpatient and ambulatory care will be submitted to MPHD monthly along with billings for other elements of the Ryan White Part A grant.

Referral Services

Partially funds an LPN who completes prior authorizations for medications prescribed by a VCCC provider, assists clients in applying for and receiving free medications through national pharmacy assistance programs, and assists with copay applications.

Work Plan

This work plan describes the objectives of the services provided by the VCCC based on the percent of clients relying on Part A funding for their direct medical services (10% of total clients) or reside in the TGA (50%) projections of program output are based on our work plan projections for Ryan White Parts C and D programs adjusted for Ryan White Part A. Clients who rely on Part A funding for direct medical services are typically more complicated and challenging than insured clients and may require more clinical services.

Medical Case Management (Social Workers)			
Goal	*Objective*	*Timeline*	*Responsible*
Number of Ryan White Part A-Eligible Clients Receiving MCM Services from Social Workers	1800	GY2025 - 2026	VCCC Director and Medical Director
Number MCM Service Units for Social Workers for Ryan White Part A Eligible Clients (15 minutes per unit).	6,600	GY2025 - 2026	VCCC Director and Medical Director
Number of Assessment or Reassessment Service Units for Social Workers for Ryan White Part A-Eligible Clients	4,104	GY2025 - 2026	VCCC Director and Medical Director
Mental Health (Behavioral Health Consultants)			
Goal	*Objective*	*Timeline*	*Responsible*
Number Behavorial Health Units with Ryan White Part A-eligible Clients (15 minutes per unit)	400	GY2025 - 2026	VCCC Director and Medical Director
Outpatient and Ambulatory Care			
Goal	*Objective*	*Timeline*	*Responsible*
Number of New, Uninsured Clients Receiving Direct OA Care at the VCCC through Ryan White Part A	35	GY2025 - 2026	VCCC Director and Medical Director
Number of All Uninured, RW Part A-eligible Clients in TGA Receiving Direct OA Care	400	GY2025 - 2026	VCCC Director and Medical Director
Number of Visits to the VCCC by Clients in the TGA Receiving Direct OA Care	800	GY2025 - 2026	VCCC Director and Medical Director
Number of Encounters with PNCM by Ryan White Part A Eligible	7,400	GY2025 - 2026	VCCC Director and Medical Director
Referral Services			
Goal	*Objective*	*Timeline*	*Responsible*
Number Referral Units for Clinical Pharmacy Services for Ryan White Part A Eligible Clients (15 Minutes per Unit)	1900	GY2025 - 2026	VCCC Director and Medical Director
Number of Ryan White Part A-Eligble Clients Receiving Pharmacy Assistance to Access Medications[12]	600	GY2025 - 2026	VCCC Director and Medical Director

[12] Includes patience assistance program, copay assistance, and prior authorizations

Program Evaluation and Clinical Quality Improvement (CQI)

The VCCC's CQI committee examines and reports on specific clinical and process outcomes regarding all levels of services. The CQI committee is comprised of employees from all areas of clinic operations and addresses specific issues related to program outcomes. Suggestions for CQI evaluation can come from any member of the committee, from clinic leadership to front-line staff. This range of perspectives promotes continuous improvement at all levels of the VCCC. The CQI committee works collaboratively with representatives from Ryan White Parts A, B, C, and D funders to craft CQI projects that align with those sponsors' needs as well.

An example of a recent CQI project the VCCC has done is a review of the VCCC's insurance rates, detailed below:

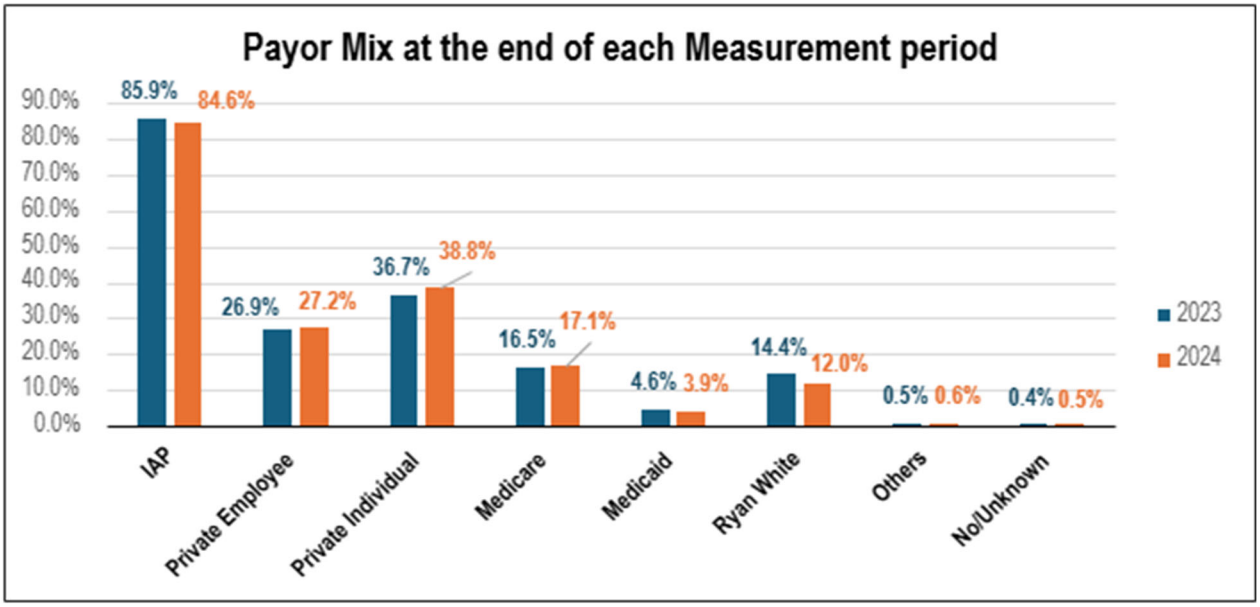
Background

Due to the expense of treating PLWHA and the changing landscape of funding in the State of Tennessee, it is critical that VCCC clients are enrolled in an insurance program whenever possible. Because of the complexity of treating HIV and other potential health impacts, insurance coverage allows clients to access both HIV-specific care and traditional primary and specialist care more consistently and with less concern about cost. Furthermore, the Ryan White program allows clients who make 400% or below of the federal poverty level for their family size receive additional financial support to cover HIV treatment through the Insurance Assistance Program (IAP) and AIDS Drugs Assistance Program (ADAP). These resources can reduce the financial impact of treating HIV. Overall, access to insurance improves health care for PLWHA and translates into higher rates of viral suppression in clients with insurance.

For Ryan White Part A, a sizable portion of the clinic's award goes to cover direct medical costs for uninsured PLWHA who live within the TGA. Due to the expense of health care, this spending category is the greatest line item in the clinic's annual proposed budget and actual spend. Increasing insurance enrollments may result in reduced expenditures on this line item and those savings could be applied elsewhere to support clinic operations or additional services. The VCCC's Ryan White Part B funder, the State of Tennessee, goal is to increase insurance enrollment and maximize the health impacts of their expenditures, so this project aligned with their needs.

The CQI program for the VCCC was to evaluate insurance enrollment for clients who received Medical Case Management (face-to-face or non-face-to-face) from CY2023 to CY2024. This could include enrollment in IAPs, in private insurance, in employer-sponsored insurance, and in governmental-sponsored care such as Medicaid, Medicare, and Tricare. Developing a deeper understanding of how VCCC is improving insurance access will allow staff to strategize specific interventions to continuously improve insurance rates.

Payor Type	Number of Clients		% of Clients	
	2023	2024	2023	2024
IAP	1380	1585	85.9%	84.6%
Private Employee	508	583	26.9%	27.2%
Private Individual	692	830	36.7%	38.8%
Medicare	311	365	16.5%	17.1%
Medicaid	86	83	4.6%	3.9%
Ryan White	271	256	14.4%	12.0%
Others	10	13	0.5%	0.6%
No/Unknown	7	10	0.4%	0.5%
Total # of Clients	1885	2140	100%	100%



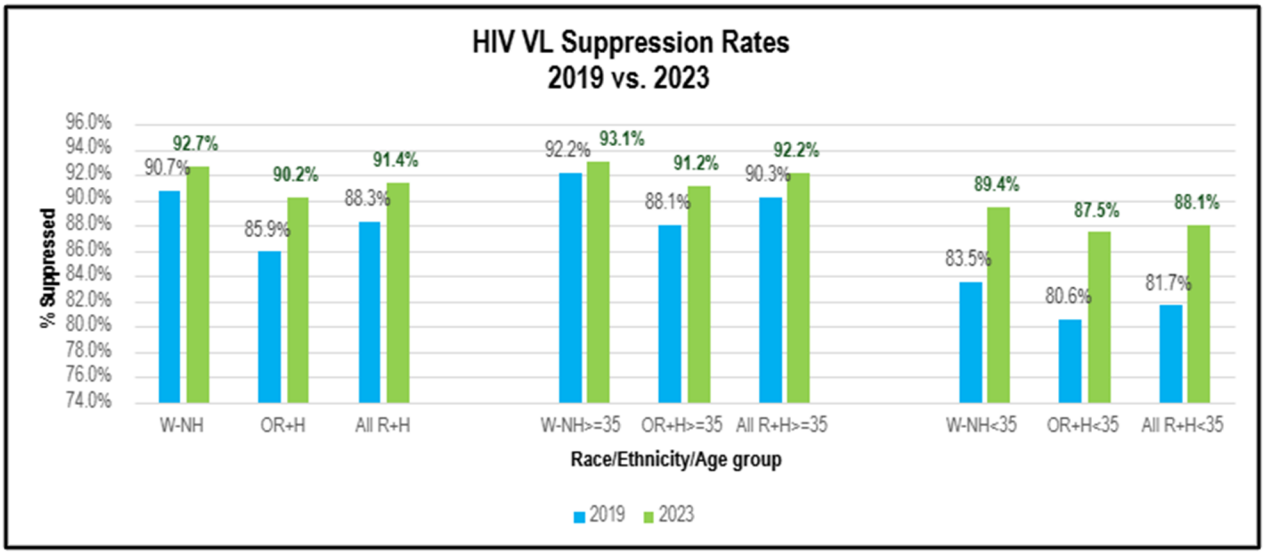
Between CY2023 and CY2024, the total number clients served by the VCCC remained constant (3,804 and 3,811, respectively). In CY2024, a greater percentage of the VCCC's clients received Medical Case Management (50% to 56%). This increase translated into improved insurance rates, especially in the private individual category (2.1% increase). The slight decrease in IAP and Ryan White are connected to the income levels of the VCCC's clients, so the clinic is seeing an increase in clients whose annual income exceeds 400% of the Federal Poverty Level for their family size. Because the aim of the CQI project was to qualify clients on insurances other than Ryan White, the decline of 2.4% of clients on Ryan White program assistance is also a success.

Viral Suppression Rates

The primary focus of the VCCC is to increase the viral suppression rates of its clients. This results in a continuous CQI focus centered around improving these metrics. To better align with State of TN population categories, the VCCC has analyzed its HIV viral suppression rates for PLWHA who are under 35 and PLWHA who are 35 or older. Historically, as PLWHA

age, their viral suppression rate increases. VCCC believes this is due to an increase in financial security, access to insurance increases, and housing stability as individuals age and develop their professional careers. A comparison of viral suppression rates for these two age groups, comparing CY2019 (the prior Ryan White Grant Application Year) with CY2023, the year with final viral suppression rates available.

	% Clients				
	HIV VL Suppression			Without HIV VL Test	
	2019	2023	% Increase	2019	2023
W-NH[13]	90.7%	92.7%	1.9%	1.9%	2.8%
OR+H[14]	85.9%	90.2%	4.3%	2.6%	2.7%
All R+H[15]	88.3%	91.4%	3.1%	2.2%	2.7%
W-NH>=35	92.2%	93.1%	0.9%	1.8%	3.0%
OR+H>=35	88.1%	91.2%	3.1%	2.4%	2.6%
All R+H>=35	90.3%	92.2%	1.9%	2.1%	2.8%
W-NH<35	83.5%	89.4%	5.9%	1.9%	1.4%
OR+H<35	80.6%	87.5%	6.9%	3.2%	3.0%
All R+H<35	81.7%	88.1%	6.4%	2.7%	2.5%



Between CY2019 and CY2023, the VCCC saw substantial improvements the viral load suppression rates for PLWHA under and over 35, both for the clinic population as a whole and for demographic subgroups

[13] White, Non-Hispanic
[14] Other Races and Hispanic
[15] All Races and Hispanic

Specific highlights include an increase of 4.3% of viral suppression in non-white clients of other races and Hispanic for all ages, with increases of 3.1% and 6.9% for the 35 and over age group and under 35 age group, respectively. In all categories, the VCCC's viral load suppression rate increased.

VCCC may use this data to identify a potential CQI project in the future. For example, there was an increase of 0.5%in the percentage of clients of all races and Hispanic who did not take an HIV viral load test in CY2023 and an increase of 0.7% among all races and Hispanic clients who are 35 and older. The VCCC can take this analysis to the CQI committee for further reviews and determine if a CQI projected centered around improving the rate of HIV testing for specific categories is an appropriate project and – if approved – strategize with stakeholders for ways to improve performance in that area.

Timeline

A general timeline for CQI projects is outlined below. Because Ryan White Parts A and B funding begins in the spring, CQI projects for those grants are typically determined in the spring in partnership with the funders. The CQI team meets to determine the final metrics, strategize approach, and begin the project. Data is reviewed continuously throughout the year to determine if any adjustments are needed, and a final analysis is completed at year end.

Task	Who	Due Date
Define and generate data set	CQI Committee and RW Funders	Spring 2025
Develop and implement CQI approach	CQI Committee and impacted staff	Spring 2025
Present to the CQI Committee for review and recommendations	CQI Committee	Ongoing, during bi-monthly CQI meetings
Review Impact	CQI Committee	Winter 2026

D. Budget (35 Points)

Complete the entire Budget Spreadsheet attachment (excel version) which describes how you will use the funds to provide the service requested in the scope of work for this solicitation. Include detailed information about the number and type of staff your firm will fund, staffing costs and other specific costs associated with providing the services.

Contractors will be allowed to budget up to 10% for administrative costs, including indirect charges.

Leaving blanks on any of the Budget Spreadsheets and/or not following the provided format may result in your proposal being deemed non-responsive.

See attached Budget Spreadsheets for each of the funding categories VCCC is requesting funding for:

1. Attachment 11A: Medical Case Management (Social Workers) Budget
2. Attachment 11B: Mental Health (Behavioral Health Consultants) Budget
3. Attachment 11C: Outpatient/Ambulatory Care
4. Attachment 11D: Referral Services

Attachment 01: Letters of Support from ASOs

January 29, 2025

Dr. Sean Kelly
Vanderbilt Comprehensive Care Center
719 Thompson Lane, Suite 37189
Nashville, TN 37204

Dear Dr. Kelly:

Neighborhood Health is delighted to learn that Vanderbilt Comprehensive Care Center is seeking (VCCC) Ryan White funding to continue to provide comprehensive services for individuals living with HIV/AIDS.

Neighborhood Health knows first-hand the local need among underserved members of our communities, particularly our Black, LGBTQIA, drug-using and other marginalized communities. These individuals have few healthcare options.

VCCC increases access to unique specialized care for those living with HIV/AIDS. Care provided by VCCC is provided nowhere else in our community. VCCC was the first agency in Nashville to recognize the need for special medical care and participate in research to ensure clinical advances for treating those who were HIV positive. VCCC now also cares for high-risk pregnant women that are living with HIV. Your pediatricians care for the infant after birth, ensuring a safe delivery.

Neighborhood Health has worked with VCCC to develop a productive partnership. We appreciate that VCCC is there to receive our refer clients, especially those with hepatitis B or hepatitis C coinfection. Through this close partnership, we maximize our collective impact in our community, improve the health of our highest risk residents, and reduce HIV/AIDS transmission.

Neighborhood Health pledges to continue to work closely with VCCC to improve the health of everyone in our community.

Sincerely,

Brian Haile

Brian Haile
Patient & Chief Executive Officer

January 31, 2025

Dear Dr. Kelly,

We are very pleased to learn that Vanderbilt Comprehensive Care Clinic (VCCC) is seeking Ryan White Part A funding to continue to provide comprehensive services for individuals living with HIV/AIDS.

VCCC, Tennessee's largest HIV treatment center, knows first-hand the local need among underserved members of our communities, particularly persons of color, members of the LGBTQIA community, persons affected by substance use disorder, and other marginalized groups.

Nashville CARES eliminates barriers to HIV care and access to care in several ways: medical case management and insurance navigation, housing assistance, nutrition assistance, transportation assistance, behavioral health care, HIV and STI testing and linkage to care, in addition to comprehensive HIV care and pre-exposure prophylaxis (PrEP) care across the care continuum. Over several decades, we have worked with VCCC to develop a productive partnership and successfully co-manage many patients together. As partners, we maximize our collective impact in our community, improve the health of our highest risk residents, and reduce HIV/AIDS transmission.

We pledge to continue to work closely with VCCC to improve the health of everyone in our community.

Sincerely,



Amna Osman
CEO, Nashville CARES

Attachment 02: Resume and Job Description of Financial Manager

Adrian McBride

1337 Duns Lane Nolensville, TN | (323) 309-2049 | Adrian.n.mcbride@vumc.org

Profile

Professional public programs administrator with experience in grant writing, budget management, community engagement, volunteer management, data management, and internal and external collaboration.

Experience

PROGRAM MANAGER | VANDERBILT UNIVERSITY MEDICAL CENTER | 02/2024 – PRESENT

- Manage day-to-day grant compliance and management for Ryan White Parts A-D grants, with annual expenditures exceeding $3 million
- Collaborate with data administrative and clinic leadership to submit grant reports and data to funders
- Oversee see the drafting and submitting application process through internal VUMC systems and funders' systems
- Partner with VUMC accounting staff to ensure accurate and timely submittal of monthly invoices
- Partner with VUMC legal staff to provide initial review and comments on grant contracts and other legal documents

COMMUNITY PROGRAMS ADMINISTRATOR | SAN JOSE PUBLIC LIBRARY | 11/2020 – 07/2023

- Supervised staff of nine who manage a variety of public-facing programs, including an adult literacy program, an alternative high school diploma program, an ESL program, and a high school scholarship program
- Managed annual budget for Partners In Reading (PAR) unit of approximately $1 million from multiple funding sources, including state grants, city general funds, and private donors
- Oversaw migration of program data from internal MS Access database to cloud-based database resulting in improved data accuracy and streamlined reporting
- Researched and applied for state grants to secure ongoing financial support for adult literacy programming and to develop new programs for San José's highest-needs community members
- Served as staff lead for over 30 librarians who focus on either college and career readiness programs or adult programs at 25 branch libraries
- Led development and implementation of a citywide College and Career Readiness Logic Model across 13 City of San José departments to better align City-provided educational and career opportunities for youth and young adults
- Partnered with the City of San José Mayor's Office and San José Public Library Foundation to obtain over $5 million in donations to date from corporate and private donors with goal of an endowment of over $10 million to ensure program longevity

LITERACY PROGRAMS ADMINISTRATOR | SAN JOSE PUBLIC LIBRARY | 06/2018 – 11/2020

- Conceived, developed, and iterated the SJ Aspires program, a scholarship program that provides post-secondary funding to over 1,200 students at Title I schools in San José

- Drafted and executed MOUs, RFPs, and other contract and compliance documentation needed to formalize partnerships for SJ Aspires with school districts and service providers
- Managed ongoing partnership with Salesforce consultant to develop and iterate database administrative backend (Summer 2020), design and implement a student community portal (Winter 2021), and create a mobile application (Spring 2022)
- Led the development and adoption of citywide College and Career Readiness Quality Standards by collaborating with stakeholders from city departments, secondary schools, post-secondary institutions, and apprenticeship/internship programs throughout San José

CTE INCENTIVE GRANT COORDINATOR| LOS ANGELES UNIFIED SCHOOL DISTRICT | 06/2017 – 06/2018

- • Managed over $4 million in state grant funds at 11 middle and high schools in Los Angeles
- Reviewed and approved program expenditures for over 20 Career Technical Education pathways, including graphic design, photography, video production, performing arts, engineering, and business administration
- Presented on new, in-progress, and model programs to teachers and administrators at district-wide professional development events
- Provided an overview of, reviewed, and provided feedback on grant applications for teachers and administrators at assigned schools
- Evaluated and determined final allocation of funds for grant proposals from over 70 CTE programs as part of formal, internal LAUSD evaluation process

CHARTER SCHOOL PROPOSAL WRITER| PATHWAYS MANAGEMENT GROUP | 06/2016 – 05/2017

- • Drafted grant and charter proposals to foundations and authorizers
- Obtained required proposal materials from multiple departments
- Awarded charter start-up grant from Albertson Family Foundation along with charter authorization from Nampa School District (Idaho)

PROGRAM DIRECTOR, WRITERS IN THE SCHOOLS| UNIVERSITY OF ARKANSAS | 08/2012 – 05/2014

- Developed and constructed official website, including anthology archive and teaching materials, to demonstrate program's history in Arkansas
- Managed annual budget of $50,000 and organized related records
- Increased number of participating schools by over 50% from 2012 to 2014
- Trained, scheduled, and supervised over 20 WITS instructors per year
- Designed and published 2012-13 and 2013-14 Writers in the Schools Poetry Anthology

INSTRUCTOR | UNIVERSITY OF ARKANSAS | 01/2011 – 08/2012

- Taught Composition 1013 and 1023 core courses to over 40 undergraduate students per semester, including curriculum design, rubric design, and grading

COMPLIANCE MANAGER | JIM JEAN CHE COMPANY | 07/2008 – 08/2010

- Monitored product production from raw material to final inventory
- Supervised transition from traditional to consignment-based ordering for major customer

- Revised internal documentation and procedures to meet AS-9100 certification requirements and oversaw initial awarding of AS-9100 certification

SECONDARY ENGLISH TEACHER | BELL HIGH SCHOOL (LAUSD) | 08/2003 – 07/2007

- Taught 9th to 12th grade Remedial, Regular, Honors, and AP English courses to 150+ students per year
- Coached Academic Decathlon to increase of 20+ places in LAUSD competition over three years
- Oversaw training and assessment of LAUSD Periodic Assessment Exams, including teacher training, grading, and data analysis

Education

MFA IN CREATIVE WRITING, FICTION | MAY 2014 | UNIVERISTY OF ARKANSAS

B.A. IN ENGLISH | MAY 2002 | UNIVERSITY OF SOUTHERN CALIFORNIA

Skills & Abilities

- Microsoft Office
- Google Drive
- Salesforce
- Workday
- CAREWares

VANDERBILT UNIVERSITY MEDICAL CENTER

Overview

Overview

Inactive	No
View As Of	01/31/2025
Date of Last Change	01/31/2025 09:46:29.143 AM
Job Profile Name	3543 - Program Manager
Job Code	3543
Include Job Code in Name	No
Job Profile Summary	JOB SUMMARY Plans, develops and executes ongoing program(s) that impacts a significant segment of the organization under occasional guidance.
Job Description	KEY RESPONSIBILITIES • Oversees the creation, coordination and execution of the program. • Provides budgetary management to the program. • Provides training and guidance for individuals supporting the program. • Promotes growth and expansion of the program. • The responsibilities listed are a general overview of the position and additional duties may be assigned. TECHNICAL CAPABILITIES • Program Management (Intermediate): Planning, organizing, and managing resources to bring about the successful completion of specific program goals and objectives. • Financial Processes (Intermediate): Ability to monitor costs, expenses and revenue as well as the ability to manage those costs and expenses in relation to budgeted amounts. • Process Improvement (Intermediate): Identifies, analyzes and improves upon existing business processes for optimization and to meet standards of quality. • Peer Leadership (Intermediate): The ability to show leadership and influence people of equal rank in an effort to accomplish team goals. • Networking (Intermediate): Build relationships through industry contacts, professional organizations and individuals. • Quality Management (Intermediate): Developing a systematic process of checking to see whether a process or service is meeting specific requirements.
Additional Job Description	PHYSICAL REQUIREMENTS "Sedentary" category requiring exertion up to 10 lbs. of force occasionally and uses negligible amounts of force to move objects. Sedentary work involves sitting most of the time. PHYSICAL DEMANDS Odor - Not Applicable Electrical current - Not Applicable Working in high, exposed places - Not Applicable Proximity to moving mechanical parts - Not Applicable Radiation: May be exposed to occupational radiation, requiring enrollment in VUMC's Radiation Safety Program which includes training, use of personal protective equipment with lead shielding, and personal dose monitoring. - Not Applicable Pathogens: Risk of exposure to bloodborne pathogens and other contagious illnesses. - Not Applicable Climate: Ability to withstand exposure to atmospheric extremes including heat, cold, humidity, and barometric pressure changes. - Not Applicable Dust - Not Applicable Mist - Not Applicable Vibration: Subject to oscillating movement. - Not Applicable Bimanual Dexterity: Requiring the use of both hands. - Frequent Sitting: Remaining in seated position - Frequent Standing: Remaining on one's feet without moving. - Occasional Walking: Moving about on foot. - Occasional Lifting under 35 lbs: Raising and lowering objects under 35 lbs from one level to another - Occasional Lifting over 35 lbs: Raising and lowering objects from one level to another, includes upward pulling over 35 lbs, with help of coworkers or assistive device - Not Applicable Carrying over 35 lbs: Transporting an object holding in hands, arms or shoulders, with help of coworkers or assistive device. - Not Applicable Carrying under 35 lbs: Transporting an object holding in hands, arms or shoulders, with help of coworkers or assistive device. - Occasional Push/Pull: Exerting force to move objects away from or toward. - Occasional Bending/Stooping: Trunk bending downward and forward by bending spine at waist requiring full use of lower extremities and back muscles - Not Applicable Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching or maneuvering self, patient and equipment simultaneously while working in large and small spaces - Not

Applicable Crawling: Moving about on hands and knees or hands and feet. - Not Applicable Climbing: Ascending or descending stairs/ramps using feet and legs and/or hands and arms. - Not Applicable Kneeling: Bending legs at knees to come to rest on knee or knees. - Not Applicable Crouching/Squatting: Bending body downward and forward by bending legs and spine.Reaching above shoulders: Extending arms in any direction above shoulders. - Not Applicable Reaching above shoulders: Extending arms in any direction above shoulders. - Occasional Reaching below shoulders: Extending arms in any direction below shoulders. - Frequent Handling: Seizing, holding, grasping, turning or otherwise working with hand or hands. - Not Applicable Fingering: Picking, pinching, gripping, working primarily with fingers requiring fine manipulation. - Frequent Auditory: Perceiving the variances of sounds, tones and pitches and able to focus on single source of auditory information - Continuous Communication: Expressing or exchanging written/verbal/electronic information. - Continuous Vision: Clarity of near vision at 20 inches or less and far vision at 20 feet or more with depth perception, peripheral vision, color vision. - Continuous Smell: Ability to detect and identify odors. - Continuous Feeling: Ability to perceive size, shape, temperature, texture by touch with fingertips. - Not Applicable Noise: May include exposure to occupational noise levels which equal or exceed an 8-hr time-weighted average of 85 decibels, requiring enrollment in VUMC's Hearing Conservation Program which includes training, use of hearing protection, and periodic audiometry. - Not Applicable Chemicals and Gasses: Medications, cleaning chemicals, oxygen, other medical gases used in work area. - Occasional Taste: Ability to detect quality, texture, consistency and taste of prepared foods/quality control. - Not Applicable

Job Title Default	Program Manager
Restrict to Country	
Management Level	Professional
Job Level	2 Professional
Job Family	Program Project
Job Category	Project Coord & Mgt
Job Classifications	2.1Y - PRJ - Project Coord & Mgt Professionals (Affirmation Action Group-United States of America) BGP-09 - Criminal, Education, Employment (BGP-United States of America) Indirect - Indirect Patient Care (Patient Care Indicator-United States of America) None - 0 (Officer Code-United States of America) Professional Nonfaculty - Professional Nonfaculty (EEO-6-United States of America) Professionals - Professionals (EE0-1-United States of America) Recruiting - Recruiting (Hiring Source-United States of America) Regular - Regular (Worker Sub Type-United States of America)
Work Shift Required	No
Public Job	Yes
Referral Payment Plan	

Characteristics

Difficulty to Fill	
Critical Job	No

Compensation

Compensation Grade	X36
Compensation Grade Profile	
Impacted Eligibility Rules	

VANDERBILT UNIVERSITY MEDICAL CENTER

Additional Data

View As Of 01/31/2025

Employee Class

Employee Class Staff

Fixed or Variable

Fixed or Variable Fixed

Business Process History

Business Process History

Business Process	Effective Date	Initiated On	Completed On	Status

Qualifications

Certifications

Certification

Required	Country	Certification (Predefined)	Certification (Not Predefined)	Issuer (Not Predefined)	Specialty	Subspecialty

Competencies

Competencies from Other Sources

Required	Competency	Target Rating	Source	Source Type

Education

Education

Required	Degree	Field of Study
	Bachelor's	

Languages

Languages

Required	Language	Ability	Proficiency

Responsibilities

Responsibilities

VANDERBILT UNIVERSITY MEDICAL CENTER

Required	Responsibility

Training

Training

Required	Training	Training Type	Description

Work Experience

Work Experience

Required	Work Experience	Experience Level
Yes	Relevant Work Experience	3 years

Equivalence Rule

Equivalence Rule

Equivalence Rule	Derived Logic

Pay

Pay Rate Type

Pay Rate Types

Country	Pay Rate Type
United States of America	Salary

Job Exempt

Job Exempt

Country / Country Region	Job Exempt
United States of America	Yes

Workers' Compensation Code

Worker's Compensation Codes

Workers' Compensation Code	Country	Country Region	Location
8833 - Hospital: Professional Employees (United States of America)	United States of America		

Attachment 03: State Licensure or Accreditation

Last Updated: 1/31/2025

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Hospital
County = All
Results = 1
Total Beds = 1245

Click here to return to the search page

1

Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232
615-322-3454

Administrator: C. Wright Pinson, M.B.A., M.D.
Owner Information:
Vanderbilt University Medical Center
1211 Medical Center Drive
Nashville, TN 37232
615-322-3454

Facility License Number: 00000027
Status: Licensed
Number of Beds: 1245
Date of Last Survey: 10/31/2019
Accreditation Expires: 11/20/2024
Date of Original Licensure: 09/22/1947
Date of Expiration: 04/29/2025
No Disciplinary Actions

CERTIFICATE OF DISTINCTION

has been awarded to

Vanderbilt University Medical Center

Nashville, TN

as a

Primary Care Medical Home

by

The Joint Commission

based on a review of compliance with
The Joint Commission's requirements for Certification

August 10, 2024

Certification is customarily valid for up to 36 months.

Michael Suk, MD, JD, MPH, MBA, FACS
Chair, Board of Commissioners

ID #7892

Print/Reprint Date: 01/06/2025

Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI
President and Chief Executive Officer

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

The Joint Commission™

Home > Who We Are > Who We Work With > Find Accredited Organizations

Find Accredited Organizations

The Joint Commission is proud to accredit nearly 15,000 healthcare organizations and certify and verify over 4,600 programs across the continuum of care in the United States.



Earning accreditation, certification or verification from The Joint Commission signifies many things, with none larger than a devotion to patient safety and quality of care. By earning our *Gold Seal of Approval*®, healthcare organizations and programs exemplify their commitment to using best practices to improve safety and quality for their patients, staff and community.

Through the accreditation, certification and verification process, organizations and programs undergo an objective evaluation process to measure, assess and improve performance. Our state-of-the-art standards focus on patient safety and quality

care to help reduce the risk of errors and allow for continuous improvement.

If you are looking for organizations outside of the United States, view Joint Commission International accredited organizations listings.

Vanderbilt University Medical Center

Result **1** of **1** for **Vanderbilt University Medical Center**

ORGANIZATION LISTING

Vanderbilt University Medical Center

HCO ID: 7892

DBA: Vanderbilt University Hospital
1211 Medical Center Drive
Nashville, Tennessee 37232-2101

Website:
http://www.vumc.org

Accredited Programs

	Decision	Effective Date
Hospital	Accredited	08/10/2024
Behavioral Health Care and Human Services	Accredited	08/06/2024

Attachment 04: Articles of Incorporation

BILL GARRETT, Davidson County
Trans:T20150020158 CHARTER
Recvd: 03/19/15 12:22 8 pgs
Fees:8.50 Taxes:0.00
20150319-0023787

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Vanderbilt University Medical Center
STE D3300MCN
1161 21ST AVE S
NASHVILLE, TN 37232-5545

March 18, 2015

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**000792687**	Formation Locale:	TENNESSEE
Filing Type:	Nonprofit Corporation - Domestic	Date Formed:	03/18/2015
Filing Date:	03/18/2015 3:00 PM	Fiscal Year Close:	6
Status:	Active	Annual Report Due:	10/01/2015
Duration Term:	Perpetual	Image # :	B0072-0037
Public/Mutual Benefit:	Public		
Business County:	DAVIDSON COUNTY		

Document Receipt

Receipt # : 001913641	Filing Fee:	$100.00
Payment-Check/MO - Vanderbilt University, NASHVILLE, TN		$100.00

Registered Agent Address:
NATIONAL REGISTERED AGENTS, INC.
STE 2021
800 S GAY ST
KNOXVILLE, TN 37929-9710

Principal Address:
STE D3300MCN
1161 21ST AVE S
NASHVILLE, TN 37232-5545

Congratulations on the successful filing of your **Charter** for **Vanderbilt University Medical Center** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and recieve it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Charmayne Blair

FILED

000772-0037 03/10/2015 3:33 PM Received by Tennessee Secretary of State Fire Retst

CHARTER

OF

VANDERBILT UNIVERSITY MEDICAL CENTER

Pursuant to the provisions of Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (the "**Tennessee Nonprofit Corporation Act**"), the undersigned corporation, acting through its incorporator, hereby adopts the following Charter:

ARTICLE I

The name of the corporation is Vanderbilt University Medical Center (the "**Corporation**").

ARTICLE II

The Corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the Corporation shall have the status of a nonprofit corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended and to include any corresponding provisions of any subsequent federal tax laws (hereinafter, the "**Code**"), as an organization described and operated within the meaning of Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the Corporation's initial registered office are 800 South Gay Street, Suite 2021, Knoxville, Tennessee, 37929-9710, and the county in which the initial registered office is located is Knox County. The name of the Corporation's

FILED

initial registered agent at the Corporation's initial registered office is National Registered Agents, Inc.

(b) The street address and zip code of the Corporation's initial principal office are 1161 21st Avenue South, Suite D3300 MCN, Nashville, Tennessee, 37232-5545, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of the incorporator of the Corporation are:

NAME	ADDRESS
Audrey J. Anderson	305 Kirkland Hall Vanderbilt University Nashville, TN 37240-0001

ARTICLE V

The Corporation's fiscal year shall conclude on June 30 every year.

ARTICLE VI

(a) The purposes for which the Corporation is organized are to operate exclusively for charitable, educational and scientific purposes, within the meaning of Section 501(c)(3) of the Code; and within such limits, and inclusive of such other consistent purposes, as may be set forth in the Bylaws of the Corporation, to: (1) operate, maintain or control one or more academic medical and health science centers, including (but not limited to) related health care, research, and other facilities (which also may be used for biomedical research, administration, and training and education of health care and life sciences professionals), all as may currently exist or as may be established in the future, as part of an integrated, world-class health system affiliated with Vanderbilt University, a Tennessee nonprofit corporation

D0872-0035 03/18/2015 5:00 PM Received by Tennessee Secretary of State Tre Hargett

FILED

("**Vanderbilt University**"); (2) preserve, promote, and enhance the availability of health care services and scientific advances in public health, in the communities served by the Corporation, by Vanderbilt University, and their respective affiliates and networks; (3) otherwise advance purposes consistent with the general purposes herein and the mission as set forth in the Bylaws; and (4) otherwise fulfill and satisfy the Corporation's obligations as a party to one or more agreements to be entered into by and among the Corporation, on the one hand, and Vanderbilt University on the other hand, to ensure that the Corporation and Vanderbilt may efficiently and effectively pursue shared interests in health-related research and training.

(b) Subject to the limitations contained in this Charter and the Bylaws and without partisanship of any kind, the Corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article VI and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are described in Section 501(c)(3) of the Code.

(c) The Corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code; (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code; or (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

25572-0036 03/19/2015 3:00 PM Received by Tennessee Secretary of State Tre Hargett

FILED

202512-5618 03/10/2025 2:00 PM Received by Tennessee Secretary of State Tre Hargett

ARTICLE VII

(a) All powers of the Corporation shall be exercised by or under the authority of, and the affairs of the Corporation shall be managed by or under the direction of, its Board of Directors. The Board of Directors of the Corporation shall exercise all such powers subject to, and in accordance with, the Bylaws of the Corporation. The manner of appointment or election of the members of the Board of Directors shall be set forth in the Bylaws.

(b) Except as otherwise provided in this Charter, the internal affairs of the Corporation shall be governed by, and regulated and determined as provided in, the Corporation's Bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporator, directors, officers or other private persons having a personal or private interest in the Corporation, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code shall apply to the Corporation, in which case the Corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified.

FILED

000772-0041 03/19/2015 3:05 PM Received by Tennessee Secretary Of State. The Hermitage

The Corporation shall not in any manner or to any extent participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code.

(c) Neither the whole, or any part or portion, of the assets or net earnings of the Corporation shall be used, nor shall the Corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(d) Upon dissolution of the Corporation, all of the Corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the Corporation (but not including assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to Vanderbilt University, or to one or more organizations as approved in writing by Vanderbilt University, provided that Vanderbilt University or such other approved organization(s) are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code.

ARTICLE IX

The Corporation's Charter may be amended, restated or altered, in whole or in part, by the affirmative vote of at least seventy-five percent (75%) of all of the members of the Corporation's Board of Directors then in office at a duly called meeting at which a quorum is present; provided that (a) at least seven (7) calendar days' notice in writing setting forth a proposed amendment, restatement or alteration of the Corporation's Charter, or a reasonably detailed summary thereof, has first been provided to the Corporation's Board of Directors, and (b) the approval of Vanderbilt University shall be required for any amendment that adversely

FILED

impacts the rights of Vanderbilt University or the VU Directors, as that term is defined in the Corporation's Bylaws.

[Signature page follows]

PM72-0042 03/19/2015 2:50 PM Received by Tennessee Secretary of State Tre Hargett

FILED

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18 day of March, 2015.

Audrey J. Anderson,
Incorporator

[*Signature Page to Charter*]

20072-0043 03/18/2015 3:59 PM Received by Tennessee Secretary of State Tre Hargett

Attachment 05: Documentation of 501(c)3 Status

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

DEPARTMENT OF THE TREASURY

Date: MAY 19 2015

VANDERBILT UNIVERSITY MEDICAL
CENTER
C/O HOWARD S SILVER
HOGAN LOVELLS US LLP
555 13TH ST NW
WASHINGTON, DC 20004

Employer Identification Number:
35-2528741
DLN:
17053089319005
Contact Person:
MS. LEE ID# 31208
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(iii)
Form 990 Required:
Yes
Effective Date of Exemption:
March 18, 2015
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.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

VANDERBILT UNIVERSITY MEDICAL

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Director, Exempt Organizations

Letter 947

Attachment 06: A-122 Audit

Consolidated Financial Statements and Uniform Guidance Reports and Schedule

Vanderbilt University Medical Center
Years Ended June 30, 2023 and 2022
With Reports of Independent Auditors

Ernst & Young LLP



Vanderbilt University Medical Center

Consolidated Financial Statements and Uniform Guidance Reports and Schedule

June 30, 2023 and 2022

Contents

Report of Independent Auditors 1

Consolidated Financial Statements

Consolidated Balance Sheets 4
Consolidated Statements of Operations 5
Consolidated Statements of Changes in Net Assets 6
Consolidated Statements of Cash Flows 7
Notes to Consolidated Financial Statements 8

Supplementary Information

Schedule of Expenditures of Federal Awards and State Financial Assistance 47
Notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance 74

Uniform Guidance Reports and Schedule

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards* 76
Report of Independent Auditors on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance 78
Schedule of Findings and Questioned Costs 81

Ernst & Young LLP
Suite 2100
222 2nd Avenue South
Nashville, TN 37201

Tel: +1 615 252 2000
ey.com

Building a better working world

Report of Independent Auditors

Senior Management and the Board of Directors
Vanderbilt University Medical Center

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Vanderbilt University Medical Center (VUMC), which comprise the consolidated balance sheets as June 30, 2023 and 2022, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of VUMC at June 30, 2023 and 2022, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of VUMC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about VUMC's ability to continue as a going concern for one year after the date that the financial statements are issued.

A member firm of Ernst & Young Global Limited

Building a better working world

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of VUMC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about VUMC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

A member firm of Ernst & Young Global Limited

Building a better working world

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to September 29, 2023. The Schedule of Expenditures of Federal Awards and State Financial Assistance as required by Title 2 U.S. *Code of Federal Regulations* Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and the *State of Tennessee Audit Manual* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 29, 2023, on our consideration of VUMC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of VUMC's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering VUMC's internal control over financial reporting and compliance.

Ernst & Young LLP

September 29, 2023, except for our report on the Schedule of Expenditures of Federal Awards and State Financial Assistance for which the date is February 20, 2024

A member firm of Ernst & Young Global Limited

Vanderbilt University Medical Center
Consolidated Balance Sheets
June 30, 2023 and 2022

($ in thousands)	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	$ 679,566	$ 651,720
Current investments	104,923	255,090
Patient accounts receivable	730,052	658,644
Grants and contracts receivable	148,543	88,793
Inventories	160,134	134,557
Other current assets	88,667	122,903
Total current assets	1,911,885	1,911,707
Restricted cash	95,088	18,662
Noncurrent investments	932,952	773,234
Noncurrent investments limited as to use	165,119	150,925
Property, plant, and equipment, net	1,768,649	1,679,768
Operating lease assets	845,573	826,560
Other noncurrent assets	173,687	166,734
Total assets	$ 5,892,953	$ 5,527,590
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	$ 23,910	$ 18,193
Accounts payable and other accrued expenses	473,542	404,059
Medicare accelerated payments	–	15,956
Estimated liabilities under third-party programs	67,022	89,328
Accrued compensation and benefits	345,691	353,270
Current portion of operating lease liabilities	71,906	68,510
Current portion of deferred revenue	8,275	9,494
Current portion of medical malpractice self-insurance reserves	18,414	15,820
Total current liabilities	1,008,760	974,630
Long-term debt, net of current portion	1,854,940	1,728,263
Noncurrent portion of operating lease liabilities	800,003	783,178
Fair value of interest rate exchange agreements	33,157	45,019
Noncurrent portion of medical malpractice self-insurance reserves	72,039	65,816
Noncurrent portion of deferred revenue	758	1,560
Other noncurrent liabilities	9,741	8,856
Total liabilities	3,779,398	3,607,322
Net assets without donor restrictions:		
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	1,774,525	1,631,068
Net assets without donor restrictions related to noncontrolling interests	21,929	20,768
Total net assets without donor restrictions	1,796,454	1,651,836
Net assets with donor restrictions	317,101	268,432
Total net assets	2,113,555	1,920,268
Total liabilities and net assets	$ 5,892,953	$5,527,590

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Operations
Years Ended June 30, 2023 and 2022

($ in thousands)	2023	2022
Operating revenues		
Patient service revenue	$ 5,871,054	$ 5,356,273
Academic and research revenue	765,527	705,859
Other operating revenue	224,494	278,736
Total operating revenues	6,861,075	6,340,868
Operating expenses		
Salaries, wages, and benefits	3,697,820	3,304,333
Supplies and drugs	1,533,897	1,378,316
Facilities, equipment, and technology	398,957	364,623
Services and other	921,467	909,783
Depreciation and amortization	191,046	172,999
Interest	66,192	59,930
Total operating expenses	6,809,379	6,189,984
Income from operations	51,696	150,884
Nonoperating revenues and expenses		
Income (loss) from investments	61,043	(71,057)
Gift income	24,977	21,477
Earnings of unconsolidated organizations	3,932	9,392
Unrealized gain on interest rate exchange agreements, net of cash settlements	9,611	25,841
Other nonoperating (losses) gains	(1)	5,957
Total nonoperating revenues and expenses	99,562	(8,390)
Excess of revenues over expenses	151,258	142,494
Excess of revenues over expenses attributable to noncontrolling interests	(8,507)	(8,886)
Excess of revenues over expenses attributable to VUMC	142,751	133,608
Other changes in net assets without donor restrictions		
Change in noncontrolling interests' net assets	1,161	12,429
Net assets released from restriction for capital	984	6,733
Other changes	(278)	(6,756)
Total changes in net assets without donor restrictions	$ 144,618	$ 146,014

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2023 and 2022

($ in thousands)	2023	2022
Net assets without donor restrictions		
Net assets without donor restrictions at the beginning of the period	$ 1,651,836	$ 1,505,822
Excess of revenues over expenses	142,751	133,608
Change in noncontrolling interests' net assets	1,161	12,429
Net assets released from restriction for capital	984	6,733
Other changes	(278)	(6,756)
Change in net assets without donor restrictions	144,618	146,014
Net assets without donor restrictions at the end of the period	$ 1,796,454	$ 1,651,836
Net assets with donor restrictions		
Net assets with donor restrictions at the beginning of the period	$ 268,432	$ 224,558
Contributions	60,412	73,294
Restricted investment income (loss)	6,621	(8,482)
Net assets released from restrictions for operations	(17,232)	(15,697)
Net assets released from restriction for capital	(984)	(6,733)
Other changes	(148)	1,492
Change in net assets with donor restrictions	48,669	43,874
Net assets with donor restrictions at the end of the period	$ 317,101	$ 268,432
Total net assets		
Beginning of the period	$ 1,920,268	$ 1,730,380
Change in total net assets	193,287	189,888
End of the period	$ 2,113,555	$ 1,920,268

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Cash Flows
Years Ended June 30, 2023 and 2022

($ in thousands)	2023	2022
Cash flows from operating activities		
Change in total net assets	$ 193,287	$ 189,888
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Depreciation and amortization	191,046	172,999
Gain on acquisition of equity method investment	–	(14,669)
Investment (gains) losses	(19,371)	102,832
Purchases of trading securities	(269,291)	(289,027)
Sales of trading securities	301,430	306,081
Unrealized gain on interest rate exchange agreements	(11,862)	(31,845)
Implementation costs incurred on hosting arrangements	(23,609)	(18,108)
Restricted contributions for endowments and property, plant, and equipment	(24,745)	(24,323)
Noncash lease expense	74,080	76,325
Other noncash activities	(4,827)	(2,805)
(Decrease) increase in cash due to changes in:		
Patient accounts receivable	(71,408)	(102,805)
Accounts payable and other accrued expenses	54,493	51,693
Medicare accelerated payments	(15,956)	(174,428)
Other assets and other liabilities, net	(120,195)	(42,617)
Net cash provided by operating activities	253,072	199,191
Cash flows from investing activities		
Purchases of property, plant, and equipment	(255,779)	(213,532)
Acquisition of additional investment interest	–	(7,660)
Purchases of long-term securities	(377,616)	(399,028)
Sales and maturities of long-term securities	341,536	221,191
Proceeds on sale of property, plant, and equipment	54	–
Net cash used in investing activities	(291,805)	(399,029)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	148,725	361,666
Debt issuance costs	(917)	(3,160)
Repayment of long-term debt and lines of credit	(11,576)	(359,292)
Principal payments under finance lease obligations	(10,626)	(7,333)
Restricted contributions for endowments and property, plant, and equipment	24,745	24,323
Distributions to noncontrolling interests	(7,346)	(10,700)
Net cash provided by financing activities	143,005	5,504
Net change in cash, cash equivalents, and restricted cash	104,272	(194,334)
Cash, cash equivalents, and restricted cash		
Beginning of the period	670,382	864,716
End of the period	$ 774,654	$ 670,382

The accompanying notes are an integral part of these consolidated financial statements.

1. Description of Organization

Vanderbilt University Medical Center ("VUMC") is a Tennessee not-for-profit corporation incorporated in March of 2015 to operate an academic medical center including a comprehensive research, teaching, and patient care health system (the "Medical Center"). Until April 29, 2016, the Medical Center operated as a unit within Vanderbilt University (the "University" or "VU"), as a part of the University's administrative structure, with the same governing board, legal, financial, and other shared services. VUMC began operations effective April 30, 2016, following the closing of the sale of the Medical Center by the University (the "Acquisition").

VUMC owns and operates three hospitals located on the main campus ("Medical Center Main Campus" or "MCMC") of the University in Nashville, Tennessee: Vanderbilt University Hospital ("VUH"), Monroe Carell Junior Children's Hospital at Vanderbilt ("MCJCHV"), and Vanderbilt Psychiatric Hospital ("VPH"). In addition, VUMC partially owns Vanderbilt Stallworth Rehabilitation Hospital ("VSRH"), also located on the main campus of the University, through a joint venture with Encompass Health Corp. in which VUMC holds a 50% interest, including a 1% interest held by Vanderbilt Health Services, LLC, ("VHS"), a VUMC wholly owned subsidiary. Effective August 1, 2019, VUMC acquired from Community Health Systems, Inc. ("CHS"): Tennova Healthcare – Lebanon, now known as Vanderbilt Wilson County Hospital ("VWCH"). Effective January 1, 2021, VUMC acquired from CHS: Tennova Healthcare – Shelbyville and Tennova Healthcare – Harton, now known as Vanderbilt Bedford Hospital ("VBCH") and Vanderbilt Tullahoma-Harton Hospital ("VTHH"), respectively. At the same time as the acquisition of VBCH and VTHH, VUMC acquired a noncontrolling ownership interest in CHS's affiliated Tennova Healthcare – Clarksville ("VMH"). VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH are licensed for 1,661 beds, and VSRH is licensed for 80 beds.

VUMC consists of two major operating divisions and an administrative overhead division. The operating divisions include the Clinical Enterprise and Academic Enterprise divisions. The administrative overhead division is referred to as Medical Center Administration ("MCA").

The Clinical Enterprise division includes the professional clinical practice revenues and related expenses of the Vanderbilt Medical Group ("VMG"), and technical revenues and associated expenses for the operation of VUMC's hospitals and clinic facilities, including VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH. The Clinical Enterprise also includes VHS.

- VUH is a quaternary care teaching hospital licensed for 790 acute care and specialty beds. VUH, a Level I trauma center, provides advanced patient care and serves as a key site for medical education and clinical research conducted by physician faculty. VUH includes a comprehensive burn center, the Vanderbilt Transplant Center, the Vanderbilt Heart and Vascular Institute, and the Vanderbilt Ingram Cancer Center. Effective April 5, 2023, VUMC was approved to increase its total permanent licensed bed capacity by 46 beds. On May 10, 2023, VUMC sunset the remaining 113 beds from the temporary license provided under the Board for Licensing Health Care Facilities ("BLHCF") Policy 82 response to COVID-19 (which was comprised of 20 observation beds and 93 double occupancy beds).

- MCJCHV is a pediatric quaternary care teaching hospital licensed for 325 beds (144 acute and specialty, 65 pediatric intensive care, and 116 neonatal intensive care). MCJCHV is the region's only full-service pediatric hospital, with over 30 pediatric specialties. MCJCHV serves as a site for medical education and clinical research conducted by pediatric physician faculty, houses the only Level IV neonatal intensive care center and the only Level I pediatric trauma center within the region, and is a regional referral center for extracorporeal membrane oxygenation (heart and lung failure).

- VPH is a psychiatric hospital licensed for 106 beds and provides inpatient care to pediatric, adolescent, adult, and geriatric patients. Also, VPH provides partial hospitalization programs to both adult and adolescent patients, psychiatric assessment services, adult intensive outpatient programs, pediatric and adult ambulatory outpatient treatment, and neuromodulation procedures through electroconvulsive therapy and transcranial magnetic stimulation.

- VWCH is a 245 licensed bed acute care facility and is a substantial provider of both inpatient and outpatient medical services in Lebanon, Tennessee. Services offered include an accredited chest pain center, a stroke center, a comprehensive weight loss center, a comprehensive total joint program for orthopedics, and a provisional Level III trauma center. In addition, Vanderbilt Ingram Cancer Center extended services to this campus in 2020, and it includes a state-of-the-art linear accelerator.

- VBCH is a 60 licensed bed, Joint Commission-accredited hospital, which offers a range of inpatient and outpatient medical and surgical services, along with urgent care services.

- VTHH is a 135 licensed bed Joint Commission-accredited hospital, which offers a full range of inpatient and outpatient surgical and specialty services including interventional cardiology, orthopedics, urology, a sleep center, cardiac rehabilitation, and physical rehabilitation. The hospital also features an accredited Chest Pain Center.

- VMG is the practice group of physicians and advanced practice practitioners employed by VUMC, many of whom, when appropriate and required, have faculty appointments from the University, who perform billable professional medical services. VMG is not a separate legal entity. VMG has a board which consists of the VUMC clinical service chiefs, who also serve as clinical department chairs. Under the oversight of VUMC executive leadership, VMG sets professional practice standards, bylaws, policies, and procedures. VUMC bills for services rendered by VMG clinicians in both inpatient and outpatient locations. Collected fees derive a component of each VMG clinician's compensation. VMG includes nationally recognized physicians whose expertise spans the spectrum from primary care to the most specialized quaternary discipline. VMG members are "board certified" or eligible for board certification, as required by bylaws. All VMG members are re-credentialed every two years in accordance with the Centers for Medicare and Medicaid Services, The Joint Commission, and the National Committee for Quality Assurance Standards. Most of the specialties and subspecialties currently recognized by the various national specialty boards are represented in VMG.

- VHS serves as a holding company for 16 first tier health care related subsidiaries and joint ventures owned with various entities, including, but not limited to, VSRH, Vanderbilt Integrated Providers ("VIP") and the Vanderbilt Health Affiliated Network ("VHAN"). VHS operations primarily consist of community physician practices, walk-in and retail health clinics, imaging services, outpatient surgery centers, radiation oncology centers, a home health care agency, a home infusion and respiratory service, an affiliated health network, accountable care organizations, and a rehabilitation hospital. VIP employs providers and staff located off the main VUMC campus and affiliates with or purchases and operates physician practices in the region. VHAN contracts with other healthcare providers, including hospitals, physicians, and physician groups to jointly develop and implement a clinical integration program though a clinically integrated network of physicians and hospitals. These subsidiaries of VHS include clinics managed in multiple outpatient locations throughout middle Tennessee and southwestern Kentucky.

- Health Professional Solutions, LLC ("HPS") is a holding company that holds interest in four VUMC subsidiaries that engage in or support various health care related activities in order to improve the quality and availability of health care services in the community. These subsidiaries include businesses focused on pharmacy, supply chain, and clinically integrated support services.

- Nashville Biosciences, LLC ("NashBio") operates exclusively in support of VUMC's non-academic medical research activities. NashBio deploys the biospecimens and genomic data and de-identified medical records of VUMC known as "BioVU", along with other information, to provide commercial services and products to life science industry customers in connection with pharmaceutical, biotechnology, and medical research and development activities.

The Academic Enterprise division includes all research, research-support activities, and faculty endeavors supporting post-graduate training programs. A significant funding source for VUMC's research has historically been the federal government. Federal funding is received from the Department of Health and Human Services, the Department of Defense, the National Science Foundation, and other federal agencies. Sponsored research awards, including multi-year grants and contracts from government sources, foundations, associations, and corporations signify future research commitments. Also, core activities supporting research, including advanced computing and grant administration, are included in this division.

VUMC has entered into debt agreements further discussed below. Certain of these debt agreements contain required disclosures outlining annual and quarterly reporting requirements. In addition, certain of these debt agreements require notices of the occurrence of significant events which include but are not limited to delinquencies, bond calls, rating changes, bankruptcies, and mergers or acquisitions. The Obligated Group includes the wholly-owned hospitals located on the MCMC along with all associated on-campus and off-campus ambulatory clinics, the Academic Enterprise, MCA, VWCH, and VMG.

The terms "Company," "VUMC," "we," "our," or "us" as used herein and unless otherwise stated or indicated by context refer to Vanderbilt University Medical Center and its affiliates. The terms "facilities" or "hospitals" refer to entities owned and operated by VUMC and its affiliates, and the term "employees" refers to employees of VUMC and its affiliates.

VUMC operates on a fiscal year which ends on June 30. The term "Fiscal" preceding a year refers to a particular VUMC fiscal year.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). Based on the existence or absence of donor-imposed restrictions, VUMC classifies resources into two categories: net assets without donor restrictions and net assets with donor restrictions.

Principles of Consolidation

The consolidated financial statements include the accounts of VUMC and its wholly owned, majority-owned, and controlled organizations. Noncontrolling interests in less-than-wholly owned consolidated subsidiaries of VUMC are presented as a component of net assets to distinguish between the interests of VUMC and the interests of the noncontrolling owners. All material intercompany transactions and account balances among the various entities have been eliminated.

VUMC uses the equity method to account for its interests in unconsolidated partnerships, joint ventures, and limited liability entities over which it exercises significant influence. Investment carrying amounts are adjusted for VUMC's share of investee earnings or losses based on percentage of ownership. Distributions received from unconsolidated entities that represent returns on VUMC's investment (i.e., dividends) are reported as cash flows from operating activities in VUMC's consolidated statements of cash flows.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in the consolidated financial statements and accompanying notes. These estimates affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated balance sheets and the reported amounts of revenues and expenses during the reporting periods. Actual results ultimately could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents are liquid assets with minimal interest rate risk and maturities of three months or less when purchased. VUMC invests operating assets in a diversified manner. At times, VUMC may have cash and cash equivalents at a financial institution in excess of federally insured limits, and therefore, bears a risk of loss. Certain cash and cash equivalents are included in investments and restricted cash on the consolidated balance sheets.

Liquidity and Availability

As of June 30, 2023, VUMC has $2,447.6 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of $679.6 million, patient accounts receivable of $730.1 million, and unrestricted investments of $1,037.9 million. As of June 30, 2022, VUMC had $2,338.6 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of $651.7 million, patient accounts receivable of $658.6 million, and unrestricted investments of $1,028.3 million. None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditures within one year of the balance sheet date.

VUMC has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, VUMC invests cash in excess of daily requirements in various short-term investments, including certificates of deposit and short-term treasury instruments.

As more fully described in Note 11 Long-Term Debt, VUMC also has committed lines of credit in the amount of $300 million, which it could draw upon in the event of an unanticipated liquidity need, with no amount drawn as of June 30, 2023 or June 30, 2022.

Revenue Recognition – Patient Services

VUMC contracts with patients to provide healthcare services that are tailored to each patient's medical needs and health conditions. VUMC recognizes patient service revenue over time as performance obligations are ultimately satisfied. Performance obligations related to inpatient services are generally satisfied as the healthcare services are rendered to the patient, which generally begins at the time of patient admission and extends through the time of patient discharge. Performance obligations for outpatient services are generally satisfied on the same day that services are rendered to the patient. VUMC uses a portfolio approach consisting of major payor classes to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. Based on historical collection trends and other analysis, VUMC believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Patient service revenue is recognized on an accrual basis using a best estimate of the transaction price for the type of service rendered to the patient. The transaction price ultimately represents the estimated amount to be received from the patient and third-party payors in exchange for the services rendered by VUMC. VUMC estimates the transaction price based on standard charges, reduced for estimated price concessions. The price concessions include items that are explicit, such as contractual adjustments provided to third-party payors and discounts provided to uninsured and underinsured patients in accordance with VUMC policy, and also implicit in nature, such as the estimated uncollectible amounts from uninsured or underinsured patients. VUMC regularly reviews transactional data for the major revenue categories to evaluate the reasonableness of the transaction price, including any price concessions, and takes into consideration recent experience by payor category and payor agreement rate changes among other factors.

VUMC carries the value of the related patient accounts receivable balances at the transaction price, inclusive of all estimated price concessions. Given the complexities involved in determining amounts ultimately due to VUMC under reimbursement arrangements with third-party payors, which are often subject to interpretation, VUMC may receive reimbursement for healthcare services authorized and provided that differs from these estimates. If actual results differ from these estimates, a change in estimate will be recorded in the period the change is identified and such differences could be material.

VUMC has elected to apply the optional exemption provided in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 606-10-50-14 as substantially all of its performance obligations relate to contracts with a duration of less than one year. Therefore, VUMC is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. Unsatisfied or partially satisfied performance obligations are primarily related to in-house patients at the end of the reporting period. The performance obligations for these contracts are generally completed when the patient is discharged, which is typically within a week.

In addition to reimbursement received in fee-for-service arrangements, VUMC participates in certain federal healthcare programs, as well as state and commercial payor programs, through which VUMC may be entitled to additional payments. These arrangements are complex and may extend over multiple accounting periods. The arrangements are subject to the interpretation of federal and state-specific reimbursement rules, new or changing legislation, and final cost report settlements. Any changes to reimbursement rules or the introduction of new or changing legislation could impact levels and timing of reimbursements received from these programs. As a participant in these programs, VUMC is also required to meet certain financial reporting requirements which include the filing of an annual cost report for each hospital. Each annual cost report is also subjected to an audit performed by the regulatory agency and may extend several years before ultimate settlement becomes known. Therefore, determining the actual amounts earned under these programs involves judgement and estimates that may extend into future periods. These estimates are frequently evaluated and subsequently may be adjusted based on new developments or the receipt of new information related to these settlements. If actual results vary from these estimates, a change in estimate will be recorded in the period the change is identified and such differences could be material.

VUMC provides care to patients who meet the criteria for charity care under its financial assistance policy for no payment or at payment amounts less than its established charge rates. VUMC does not recognize the charges that qualify as charity care as revenue because VUMC does not pursue collection of these amounts.

Revenue Recognition – Non-Patient Services
Revenue for non-patient services is recognized at an amount that reflects the consideration VUMC expects to be entitled in exchange for providing goods or services. The amounts recognized reflect considerations due from customers, the U.S. government, and others, and is recognized as performance obligations are satisfied. Primary categories of non-patient revenue include academic and research revenue as well as other miscellaneous activities as further described in Note 8 Other Relevant Financial Information.

VUMC receives funding through grants and contracts issued by departments and agencies of the U.S. government, industry, and other foundation sponsors who restrict the use of such funds to academic and research purposes. VUMC recognizes revenue from these grants and contracts in accordance with contract terms, as defined in the agreements governing that funding. VUMC recognizes facilities and administrative (“F&A”) costs recovery as revenue when the allowable expenditure is incurred on the associated grant or contract. This activity represents reimbursement, primarily from the federal government, of F&A costs on sponsored activities.

Grants and contracts receivable include amounts due from these sponsors of externally funded research. These amounts have been billed or are billable to the sponsor and are recorded at the amount that reflects the consideration VUMC expects to receive.

Deferred Revenue
Deferred revenue is recorded for funds received in advance. The related revenue is recognized when the performance obligations have been met.

Gift Income and Pledges
VUMC recognizes unconditional promises to give cash and other assets, referred to as pledges, as gift income at fair value when the pledge is received. Conditional promises to give are recognized as pledges once the conditions are substantially met. Pledges are recognized as net assets with donor restrictions. Gifts received with donor stipulations limiting the use of the donated assets are reported as net assets with donor restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as gift income in the consolidated statements of operations.

Gift income is recognized when a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions until the assets are placed in service, at which point they are reclassified to net assets without donor restrictions.

Pledges receivable are reported net of allowances for uncollectible amounts based on an analysis of past collection experience and other judgmental factors. Pledges receivable are included in other current or other noncurrent assets in the consolidated balance sheets based on the expected timing of cash flows. VUMC discounts the noncurrent portion of pledges receivables at a rate commensurate with the scheduled timing of receipt. VUMC applied annual discount rates ranging from 0.5% to 1.5% to amounts outstanding as of June 30, 2023 and 2022.

Concentrations of Risk
VUMC grants unsecured credit to its patients, primarily residing in Nashville, Tennessee and the surrounding areas of middle Tennessee, most of whom are insured under commercial, Medicare (both traditional fee-for-service and Managed Medicare), or TennCare agreements. Medicare, Blue Cross Blue Shield (“BCBS”), and TennCare (which includes BCBS of Tennessee, United, and Amerigroup) represent VUMC’s significant concentrations of credit risk from payors.

The collection of revenue and accounts receivables from Medicare, TennCare, Blue Cross, other third-party payors, and patients is a significant source of operating cash flow. The payor composition of patient service revenue and related accounts receivable portfolio may fluctuate from time to time and generally correlate to the prevailing economic conditions, such as periods of economic expansion or recession or changes in unemployment levels, and those fluctuations may impact the realization of patient service revenue and collectability of accounts receivable. Other factors such as unexpected disruptions to business office operations or trends in federal or state governmental and private employer healthcare coverage could affect the ultimate collectability of accounts receivable balances. As a result, VUMC may be exposed to gains or losses in future periods that could affect the financial position and operating cash flows of the organization and may be material to its financial position, operating income and cash flow from operations.

Inventories
VUMC reports inventories at the lower of cost or market, with cost being determined on the first-in, first-out method. Inventories consist primarily of medical supplies, surgical implants, and pharmaceuticals.

Restricted Cash
VUMC reports cash whose use is restricted at cost, which approximates fair value. The cash is primarily restricted for use in purchasing and constructing property, plant, and equipment and restricted cash associated with our self-insurance trust.

Investments
VUMC reports investments held at fair value in the consolidated balance sheets. Private equity investments, multi-strategy hedge funds, real estate mutual funds, and hedged equity funds are reported based on net asset value (“NAV”), provided by the respective fund manager, as a practical expedient to estimate fair value. VUMC records purchases and sales of securities on the trade dates, and realized gains and losses are determined based on the average historical cost of the securities sold. Interest income is recorded on the accrual basis and dividend income is recorded on the ex-dividend date. VUMC reports net receivables and payables arising from unsettled trades as a component of investments.

Property, Plant, and Equipment, Net
VUMC records purchases of property, plant, and equipment at cost and expenses repairs and maintenance costs as incurred. VUMC capitalizes interest cost incurred on borrowed funds during the period of construction of capital assets as a component of the cost of acquiring those assets. VUMC capitalizes donated assets at fair value on the date of donation.

Capitalized software for internal use is recorded during the application development stage. These costs include fees paid to third parties for direct costs of materials and services consumed in developing or obtaining the software; payroll related costs and capitalized interest costs. Costs for training and application maintenance in the post-implementation operation stage are expensed as incurred.

VUMC computes depreciation using the straight-line method over the estimated useful life of land improvements (5 to 18 years), buildings and leasehold improvements (2 to 40 years), and equipment (2 to 20 years). Equipment costs also include capitalized internal use software costs, which are expensed over the expected useful life, which is generally 3 to 12 years.

Software for internal use is amortized on a straight-line basis over its estimated useful life. In determining the estimated useful life, management considers the effects of obsolescence, technology, competition, contract term, other economic factors, and rapid changes that may be occurring in the development of software products, operating systems, and computer hardware. Amortization begins once the software is ready for its intended use.

Costs Associated with Hosting Arrangements under Service Contracts
Costs associated with hosting arrangements under service contracts are presented in other noncurrent assets on our consolidated balance sheets. These assets total $40.7 million and $18.1 million as of June 30, 2023 and June 30, 2022, respectively. The related capitalization policy is consistent with the policy described above for internal use software. Once placed into service, these assets will be amortized over the term of the associated subscription agreement.These assets largely consist of costs associated with the implementation of an enterprise resource planning system, which was placed into service in April 2023.

Impairment of Long-Lived Assets
VUMC reviews long-lived assets, such as property, plant, and equipment, for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. VUMC measures the recoverability of assets to be held and used by comparing the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, VUMC recognizes an impairment charge to the extent the carrying amount of the asset exceeds its fair value.

Conditional Asset Retirement Costs and Obligations
VUMC recognizes the estimated fair value of liabilities for existing legal obligations to perform certain activities, primarily asbestos removal, in connection with the retirement, disposal, or abandonment of assets. These liabilities are included in other noncurrent liabilities on the consolidated balance sheets and total $7.2 million and $7.0 million as of June 30, 2023 and 2022, respectively. VUMC measures these liabilities using estimated cash flows with an inflation rate applied of 3.0% as of June 30, 2023 and 2022. VUMC discounts those cash flow estimates at a credit-adjusted, risk-free rate, which ranged from 2.9% to 4.2% as of June 30, 2023 and 2022, and adjusts these liabilities for accretion costs and revisions in estimated cash flows.

Long-Term Debt
The carrying value of VUMC's debt is the par amount adjusted for the net unamortized amount of debt issuance costs and bond premiums and discounts.

Interest Rate Exchange Agreements
VUMC reports interest rate exchange agreements at fair value, which is determined to be the present value of future net cash settlements that reflect market yields as of the measurement date and estimated amounts that VUMC would pay, or receive, to terminate the contracts as of the report date. VUMC considers current interest rates and creditworthiness of the interest rate exchange counterparties when estimating termination settlements.

Self-Insurance Reserves
VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability coverage via an irrevocable self-insurance trust. For Fiscal 2023 and 2022, the maximum annual self-insurance retention was $6.0 million per occurrence, up to $46.0 million in the aggregate. Actuarial firms assist management in estimating expected losses on an annual basis, at which time VUMC records medical malpractice, professional, and general liability expense within the limits of the program. These liabilities are classified as current or noncurrent based on the expected timing of cash flows and are measured at the net present value of those cash flows using a discount rate of 2.5% as of June 30, 2023 and 2022. For both Fiscal 2023 and 2022, VUMC obtained excess medical malpractice, professional, and general liability coverage from commercial insurance carriers for claims exceeding the retention limits, up to $175.0 million. These policies would also provide coverage up to $175.0 million if any claims in the aggregate exceeded the retention limits.

VUMC also elects to self-insure for employee health and workers' compensation expenses. Actuarial firms assist management in estimating expected losses on an annual basis. The maximum retention for workers' compensation was $0.8 million per occurrence for both Fiscal 2023 and 2022. There is no stop loss insurance on health plan claims.

Income Taxes
VUMC is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is generally exempt from federal income taxes under Section 501(a) of the Code.

Excess of Revenues Over Expenses
The consolidated statements of operations include excess of revenues over expenses as a performance indicator. Excess of revenues over expenses includes all changes in net assets without donor restrictions, except for changes in noncontrolling interest holders' share of consolidated entities, net assets released from restrictions used for capital, and certain other items.

Statement of Cash Flows
For VUMC's consolidated statements of cash flows, cash, cash equivalents, and restricted cash is defined as those amounts included in the cash and cash equivalents caption and restricted cash caption on the consolidated balance sheets.

Reclassifications
Certain reclassifications have been made to the Fiscal 2022 consolidated financial statements to conform to the Fiscal 2023 presentation. The reclassifications had no effect on net assets or changes in net assets as previously reported.

Recent Accounting Pronouncements
Periodically, the FASB issues Accounting Standards Updates ("ASUs") that may impact the recognition, measurement, and presentation of balances and activity in VUMC's consolidated financial statements or the disclosures contained within those statements. As part of preparing consolidated financial statements, VUMC evaluates the effects of the ASUs and applies the updated guidance within the required effective dates.

Not Yet Adopted

- In June, 2016, the FASB issued ASU 2016-13, Financial Instruments – Credit Losses (Topic 326). This ASU introduced a new model for recognizing credit losses on financial instruments based on an estimate of the current expected credit losses. The new current expected credit losses, or CECL, model generally calls for the immediate recognition of all expected credit losses and applies to financial instruments and other assets, including accounts receivable and other financial assets measured at amortized cost, debt securities and other financial assets. The ASU is effective for fiscal years beginning after December 15, 2022. VUMC is currently assessing the impact of this ASU on the consolidated financial statements.

3. Related Parties

On April 29, 2016, VUMC acquired the assets, liabilities, rights, and obligations of the clinical enterprise, postgraduate medical training programs, and clinically related research of the University's owned and operated Medical Center through the Acquisition.

The assets acquired and liabilities assumed from the Acquisition were detailed in a Master Transfer and Separation Agreement ("MTSA"). The MTSA contains the framework for the ongoing economic relationship between VUMC and the University. The relationship is memorialized in the form of an Academic Affiliation Agreement ("AAA"), a Trademark License Agreement ("TMLA"), a Ground Lease, and a Reciprocal Master Services Agreement ("MSA"). The agreements are described below.

- The AAA outlines the ongoing academic, research, and clinical affiliation between the University and VUMC for all the University's degree-granting, certificate, and research programs. The AAA allocates responsibility between the University and VUMC for jointly administered research and academic programs and is an exclusive agreement between VUMC and VU requiring VUMC to be organized, governed, and operated in a manner that supports VU's academic and research mission. The agreement provides that VU will be the exclusive academic affiliate of VUMC, and VUMC will be the exclusive clinical affiliate of VU.

  The AAA requires VUMC to pay VU an annual fee in equal monthly payments adjusted annually for inflation based upon the Biomedical Research and Development Price Index ("BRDPI") in perpetuity under certain mutually agreed-upon termination or default clauses. During Fiscal 2023 and 2022, VUMC recorded operating expense totaling $81.4 million and $79.8 million, respectively, in connection with fees due under the AAA.

- Under the TMLA, VU grants, subject to certain consents and approvals, a perpetual license to use various VU-owned licensed marks in connection with VUMC's fundamental activities after the Acquisition date. The licensed marks, which VUMC continues to use as its primary brands, include virtually all those previously in use by VUMC. This agreement requires VUMC to pay VU royalties consisting of a monthly payment equal to 1% of all operating revenue of VUMC and 15% of income from operations. During Fiscal 2023 and 2022, VUMC recorded operating expense totaling $77.5 million and $88.0 million, respectively, in connection with the 1% of operating revenue and 15% of operating income payments due under the TMLA. Also, VUMC is required to pay in equal monthly installments an annual TMLA base fee royalty, which increases 3% annually, but is also reduced by the amount of principal payments made under a subordinated note discussed in Note 11 Long-Term Debt (the "Fixed TMLA Royalty Payment"). During Fiscal 2023 and 2022, VUMC recorded operating expense totaling $68.8 million and $66.6 million, respectively, in connection with this base fee royalty. In Fiscal 2018, VU sold its rights to future base fee royalty payments to a third party. In Fiscal 2019, VU sold its rights to future 1% of operating revenue payments to a third party. The TMLA is in force in perpetuity under certain mutually agreed-upon termination or default clauses.

- The Ground Lease is an agreement between VU and VUMC that allows VUMC to use the land on which VUMC's campus and related buildings are located. The initial term of the Ground Lease ends June 30, 2114, with the option to extend the lease for two additional terms of up to 50 to 99 years each with agreement between VU and VUMC. The lease covers 1.7 million square feet or 38.75 acres of space, payable monthly and CPI adjusted annually. During Fiscal 2023 and 2022, VUMC recorded operating expense totaling $22.1 million and $20.4 million, respectively, in connection with fees due under the Ground Lease.

- The University and VUMC provide services to one another for agreed-upon consideration as outlined in the MSA. VU provides services to VUMC, such as information technology infrastructure support, utilities, and law enforcement staffing. VUMC provides various operational services for the University, such as a student health clinic and animal care. Additionally, the MSA encompasses an Employee Matters Agreement ("EMA") and specific Employee Service Agreements ("ESAs"). The EMA and ESAs govern employee transactions and ongoing sharing between VU and VUMC in various capacities, such as research, teaching, clinical, and other administrative services. Services under the MSA can be terminated by either party subject to predetermined cancellation notification periods. In connection with the MSA, during Fiscal 2023 and 2022, VUMC recognized revenue totaling $48.6 million and $44.5 million, respectively, and recorded operating expense totaling $128.6 million and $121.2 million, respectively.

- Also, as part of the Acquisition, VUMC issued to VU a $100.0 million subordinated promissory note payable, which is further described in Note 11 Long-Term Debt, with a balance of $64.6 million as of June 30, 2023, and $69.6 million as of June 30, 2022. VU sold its rights to future principal and interest payments on this note to a third party.

The impact of these agreements in the consolidated statements of operations during Fiscal 2023 and 2022 is as follows:

($ in thousands)	2023	2022
Academic and research revenue	$ 18,321	$ 13,540
Other operating revenue	30,315	30,958
Total operating revenues	$ 48,636	$ 44,498
Operating expenses		
Salaries, wages, and benefits	$ 9,636	$ 9,111
Facilities and equipment	66,435	58,610
Services and other	302,326	308,290
Interest	2,174	2,336
Total operating expenses	$ 380,571	$ 378,347

Other current assets include amounts receivable from VU, which totaled $6.2 million as of June 30, 2023, and $7.0 million as of June 30, 2022. Accounts payable and other accrued expenses include amounts payable to related parties, which totaled $47.7 million and $58.5 million as of June 30, 2023 and 2022, respectively.

In the normal course of business, members of VUMC's Board of Directors or VUMC employees may be directly or indirectly associated with companies engaged in business activities with VUMC. VUMC has a written conflict of interest policy that requires, among other things, that members of the VUMC community (including trustees) may not review, approve, or administratively control contracts or business relationships when (i) the contract or business relationship is between VUMC and a business in which the individual or a family member has a material financial interest, or (ii) the individual or a family member is an employee of the business and is directly involved with activities pertaining to VUMC.

Furthermore, VUMC's conflict of interest policy extends beyond the foregoing business activities in that disclosure is required for any situation in which an applicable individual's financial, professional, or other personal activities may directly or indirectly affect, or have the appearance of affecting, an individual's professional judgment in exercising any VUMC duty or responsibility, including the conduct or reporting of research.

The policy extends to all individual members of the VUMC community (including Board of Directors, VUMC officials, full-time, part-time, temporary faculty and staff). Each applicable person is required to certify compliance with the conflict of interest policy on an annual basis. This certification includes specifically disclosing whether VUMC conducts business with an entity in which he or she (or an immediate family member) has a material financial interest, as well as any other situation that could appear to present a conflict with VUMC's best interests.

When situations exist relative to the conflict of interest policy, VUMC takes active measures to appropriately manage the actual or perceived conflict in the best interests of VUMC, including periodic reporting of measures taken to the Audit and Compliance Committee of the Board of Directors.

4. Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements

The sources of patient service revenue by payor for Fiscal 2023 and 2022 are as follows:

($ in thousands)	2023	2022
Other third-party payors, primarily commercial carriers	$ 3,533,047	$ 3,307,671
Medicare/Managed Medicare	1,438,645	1,262,330
TennCare/Medicaid	834,073	724,030
Uninsured (self-pay)	65,289	62,242
	$ 5,871,054	$ 5,356,273

Patient accounts receivable comprise amounts due from the following sources as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Medicare/Managed Medicare	$ 125,031	$ 119,626
TennCare/Medicaid	97,767	87,357
Blue Cross	153,521	134,528
Other third-party payors, primarily commercial carriers	293,197	260,034
Patient responsibility[(1)]	60,536	57,099
Patient accounts receivable	$ 730,052	$ 658,644

[(1)] Includes self-pay after insurance.

Estimated third-party settlements by major payor category as of June 30, 2023 and 2022 are as follows:

($ in thousands)	2023	2022
Receivables under third-party programs		
Tricare/Champus[(1)]	$ 5,230	$ 5,338
Total receivables under third-party programs	$ 5,230	$ 5,338
Liabilities under third-party programs		
TennCare/Medicaid	$ 56,997	$ 88,296
Medicare[(1)]	15,255	6,370
Total liabilities under third-party programs	$ 72,252	$ 94,666

[(1)] These two federal healthcare programs are combined for presentation purposes on the face of the consolidated balance sheets and are reflected as an obligation in Fiscal 2023 and 2022.

Certain contracts require pay for performance or episode of care settlements whereby VUMC receives additional payment or pays a penalty based on its ability to achieve certain clinical measures or manage the cost of care for patients within various thresholds. VUMC estimates and accrues these adjustments in the period the related services are rendered and adjusts these estimates in future periods as settlements are finalized.

Medicare
Amounts received under Medicare are subject to review and final determination by program intermediaries or their agents. Final settlements have been reached for program periods ended June 30, 2018. Final settlements have not been reached for subsequent years due to audit delays experienced with the Medicare Administrative Contractor, and thus, those periods remain subject to audit by program representatives.

TennCare
TennCare is a Medicaid managed care program implemented by the state of Tennessee to provide healthcare coverage to those patients eligible for Medicaid through the Federal 1115 Waiver Program. VUMC contracts with each of the three TennCare managed care organizations ("MCOs"), which offer health maintenance organization ("HMO") and Medicare Special Needs Products for Dual Eligible Enrollees. VUMC receives inpatient reimbursement through payments that are primarily based on the Medicare severity diagnostic related group system ("MS-DRG") for these plans. VUMC receives outpatient payments generally based on an ambulatory payment classification system ("APC"), and/or a payor-developed fee schedule.

In accordance with the Tennessee Hospital Assessment Act, VUMC receives a payment of a portion of its unreimbursed TennCare costs based upon VUMC's share of uninsured TennCare costs for all of the covered hospitals.

There is no assurance that this program will be continued in its current structure or will not be materially modified in the future, however, we anticipate funding will remain relatively stable over the coming year.

In Fiscal 2023 and 2022, patient service revenue includes the following supplemental amounts received in each respective period from TennCare.

($ in thousands)	**2023**	**2022**
Directed payments	$ 60,571	$ 36,633
Charity pool	21,570	26,026
Graduate medical education	19,088	14,688
Trauma fund	1,766	1,192
Workforce development and other	591	2,621
Virtual disproportionate share	8,539	7,651
Total supplemental TennCare revenue	$ 112,125	$ 88,811

5. Charity Care Assistance, Community Benefits, and Other Unrecovered Costs

VUMC maintains a policy which sets forth the criteria under which health care services are provided to patients who have minimal financial resources to pay for medical care. Additionally, VUMC provides other services that benefit the economically disadvantaged for which little or no payment is expected.

Charity care is determined by examining patient and family income relative to the federal poverty guidelines. VUMC provides additional discounts based on the income level of the patient household using a sliding scale for those patients with a major catastrophic medical event not qualifying for full charity assistance. Tennessee law mandates that all uninsured patients receive a discount from billed charges for medically necessary services. These amounts are classified as charity care if the patient meets charity care criteria, for which no revenue is recorded, or are included as a part of price concessions.

VUMC maintains records to identify and monitor the level of charity care provided, and these records include gross charges and patient deductibles, coinsurance and copayments foregone for services furnished under its charity care policy, and the estimated cost of those services. VUMC calculates a ratio of total costs to gross charges and then multiplies the ratio by foregone charity care charges in determining the estimated cost of charity care. The gross amount of foregone charity care revenue in Fiscal 2023 and 2022 totals $603.8 million and $530.5 million, respectively. The estimated cost of providing care to charity patients in Fiscal 2023 and 2022 totals $162.2 million and $140.0 million, respectively.

In addition to the charity care services described above, TennCare/Medicaid and state indigent programs do not cover the full cost of providing care to beneficiaries of those programs. As a result, in addition to direct charity care costs, VUMC provided services related to TennCare/Medicaid and state indigent programs and was reimbursed substantially below the cost of rendering such services. VUMC also provides public health education and training for new health professionals and provides, without charge, services to the community at large for many patients with special needs.

6. Academic and Research Revenue

Academic and research revenue comprises the following for Fiscal 2023 and 2022:

($ in thousands)	2023	2022
Grants and contracts revenue		
Federally funded	$ 398,876	$ 383,592
Non-federally funded	133,139	108,904
	532,015	492,496
Facilities and administrative costs recovery	186,339	166,468
Total grants and contracts revenue	718,354	658,964
Other academic and research revenue	47,173	46,895
Academic and research revenue	$ 765,527	$ 705,859

7. Pledges Receivable, Net

Pledges receivable, net of applied discounts and allowance for uncollectible pledges, as of June 30, 2023 and 2022, were as follows:

($ in thousands)	2023	2022
Amounts due		
Within one year	$ 17,459	$ 19,476
In one to five years	30,405	34,312
Total pledges receivable	47,864	53,788
Unamortized discount	(1,034)	(1,336)
	46,830	52,452
Allowance for uncollectible pledges	(4,787)	(6,993)
Net pledges receivable	$ 42,043	$ 45,459
Net pledges receivable classified as		
Current	$ 13,579	$ 13,349
Noncurrent	28,464	32,110
	$ 42,043	$ 45,459

In addition to pledges reported as pledges receivable, VUMC had cumulative bequest intentions and conditional promises to give totaling $93.3 million and $76.6 million as of June 30, 2023 and 2022, respectively. Due to their conditional nature, VUMC does not recognize intentions to give as assets. Pledges receivables are presented in other current assets and other noncurrent assets on our consolidated balance sheets, as shown in Note 8.

8. Other Relevant Financial Information

Other current assets comprise the following as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Prepaid expenses	$ 23,227	$ 35,547
Other receivables	38,045	61,043
Amounts due from VU (see Note 3 Related Parties)	6,159	7,017
Current pledges receivable, net (see Note 7 Pledges Receivable, Net)	13,579	13,349
Expected recoveries from commercial insurance excess coverage	7,657	5,947
Total other current assets	$ 88,667	$ 122,903

Other noncurrent assets comprise the following as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Equity in unconsolidated organizations	$ 65,055	$ 62,080
Noncurrent pledges receivable, net (see Note 7 Pledges Receivable, Net)	28,464	32,110
Goodwill	27,028	27,028
Implementation costs incurred on hosting arrangements	40,789	18,108
Other	12,351	27,408
Total other noncurrent assets	$ 173,687	$ 166,734

Implementation costs incurred on hosting arrangements include accumulated amortization of $0.9 million at June 30, 2023. Amortization expense amounted to $0.9 million for Fiscal 2023. Amortization expense for each of the next five years is $3.7 million.

Other operating revenues comprise the following for Fiscal 2023 and 2022

($ in thousands)	2023	2022
CARES funding	$ –	$ 72,682
Clinical contracts	50,825	55,645
Amounts recognized under MSA with VU (see Note 3 Related Parties)	30,315	30,958
VHS other revenue	26,923	22,726
Nonclinical contracts	21,876	20,588
Resident and house staff rotations	8,407	9,123
Royalty revenue	40,042	17,612
Other	46,106	49,402
Total other operating revenue	$ 224,494	$ 278,736

9. Investments

VUMC investments are made up of current investments, restricted cash, noncurrent investments, and noncurrent investments limited as to use on the face of the consolidated balance sheets. VUMC investments include assets limited as to use related to the following specified purposes as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Self-insured malpractice program	$ 50,381	$ 49,290
Donor endowments	94,885	85,430
Split-interest trusts	8,949	8,515
Supplemental employee retirement program assets	10,904	7,690
	$ 165,119	$ 150,925

VUMC's endowment does not include gift annuities, interests in trusts held by others, contributions pending donor designation, or contributions receivable.

The Board of Directors' interpretation of its fiduciary responsibilities for donor-restricted endowments under the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") requirements is to preserve intergenerational equity, barring the existence of any donor-specific provisions. Under this broad guideline, future endowment beneficiaries should receive at least the same level of real economic support as the current generation. The overarching objective is to preserve and enhance the real (inflation-adjusted) purchasing power of the endowment in perpetuity. VUMC invests assets to provide a relatively predictable and stable stream of earnings to meet spending needs and attain long-term return objectives without the assumption of undue risks.

Self-insured malpractice program – VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability via an irrevocable self-insurance trust.

Donor endowments – Donor-restricted gifts where the principal amount is to be held in perpetuity. Distributions of earnings are restricted for use according to the donor's intent, as specified in a gift agreement. Donor endowments typically benefit specific programs in clinical departments of the Medical Center, for either, research, directorships, or general program support.

Split-interest trusts – Trusts established by donors where VUMC is named as beneficiary. Depending on the terms of the trust, VUMC may receive periodic distributions, and potentially a principal amount at some point in the future. Like donor endowments, split-interest trusts typically benefit specific programs as defined in the terms of the trust.

Supplemental executive retirement program assets – Assets set aside to fulfill obligations as they come due according to the terms of the retirement program.

Investments were as follows as of June 30, 2023 and 2022:

($ in thousands)	**2023**	**2022**
Corporate bonds	$ 307,347	$ 345,781
Equity mutual funds	143,681	123,707
Cash and cash equivalents	162,500	17,852
Split-interest trusts	8,949	8,515
Hedged equity mutual funds	38,692	137,325
Fixed income mutual funds	177,309	167,261
Certificates of deposit	13,246	18,301
Asset-backed securities	3,614	28,022
Mortgage-backed securities	99,468	6,542
Commercial paper	6,375	22,755
Government bonds	76,885	44,126
Hedged debt mutual funds	63,453	150,056
Commodities and managed futures mutual funds	22,654	42,063
Target date mutual funds	8,279	6,422
Equity securities	74,278	12,033
Total investments reported at fair value	1,206,730	1,130,761
Private equity investments recorded at net asset value	29,409	31,022
Multi-strategy hedge funds recorded at net asset value	20,870	17,055
Real estate mutual fund recorded at net asset value	22,228	-
Hedged equity fund recorded at net asset value	18,845	19,073
Total investments	$ 1,298,082	$ 1,197,911

Investment returns comprise the following elements for Fiscal 2023 and 2022:

($ in thousands)	2023	2022
Interest and dividend income	$ 52,494	$ 23,891
Net realized (losses) gains on sales of securities	(6,550)	9,619
Realized investment gains	45,944	33,510
Unrealized investment gains (losses), net	22,535	(112,451)
Total investment returns	68,479	(78,941)
Investment manager, trustee and other fees	(815)	(598)
Restricted investment (income) loss	(6,621)	8,482
Total income (loss) from investments, net	$ 61,043	$ (71,057)

VUMC has exposure to risks, including liquidity, interest rate, counterparty, basis, regulatory, market, and credit risks, for marketable securities. Due to the level of risk exposure, it is possible that material near-term valuation changes for investment securities may occur.

VUMC manages all investments, including endowments, in various investment pools.

10. Property, Plant, and Equipment, Net

Property, plant, and equipment comprise the following as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Land and land improvements	$ 52,999	$ 44,230
Buildings and improvements	1,383,525	1,303,474
Equipment and software	926,739	813,736
Leasehold improvements	171,922	154,486
Construction in progress	145,502	98,300
Property, plant, and equipment at cost	2,680,687	2,414,226
Accumulated depreciation and amortization	(912,038)	(734,458)
Property, plant, and equipment, net	$ 1,768,649	$ 1,679,768

As part of the MTSA, VUMC acquired land and land improvements and buildings and improvements which are not allowed to be repurposed without the express consent of VU.

In Fiscal 2023 and 2022, VUMC capitalized interest of $5.1 million and $1.3 million, respectively, related to long-term capital projects, primarily the VUH bed tower, VUH lab expansion, and the VUH lobby and operating room renovations in Fiscal 2022.

Property, plant, and equipment balances above include the following amounts related to capitalized internal use software:

($ in thousands)	2023	2022
Equipment and software	$ 217,568	$ 211,790
Construction in progress	7,057	3,931
	224,625	215,721
Accumulated amortization	(105,682)	(85,071)
Internal use software, carrying value	$ 118,943	$ 130,650

Depreciation and amortization comprise the following amounts in Fiscal 2023 and 2022:

($ in thousands)	2023	2022
Depreciation of tangible assets	$ 146,362	$ 131,677
Amortization of finance leases, leasehold improvements, and internal use software	44,684	41,322
Total depreciation and amortization	$ 191,046	$ 172,999

11. Long-Term Debt

Long-term debt comprises the following as of June 30, 2023 and 2022:

($ in thousands)	2023 Carrying Amount	2022 Carrying Amount	Effective Interest Rate [2]	Fiscal Year of Maturity
Series debt				
Fixed-rate debt				
Series 2016A	$ 476,930	$ 476,930	4.1%	2047
Series 2016B	300,000	300,000	4.1%	2027
Series 2017A	121,270	121,270	4.1%	2049
Series 2017	100,000	100,000	4.2%	2038
Series 2021A	57,860	57,860	1.8%	2032
Series 2021B	237,565	237,565	3.2%	2053
Total fixed-rate debt	1,293,625	1,293,625	3.8%	
Variable-rate debt				
Series 2016F	19,800	21,900	4.4%	2042
Series 2018	53,385	53,385	3.7%	2050
Series 2021C	50,000	50,000	4.5%	2047
Series 2022A	70,500	–	3.8%	2056
Series 2022B	70,500	–	3.7%	2056
Total variable-rate debt	264,185	125,285	4.0%	
Total series debt	1,557,810	1,418,910		
Other long-term debt				
2019 Term Loan	35,000	35,000	4.5%	2050
2019 Notes	128,600	128,600	3.9%	2055
Subordinated note payable	64,583	69,583	3.2%	2036
Product financing arrangement	16,354	20,830	4.3%	2027
Finance leases	18,499	19,388	2.6%	Various
Other	7,725	–	0.0%	2026
Total other long-term debt	270,761	273,401	3.7%	
Subtotal[1]	1,828,571	1,692,311	3.8%	
Net unamortized premiums	62,841	66,838		
Net unamortized issuance costs	(12,562)	(12,693)		
Total long-term debt	1,878,850	1,746,456		
Current portion of long-term debt	(23,910)	(18,193)		
Long-term debt, net	$ 1,854,940	$ 1,728,263		

(1) The effective interest rate of 3.8% as of June 30, 2023, is presented exclusive of interest rate exchange agreements discussed in Note 12 Interest Rate Exchange Agreements. Inclusive of these agreements, the overall portfolio effective interest rate was 4.0%.

(2) The effective interest rate for each debt instrument is calculated by dividing each instrument's interest expense by the weighted average debt outstanding, and where applicable, interest expense is reduced by premium amortization and increased by original issue discount amortization. Interest rates per the agreements are detailed in the accompanying notes.

On April 29, 2016, VUMC issued the Series 2016 A, B, C, D, E, and F bonds ("2016 Series Debt") and notes aggregating $1.3 billion of proceeds for the purpose of financing the Medical Center Acquisition and paying a portion of the costs of issuance associated with the 2016 Series Debt.

The bonds and notes comprising the 2016 Series Debt were issued by the Health and Educational Facilities Board of The Metropolitan Government of Nashville and Davidson County, Tennessee ("HEFB"). As a conduit issuer, the HEFB loaned the debt proceeds to VUMC. VUMC's debt service requirements under these loan agreements coincide with required debt service of the actual HEFB bonds.

- The Series 2016A tax-exempt fixed-rate revenue bonds were issued in the par amount of $476.9 million and include an original issue premium of $59.6 million. The Series 2016A bonds have a final maturity date of July 1, 2046, and can be optionally redeemed at par on or after July 1, 2026. The 2016A bonds were structured as serial bonds with maturities from Fiscal 2030 through 2032, as well as three term bonds maturing Fiscal 2036 through 2047, which are subject to mandatory sinking fund redemption in lots. The Series 2016A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.

- The Series 2016B taxable fixed-rate revenue bonds were issued in the par amount of $300 million, bearing interest at 4.1% per annum. Interest is paid semiannually on July 1 and January 1, and has a bullet maturity of July 1, 2026. VUMC is entitled, at its option, to redeem all or a portion of the Series 2016B bonds before April 1, 2026, at a make-whole redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 0.35% above rates for U.S. Treasury securities with comparable maturities.

- The Series 2016F taxable variable-rate revenue bonds were issued in the par amount of $75 million and were placed privately with a bank. The bonds bore interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2022. During Fiscal 2018, $53.1 million of the Series 2016F bonds were extinguished using proceeds from the 2018 tax-exempt fixed-rate revenue bonds, discussed further below. The renegotiated interest rate on the remaining $21.9 million of principal outstanding was a variable-rate mode at a fixed spread to one-month LIBOR of 1.2%. During Fiscal 2022, the Series 2016F taxable variable-rate revenue bonds were modified and the renegotiated interest rate is a variable-rate mode at a fixed spread to SOFR of 0.8%. The remaining principal has a mandatory tender date of December 1, 2028. Beginning on July 1, 2022, VUMC began paying required annual principal payments ranging from $2.1 million to $2.7 million. The remaining $5.3 million of principal is due on December 1, 2028.

- Prior to Fiscal 2022, Series 2016 C, D and E bonds were extinguished.

On July 26, 2017, the Series 2017A Tax-Exempt and Series 2017 Taxable Corporate Bonds were issued, and on August 1, 2017, the Series 2017B Taxable Revenue Bonds were issued ("2017 Series Debt"), aggregating $271.3 million of proceeds for the purpose of refinancing existing debt, funding capital projects related to the MCJCHV expansion and the VUH bed expansion/clinical relocation, which was a phased project, and paying a portion of the costs of issuance associated with the 2017 Series Debt.

The Series 2017A Tax-Exempt Revenue Bonds and the Series 2017B Taxable Term Loan Revenue Note were issued by the HEFB. The Series 2017 Taxable Bonds were a corporate issue with VUMC as the issuer.

- The Series 2017A tax-exempt fixed-rate revenue bonds were issued in the par amount of $121.3 million and include an original issue premium of $5.1 million. The final maturity date is July 1, 2048, and optional redemption at par can occur on or after July 1, 2027. The Series 2017A bonds bear interest at 4.4% per annum and pay interest semiannually on July 1 and January 1.

- The Series 2017 taxable fixed-rate corporate bonds were issued in the par amount of $100.0 million, bearing interest at 4.2% per annum. Interest is paid semiannually on July 1 and January 1, and the bonds have a final maturity date of July 1, 2037. There is a bullet payable beginning July 1, 2026, that allows VUMC to call the debt.

- The Series 2017B taxable variable-rate term loan notes were issued in the par amount of $50 million and placed privately with a bank. The notes bore interest initially at a fixed-spread to one-month LIBOR of 1.2%. The notes had a final maturity date of July 1, 2046, a tender date of August 1, 2024, and could be redeemed at any time. Proceeds from the issuance of the Series 2017B notes were used to extinguish the Series 2016C R-FLOATs, initially issued on April 29, 2016. During Fiscal 2022, the Series 2017B notes were extinguished using proceeds from the Series 2021C Taxable Revenue Bonds, discussed further below.

On April 20, 2018, the Series 2018 Tax-Exempt Revenue Bonds ("2018 Series Debt") aggregating $53.4 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the 2018 Series Debt. The Series 2018 Tax-Exempt Revenue Bonds were issued by the HEFB, were placed privately with a bank, and bore interest at a fixed spread to 81% of one-month LIBOR of 0.6%. The bonds have a final maturity date of July 1, 2049. Proceeds from the issuance of the Series 2018 bonds were used to extinguish a portion of the Series 2016F taxable variable-rate bonds. During Fiscal 2023, the Series 2018 bonds were modified and the renegotiated interest rate is a fixed spread of 79% of SOFR plus 0.76%.

On July 30, 2019, VUMC entered into a term loan agreement ("2019 Term Loan") with a lender for $35 million to pay for the acquisition of Tennova – Lebanon (now VWCH) hospital facilities, near term capital expenditures, and costs of issuance. The term loan bore interest at a variable rate plus a fixed spread to one-month LIBOR of 0.50% through the maturity date of August 1, 2029. Due to LIBOR being sunset as the benchmark rate, the interest rate was modified during Fiscal 2023 to SOFR plus a fixed spread of 0.60%. VUMC has the option to prepay all or a portion of the loan at any time, subject to notice. The 2019 loan is subject to principal amortization commencing on July 1, 2024 and ending July 1, 2049, as defined in the 2019 loan agreement between VUMC and the lender.

On October 22, 2019, the 2019 Taxable Fixed Private Placement Notes ("2019 Notes") aggregating $128.6 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the 2019 Notes. The 2019 Notes were placed privately with a bank, and bear interest at a fixed rate of 3.9% per annum. The notes have a final maturity date of July 1, 2054.

On April 9, 2021, the 2021 Short-Term Loan was issued in the par amount of $200 million for the purpose of refinancing the 2020 Loan. The debt bore interest at a fixed spread to LIBOR of 0.4% and had a maturity of April 8, 2022. During Fiscal 2022, the 2021 Short-Term Loan was extinguished using proceeds from the Series 2021A Tax-Exempt and Series 2021B Taxable Revenue Bonds discussed further below.

On November 4, 2021, the Series 2021A Tax-Exempt and Series 2021B Taxable Revenue Bonds were issued, and on December 1, 2021, the Series 2021C Taxable Revenue Bonds were issued ("2021 Series Debt"), aggregating $345.4 million of proceeds for the purpose of refinancing existing debt, funding capital projects, and paying a portion of the costs of issuance associated with the 2021 Series Debt. The 2021 Series was issued by the HEFB.

- The Series 2021A tax-exempt fixed-rate revenue bonds were issued in the par amount of $57.9 million and include an original issue premium of $16.2 million. The Series 2021A bonds have a bullet maturity of July 1, 2031, and can be optionally redeemed at par on or after January 1, 2031. The Series 2021A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.

- The 2021B taxable fixed-rate revenue bonds were issued in the par amount of $237.6 million, bearing interest at 3.2% per annum, which is paid semiannually on July 1 and January 1. The 2021B bonds have a final maturity of July 1, 2052 and are subject to mandatory sinking fund redemption in lots. VUMC is entitled, at its option, to redeem all or a portion of the Series 2021B bonds before January 1, 2052, at a redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 0.20% above rates for U.S. Treasury securities with comparable maturities.

- The 2021C taxable variable-rate revenue bonds were issued in the par amount of $50 million and were placed privately with a bank. The bonds bore interest in a variable-rate mode at a fixed spread to one-month LIBOR of 0.5%. Due to LIBOR being sunset as the benchmark rate, the interest rate was modified during Fiscal 2023 to SOFR plus a fixed spread of 0.63%. The bonds have a final maturity date of July 1, 2046, a tender date of December 1, 2027, and may be redeemed at any time. Proceeds from the issuance of the Series 2021C bonds were used to extinguish the Series 2017B notes.

On December 7, 2022, the Series 2022A Tax-Exempt and Series 2022B Tax-Exempt Revenue Bonds were issued for $70.5 million each. The proceeds were used to fund capital projects, and to pay a portion of the costs of issuance. The bonds bear interest at SIFMA plus a fixed spread of 0.70% and 0.67%, respectively. The 2022 Series was issued by the HEFB.

Each of the bonds, notes, and loans represent separate obligations under a Master Trust Indenture ("MTI") structure. The MTI provides the flexibility for multiple parties to participate in debt issuances as part of an obligated group; presently, VUMC has no other third-party members participating in the obligated group. All debt issued under the MTI is a general obligation of the obligated group. Under the provisions of the Leasehold Deed of Trust, Security Agreement, Assignment of Rents and Leases, and Fixture Filing (the "Security Agreement") within the MTI, gross receivables of the obligated group are pledged as collateral. Additionally, the Security Agreement established a mortgage lien on (i) the leasehold interest of the land subject to the Ground Lease; (ii) the buildings, structures, improvements, and fixtures now or hereafter located on the land subject to the Ground Lease; and (iii) certain other collateral.

Trust indentures for certain bond issues contain covenants and restrictions, the most material of which include limitations on the issuance of additional debt, maintenance of a specified debt service coverage ratio, and a minimum amount of days cash on hand. VUMC complied with such covenants and restrictions as of June 30, 2023 and 2022.

On April 29, 2016, VUMC delivered a secured subordinated promissory note in the amount of $100 million to VU to finance the Acquisition (the "subordinated note"). In July of 2018, VU sold its rights to future principal and interest payments on this note to a third party. The note was issued at a fixed rate of 3.25% with monthly principal payments totaling $5 million annually commencing on May 31, 2016, for a period of 20 years ending on April 30, 2036. VUMC may, at any time and from time to time, without premium or penalty, prepay all or any portion of the unpaid principal amount of the subordinated note. This note is secured by the gross receivables and mortgaged property described in the Security Agreement subject to the requirements of the 2016 Series Debt and the MTI.

As part of the Acquisition, VUMC assumed a 10-year, unsecured, noninterest-bearing product financing arrangement with a vendor for the purchase and implementation of internal use software. The annual payment of $5.3 million is payable in monthly installments, is considered principal and imputed interest, and continues through Fiscal 2027. The balance due under the Product Financing Arrangement is $16.4 million and $20.8 million as of June 30, 2023 and 2022, respectively. At June 30, 2023 and 2022, $4.7 million and $4.5 million, respectively, was included in the current portion of long-term debt caption, with the remaining balance in long-term debt, net of current portion.

In Fiscal 2023 and 2022, noncash investing and financing activities totaled $9.7 million and $10.5 million, respectively, related to finance leases.

VUMC has an agreement with a bank to provide a general use line of credit with a maximum available commitment totaling $100 million, which bore interest at a fixed spread to one-month LIBOR of 0.65% and has no maturity date if the line of credit is renewed annually. The line of credit accrued a commitment fee of 0.15% per annum on any unused portion of the line of credit. Effective April 4, 2023, the agreement was amended to modify the interest rate and commitment fee and extend the maturity date. The line of credit bears interest at a fixed spread to SOFR of 0.50%, accrues a commitment fee of 0.10% on any unused portion of the line of credit, and has a final maturity date of April 3, 2024.

VUMC established an additional $50 million line of credit with a bank in Fiscal 2021. The line of credit bore interest at a fixed spread to one-month LIBOR of 0.45%, maturing in Fiscal 2022 with a commitment fee of 0.2% on any unused portion of the line of credit. Effective April 7, 2023, the agreement was amended to modify the interest rate and extend the maturity date. The line of credit bears interest at a fixed spread to SOFR of 0.60%, accrues a commitment fee of 0.18% on any unused portion of the line of credit, and has a maturity date of April 4, 2025

During Fiscal 2023, VUMC established an additional $50 million line of credit, which bears interest at a fixed spread to SOFR of 0.75%, accrues a commitment fee of 0.125% on any unused portion of the line of credit, and has a maturity date of May 8, 2026.

During Fiscal 2023, VUMC established an additional $100 million line of credit, which bears interest at a fixed spread to SOFR of 0.62%, accrues a commitment fee of 0.15% on any unused portion of the line of credit, and has a maturity date of May 1, 2026.

There are no outstanding balances on lines of credit as of June 30, 2023 or 2022. Commitment fees for the lines of credit totaled $0.2 million and $0.3 million in Fiscal 2023 and Fiscal 2022, respectively.

Interest paid on all obligations, including interest rate swap settlements, net of amounts capitalized, was $69.9 million and $62.6 million in Fiscal 2023 and 2022, respectively.

Principal retirements and scheduled sinking fund requirements based on maturity schedules for long-term debt due in subsequent fiscal years ending June 30 are as follows:

($ in thousands)

2024	$ 23,910
2025	19,893
2026	22,786
2027	317,402
2028	14,987
Thereafter	1,429,593
	$ 1,828,571

12. Interest Rate Exchange Agreements

Key features of VUMC interest rate exchange agreements are summarized below:

Notional Amount	Pay Fixed Rate	Receive Variable Rate	Mandatory Termination Date
$75.0 million	4.24%	68% of one-month LIBOR	May 2, 2025
$75.0 million	4.28%	68% of one-month LIBOR	April 29, 2026

VUMC incorporates these interest rate exchange agreements into its debt portfolio management strategy. There are no collateral pledging requirements. The agreements terminate automatically on May 2, 2025 and April 29, 2026, if not renegotiated or extended, at which point the exchange agreements will be settled at fair value.

VUMC recorded the following activity related to the interest rate exchange agreements during Fiscal 2023 and 2022:

($ in thousands)	2023	2022
Mark-to-market adjustments	$ 11,862	$ 31,845
Cash settlements	(2,251)	(6,004)
Unrealized gain on interest rate exchange agreements, net of cash settlements	$ 9,611	$ 25,841

13. Leases

VUMC has operating and finance leases for real estate, personal property and equipment. VUMC determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded in the consolidated balance sheets.

VUMC has lease agreements which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, VUMC elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

Right-of-use assets represent VUMC's right to use an underlying asset during the lease term, and lease liabilities represent VUMC's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. VUMC's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of VUMC's operating leases do not provide an implicit rate, VUMC uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. VUMC considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and other index adjustments.

Operating and finance lease right-of-use assets and lease liabilities as of June 30, 2023 and 2022, are as follows:

($ in thousands)	**Balance Sheet Classification**	**2023**	**2022**
Assets:			
Operating leases	Operating leases	$ 845,573	$ 826,560
Finance leases	Property, plant, and equipment, net	18,704	19,412
Total lease assets		$ 864,277	$ 845,972
Liabilities:			
Current:			
Operating leases	Current portion of operating lease liabilities	$ 71,906	$ 68,510
Finance leases	Current portion of long-term debt	9,483	6,618
Noncurrent:			
Operating leases	Noncurrent portion of operating lease liabilities	800,003	783,178
Finance leases	Long-term debt, net of current portion	9,016	12,770
Total lease liabilities		$ 890,408	$ 871,076
Weighted-average remaining term:			
Operating leases		54.8 years	56.3 years
Finance leases		2.8 years	3.4 years
Weighted-average discount rate:			
Operating leases		3.7%	3.7%
Finance leases		3.2%	2.7%

Included in the tables above is the Ground Lease with VU expiring in 2114 discussed below. Excluding this lease, the weighted average remaining lease term for VUMC's operating leases is 8.2 years as of June 30, 2023 and 7.5 years as of June 30, 2022. As of June 30, 2023 and 2022, the land lease comprises $488.1 million and $488.7 million, respectively, of the operating lease asset and $490.8 million and $491.4 million, respectively, of the operating lease liability detailed above.

Lease expense for finance and operating leases for the years ended June 30, 2023 and 2022, are as follows:

($ in thousands)	2023	2022
Finance lease expense:		
Amortization of leased assets	$ 10,489	$ 8,431
Interest on lease liabilities	497	467
Operating lease expense [(1)]	109,049	107,551
Short-term lease expense [(1)]	3,195	4,551
Variable lease expense [(1)]	16,944	15,665
	$ 140,174	$ 136,665

[(1)] Expense is included in "Facilities, equipment, and technology" in the consolidated statements of operations.

The following table presents supplemental cash flow information for the years ended June 30, 2023 and 2022:

($ in thousands)	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	$ 106,246	$ 105,366
Operating cash flows for finance leases	497	467
Financing cash flows for finance leases	10,626	7,333

The following table reconciles the undiscounted minimum lease payments to the operating and financing lease liabilities recorded in the consolidated balance sheet at June 30, 2023:

($ in thousands)	Operating Leases	Finance Leases
2024	$ 101,251	$ 9,800
2025	92,436	4,487
2026	77,956	1,844
2027	61,935	1,859
2028	53,100	659
Thereafter	1,824,915	816
Total minimum lease payments	2,211,593	19,465
Less: amount of lease payments representing interest	(1,339,684)	(966)
Present value of future minimum lease payments	871,909	18,499
Less: current lease obligations	(71,906)	(9,483)
Long-term lease obligations	$ 800,003	$ 9,016

Essential provisions of leases considered by management to be material are as follows:

- On April 29, 2016, VUMC entered into a Ground Lease with VU for approximately 1.7 million square feet of land for an initial term ending June 30, 2114, and an option to extend for up to two additional terms of 50 to 99 years each upon agreement by VU and VUMC. The annual base rent is payable monthly, and is CPI adjusted annually. VUMC made rental payments totaling $22.1 million and $20.4 million in Fiscal 2023 and 2022, respectively. The Ground Lease allows VUMC to use the land on which its campus and related buildings are located. Included in the table above are $1.8 billion in ground lease payments representing future minimum rentals based on the initial annual base rent of $19.4 million, excluding annual CPI adjustments.

- In July 2007, VU entered into an agreement to lease approximately 50% of the space in the 850,000 square foot One Hundred Oaks shopping center located approximately five miles from the main campus ("100 Oaks Lease"). VU redeveloped this leased space primarily for medical and office uses. In October 2014, VU agreed to an amendment which extends the original lease term to November 30, 2035, with an option to renew the lease further for four additional 10-year periods. As part of the lease agreement, the lessee also has first rights on leasing additional space in the shopping center and first rights on purchasing if the landlord desires to sell. On April 29, 2016, the 100 Oaks Lease was assigned to VUMC. On June 10, 2023, the lease was amended to add an additional 84,750 square feet of leased space within the facility. VUMC included minimum property rental payments totaling $116.1 million related to this space in the above minimum lease payments table.

- On April 29, 2016, VU assigned to VUMC a lease for approximately 231,000 square feet of office space at 2525 West End Avenue with expiration dates ranging from 2026 through 2030, with options to renew for two additional five-year periods. VUMC included minimum lease payments totaling $57.7 million related to this space in the above minimum lease payments table.

- On April 29, 2016, VUMC and VU entered into certain lease agreements for the use of space in buildings separately owned by each entity. As of June 30, 2023, VUMC's estimated future minimum lease payments to VU totaled $31.2 million. Estimated future lease receipts from VU for the fiscal year ended June 30, 2024, are $8.8 million, subject to annual renewal.

- On November 1, 2022, VUMC entered into a lease agreement for office space at 431 Great Circle Road, located approximately five miles from the main campus. The lease provided for initial occupancy of approximately 94,000 square feet, with occupancy of an additional 16,000 square feet of space commencing on February 16, 2023, for a total of 110,000 square feet. The lease expiration date is October 31, 2042. VUMC included minimum lease payments totaling $48.3 million related to this space in the above minimum lease payments table.

14. Net Assets

Net asset restrictions relate to the following purposes as of June 30, 2023 and 2022:

($ in thousands)	2023	2022
Donor-restricted – time or purpose		
Property, plant, and equipment	$ 18,839	$ 14,534
Research and education	166,396	150,086
Operations	12,818	5,335
Total donor-restricted – time or purpose	$ 198,053	$ 169,955
Donor restricted – perpetuity		
Research and education	$ 119,048	$ 98,477

Net assets without donor restrictions are free of donor-imposed restrictions. This classification includes all revenues, gains, and losses not restricted by donors. VUMC reports all expenditures in net assets without donor restrictions since the use of restricted contributions in accordance with donors' stipulations results in the release of the restriction.

Donor restricted – time or purpose contain donor-imposed stipulations that expire with the passage of time or that can be satisfied by the action of VUMC. These net assets may include restricted gifts including unconditional pledges, split-interest agreements, interests in trusts held by others, and accumulated appreciation on donor-restricted endowments not yet appropriated by the Board of Directors for distribution. Donor gifts that are restricted for funding capital projects are considered released from restriction once related capital expenditures have been made and the asset is placed in service.

Donor restricted – perpetuity contains amounts held in perpetuity as requested by donors. These net assets may include unconditional pledges, donor-restricted endowments, split-interest agreements, and interests in trusts held by others. Generally, the donors of these assets permit VUMC to use a portion of the income earned on related investments for specific purposes.

UPMIFA specifies that unless stated otherwise in a gift instrument, donor-restricted assets in an endowment fund are restricted assets until appropriated for expenditure. Barring the existence of specific instructions in gift agreements for donor-restricted endowments, VUMC reports the historical value of such endowments as donor restricted – perpetuity and the net accumulated appreciation as donor restricted – time or purpose. In this context, the historical value represents the original value of initial contributions restricted as permanent endowments plus the original value of subsequent contributions and, if applicable, the value of accumulations made in accordance with the direction of specific donor gift agreements.

15. Fair Value Measurements

Fair value measurements represent the amount at which the instrument could be exchanged in an orderly transaction between market participants at the measurement date. VUMC utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that VUMC has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the assets or liabilities, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs reflect VUMC's assumptions about the inputs market participants would use in pricing the asset or liability, including assumptions about risk. Unobservable inputs are developed based on the best information available in the circumstances and may include VUMC's own data.

VUMC's principal assets and liabilities are cash and cash equivalents, investments, patient accounts receivable, estimated receivables and liabilities under third-party programs, grants and contracts receivable, pledges receivable, operating lease assets, accounts payable and other accrued expenses, self-insurance reserves, operating lease liabilities, long-term debt, and interest rate exchange agreements. Except for long-term debt, the carrying amount of these assets and liabilities approximates fair value.

As of June 30, 2023, the carrying value and estimated fair value of total long-term debt totaled $1.9 billion and $1.7 billion, respectively. As of June 30, 2022, the carrying value and estimated fair value of total long-term debt totaled $1.7 billion and $1.7 billion, respectively. VUMC bases estimated fair value of long-term debt on market conditions prevailing at fiscal year-end reporting dates. Besides potentially volatile market conditions, fair value estimates typically reflect limited secondary market trading. The fair values of the fixed-rate Series Debt, as defined in Note 11 Long-Term Debt, were based on a Level 2 computation using quoted prices for similar liabilities in active markets as of June 30, 2023 and 2022, as applicable. The carrying amounts related to VUMC's variable-rate Series Debt and other long-term debt obligations approximate their fair values as of June 30, 2023 and 2022. As of June 30, 2023 and 2022, the fair values of the subordinated note payable and the product financing arrangement were based on a Level 2 discounted cash flow approach applying a risk-adjusted spread for issuers of similar credit quality to U.S. Treasury yields for securities with comparable maturities.

For financial instruments measured at fair value on a recurring basis, the following tables summarize valuation hierarchy levels as of June 30, 2023 and 2022, determined by the nature of the financial instrument and the least observable input significant to the fair value measurement:

	Fair Value Measurements as of June 30, 2023			
($ in thousands)	**Level 1**	**Level 2**	**Level 3**	**Total Carrying Amount**
Assets				
Corporate bonds	$ –	$ 307,347	$ –	$ 307,347
Equity mutual funds	22,887	120,794	–	143,681
Cash and cash equivalents	162,500	–	–	162,500
Beneficial interests in split-interest trusts	–	8,949	–	8,949
Hedged equity mutual funds	–	38,692	–	38,692
Fixed-income mutual funds	83,055	94,254	–	177,309
Certificates of deposit	–	13,246	–	13,246
Asset-backed securities	–	3,614	–	3,614
Mortgage-backed securities	–	99,468	–	99,468
Commercial paper	–	6,375	–	6,375
Government bonds	–	76,885	–	76,885
Hedged debt mutual funds	–	63,453	–	63,453
Commodities and managed futures mutual funds	8,628	14,026	–	22,654
Target date mutual funds	–	8,279	–	8,279
Equity securities	74,278	–	–	74,278
Total assets in the fair value hierarchy	$ 351,348	$ 855,382	$ –	$ 1,206,730
Investments measured at net asset value				91,352
Total assets reported at fair value				$ 1,298,082
Liabilities				
Interest rate exchange agreements	$ –	$ 33,157	$ –	$ 33,157
Total liabilities reported at fair value	$ –	$ 33,157	$ –	$ 33,157

	Fair Value Measurements as of June 30, 2022			
($ in thousands)	**Level 1**	**Level 2**	**Level 3**	**Total Carrying Amount**
Assets				
Corporate bonds	$ –	$ 345,781	$ –	$ 345,781
Equity mutual funds	19,887	103,820	–	123,707
Cash and cash equivalents	17,852	-	–	17,852
Beneficial interests in split-interest trusts	–	8,515	–	8,515
Hedged equity mutual funds	–	137,325	–	137,325
Fixed-income mutual funds	80,697	86,564	–	167,261
Certificates of deposit	–	18,301	–	18,301
Asset-backed securities	–	28,022	–	28,022
Mortgage-backed securities	–	6,542	–	6,542
Commercial paper	–	22,755	–	22,755
Government bonds	–	44,126	–	44,126
Hedged debt mutual funds	–	150,056	–	150,056
Commodities and managed futures mutual funds	8,135	33,928	–	42,063
Target date mutual funds	–	6,422	–	6,422
Equity securities	12,033	–	–	12,033
Total assets in the fair value hierarchy	$ 138,604	$ 992,157	$ –	$ 1,130,761
Investments measured at net asset value				67,150
Total assets reported at fair value				$ 1,197,911
Liabilities				
Interest rate exchange agreements	$ –	$ 45,019	$ –	$ 45,019
Total liabilities reported at fair value	$ –	$ 45,019	$ –	$ 45,019

Certain of the investments are reported using a calculated NAV per share. These investments are not expected to be sold at amounts that are materially different from NAV. The following table identifies attributes relating to the nature and risk of investments for which fair value is determined using a calculated NAV as of June 30, 2023 and 2022:

	June 30, 2023			
($ in thousands)	Carrying Amount	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	$ 29,409	$ 2,000	None	None
Multi-strategy hedge funds	20,870	5,000	Quarterly	65-95 Days
Real estate mutal fund	22,228	–	Semi-annual	90 Days
Hedged equity fund	18,845	–	Quarterly	90 Days
Total	$ 91,352	$ 7,000		

	June 30, 2022			
($ in thousands)	Carrying Amount	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	$ 31,022	$ 3,500	None	None
Multi-strategy hedge funds	17,055	8,000	Quarterly	65-95 Days
Hedged equity fund	19,073	–	Quarterly	90 Days
Total	$ 67,150	$ 11,500		

VUMC employs derivatives, primarily interest rate exchange agreements, to help manage interest rate risks associated with variable-rate debt. In addition to the credit risk of the counterparty owing a balance, VUMC calculates the fair value of interest rate exchange agreements based on the present value of future net cash settlements that reflect market yields as of the measurement date.

Parties to interest rate exchange agreements are subject to risk for changes in interest rates, as well as the risk of credit loss in the event of nonperformance by the counterparty. VUMC deals only with high-quality counterparties that meet rating criteria for financial stability and credit-worthiness.

16. Retirement Plan

VUMC's full-time employees participate in a 403(b) defined contribution retirement plan administered by a third party. For eligible employees with one year of continuous service, this plan requires employer matching of employee contributions up to 5% of eligible compensation. The employee immediately vests in these contributions.

VUMC funds the obligations under this plan through monthly transfers to the respective retirement plan administrator with the corresponding expense recognized in the year incurred. During Fiscal 2023 and 2022, VUMC recognized $96.2 million and $86.4 million, respectively, of expense in connection with this plan.

17. Functional Expense

VUMC provides general health care services primarily to residents within its geographic location and supports research and education programs. Total operating expense by nature and function for Fiscal 2023 and 2022 were as follows:

($ in thousands)	For the Year Ended June 30, 2023			
	Healthcare Services	Academic Research and Education	Administrative and Other	Total
Salaries, wages, and benefits	$ 2,716,045	$ 691,294	$ 290,481	$ 3,697,820
Supplies and drugs	1,469,828	55,983	8,086	1,533,897
Facilities, equipment, and technology	206,222	69,358	123,377	398,957
Services and other	675,532	141,880	104,055	921,467
Depreciation and amortization	165,904	7,868	17,274	191,046
Interest	56,032	9,977	183	66,192
Total operating expense	$ 5,289,563	$ 976,360	$ 543,456	$ 6,809,379

($ in thousands)	For the Year Ended June 30, 2022			
	Healthcare Services	Academic Research and Education	Administrative and Other	Total
Salaries, wages, and benefits	$ 2,454,835	$ 608,296	$ 241,202	$ 3,304,333
Supplies and drugs	1,310,567	64,759	2,990	1,378,316
Facilities, equipment, and technology	200,785	55,369	108,469	364,623
Services and other	670,226	136,492	103,065	909,783
Depreciation and amortization	150,181	1,140	21,678	172,999
Interest	50,391	9,527	12	59,930
Total operating expense	$ 4,836,985	$ 875,583	$ 477,416	$ 6,189,984

Certain expense categories are attributable to more than one function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, and services and other.

18. Commitments and Contingencies

Management has policies, procedures, and an organizational structure to enforce and monitor compliance with government statutes and regulations. VUMC's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time.

- Litigation; Payor Disputes. VUMC is a defendant in certain medical professional liability lawsuits and other civil actions, none of which are anticipated to have a material effect on VUMC's consolidated financial position. In addition, VUMC from time to time pursues claims and appeals of adverse payment decisions by third parties, including governmental and commercial payors. These include but are not limited to appeals relating to Medicare reimbursements matters before the Provider Reimbursement Review Board, payments for drugs purchased and dispensed through the 340B discounted drug purchasing program, and payments received under commercial payor reimbursement agreements. The outcomes of these claims and appeals are not expected to have a material effect on VUMC's consolidated financial position.

- Compliance Program. Through the operation of its compliance program, VUMC from time to time initiates the review of billing for clinical services provided by VUMC and its affiliated providers. VUMC has established a liability reserve relating to certain matters under review as of June 30, 2023 and 2022, which is not material to VUMC's consolidated financial position.

- Regulatory Reviews. VUMC is subject to the regulation and oversight of various state and federal government agencies and may from time to time receive subpoenas, requests for documents or other information, civil investigative demands or other legal process related to VUMC's business and operations (including its billing practices). VUMC's compliance with regulations and laws is subject to future government reviews and interpretations, as well as regulatory actions unknown at this time. VUMC believes that the liability, if any, from such reviews will not have a material effect on VUMC's consolidated financial position.

- Medical Malpractice Self-Insurance. The consolidated balance sheets include reserves for medical malpractice, professional, and general liability coverage totaling $90.5 million as of June 30, 2023, and $81.6 million as of June 30, 2022. These liabilities are measured at the net present value of those cash flows using a discount rate of 2.5% at both dates and are classified as current or noncurrent based on the expected timing of cash flows. Other current assets include expected recoveries from commercial insurance carriers under excess coverage arrangements totaling $7.7 million as of June 30, 2023, and $5.9 million as of June 30, 2022. During Fiscal 2023 and 2022, VUMC recorded expenses for medical malpractice self-insurance of $24.4 million and $30.4 million, respectively.

- Employee Health and Workers' Compensation Insurance. Accrued compensation and benefits included actuarially determined liabilities for employee health and workers' compensation claims totaling $36.1 million and $5.7 million, respectively, as of June 30, 2023, and $23.0 million and $5.7 million, respectively, as of June 30, 2022. During Fiscal 2023 and 2022, VUMC recorded expenses for self-insured employee health benefit plans, net of employee premiums, totaling $310.7 million and $261.4 million, respectively. During Fiscal 2023 and 2022, VUMC recorded expenses for self-insured workers' compensation plans of $4.6 million and $4.9 million, respectively.

- Federal and State Contracts and Other Requirements. Expenditures related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. Amounts of expenditures that granting agencies might disallow cannot be determined at this time. These amounts affect government grants and contracts revenue, as well as facilities and administrative costs recovery. VUMC does not expect these costs to impact the consolidated financial position by material amounts.

- Health Care Services. In Fiscal 2023 and 2022, 86% and 84%, respectively, of VUMC's operating revenue was generated by providing health care services, where revenue is affected by reimbursement arrangements with federal and state healthcare programs, commercial insurance, and other managed care payors. If reimbursement rates from third-party payors decrease or if contract terms become less favorable in future periods, VUMC's operating revenues may decline. See Note 4 Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements, for further information regarding healthcare revenues and related receivables.

- HIPAA Compliance. Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and related regulations, the federal government has authority to investigate potential breaches of federal requirements for the privacy and security of patient health information to impose substantial fines and penalties in connection with violations. VUMC maintains policies, procedures, and organizational structures to enforce and monitor compliance with HIPAA, as well as other related federal and state laws, rules, and regulations.

- Construction. VUMC had contractual commitments under major construction and equipment contracts totaling $243.9 million and $53.5 million as of June 30, 2023 and 2022, respectively.

19. Other Events

COVID-19

In March of Fiscal 2020, COVID-19, a disease caused by the novel strain of the coronavirus, was designated by the World Health Organization as a global pandemic. A state of emergency was subsequently announced by the State of Tennessee, quickly followed by "stay at home" orders and orders for hospitals and outpatient surgical facilities to stop non-essential procedures. This global health crisis negatively impacted many facets of the business, including lower patient volumes and related revenues, significant increases in certain supply costs (in particular personal protective equipment) as well as difficulties sourcing these supplies, and volatility in the U.S. and global financial markets impacting VUMC's investment portfolios.

Sources of pandemic relief include the federal stimulus package known as The Coronavirus Aid, Relief, and Economic Security ("CARES") Act, signed into law on March 27, 2020, the Coronavirus Response and Consolidated Appropriations Act ("CRCA") signed into law on December 27, 2020, and the American Rescue Plan ("ARP"), signed into law on March 11, 2021. These laws include a number of provisions: most importantly providing funding through the Public Health and Social Services Emergency Fund ("Provider Relief Fund") to reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19. These provider relief funds included amounts distributed to providers based on their share of the Medicare fee-for-service reimbursement ("General Distributions"). The funds also included for certain targeted distributions ("Targeted Distributions") to qualifying providers (primarily rural and high impact areas). In Fiscal 2022, VUMC recognized as revenue approximately $44.8 million in General Distributions and $23.4 million in Targeted Distributions, for a total of $68.2 million, under the Provider Relief Fund. There were no Provider Relief Funds received in Fiscal 2023. These amounts are presented in other operating revenue in the consolidated statements of operations.

In addition, the CARES Act provides for an expansion of the Medicare Accelerated and Advance Payment Program ("MAAPP") whereby inpatient acute care hospitals and other eligible providers may request an advance payment of up to 100% of their Medicare payment amount for a six-month period to be repaid through withholding of future Medicare fee-for-service payments beginning 120 days after receipt.

On October 1, 2020, the Continuing Appropriations and Other Extensions Acts amended the repayment terms for the funds received under the MAAPP. Under the revised repayment terms, the Centers for Medicare and Medicaid Services ("CMS") began to automatically recoup the advance payments one year from the original date of issuance by offsetting the payments against newly submitted Medicare claims. Once the recoupment period began, for the first eleven (11) months, Medicare automatically recouped payments at a rate of 25% of the Medicare claims amount otherwise owed to VUMC. After the first recoupment period of eleven (11) months, and continuing for the following six (6) months, Medicare automatically recoups payments at a rate of 50% of the Medicare claims amount otherwise owed to VUMC. After this repayment term concludes, any balance that remains outstanding will be subject to interest at a rate of four percent (4%) per annum. In accordance with the repayment terms, CMS recouped $173.4 million of VUMC's MAAPP funds during Fiscal 2022 and recouped the remaining liability of $16.0 million during Fiscal 2023. There is no MAAP liability as of June 30, 2023.

The CARES Act also allows for deferred payment of the employer portion of certain payroll taxes between March 27, 2020 and December 31, 2020, with 50% due December 31, 2021 and the remaining 50% due December 31, 2022. As of June 30, 2022, VUMC had deferred payroll tax payments of $37.9 million included in accrued compensation and benefits in the consolidated balance sheet. This balance was paid during Fiscal 2023 and no balance remains at June 30, 2023.

In addition, the CARES Act suspended the sequestration payment adjustment percentage of 2% applied to all Medicare Fee-for-Service claims from May 1, 2020 through December 31, 2020, with subsequent acts extending through March 31, 2022. Upon conclusion of the suspension period, CMS applied a 1% payment adjustment for the period April 1, 2022 through June 30, 2022, at which time CMS reverted to the 2% payment adjustment for sequestration. This suspension positively impacted patient service revenue in the consolidated statements of operations by approximately $14 million for Fiscal 2022. Beginning, September 1, 2020, the CARES Act also provided for a 20% Medicare supplement for Medicare patients diagnosed with COVID-19 that are admitted to the hospital, reflecting the additional costs of treating a patient with this diagnosis. During Fiscal 2022, VUMC recognized an additional $6 million in patient service revenue in the consolidated statements of operations related to this supplement. There was no revenue recognized in Fiscal 2023 related to this supplement.

During Fiscal 2022, VUMC received $73.2 million of supplemental payments directed from the State of Tennessee which covered a uniform increase for inpatient and outpatient services performed for the period January 1, 2022 through December 31, 2022. VUMC recognized $36.6 million as patient service revenue related to the services performed for the period January 1, 2022 through June 30, 2022. The remaining $36.6 million of payments received was recognized during Fiscal 2023. An additional tranche of supplemental payments directed from the State of Tennessee was received and recognized in Fiscal 2023 in the amount of $23.9M.

During Fiscal 2022, VUMC recognized as other operating revenue $4.5 million for Tennessee staffing grants. No staffing grants were received in Fiscal 2023.

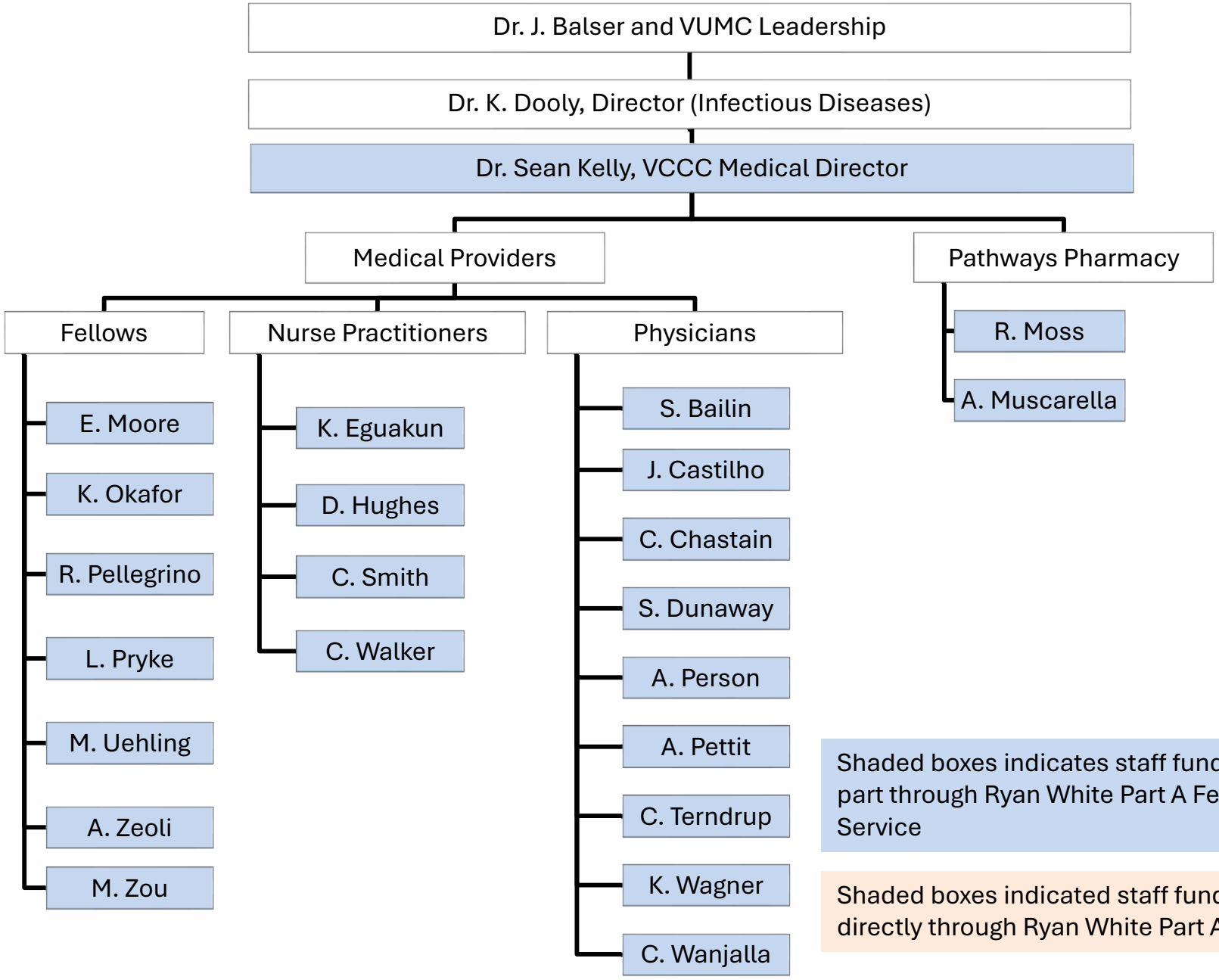
Business Combination of Cool Springs Surgery Center

Effective July 1, 2021, VUMC amended the operating agreement related to the noncontrolling ownership interest held in the Cool Springs Surgery Center (“CSSC”). This amendment constituted a change in control event for CSSC and is now consolidated into the financial statements of VUMC. Prior to the change in control event date, VUMC accounted for its noncontrolling ownership interest in CSSC as an equity method investment. In accordance with FASB ASC 805, Business Combinations, the acquisition method was applied to account for this consolidation and CSSC was recorded at its fair value. The acquisition-date fair value of the previous equity interest was $18.0 million. VUMC recognized a gain of $14.7 million during Fiscal 2022 as a result of remeasuring its previous equity interest to fair value, which is presented in other nonoperating gains in the consolidated statements of operations.

20. Subsequent Events

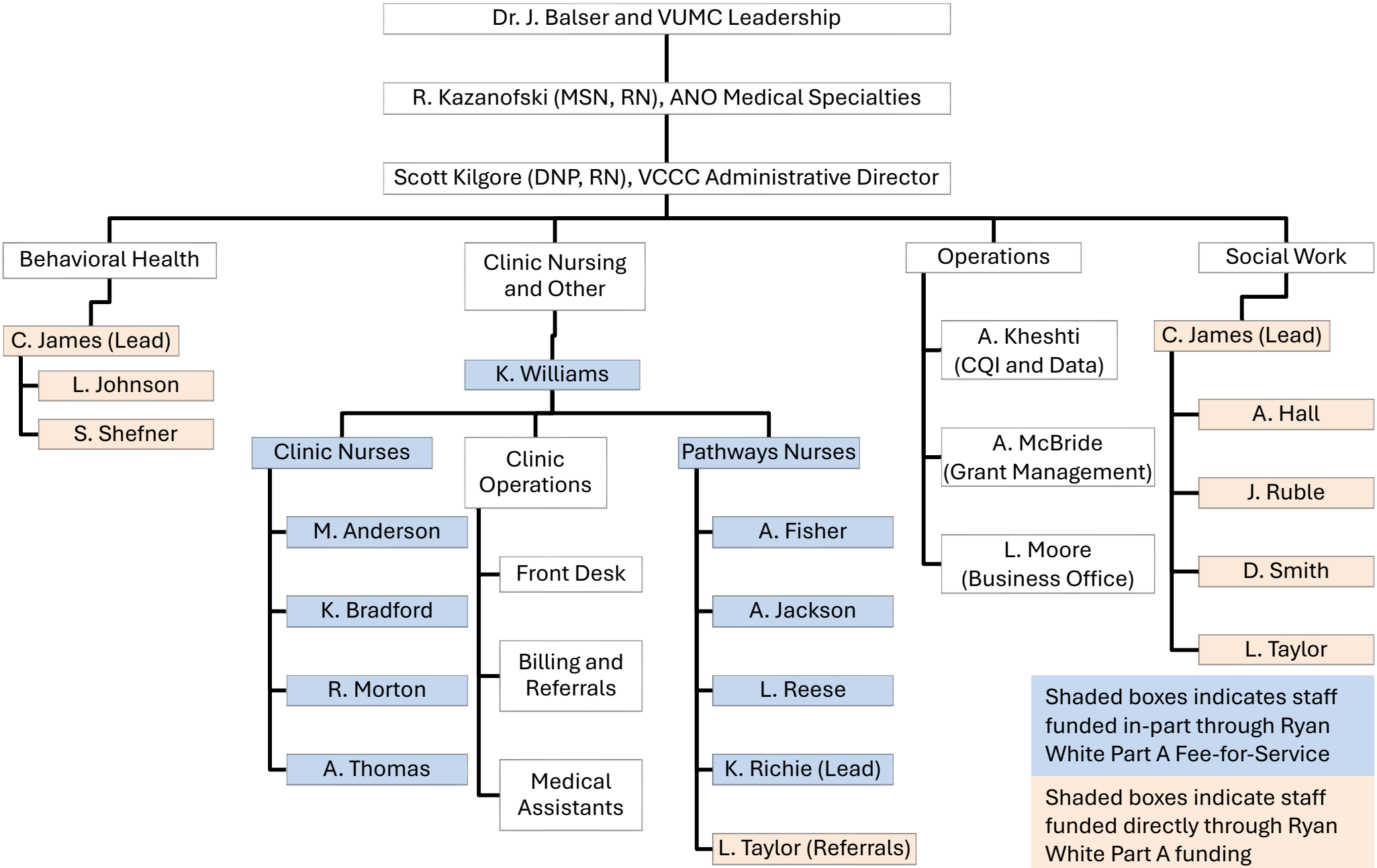
Management evaluated events after June 30, 2023 through September 29, 2023, the date on which the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements that have not been recorded or disclosed.

Attachment 10: Organizational Chart with Funded Components



Shaded boxes indicates staff funded in-part through Ryan White Part A Fee-for-Service

Shaded boxes indicated staff funded directly through Ryan White Part A funding


Dr. J. Balser and VUMC Leadership
R. Kazanofski (MSN, RN), ANO Medical Specialties
Scott Kilgore (DNP, RN), VCCC Administrative Director
Behavioral Health
C. James (Lead)
L. Johnson
S. Shefner
Clinic Nursing and Other
K. Williams
Clinic Nurses
M. Anderson
K. Bradford
R. Morton
A. Thomas
Clinic Operations
Front Desk
Billing and Referrals
Medical Assistants
Pathways Nurses
A. Fisher
A. Jackson
L. Reese
K. Richie (Lead)
L. Taylor (Referrals)
Operations
A. Kheshti (CQI and Data)
A. McBride (Grant Management)
L. Moore (Business Office)
Social Work
C. James (Lead)
A. Hall
J. Ruble
D. Smith
L. Taylor
Shaded boxes indicates staff funded in-part through Ryan White Part A Fee-for-Service
Shaded boxes indicate staff funded directly through Ryan White Part A funding

Attachment 12: Implementation Plan

III. Implementation Plan:

The importance of improving progress along the HIV care continuum is supported by the use of scientific research that leads to the identification of best practices and evidence-based practices. The use of best practices/evidenced informed models is preferred for all services and as applicable/available.

Describe in detail any evidence bases or best practice models you will use to provide the service. Include a reference to the model name and source of the best practice (e.g., "Healthy Living Project," CDC Evidence-Based Intervention-EBI). https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html Ideally, interventions will be based upon proven outreach and engagement models; and/or adaptations of proven models; and /or novel models of outreach and engagement in care, particularly developed for the HIV/AIDs population.

Implementation Plan and Evidence-Based Models of Service

All services provided at the VCCC are developed following nationally accepted standards as described in the U.S. Centers for Disease Control and Prevention's HIV Compendium of Best Practices[10] and the U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.[11] The laboratory evaluation used for intake and monitoring clients at the VCCC is based on the US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.

Clients are referred to the VCCC from various testing sites including CBOs, Health Department clinics, and private practices. For new clients, it is essential that VCCC's providers and staff work collaboratively to engage and retain clients in care. Once the client is seen by the provider, the client is followed closely for the first six months by the assigned PNCM and social worker. These staff members help the client address any issues that may be (or become) a barrier to care. The client's follow-up is also closely monitored by staff who will actively reach out to the client to reschedule missed appointments, help coordinate transportation or address other needs. A Linkage and Retention Nurse reaches out directly to clients who are lost-to-care (have not seen a VCCC provider for more than 12 months) to help get those clients return to treatments.

The client's success in treating HIV and attaining virologic control (a critical step in the HIV care continuum) is facilitated by an interdisciplinary care team approach. New clients are assessed to determine if Rapid ART is appropriate and all clients starting, stopping, or changing antiretrovirals are presented in a case conference setting (ART conference) which involves providers, behavioral health providers, social worker medical case managers, and members of the Pathways team. The treatment recommendations are based on the

[10] https://www.cdc.gov/hivpartners/php/compendium/index.html
[11] https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new

virologic, immunologic and co-morbidities status of the client and social factors and client preferences. This recommendation is then presented to the client by the Pathways team, who send the prescription to the client's preferred pharmacy, manage any prior authorizations or formulary compliance issues, and follow-up with the client during their first few weeks of taking the new medication to quickly identify and address any ADEs or pADEs. The Pathways team is also consulted, as needed, by clinic staff to address issues such as pharmacy access, drug interactions, and formulary changes. The Pathways team is also consulted as needed by clinic staff to deal with issues regarding pharmacy access, drug interactions, and formulary changes. This success of this evidence-based approach to care is reflected in the VCCC's HIV viral load suppression, which surpassed 90% for the first time during CY2023. Preliminary data indicate that the viral load suppression rate remained above 90% during CY2024 as well.

METROPOLITAN GOVERNMENT OF NASHVILLE 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

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.

Steve A. Munoz signing on behalf of
D. Clinton Brown, Associate VP, OSP

Signature of Authorized Representative

Name: D. Clinton Brown

Title: Associate Vice President, OSP

Agency Name: Vanderbilt University Medical Center

Date: 6/16/2025

METROPOLITAN GOVERNMENT OF NASHVILLE 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

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.*

Steve A. Munoz signing on behalf of
D. Clinton Brown, Associate VP, OSP

Signature of Authorized Representative
Name: D. Clinton Brown
Title: Associate Vice President, OSP
Agency Name: Vanderbilt University Medical Center
Date: 6/16/2025

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

DEPARTMENT OF THE TREASURY

Date: MAY 19 2015

VANDERBILT UNIVERSITY MEDICAL CENTER
C/O HOWARD S SILVER
HOGAN LOVELLS US LLP
555 13TH ST NW
WASHINGTON, DC 20004

Employer Identification Number:
35-2528741
DLN:
17053089319005
Contact Person:
MS. LEE ID# 31208
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(iii)
Form 990 Required:
Yes
Effective Date of Exemption:
March 18, 2015
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.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

VANDERBILT UNIVERSITY MEDICAL

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Director, Exempt Organizations

Letter 947

FILED

CHARTER

OF

VANDERBILT UNIVERSITY MEDICAL CENTER

Pursuant to the provisions of Section 48-52-102 of the Tennessee Nonprofit Corporation Act (Tennessee Code Annotated §§ 48-51-101 et seq.), as amended from time to time (the "**Tennessee Nonprofit Corporation Act**"), the undersigned corporation, acting through its incorporator, hereby adopts the following Charter:

ARTICLE I

The name of the corporation is Vanderbilt University Medical Center (the "**Corporation**").

ARTICLE II

The Corporation (i) is a public benefit corporation; (ii) shall not be for profit; (iii) shall not have members; and (iv) is not a religious corporation. It is intended that the Corporation shall have the status of a nonprofit corporation that is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986, as amended and to include any corresponding provisions of any subsequent federal tax laws (hereinafter, the "**Code**"), as an organization described and operated within the meaning of Section 501(c)(3) of the Code (or in each case, corresponding provisions of any subsequent federal tax laws).

ARTICLE III

(a) The street address and zip code of the Corporation's initial registered office are 800 South Gay Street, Suite 2021, Knoxville, Tennessee, 37929-9710, and the county in which the initial registered office is located is Knox County. The name of the Corporation's

000772-0037 03/10/2015 3:33 PM Received by Tennessee Secretary of State Fire Retst

FILED

initial registered agent at the Corporation's initial registered office is National Registered Agents, Inc.

(b) The street address and zip code of the Corporation's initial principal office are 1161 21st Avenue South, Suite D3300 MCN, Nashville, Tennessee, 37232-5545, and the county in which the initial principal office is located is Davidson County.

ARTICLE IV

The name, address and zip code of the incorporator of the Corporation are:

NAME	ADDRESS
Audrey J. Anderson	305 Kirkland Hall Vanderbilt University Nashville, TN 37240-0001

ARTICLE V

The Corporation's fiscal year shall conclude on June 30 every year.

ARTICLE VI

(a) The purposes for which the Corporation is organized are to operate exclusively for charitable, educational and scientific purposes, within the meaning of Section 501(c)(3) of the Code; and within such limits, and inclusive of such other consistent purposes, as may be set forth in the Bylaws of the Corporation, to: (1) operate, maintain or control one or more academic medical and health science centers, including (but not limited to) related health care, research, and other facilities (which also may be used for biomedical research, administration, and training and education of health care and life sciences professionals), all as may currently exist or as may be established in the future, as part of an integrated, world-class health system affiliated with Vanderbilt University, a Tennessee nonprofit corporation

D0872-0035 03/18/2015 5:00 PM Received by Tennessee Secretary of State Tre Hargett

FILED

("**Vanderbilt University**"); (2) preserve, promote, and enhance the availability of health care services and scientific advances in public health, in the communities served by the Corporation, by Vanderbilt University, and their respective affiliates and networks; (3) otherwise advance purposes consistent with the general purposes herein and the mission as set forth in the Bylaws; and (4) otherwise fulfill and satisfy the Corporation's obligations as a party to one or more agreements to be entered into by and among the Corporation, on the one hand, and Vanderbilt University on the other hand, to ensure that the Corporation and Vanderbilt may efficiently and effectively pursue shared interests in health-related research and training.

(b) Subject to the limitations contained in this Charter and the Bylaws and without partisanship of any kind, the Corporation shall be empowered to take all appropriate action in furtherance of the purposes set forth in paragraph (a) of this Article VI and to carry out any activities and exercise all powers available to corporations organized pursuant to the Tennessee Nonprofit Corporation Act that may be carried out by organizations that are described in Section 501(c)(3) of the Code.

(c) The Corporation shall not have or exercise any power or authority either expressly or by interpretation or by operation of law, nor shall it directly or indirectly engage in any activity, (i) that would prevent it from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Code; (ii) that would prevent it from qualifying (and continuing to qualify) as an organization contributions to which are deductible under Sections 170(c)(2), 2055(a) and 2522(a), as applicable, of the Code; or (iii) that is not available to and may not be carried out by a corporation organized pursuant to the Tennessee Nonprofit Corporation Act.

D2572-0836 03/19/2015 3:00 PM Received by Tennessee Secretary of State Tre Hargett

FILED

000372-0018 03/10/2015 2:00 PM Received by Tennessee Secretary of State The Hermitage

ARTICLE VII

(a) All powers of the Corporation shall be exercised by or under the authority of, and the affairs of the Corporation shall be managed by or under the direction of, its Board of Directors. The Board of Directors of the Corporation shall exercise all such powers subject to, and in accordance with, the Bylaws of the Corporation. The manner of appointment or election of the members of the Board of Directors shall be set forth in the Bylaws.

(b) Except as otherwise provided in this Charter, the internal affairs of the Corporation shall be governed by, and regulated and determined as provided in, the Corporation's Bylaws.

ARTICLE VIII

In all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of the Corporation, voluntary or involuntary, or by the operation of law, or upon amendment of this Charter:

(a) No part of the assets or net earnings of the Corporation shall inure to the benefit of or be distributable to its incorporator, directors, officers or other private persons having a personal or private interest in the Corporation, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make reimbursement in reasonable amounts for expenses actually incurred in carrying out the purposes set forth in Article VI hereof.

(b) No substantial part of the activities of the Corporation shall consist of the carrying on of propaganda, or of otherwise attempting to influence legislation, unless Section 501(h) of the Code shall apply to the Corporation, in which case the Corporation shall not normally make lobbying or grass roots expenditures in excess of the amounts therein specified.

FILED

000772-0041 03/19/2015 3:59 PM Received by Tennessee Secretary Of State. The Hermitage

The Corporation shall not in any manner or to any extent participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office; nor shall it engage in any "prohibited transaction" as defined in Section 503(b) of the Code.

(c) Neither the whole, or any part or portion, of the assets or net earnings of the Corporation shall be used, nor shall the Corporation ever be operated, for objects or purposes other than those set forth in Article VI hereof.

(d) Upon dissolution of the Corporation, all of the Corporation's assets and property of every nature and description remaining after the payment of all liabilities and obligations of the Corporation (but not including assets held by the Corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution) shall be paid over and transferred to Vanderbilt University, or to one or more organizations as approved in writing by Vanderbilt University, provided that Vanderbilt University or such other approved organization(s) are then qualified for exemption from federal income taxes as organizations described in Section 501(c)(3) of the Code.

ARTICLE IX

The Corporation's Charter may be amended, restated or altered, in whole or in part, by the affirmative vote of at least seventy-five percent (75%) of all of the members of the Corporation's Board of Directors then in office at a duly called meeting at which a quorum is present; provided that (a) at least seven (7) calendar days' notice in writing setting forth a proposed amendment, restatement or alteration of the Corporation's Charter, or a reasonably detailed summary thereof, has first been provided to the Corporation's Board of Directors, and (b) the approval of Vanderbilt University shall be required for any amendment that adversely

FILED

impacts the rights of Vanderbilt University or the VU Directors, as that term is defined in the Corporation's Bylaws.

[Signature page follows]

PM72-0012 03/19/2015 2:50 PM Received by Tennessee Secretary of State Tre Hargett

FILED

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18 day of March, 2015.

Audrey J. Anderson,
Incorporator

[*Signature Page to Charter*]

000742-0043 03/18/2015 3:59 PM Received by Tennessee Secretary of State Tre Hargett

Details ×

VANDERBILT UNIVERSITY MEDICAL CENTER

1211 MEDICAL CENTER DRIVE NASHVILLE TN 37232
Christine Nguyen
(615) 936-0040
http://www.vanderbiltheath.com/giving
Status: Active
CO Number: CO4152
Registration Date: 11/26/2008

Purpose

Is to operate academic medical and health science centers, including related health care, research, and other facilities, as part od an integrated, world-class health system affiliated with Vanderbilt University.

Financials (1)

Officers (5)

Charity Events (5)

Details	CO6803	HUMANITY-VANDERBILT UNIVERSITY		Active	NASHVILLE	TN	10/25/2004
Details	CO19698	HOUSESTAFF ALLIANCE FOUNDATION (THE)	THE VANDERBILT HOUSESTAFF ALLIANCE	Expired	NASHVILLE	TN	3/8/2013
Details	CO1111	OUR KIDS, INC.		Active	NASHVILLE	TN	4/1/1991
Details	CO22935	SAE - VANDERBILT UNIVERSITY (DEVELOPMENT AND ALUMNI RELATIONS)		Active			1/14/2015
Details	CO9720	STUDENTS FOR STUDENTS, INC.	VANDERBILT STUDENTS FOR STUDENTS	Expired	NASHVILLE	TN	10/17/2007
Details	CO39822	THE POWERS' VANDERBILT FUND		Expired	CLARKSVILLE	TN	1/13/2021
Details	CO336	VANDERBILT BILL WILKERSON CENTER		Active	NASHVILLE	TN	11/26/2008
Details	CO5369	VANDERBILT HILLEL, INC.		Active	NASHVILLE	TN	9/11/2002
Details	CO4154	VANDERBILT UNIVERSITY		Active	NASHVILLE	TN	11/26/2008
Details	CO4155	VANDERBILT UNIVERSITY ALUMNI & MANAGEMENT OF DATABASE MANAGEMENT		Active			11/26/2008

Details ×

VANDERBILT UNIVERSITY MEDICAL CENTER

1211 MEDICAL CENTER DRIVE NASHVILLE TN 37232
Christine Nguyen
(615) 936-0040
http://www.vanderbiltheath.com/giving
Status: Active
CO Number: CO4152
Registration Date: 11/26/2008

Purpose

Is to operate academic medical and health science centers, including related health care, research, and other facilities, as part od an integrated, world-class health system affiliated with Vanderbilt University.

Financials (1)

Officers (5)

Charity Events (5)

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."

CUSTOMER SUPPORT

Contact Us
Library & Archives Visitor Information

DEPARTMENT INFORMATION

About the Secretary of State's Office
Secretary of State Bio
Secretary of State Newsroom
Sign up for Email Updates

DIVISIONS

Administrative Hearings
Business Services
Charitable Solicitations and Gaming
Elections
Human Resources
Library & Archives
Publications

Details ×

VANDERBILT UNIVERSITY MEDICAL CENTER

1211 MEDICAL CENTER DRIVE NASHVILLE TN 37232
Christine Nguyen
(615) 936-0040
http://www.vanderbiltheath.com/giving
Status: Active
CO Number: CO4152
Registration Date: 11/26/2008

Purpose

Is to operate academic medical and health science centers, including related health care, research, and other facilities, as part od an integrated, world-class health system affiliated with Vanderbilt University.

Financials (1)

Officers (5)

Charity Events (5)

VANDERBILT UNIVERSITY MEDICAL CENTER

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000792687
Initial Filing Date: 3/18/2015 3:00:00 PM
Fiscal Ending Month: June
AR Due Date: 10/01/2025

Registered Agent
NATIONAL REGISTERED AGENTS, INC.
300 MONTVUE RD
KNOXVILLE, TN 37919-5546

Principal Office Address
1161 21ST AVE SOUTH MEDICAL CENTER NORTH D-3300
NASHVILLE, TN 37232-5545

Mailing Address
3322 WEST END AVE STE 1100
NASHVILLE, TN 37203-1000

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: Good

History (47)

Type	Date	Tracking Number	Change History
Assumed Name Renewal for VANDERBILT UNIVERSITY MEDICAL CENTER	9/17/2025 4:14:32 PM	B2025781148	○ Renewed Assumed Name: baby+co. ○ Assumed Name baby+co. Expiration Date Updated From: 9/28/2025 12:00:00 AM to 9/28/2030 12:00:00 AM
2024 Annual Report for Vanderbilt University Medical Center	9/18/2024 3:08:23 PM	B1626-5242	
Assumed Name Renewal for Vanderbilt University Medical Center	8/23/2024 9:31:33 AM	B1617-8843	○ Assumed Name changed from: Vanderbilt Wilson County Hospital to: Vanderbilt Wilson County Hospital ○ Expiration Date changed from: 08/26/2024 to: 08/23/2029
Assumed Name for Vanderbilt University Medical Center	11/14/2023 10:28:14 AM	B1470-5881	○ New Assumed Name changed from: No Value to: Vanderbilt Transplant Pharmacy
Assumed Name Cancellation for Vanderbilt University Medical Center	9/25/2023 1:40:00 PM	B1442-4647	○ Name Status changed from: Active (Vanderbilt Clinic Pharmacy) to: Inactive - Name Cancelled (Vanderbilt Clinic Pharmacy)
2023 Annual Report for Vanderbilt University Medical Center	9/5/2023 9:57:14 AM	B1448-7072	

Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 1:58:26 PM	B1291-8709	○ Assumed Name changed from: Vanderbilt Integrated Pharmacy to: Vanderbilt Integrated Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 1:53:53 PM	B1291-8691	○ Assumed Name changed from: Green Hills Medicine Pharmacy to: Green Hills Medicine Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 1:46:10 PM	B1291-8673	○ Assumed Name changed from: Vanderbilt Cool Springs Pharmacy to: Vanderbilt Cool Springs Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 1:37:59 PM	B1291-8640	○ Assumed Name changed from: Vanderbilt Children's Hospital Pharmacy to: Vanderbilt Children's Hospital Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 1:03:20 PM	B1291-8539	○ Assumed Name changed from: Vanderbilt Children's Outpatient Pharmacy to: Vanderbilt Children's Outpatient Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 12:53:23 PM	B1291-8508	○ Assumed Name changed from: Medical Center East Pharmacy to: Medical Center East Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 12:35:41 PM	B1291-8456	○ Assumed Name changed from: Vanderbilt Health Pharmacy to: Vanderbilt Health Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name Renewal for Vanderbilt University Medical Center	10/18/2022 12:23:31 PM	B1291-8423	○ Assumed Name changed from: Vanderbilt Psychiatric Hospital Pharmacy to: Vanderbilt Psychiatric Hospital Pharmacy ○ Expiration Date changed from: 10/20/2022 to: 10/18/2027
Assumed Name for Vanderbilt University Medical Center	9/29/2022 10:45:00 AM	B1283-4702	○ New Assumed Name changed from: No Value to: Vanderbilt Medical Laboratories
2022 Annual Report for Vanderbilt University Medical Center	9/12/2022 5:49:11 PM	B1277-0874	
2021 Annual Report for Vanderbilt University Medical Center	9/30/2021 5:03:24 PM	B1099-3675	○ Principal Address 1 changed from: 1161 21ST AVE S to: 1161 21ST A SOUTH MEDICAL CENTER NORTH D-3300

Assumed Name Renewal for Vanderbilt University Medical Center	5/6/2021 4:52:36 PM	B1029-5324	○ Assumed Name changed from: Vanderbilt Outpatient Pharmacy to: Vanderbilt Outpatient Pharmacy ○ Expiration Date changed from: 05/25/2021 to: 05/06/2026
Assumed Name Renewal for Vanderbilt University Medical Center	5/6/2021 4:37:32 PM	B1029-5280	○ Assumed Name changed from: Vanderbilt Clinic Pharmacy to: Vanderbilt Clinic Pharmacy ○ Expiration Date changed from: 05/25/2021 to: 05/06/2026
Assumed Name Renewal for Vanderbilt University Medical Center	5/6/2021 3:56:27 PM	B1029-5183	○ Assumed Name changed from: Vanderbilt Nuclear Pharmacy to: Vanderbilt Nuclear Pharmacy ○ Expiration Date changed from: 05/25/2021 to: 05/06/2026
Assumed Name Renewal for Vanderbilt University Medical Center	5/6/2021 2:24:08 PM	B1029-4902	○ Assumed Name changed from: Vanderbilt Oncology Pharmacy to: Vanderbilt Oncology Pharmacy ○ Expiration Date changed from: 05/25/2021 to: 05/06/2026
Assumed Name Renewal for Vanderbilt University Medical Center	5/6/2021 1:52:23 PM	B1029-4815	○ Assumed Name changed from: Vanderbilt Adult Hospital Pharmacy to: Vanderbilt Adult Hospital Pharmacy ○ Expiration Date changed from: 05/25/2021 to: 05/06/2026
Administrative Amendment for Vanderbilt University Medical Center	2/23/2021 11:22:00 AM	B0987-1000	
Assumed Name for Vanderbilt University Medical Center	9/28/2020 3:48:12 PM	B0926-7514	○ New Assumed Name changed from: No Value to: baby+co.
2020 Annual Report for Vanderbilt University Medical Center	9/18/2020 3:19:43 PM	B0923-6054	
2019 Annual Report for Vanderbilt University Medical Center	9/17/2019 12:25:34 PM	B0757-7433	
Assumed Name for Vanderbilt University Medical Center	8/26/2019 11:50:00 AM	B0607-7385	○ New Assumed Name changed from: No Value to: Vanderbilt Wilson County Hospital
2018 Annual Report for Vanderbilt University Medical Center	10/2/2018 8:56:00 AM	B0596-8615	
System Amendment for Vanderbilt University Medical Center	10/2/2018 1:40:34 AM		

Registered Agent Change (by Agent)	1/26/2018 3:45:00 PM	*B0478-4997	
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5365	○ New Assumed Name changed from: No Value to: Vanderbilt Integrated Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5368	○ New Assumed Name changed from: No Value to: Green Hills Medicine Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5371	○ New Assumed Name changed from: No Value to: Vanderbilt Cool Springs Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5374	○ New Assumed Name changed from: No Value to: Vanderbilt Children’s Hospital Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5377	○ New Assumed Name changed from: No Value to: Vanderbilt Children’s Outpatient Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5380	○ New Assumed Name changed from: No Value to: Medical Center East Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5383	○ New Assumed Name changed from: No Value to: Vanderbilt Health Pharmacy
Assumed Name for Vanderbilt University Medical Center	10/20/2017 9:05:00 AM	B0438-5386	○ New Assumed Name changed from: No Value to: Vanderbilt Psychiatric Hospital Pharmacy
2017 Annual Report for Vanderbilt University Medical Center	9/15/2017 8:42:00 AM	B0433-5097	
2016 Annual Report for Vanderbilt University Medical Center	9/15/2016 8:30:00 AM	B0280-8438	
Assumed Name for Vanderbilt University Medical Center	5/25/2016 10:00:00 AM	B0244-2645	○ New Assumed Name changed from: No Value to: Vanderbilt Outpatient Pharmacy
Assumed Name for Vanderbilt University Medical Center	5/25/2016 10:00:00 AM	B0244-2646	○ New Assumed Name changed from: No Value to: Vanderbilt Clinic Pharmacy
Assumed Name for Vanderbilt University Medical Center	5/25/2016 10:00:00 AM	B0244-2647	○ New Assumed Name changed from: No Value to: Vanderbilt Adult Hospital Pharmacy
Assumed Name for Vanderbilt University Medical Center	5/25/2016 10:00:00 AM	B0244-2648	○ New Assumed Name changed from: No Value to: Vanderbilt Nuclear Pharmacy

Assumed Name for Vanderbilt University Medical Center	5/25/2016 10:00:00 AM	B0244-2649	○ New Assumed Name changed from: No Value to: Vanderbilt Oncology Pharmacy
2015 Annual Report for Vanderbilt University Medical Center	9/29/2015 3:58:00 PM	B0133-7363	
Initial Filing for Vanderbilt University Medical Center	3/18/2015 3:00:00 PM	B0072-0037	

Name History (17)

VANDERBILT UNIVERSITY MEDICAL CENTER

Consolidated Financial Statements and Uniform Guidance Reports and Schedule
Years Ended June 30, 2024 and 2023
With Report of Independent Auditors

The better the question.
The better the answer.
The better the world works.

Shape the future with confidence

Vanderbilt University Medical Center

Consolidated Financial Statements and Uniform Guidance Reports and Schedule

June 30, 2024 and 2023

Contents

Report of Independent Auditors 1

Consolidated Financial Statements

Consolidated Balance Sheets 3
Consolidated Statements of Operations 4
Consolidated Statements of Changes in Net Assets 5
Consolidated Statements of Cash Flows 6
Notes to Consolidated Financial Statements 7

Supplementary Information

Schedule of Expenditures of Federal Awards and State Financial Assistance 45
Notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance 77

Uniform Guidance Reports and Schedule

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards* 78
Report of Independent Auditors on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance 80
Schedule of Findings and Questioned Costs 83

Ernst & Young LLP
Suite 2100
222 2nd Avenue South
Nashville, TN 37201

Tel: +1 615 252 2000
ey.com

Shape the future with confidence

Report of Independent Auditors

Senior Management and the Board of Directors
Vanderbilt University Medical Center

Report on the Audit of the Financial Statements

Opinion

We have audited the consolidated financial statements of Vanderbilt University Medical Center (VUMC), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of VUMC at June 30, 2024 and 2023, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States *(Government Auditing Standards)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of VUMC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about VUMC's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

A member firm of Ernst & Young Global Limited

Shape the future
with confidence

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of VUMC's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about VUMC's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to September 30, 2024. The Schedule of Expenditures of Federal Awards and State Financial Assistance as required by Title 2 U.S. *Code of Federal Regulations* Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and the *State of Tennessee Audit Manual* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 30, 2024 on our consideration of VUMC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of VUMC's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering VUMC's internal control over financial reporting and compliance.

Ernst & Young LLP

September 30, 2024, except for our report on the Schedule of Expenditures of Federal Awards and the State Financial Assistance, for which the date is March 21, 2025.

A member firm of Ernst & Young Global Limited

Vanderbilt University Medical Center
Consolidated Balance Sheets
June 30, 2024 and 2023

($ in thousands)	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	$ 773,866	$ 679,566
Current investments	127,856	104,923
Patient accounts receivable	789,534	730,052
Grants and contracts receivable	167,834	148,543
Inventories	184,069	160,134
Other current assets	104,691	88,667
Total current assets	2,147,850	1,911,885
Restricted cash	67,158	95,088
Noncurrent investments	1,073,228	932,952
Noncurrent investments limited as to use	209,718	165,119
Property, plant, and equipment, net	1,947,013	1,768,649
Operating lease assets	947,709	845,573
Other noncurrent assets	175,357	173,687
Total assets	$ 6,568,033	$ 5,892,953
Liabilities and Net Assets		
Current liabilities:		
Current portion of long-term debt	$ 19,186	$ 23,910
Accounts payable and other accrued expenses	534,121	473,542
Estimated liabilities under third-party programs	109,986	67,022
Accrued compensation and benefits	345,901	345,691
Current portion of operating lease liabilities	73,420	71,906
Current portion of deferred revenue	46,184	8,275
Current portion of medical malpractice self-insurance reserves	16,911	18,414
Total current liabilities	1,145,709	1,008,760
Long-term debt, net of current portion	1,983,670	1,854,940
Fair value of interest rate exchange agreements	–	33,157
Noncurrent portion of operating lease liabilities	901,155	800,003
Noncurrent portion of deferred revenue	–	758
Noncurrent portion of medical malpractice self-insurance reserves	66,310	72,039
Other noncurrent liabilities	9,453	9,741
Total liabilities	4,106,297	3,779,398
Net assets without donor restrictions:		
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	2,095,494	1,774,525
Net assets without donor restrictions related to noncontrolling interests	21,828	21,929
Total net assets without donor restrictions	2,117,322	1,796,454
Net assets with donor restrictions	344,414	317,101
Total net assets	2,461,736	2,113,555
Total liabilities and net assets	$ 6,568,033	$5,892,953

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Operations
Years Ended June 30, 2024 and 2023

($ in thousands)	2024	2023
Operating revenues		
Patient service revenue	$ 6,556,562	$ 5,871,054
Academic and research revenue	822,778	765,527
Other operating revenue	224,092	224,494
Total operating revenues	7,603,432	6,861,075
Operating expenses		
Salaries, wages, and benefits	3,959,568	3,697,820
Supplies and drugs	1,768,316	1,533,897
Facilities, equipment, and technology	432,411	398,957
Services and other	1,002,154	921,467
Depreciation and amortization	204,793	191,046
Interest	67,896	66,192
Total operating expenses	7,435,138	6,809,379
Income from operations	168,294	51,696
Nonoperating revenues and expenses		
Income from investments	111,010	61,043
Gift income	25,428	24,977
Earnings of unconsolidated organizations	8,529	3,932
Gain on interest rate exchange agreements	14,907	9,611
Other nonoperating losses	–	(1)
Total nonoperating revenues and expenses	159,874	99,562
Excess of revenues over expenses	328,168	151,258
Excess of revenues over expenses attributable to noncontrolling interests	(7,333)	(8,507)
Excess of revenues over expenses attributable to VUMC	320,835	142,751
Other changes in net assets without donor restrictions		
Change in noncontrolling interests' net assets	(101)	1,161
Net assets released from restriction for capital	–	984
Other changes	134	(278)
Total changes in net assets without donor restrictions	$ 320,868	$ 144,618

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2024 and 2023

($ in thousands)	2024	2023
Net assets without donor restrictions		
Net assets without donor restrictions at the beginning of the period	$ 1,796,454	$ 1,651,836
Excess of revenues over expenses	320,835	142,751
Change in noncontrolling interests' net assets	(101)	1,161
Net assets released from restriction for capital	–	984
Other changes	134	(278)
Change in net assets without donor restrictions	320,868	144,618
Net assets without donor restrictions at the end of the period	$ 2,117,322	$ 1,796,454
Net assets with donor restrictions		
Net assets with donor restrictions at the beginning of the period	$ 317,101	$ 268,432
Contributions	34,226	60,412
Restricted investment income	13,051	6,621
Net assets released from restrictions for operations	(21,416)	(17,232)
Net assets released from restriction for capital	–	(984)
Other changes	1,452	(148)
Change in net assets with donor restrictions	27,313	48,669
Net assets with donor restrictions at the end of the period	$ 344,414	$ 317,101
Total net assets		
Beginning of the period	$ 2,113,555	$ 1,920,268
Change in total net assets	348,181	193,287
End of the period	$ 2,461,736	$ 2,113,555

The accompanying notes are an integral part of these consolidated financial statements.

Vanderbilt University Medical Center
Consolidated Statements of Cash Flows
Years Ended June 30, 2024 and 2023

($ in thousands)	2024	2023
Cash flows from operating activities		
Change in total net assets	$ 348,181	$ 193,287
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Depreciation and amortization	204,793	191,046
Investment gains	(60,003)	(19,371)
Purchases of trading securities	(168,941)	(269,291)
Sales of trading securities	106,404	301,430
Gain on interest rate exchange agreements	(15,561)	(11,862)
Implementation costs incurred on hosting arrangements	(5,714)	(23,609)
Amortization of implementation costs incurred on hosting arrangements	4,371	928
Restricted contributions for endowments and property, plant, and equipment	(20,177)	(24,745)
Noncash lease expense	74,176	74,080
Other noncash activities	(10,767)	(5,755)
(Decrease) increase in cash due to changes in:		
Patient accounts receivable	(59,482)	(71,408)
Grants and contracts receivable	(19,291)	(59,750)
Accounts payable and other accrued expenses	54,415	54,493
Medicare accelerated payments	–	(15,956)
Accrued compensation and benefits	210	(7,578)
Operating lease liabilities	(73,979)	(74,396)
Other assets and other liabilities, net	29,804	21,529
Net cash provided by operating activities	388,439	253,072
Cash flows from investing activities		
Purchases of property, plant, and equipment	(375,953)	(255,779)
Proceeds on sale of property, plant, and equipment	–	54
Purchases of long-term securities	(454,804)	(377,616)
Sales and maturities of long-term securities	370,069	341,536
Net cash used in investing activities	(460,688)	(291,805)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	151,257	148,725
Draw on line-of-credit	15,000	–
Debt issuance costs	(1,227)	(917)
Repayment of long-term debt and line-of-credit	(29,428)	(11,576)
Principal payments under finance lease obligations	(9,726)	(10,626)
Restricted contributions for endowments and property, plant, and equipment	20,177	24,745
Distributions to noncontrolling interests	(7,434)	(7,346)
Net cash provided by financing activities	138,619	143,005
Net change in cash, cash equivalents, and restricted cash	66,370	104,272
Cash, cash equivalents, and restricted cash		
Beginning of the period	774,654	670,382
End of the period	$ 841,024	$ 774,654

The accompanying notes are an integral part of these consolidated financial statements.

1. Description of Organization

Vanderbilt University Medical Center ("VUMC") is a Tennessee not-for-profit corporation incorporated in March of 2015 to operate an academic medical center including a comprehensive research, teaching, and patient care health system (the "Medical Center"). Until April 29, 2016, the Medical Center operated as a unit within Vanderbilt University (the "University" or "VU"), as a part of the University's administrative structure, with the same governing board, legal, financial, and other shared services. VUMC began operations effective April 30, 2016, following the closing of the sale of the Medical Center by the University (the "Acquisition").

VUMC owns and operates three hospitals located on the main campus ("Medical Center Main Campus" or "MCMC") of the University in Nashville, Tennessee: Vanderbilt University Hospital ("VUH"), Monroe Carell Junior Children's Hospital at Vanderbilt ("MCJCHV"), and Vanderbilt Psychiatric Hospital ("VPH"). In addition, VUMC partially owns Vanderbilt Stallworth Rehabilitation Hospital ("VSRH"), also located on the main campus of the University, through a joint venture with Encompass Health Corp. in which VUMC holds a 50% interest, including a 1% interest held by Vanderbilt Health Services, LLC, ("VHS"), a VUMC wholly owned subsidiary. Effective August 1, 2019, VUMC acquired from Community Health Systems, Inc. ("CHS"): Tennova Healthcare – Lebanon, now known as Vanderbilt Wilson County Hospital ("VWCH"). Effective January 1, 2021, VUMC acquired from CHS: Tennova Healthcare – Shelbyville and Tennova Healthcare – Harton, now known as Vanderbilt Bedford Hospital ("VBCH") and Vanderbilt Tullahoma-Harton Hospital ("VTHH"), respectively. At the same time as the acquisition of VBCH and VTHH, VUMC acquired a noncontrolling ownership interest in CHS's affiliated Tennova Healthcare – Clarksville ("VMH"). VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH are licensed for 1,661 beds, and VSRH is licensed for 80 beds.

VUMC consists of two major operating divisions and an administrative overhead division. The operating divisions include the Clinical Enterprise and Academic Enterprise divisions. The administrative overhead division is referred to as Medical Center Administration ("MCA").

The Clinical Enterprise division includes the professional clinical practice revenues and related expenses of the Vanderbilt Medical Group ("VMG"), and technical revenues and associated expenses for the operation of VUMC's hospitals and clinic facilities, including VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH. The Clinical Enterprise also includes VHS, Health Professional Solutions, LLC ("HPS"), and Nashville Biosciences, LLC ("NashBio").

- VUH is a quaternary care teaching hospital licensed for 790 acute care and specialty beds. VUH, a Level I trauma center, provides advanced patient care and serves as a key site for medical education and clinical research conducted by physician faculty. VUH includes a comprehensive burn center, the Vanderbilt Transplant Center, the Vanderbilt Heart and Vascular Institute, and the Vanderbilt Ingram Cancer Center.

- MCJCHV is a pediatric quaternary care teaching hospital licensed for 325 beds (144 acute and specialty, 65 pediatric intensive care, and 116 neonatal intensive care). MCJCHV is the region's only full-service pediatric hospital, with over 30 pediatric specialties. MCJCHV serves as a site for medical education and clinical research conducted by pediatric physician faculty, houses the only Level IV neonatal intensive care center and the only Level I pediatric trauma center within the region, and is a regional referral center for extracorporeal membrane oxygenation (heart and lung failure).

- VPH is a psychiatric hospital licensed for 106 beds and provides inpatient care to pediatric, adolescent, adult, and geriatric patients. Also, VPH provides partial hospitalization programs to both adult and adolescent patients, psychiatric assessment services, adult intensive outpatient programs, pediatric and adult ambulatory outpatient treatment, and neuromodulation procedures through electroconvulsive therapy and transcranial magnetic stimulation.

- VWCH is a 245 licensed bed acute care facility and is a substantial provider of both inpatient and outpatient medical services in Lebanon, Tennessee. Services offered include an accredited chest pain center, a stroke center, a comprehensive weight loss center, a comprehensive total joint program for orthopedics, and interventional cardiology. In August 2023, VWCH became certified as a fully designated Level III trauma center. In addition, Vanderbilt Ingram Cancer Center extended services to this campus in 2020, and it includes a state-of-the-art linear accelerator.

- VBCH is a 60 licensed bed, Joint Commission-accredited hospital, which offers a range of inpatient and outpatient medical and surgical services, along with emergency room services.

- VTHH is a 135 licensed bed Joint Commission-accredited hospital, which offers a full range of inpatient and outpatient surgical and specialty services including interventional cardiology, orthopedics, urology, a sleep center, cardiac rehabilitation, obstetrics, and physical rehabilitation. The hospital also features an accredited Chest Pain Center.

- VMG is the practice group of physicians and advanced practice practitioners employed by VUMC, many of whom, when appropriate and required, have faculty appointments from the University, who perform billable professional medical services. VMG is not a separate legal entity. VMG has a board which consists of the VUMC clinical service chiefs, who also serve as clinical department chairs. Under the oversight of VUMC executive leadership, VMG sets professional practice standards, bylaws, policies, and procedures. VUMC bills for services rendered by VMG clinicians in both inpatient and outpatient locations. Collected fees derive a component of each VMG clinician's compensation. VMG includes nationally recognized physicians whose expertise spans the spectrum from primary care to the most specialized quaternary discipline. VMG members are "board certified" or eligible for board certification, as required by bylaws. All VMG members are re-credentialed every three years in accordance with the Centers for Medicare and Medicaid Services, The Joint Commission, and the National Committee for Quality Assurance Standards. Most of the specialties and subspecialties currently recognized by the various national specialty boards are represented in VMG.

- VHS serves as a holding company for 16 first tier health care related subsidiaries and joint ventures owned with various entities, including, but not limited to, VSRH, Vanderbilt Integrated Providers ("VIP") and the Vanderbilt Health Affiliated Network ("VHAN"). VHS operations primarily consist of community physician practices, walk-in and retail health clinics, imaging services, outpatient surgery centers, radiation oncology centers, a home health care agency, a home infusion and respiratory service, an affiliated health network, accountable care organizations, and a rehabilitation hospital. VIP employs providers and staff located off the main VUMC campus and affiliates with or purchases and operates physician practices in the region. VHAN contracts with other healthcare providers, including hospitals, physicians, and physician groups to jointly develop and implement a clinical integration program though a clinically integrated network of physicians and hospitals. These subsidiaries of VHS include clinics managed in multiple outpatient locations throughout middle Tennessee and southwestern Kentucky.

- Health Professional Solutions, LLC ("HPS") is a holding company that holds interest in four VUMC subsidiaries that engage in or support various health care related activities in order to improve the quality and availability of health care services in the community. These subsidiaries include businesses focused on pharmacy, supply chain, and clinically integrated support services.

- Nashville Biosciences, LLC ("NashBio") deploys the biospecimens and genomic data and de-identified medical records of VUMC known as "BioVU", along with other information, to provide commercial services and products to life science industry customers in connection with pharmaceutical, biotechnology, and medical research and development activities.

The Academic Enterprise division includes all research, research-support activities, and faculty endeavors supporting post-graduate training programs. A significant funding source for VUMC's research has historically been the federal government. Federal funding is received from the Department of Health and Human Services, the Department of Defense, the National Science Foundation, and other federal agencies. Sponsored research awards, including multi-year grants and contracts from government sources, foundations, associations, and corporations signify future research commitments. Also, core activities supporting research, including advanced computing and grant administration, are included in this division.

VUMC has entered into debt agreements further discussed below. Certain of these debt agreements contain required disclosures outlining annual and quarterly reporting requirements. In addition, certain of these debt agreements require notices of the occurrence of significant events which include but are not limited to delinquencies, bond calls, rating changes, bankruptcies, and mergers or acquisitions. The Obligated Group includes the wholly-owned hospitals located on the MCMC along with all associated on-campus and off-campus ambulatory clinics, the Academic Enterprise, MCA, VWCH, and VMG.

The terms "Company," "VUMC," "we," "our," or "us" as used herein and unless otherwise stated or indicated by context refer to Vanderbilt University Medical Center and its affiliates. The terms "facilities" or "hospitals" refer to entities owned and operated by VUMC and its affiliates, and the term "employees" refers to employees of VUMC and its affiliates.

VUMC operates on a fiscal year which ends on June 30. The term "Fiscal" preceding a year refers to a particular VUMC fiscal year.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). Based on the existence or absence of donor-imposed restrictions, VUMC classifies resources into two categories: net assets without donor restrictions and net assets with donor restrictions.

Principles of Consolidation

The consolidated financial statements include the accounts of VUMC and its wholly owned, majority-owned, and controlled organizations. Noncontrolling interests in less-than-wholly owned consolidated subsidiaries of VUMC are presented as a component of net assets to distinguish between the interests of VUMC and the interests of the noncontrolling owners. All material intercompany transactions and account balances among the various entities have been eliminated.

VUMC uses the equity method to account for its interests in unconsolidated partnerships, joint ventures, and limited liability entities over which it exercises significant influence. Investment carrying amounts are adjusted for VUMC's share of investee earnings or losses based on percentage of ownership. Distributions received from unconsolidated entities that represent returns on VUMC's investment (i.e., dividends) are reported as cash flows from operating activities in VUMC's consolidated statements of cash flows.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in the consolidated financial statements and accompanying notes. These estimates affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated balance sheets and the reported amounts of revenues and expenses during the reporting periods. Actual results ultimately could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents are liquid assets with minimal interest rate risk and maturities of three months or less when purchased. VUMC invests operating assets in a diversified manner. At times, VUMC may have cash and cash equivalents at a financial institution in excess of federally insured limits, and therefore, bears a risk of loss. Certain cash and cash equivalents are included in investments and restricted cash on the consolidated balance sheets.

Liquidity and Availability

As of June 30, 2024, VUMC has $2,749.9 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of $773.9 million, patient accounts receivable of $789.5 million, and unrestricted investments of $1,186.5 million. As of June 30, 2023, VUMC had $2,447.6 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of $679.6 million, patient accounts receivable of $730.1 million, and unrestricted investments of $1,037.9 million. None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditures within one year of the balance sheet date.

VUMC has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, VUMC invests cash in excess of daily requirements in various short-term investments, including certificates of deposit and short-term treasury instruments.

As more fully described in Note 11 Long-Term Debt, VUMC also has committed lines of credit in the amount of $300 million, which it could draw upon in the event of an unanticipated liquidity need, with no amount drawn as of June 30, 2024 or June 30, 2023.

Revenue Recognition – Patient Services

VUMC contracts with patients to provide healthcare services that are tailored to each patient's medical needs and health conditions. VUMC recognizes patient service revenue over time as performance obligations are ultimately satisfied. Performance obligations related to inpatient services are generally satisfied as the healthcare services are rendered to the patient, which generally begins at the time of patient admission and extends through the time of patient discharge. Performance obligations for outpatient services are generally satisfied on the same day that services are rendered to the patient. VUMC uses a portfolio approach consisting of major payor classes to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. Based on historical collection trends and other analysis, VUMC believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Patient service revenue is recognized on an accrual basis using a best estimate of the transaction price for the type of service rendered to the patient. The transaction price ultimately represents the estimated amount to be received from the patient and third-party payors in exchange for the services rendered by VUMC. VUMC estimates the transaction price based on standard charges, reduced for estimated price concessions. The price concessions include items that are explicit, such as contractual adjustments provided to third-party payors and discounts provided to uninsured and underinsured patients in accordance with VUMC policy, and implicit in nature, such as the estimated uncollectible amounts from uninsured or underinsured patients. VUMC regularly reviews transactional data for the major revenue categories to evaluate the reasonableness of the transaction price, including any price concessions, and takes into consideration recent experience by payor category and payor agreement rate changes among other factors.

VUMC carries the value of the related patient accounts receivable balances at the transaction price, inclusive of all estimated price concessions. Given the complexities involved in determining amounts ultimately due to VUMC under reimbursement arrangements with third-party payors, which are often subject to interpretation, VUMC may receive reimbursement for healthcare services authorized and provided that differs from these estimates. If actual results differ from these estimates, a change in estimate will be recorded in the period the change is identified and such differences could be material.

VUMC has elected to apply the optional exemption provided in the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 606-10-50-14 as substantially all of its performance obligations relate to contracts with a duration of less than one year. Therefore, VUMC is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. Unsatisfied or partially satisfied performance obligations are primarily related to in-house patients at the end of the reporting period. The performance obligations for these contracts are generally completed when the patient is discharged, which is typically within a week.

In addition to reimbursement received in fee-for-service arrangements, VUMC participates in certain federal healthcare programs, as well as state and commercial payor programs, through which VUMC may be entitled to additional payments. These arrangements are complex and may extend over multiple accounting periods. The arrangements are subject to the interpretation of federal and state-specific reimbursement rules, new or changing legislation, and final cost report settlements. Any changes to reimbursement rules or the introduction of new or changing legislation could impact levels and timing of reimbursements received from these programs. As a participant in these programs, VUMC is also required to meet certain financial reporting requirements which include the filing of an annual cost report for each hospital. Each annual cost report is also subjected to an audit performed by the regulatory agency and may extend several years before ultimate settlement becomes known. Therefore, determining the actual amounts earned under these programs involves judgement and estimates that may extend into future periods. These estimates are frequently evaluated and subsequently may be adjusted based on new developments or the receipt of new information related to these settlements. If actual results vary from these estimates, a change in estimate will be recorded in the period the change is identified and such differences could be material.

VUMC provides care to patients who meet the criteria for charity care under its financial assistance policy for no payment or at payment amounts less than its established charge rates. VUMC does not recognize the charges that qualify as charity care as revenue because VUMC does not pursue collection of these amounts.

Revenue Recognition – Non-Patient Services
Revenue for non-patient services is recognized at an amount that reflects the consideration VUMC expects to be entitled in exchange for providing goods or services. The amounts recognized reflect considerations due from customers, the U.S. government, and others, and is recognized as performance obligations are satisfied. Primary categories of non-patient revenue include academic and research revenue as well as other miscellaneous activities as further described in Note 8 Other Relevant Financial Information.

VUMC receives funding through grants and contracts issued by departments and agencies of the U.S. government, industry, and other foundation sponsors who restrict the use of such funds to academic and research purposes. VUMC recognizes revenue from these grants and contracts in accordance with contract terms, as defined in the agreements governing that funding. VUMC recognizes facilities and administrative (“F&A”) costs recovery as revenue when the allowable expenditure is incurred on the associated grant or contract. This activity represents reimbursement, primarily from the federal government, of F&A costs on sponsored activities.

Grants and contracts receivable include amounts due from these sponsors of externally funded research. These amounts have been billed or are billable to the sponsor and are recorded at the amount that reflects the consideration VUMC expects to receive.

Deferred Revenue
Deferred revenue is recorded for funds received in advance. The related revenue is recognized when the performance obligations have been met.

Gift Income and Pledges
VUMC recognizes unconditional promises to give cash and other assets, referred to as pledges, as gift income at fair value when the pledge is received. Conditional promises to give are recognized as pledges once the conditions are substantially met. Pledges are recognized as net assets with donor restrictions. Gifts received with donor stipulations limiting the use of the donated assets are reported as net assets with donor restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as gift income in the consolidated statements of operations.

Gift income is recognized when a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions until the assets are placed in service, at which point they are reclassified to net assets without donor restrictions.

Pledges receivable are reported net of allowances for uncollectible amounts based on an analysis of past collection experience and other judgmental factors. Pledges receivable are included in other current or other noncurrent assets in the consolidated balance sheets based on the expected timing of cash flows. VUMC discounts the noncurrent portion of pledges receivables at a rate commensurate with the scheduled timing of receipt. VUMC applied annual discount rates ranging from 0.5% to 1.5% to amounts outstanding as of June 30, 2024 and 2023.

Concentrations of Risk
VUMC grants unsecured credit to its patients, primarily residing in Nashville, Tennessee and the surrounding areas of middle Tennessee, most of whom are insured under commercial, Medicare (both traditional fee-for-service and Managed Medicare), or TennCare agreements. Medicare, Blue Cross Blue Shield (“BCBS”), and TennCare (which includes BCBS of Tennessee, United, and Amerigroup) represent VUMC’s significant concentrations of credit risk from payors.

The collection of revenue and accounts receivables from Medicare, TennCare, Blue Cross, other third-party payors, and patients is a significant source of operating cash flow. The payor composition of patient service revenue and related accounts receivable portfolio may fluctuate from time to time and generally correlate to the prevailing economic conditions, such as periods of economic expansion or recession or changes in unemployment levels, and those fluctuations may impact the realization of patient service revenue and collectability of accounts receivable. Other factors such as unexpected disruptions to business office operations or trends in federal or state governmental and private employer healthcare coverage could affect the ultimate collectability of accounts receivable balances. As a result, VUMC may be exposed to gains or losses in future periods that could affect the financial position and operating cash flows of the organization and may be material to its financial position, operating income and cash flow from operations.

Inventories
VUMC reports inventories at the lower of cost or market, with cost being determined on the first-in, first-out method. Inventories consist primarily of medical supplies, surgical implants, and pharmaceuticals.

Restricted Cash
VUMC reports cash whose use is restricted at cost, which approximates fair value. The cash is primarily restricted for use in purchasing and constructing property, plant, and equipment and restricted cash associated with our self-insurance trust.

Investments
VUMC reports investments held at fair value in the consolidated balance sheets. Private credit investments, private equity investments, multi-strategy hedge funds, real estate mutual funds, and hedged equity funds are reported based on net asset value (“NAV”), provided by the respective fund manager, as a practical expedient to estimate fair value. VUMC records purchases and sales of securities on the trade dates, and realized gains and losses are determined based on the average historical cost of the securities sold. Interest income is recorded on the accrual basis and dividend income is recorded on the ex-dividend date. VUMC reports net receivables and payables arising from unsettled trades as a component of investments.

Property, Plant, and Equipment, Net
VUMC records purchases of property, plant, and equipment at cost and expenses repairs and maintenance costs as incurred. VUMC capitalizes interest cost incurred on borrowed funds during the period of construction of capital assets as a component of the cost of acquiring those assets. VUMC capitalizes donated assets at fair value on the date of donation.

Capitalized software for internal use is recorded during the application development stage. These costs include fees paid to third parties for direct costs of materials and services consumed in developing or obtaining the software that is hosted on premise; payroll related costs and capitalized interest costs. Costs for training and application maintenance in the post-implementation operation stage are expensed as incurred.

VUMC computes depreciation using the straight-line method over the estimated useful life of land improvements (5 to 18 years), buildings and leasehold improvements (2 to 40 years), and equipment (2 to 20 years). Equipment costs also include capitalized internal use software costs, which are expensed over the expected useful life, which is generally 3 to 12 years.

Software for internal use is amortized on a straight-line basis over its estimated useful life. In determining the estimated useful life, management considers the effects of obsolescence, technology, competition, contract term, other economic factors, and rapid changes that may be occurring in the development of software products, operating systems, and computer hardware. Amortization begins once the software is ready for its intended use.

Costs Associated with Hosting Arrangements under Service Contracts
Costs associated with hosting arrangements under service contracts are presented in other noncurrent assets on our consolidated balance sheets. The related capitalization policy is consistent with the policy described above for internal use software. Once placed into service, these assets are amortized over the term of the associated subscription agreement. These assets largely consist of costs associated with the implementation of an enterprise resource planning system, which was placed into service in April 2023.

Impairment of Long-Lived Assets
VUMC reviews long-lived assets, such as property, plant, and equipment, for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. VUMC measures the recoverability of assets to be held and used by comparing the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, VUMC recognizes an impairment charge to the extent the carrying amount of the asset exceeds its fair value.

Conditional Asset Retirement Costs and Obligations
VUMC recognizes the estimated fair value of liabilities for existing legal obligations to perform certain activities, primarily asbestos removal, in connection with the retirement, disposal, or abandonment of assets. These liabilities are included in other noncurrent liabilities on the consolidated balance sheets and total $7.5 million and $7.2 million as of June 30, 2024 and 2023, respectively. VUMC measures these liabilities using estimated cash flows with an inflation rate applied of 3.0% as of June 30, 2024 and 2023. VUMC discounts those cash flow estimates at a credit-adjusted, risk-free rate, which ranged from 2.9% to 4.2% as of June 30, 2024 and 2023, and adjusts these liabilities for accretion costs and revisions in estimated cash flows.

Long-Term Debt
The carrying value of VUMC's debt is the par amount adjusted for the net unamortized amount of debt issuance costs and bond premiums and discounts.

Interest Rate Exchange Agreements
VUMC reports interest rate exchange agreements at fair value, which is determined to be the present value of future net cash settlements that reflect market yields as of the measurement date and estimated amounts that VUMC would pay, or receive, to terminate the contracts as of the report date. VUMC considers current interest rates and creditworthiness of the interest rate exchange counterparties when estimating termination settlements.

Self-Insurance Reserves
VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability coverage via an irrevocable self-insurance trust. For Fiscal 2024 and 2023, the maximum annual self-insurance retention was $6.0 million per occurrence, up to $46.0 million in the aggregate. Actuarial firms assist management in estimating expected losses on an annual basis, at which time VUMC records medical malpractice, professional, and general liability expense within the limits of the program. These liabilities are classified as current or noncurrent based on the expected timing of cash flows and are measured at the net present value of those cash flows using a discount rate of 4.0% and 2.5% as of June 30, 2024 and 2023, respectively. For both Fiscal 2024 and 2023, VUMC obtained excess medical malpractice, professional, and general liability coverage from commercial insurance carriers for claims exceeding the retention limits, up to $175.0 million. These policies would also provide coverage up to $175.0 million if any claims in the aggregate exceeded the retention limits.

VUMC also elects to self-insure for employee health and workers' compensation expenses. Actuarial firms assist management in estimating expected losses on an annual basis. The maximum retention for workers' compensation was $0.8 million per occurrence for both Fiscal 2024 and 2023. There is no stop loss insurance on health plan claims.

Income Taxes
VUMC is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is generally exempt from federal income taxes under Section 501(a) of the Code.

Excess of Revenues Over Expenses
The consolidated statements of operations include excess of revenues over expenses as a performance indicator. Excess of revenues over expenses includes all changes in net assets without donor restrictions, except for changes in noncontrolling interest holders' share of consolidated entities, net assets released from restrictions used for capital, and certain other items.

Statement of Cash Flows
For VUMC's consolidated statements of cash flows, cash, cash equivalents, and restricted cash is defined as those amounts included in the cash and cash equivalents caption and restricted cash caption on the consolidated balance sheets.

Recent Accounting Pronouncements
Periodically, the FASB issues Accounting Standards Updates ("ASUs") that may impact the recognition, measurement, and presentation of balances and activity in VUMC's consolidated financial statements or the disclosures contained within those statements. As part of preparing consolidated financial statements, VUMC evaluates the effects of the ASUs and applies the updated guidance within the required effective dates.

Adopted

- Effective July 1, 2023, VUMC adopted ASU 2016-13, Financial Instruments – *Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity. The adoption does not materially impact the consolidated financial statements.

3. Related Parties

On April 29, 2016, VUMC acquired the assets, liabilities, rights, and obligations of the clinical enterprise, postgraduate medical training programs, and clinically related research of the University's owned and operated Medical Center through the Acquisition.

The assets acquired and liabilities assumed from the Acquisition were detailed in a Master Transfer and Separation Agreement ("MTSA"). The MTSA contains the framework for the ongoing economic relationship between VUMC and the University. The relationship is memorialized in the form of an Academic Affiliation Agreement ("AAA"), a Trademark License Agreement ("TMLA"), a Ground Lease, and a Reciprocal Master Services Agreement ("MSA"). The agreements are described below.

- The AAA outlines the ongoing academic, research, and clinical affiliation between the University and VUMC for all the University's degree-granting, certificate, and research programs. The AAA allocates responsibility between the University and VUMC for jointly administered research and academic programs and is an exclusive agreement between VUMC and VU requiring VUMC to be organized, governed, and operated in a manner that supports VU's academic and research mission. The agreement provides that VU will be the exclusive academic affiliate of VUMC, and VUMC will be the exclusive clinical affiliate of VU.

- The AAA requires VUMC to pay VU an annual fee in equal monthly payments adjusted annually for inflation based upon the Biomedical Research and Development Price Index ("BRDPI") in perpetuity under certain mutually agreed-upon termination or default clauses. During Fiscal 2024 and 2023, VUMC recorded operating expense totaling $85.1 million and $81.4 million, respectively, in connection with fees due under the AAA.

- Under the TMLA, VU grants, subject to certain consents and approvals, a perpetual license to use various VU-owned licensed marks in connection with VUMC's fundamental activities after the Acquisition date. The licensed marks, which VUMC continues to use as its primary brands, include virtually all those previously in use by VUMC. This agreement requires VUMC to pay VU royalties consisting of a monthly payment equal to 1% of all operating revenue of VUMC and 15% of income from operations. During Fiscal 2024 and 2023, VUMC recorded operating expense totaling $103.1 million and $77.5 million, respectively, in connection with the 1% of operating revenue and 15% of operating income payments due under the TMLA. Also, VUMC is required to pay in equal monthly installments an annual TMLA base fee royalty, which increases 3% annually, but is also reduced by the amount of principal payments made under a subordinated note discussed in Note 11 Long-Term Debt (the "Fixed TMLA Royalty Payment"). During Fiscal 2024 and 2023, VUMC recorded operating expense totaling $71.0 million and $68.8 million, respectively, in connection with this base fee royalty. In Fiscal 2018, VU sold its rights to future base fee royalty payments to a third party. In Fiscal 2019, VU sold its rights to future 1% of operating revenue payments to a third party. The TMLA is in force in perpetuity under certain mutually agreed-upon termination or default clauses.

- The Ground Lease is an agreement between VU and VUMC that allows VUMC to use the land on which VUMC's campus and related buildings are located. The initial term of the Ground Lease ends June 30, 2114, with the option to extend the lease for two additional terms of up to 50 to 99 years each with agreement between VU and VUMC. The lease covers 1.7 million square feet or 38.75 acres of space, payable monthly and CPI adjusted annually. During Fiscal 2024 and 2023, VUMC recorded operating expense totaling $23.3 million and $22.1 million, respectively, in connection with fees due under the Ground Lease.

- The University and VUMC provide services to one another for agreed-upon consideration as outlined in the MSA. VU provides services to VUMC, such as information technology infrastructure support, utilities, and law enforcement staffing. VUMC provides various operational services for the University, such as a student health clinic and animal care. Additionally, the MSA encompasses an Employee Matters Agreement ("EMA") and specific Employee Service Agreements ("ESAs"). The EMA and ESAs govern employee transactions and ongoing sharing between VU and VUMC in various capacities, such as research, teaching, clinical, and other administrative services. Services under the MSA can be terminated by either party subject to predetermined cancellation notification periods. In connection with the MSA, during Fiscal 2024 and 2023, VUMC recognized revenue totaling $48.3 million and $48.6 million, respectively, and recorded operating expense totaling $124.7 million and $128.6 million, respectively.

- Also, as part of the Acquisition, VUMC issued to VU a $100.0 million subordinated promissory note payable, which is further described in Note 11 Long-Term Debt, with a balance of $59.6 million as of June 30, 2024, and $64.6 million as of June 30, 2023. VU sold its rights to future principal and interest payments on this note to a third party.

The impact of these agreements in the consolidated statements of operations during Fiscal 2024 and 2023 is as follows:

($ in thousands)	2024	2023
Academic and research revenue	$ 15,188	$ 18,321
Other operating revenue	33,138	30,315
Total operating revenues	$ 48,326	$ 48,636
Operating expenses		
Salaries, wages, and benefits	$ 10,962	$ 9,636
Facilities and equipment	65,615	66,435
Services and other	330,654	302,326
Interest	2,011	2,174
Total operating expenses	$ 409,242	$ 380,571

Other current assets include amounts receivable from VU, which totaled $6.7 million as of June 30, 2024, and $6.2 million as of June 30, 2023. Accounts payable and other accrued expenses include amounts payable to related parties, which totaled $64.3 million and $47.7 million as of June 30, 2024 and 2023, respectively.

In the normal course of business, members of VUMC's Board of Directors or VUMC employees may be directly or indirectly associated with companies engaged in business activities with VUMC. VUMC has a written conflict of interest policy that requires, among other things, that members of the VUMC community (including trustees) may not review, approve, or administratively control contracts or business relationships when (i) the contract or business relationship is between VUMC and a business in which the individual or a family member has a material financial interest, or (ii) the individual or a family member is an employee of the business and is directly involved with activities pertaining to VUMC.

Furthermore, VUMC's conflict of interest policy extends beyond the foregoing business activities in that disclosure is required for any situation in which an applicable individual's financial, professional, or other personal activities may directly or indirectly affect, or have the appearance of affecting, an individual's professional judgment in exercising any VUMC duty or responsibility, including the conduct or reporting of research.

The policy extends to all individual members of the VUMC community (including Board of Directors, VUMC officials, full-time, part-time, temporary faculty and staff). Each applicable person is required to certify compliance with the conflict of interest policy on an annual basis. This certification includes specifically disclosing whether VUMC conducts business with an entity in which he or she (or an immediate family member) has a material financial interest, as well as any other situation that could appear to present a conflict with VUMC's best interests.

When situations exist relative to the conflict of interest policy, VUMC takes active measures to appropriately manage the actual or perceived conflict in the best interests of VUMC, including periodic reporting of measures taken to the Audit and Compliance Committee of the Board of Directors.

4. Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements

The sources of patient service revenue by payor for Fiscal 2024 and 2023 are as follows:

($ in thousands)	2024	2023
Other third-party payors, primarily commercial carriers	$ 4,017,088	$ 3,533,047
Medicare/Managed Medicare	1,605,086	1,438,645
TennCare/Medicaid	857,528	834,073
Uninsured (self-pay)	76,860	65,289
	$ 6,556,562	$ 5,871,054

Patient accounts receivable comprise amounts due from the following sources as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Medicare/Managed Medicare	$ 143,121	$ 125,031
TennCare/Medicaid	111,267	97,767
Blue Cross	163,574	153,521
Other third-party payors, primarily commercial carriers	308,072	293,197
Patient responsibility[(1)]	63,500	60,536
Patient accounts receivable	$ 789,534	$ 730,052

[(1)] Includes self-pay after insurance.

Estimated third-party settlements by major payor category as of June 30, 2024 and 2023 are as follows:

($ in thousands)	2024	2023
Receivables under third-party programs		
Tricare/Champus[(1)]	$ 5,854	$ 5,230
Total receivables under third-party programs	$ 5,854	$ 5,230
Liabilities under third-party programs		
TennCare/Medicaid	$ 99,842	$ 56,997
Medicare[(1)]	15,998	15,255
Total liabilities under third-party programs	$ 115,840	$ 72,252

(1) These two federal healthcare programs are combined for presentation purposes on the face of the consolidated balance sheets and are reflected as an obligation in Fiscal 2024 and 2023.

Certain contracts require pay for performance or episode of care settlements whereby VUMC receives additional payment or pays a penalty based on its ability to achieve certain clinical measures or manage the cost of care for patients within various thresholds. VUMC estimates and accrues these adjustments in the period the related services are rendered and adjusts these estimates in future periods as settlements are finalized.

Medicare
Amounts received under Medicare are subject to review and final determination by program intermediaries or their agents. Final settlements have been reached for program periods ended June 30, 2018. Final settlements have not been reached for subsequent years due to audit delays experienced with the Medicare Administrative Contractor, and thus, those periods remain subject to audit by program representatives.

TennCare
TennCare is a Medicaid managed care program implemented by the state of Tennessee to provide healthcare coverage to those patients eligible for Medicaid. The state of Tennessee has implemented a fully managed demonstration project under the authority of the Social Security Act, 42 CFR 431, section 1115(a)2, known as a Federal 1115 Waiver Program. VUMC privately contracts with each of the three TennCare managed care organizations (“MCOs”) to provide clinical services to enrollees. VUMC receives inpatient reimbursement through payments that are primarily based on the Medicare severity diagnostic related group system (“MS-DRG”) for these plans. VUMC receives outpatient payments generally based on an ambulatory payment classification system (“APC”), and/or a payor-developed fee schedule.

In addition to the fee for service payments described above, VUMC receives supplemental payments from TennCare. These payments support graduate medical education, charity care, and the unreimbursed costs of TennCare fee for service payments. During Fiscal 2024, VUMC received $123.2 million of managed care organization supplemental payments directed from the State of Tennessee which covered a uniform increase for inpatient and outpatient services performed for the period January 1, 2024 through December 31, 2024. During Fiscal 2024, VUMC recognized $82.9 million as patient service revenue related to the services performed for the period January 1, 2024 through June 30, 2024. The remaining $40.3 million of payments received was deferred and is included in the current liability section as an estimated liability under third-party programs in the consolidated balance sheet as of June 30, 2024. Subsequent to June 30, 2024, VUMC received additional supplemental payments of $42.6 million related to the calendar year 2024 service period. The amount deferred on the balance sheet as of June 30, 2024, along with the amount received subsequent to the balance sheet date, will be recognized during Fiscal 2025.

There is no assurance that this program will be continued in its current structure or will not be materially modified in the future.

In Fiscal 2024 and 2023, patient service revenue includes the following supplemental amounts received in each respective period from TennCare.

($ in thousands)	**2024**	**2023**
Directed payments	$ 82,936	$ 60,571
Charity pool	23,515	21,570
Graduate medical education	18,540	19,088
Trauma fund	2,057	1,766
Workforce development and other	945	591
Virtual disproportionate share	9,497	8,539
Total supplemental TennCare revenue	$ 137,490	$ 112,125

5. Charity Care Assistance, Community Benefits, and Other Unrecovered Costs

VUMC maintains a policy which sets forth the criteria under which health care services are provided to patients who have minimal financial resources to pay for medical care. Additionally, VUMC provides other services that benefit the economically disadvantaged for which little or no payment is expected.

Charity care is determined by examining patient and family income relative to the federal poverty guidelines. VUMC provides additional discounts based on the income level of the patient household using a sliding scale for those patients with a major catastrophic medical event not qualifying for full charity assistance. Tennessee law mandates that all uninsured patients receive a discount from billed charges for medically necessary services. These amounts are classified as charity care if the patient meets charity care criteria, for which no revenue is recorded, or are included as a part of price concessions.

VUMC maintains records to identify and monitor the level of charity care provided, and these records include gross charges and patient deductibles, coinsurance and copayments foregone for services furnished under its charity care policy, and the estimated cost of those services. VUMC calculates a ratio of total costs to gross charges and then multiplies the ratio by foregone charity care charges in determining the estimated cost of charity care. The gross amount of foregone charity care revenue in Fiscal 2024 and 2023 totals $671.4 million and $603.8 million, respectively. The estimated cost of providing care to charity patients in Fiscal 2024 and 2023 totals $177.1 million and $162.2 million, respectively.

In addition to the charity care services described above, TennCare/Medicaid and state indigent programs do not cover the full cost of providing care to beneficiaries of those programs. As a result, in addition to direct charity care costs, VUMC provided services related to TennCare/Medicaid and state indigent programs and was reimbursed substantially below the cost of rendering such services. VUMC also provides public health education and training for new health professionals and provides, without charge, services to the community at large for many patients with special needs.

6. Academic and Research Revenue

Academic and research revenue comprises the following for Fiscal 2024 and 2023:

($ in thousands)	2024	2023
Grants and contracts revenue		
Federally funded	$ 438,448	$ 398,876
Non-federally funded	116,858	133,139
	555,306	532,015
Facilities and administrative costs recovery	208,337	186,339
Total grants and contracts revenue	763,643	718,354
Other academic and research revenue	59,135	47,173
Academic and research revenue	$ 822,778	$ 765,527

7. Pledges Receivable, Net

Pledges receivable, net of applied discounts and allowance for uncollectible pledges, as of June 30, 2024 and 2023, were as follows:

($ in thousands)	2024	2023
Amounts due		
Within one year	$ 10,806	$ 17,459
In one to five years	24,148	30,405
Total pledges receivable	34,954	47,864
Unamortized discount	(951)	(1,034)
	34,003	46,830
Allowance for uncollectible pledges	(4,195)	(4,787)
Net pledges receivable	$ 29,808	$ 42,043
Net pledges receivable classified as		
Current	$ 8,518	$ 13,579
Noncurrent	21,290	28,464
	$ 29,808	$ 42,043

In addition to pledges reported as pledges receivable, VUMC had cumulative bequest intentions and conditional promises to give totaling $74.6 million and $93.3 million as of June 30, 2024 and 2023, respectively. Due to their conditional nature, VUMC does not recognize intentions to give as assets. Pledges receivables are presented in other current assets and other noncurrent assets on our consolidated balance sheets, as shown in Note 8.

8. Other Relevant Financial Information

Other current assets comprise the following as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Prepaid expenses	$ 32,125	$ 23,227
Other receivables	52,520	38,045
Amounts due from VU (see Note 3 Related Parties)	6,682	6,159
Current pledges receivable, net (see Note 7 Pledges Receivable, Net)	8,518	13,579
Expected recoveries from commercial insurance excess coverage	4,846	7,657
Total other current assets	$ 104,691	$ 88,667

Other noncurrent assets comprise the following as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Equity in unconsolidated organizations	$ 72,429	$ 65,055
Noncurrent pledges receivable, net (see Note 7 Pledges Receivable, Net)	21,290	28,464
Goodwill	27,028	27,028
Implementation costs incurred on hosting arrangements	42,132	40,789
Other	12,478	12,351
Total other noncurrent assets	$ 175,357	$ 173,687

Implementation costs incurred on hosting arrangements include accumulated amortization of $5.3 million and $0.9 million as of June 30, 2024 and 2023, respectively. Amortization expense amounted to $4.4 million and $0.9 million for Fiscal 2024 and 2023, respectively. Amortization expense for each of the next five years is approximately $4.7 million.

Other operating revenues comprise the following for Fiscal 2024 and 2023:

($ in thousands)	2024	2023
Clinical contracts	$ 54,190	$ 50,825
Amounts recognized under MSA with VU (see Note 3 Related Parties)	33,138	30,315
VHS other revenue	26,629	26,923
Nonclinical contracts	41,499	27,325
Resident and house staff rotations	9,582	8,407
Royalty revenue	4,171	40,042
Café and gift shop sales	9,408	7,167
Other	45,475	33,490
Total other operating revenue	$ 224,092	$ 224,494

9. Investments

VUMC investments are made up of current investments, restricted cash, noncurrent investments, and noncurrent investments limited as to use on the face of the consolidated balance sheets. VUMC investments include assets limited as to use related to the following specified purposes as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Self-insured malpractice program	$ 54,889	$ 50,381
Donor endowments	129,264	94,885
Split-interest trusts	9,482	8,949
Supplemental employee retirement program assets	16,083	10,904
	$ 209,718	$ 165,119

VUMC's endowment does not include gift annuities, interests in trusts held by others, contributions pending donor designation, or contributions receivable.

The Board of Directors' interpretation of its fiduciary responsibilities for donor-restricted endowments under the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") requirements is to preserve intergenerational equity, barring the existence of any donor-specific provisions. Under this broad guideline, future endowment beneficiaries should receive at least the same level of real economic support as the current generation. The overarching objective is to preserve and enhance the real (inflation-adjusted) purchasing power of the endowment in perpetuity. VUMC invests assets to provide a relatively predictable and stable stream of earnings to meet spending needs and attain long-term return objectives without the assumption of undue risks.

Self-insured malpractice program – VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability via an irrevocable self-insurance trust.

Donor endowments – Donor-restricted gifts where the principal amount is to be held in perpetuity. Distributions of earnings are restricted for use according to the donor's intent, as specified in a gift agreement. Donor endowments typically benefit specific programs in clinical departments of the Medical Center, for either, research, directorships, or general program support.

Split-interest trusts – Trusts established by donors where VUMC is named as beneficiary. Depending on the terms of the trust, VUMC may receive periodic distributions, and potentially a principal amount at some point in the future. Like donor endowments, split-interest trusts typically benefit specific programs as defined in the terms of the trust.

Supplemental executive retirement program assets – Assets set aside to fulfill obligations as they come due according to the terms of the retirement program.

Investments were as follows as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Corporate bonds	$ 411,001	$ 307,347
Equity mutual funds	173,134	143,681
Cash and cash equivalents	71,569	162,500
Split-interest trusts	9,482	8,949
Hedged equity mutual funds	34,112	38,692
Fixed income mutual funds	166,465	177,309
Certificates of deposit	–	13,246
Asset-backed securities	–	3,614
Mortgage-backed securities	129,645	99,468
Commercial paper	–	6,375
Government bonds	100,610	76,885
Hedged debt mutual funds	61,750	63,453
Commodities and managed futures mutual funds	15,765	22,654
Target date mutual funds	12,807	8,279
Equity securities	135,671	74,278
Total investments reported at fair value	1,322,011	1,206,730
Private credit investments recorded at net asset value	15,426	–
Private equity investments recorded at net asset value	56,454	29,409
Multi-strategy hedge funds recorded at net asset value	25,075	20,870
Real estate mutual funds recorded at net asset value	37,512	22,228
Hedged equity fund recorded at net asset value	21,482	18,845
Total investments	$ 1,477,960	$ 1,298,082

Investment returns comprise the following elements for Fiscal 2024 and 2023:

($ in thousands)	2024	2023
Interest and dividend income	$ 64,083	$ 52,494
Net realized gains (losses) on sales of securities	12,188	(6,550)
Realized investment gains	76,271	45,944
Unrealized investment gains, net	47,815	22,535
Total investment returns	124,086	68,479
Investment manager, trustee and other fees	(25)	(815)
Restricted investment income	(13,051)	(6,621)
Total income from investments, net	$ 111,010	$ 61,043

VUMC has exposure to risks, including liquidity, interest rate, counterparty, basis, regulatory, market, and credit risks, for marketable securities. Due to the level of risk exposure, it is possible that material near-term valuation changes for investment securities may occur.

VUMC manages all investments, including endowments, in various investment pools.

10. Property, Plant, and Equipment, Net

Property, plant, and equipment comprise the following as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Land and land improvements	$ 52,998	$ 52,999
Buildings and improvements	1,475,873	1,383,525
Equipment and software	994,042	926,739
Leasehold improvements	211,612	171,922
Construction in progress	307,085	145,502
Property, plant, and equipment at cost	3,041,610	2,680,687
Accumulated depreciation and amortization	(1,094,597)	(912,038)
Property, plant, and equipment, net	$ 1,947,013	$ 1,768,649

As part of the MTSA, VUMC acquired land and land improvements and buildings and improvements which are not allowed to be repurposed without the express consent of VU.

In Fiscal 2024 and 2023, VUMC capitalized interest of $12.5 million and $5.1 million, respectively, related to long-term capital projects, primarily the VUH bed tower and MCJCHV 12th floor buildout in Fiscal 2024.

Property, plant, and equipment balances above include the following amounts related to capitalized internal use software:

($ in thousands)	2024	2023
Equipment and software	$ 225,882	$ 217,568
Construction in progress	4,930	7,057
	230,812	224,625
Accumulated amortization	(127,580)	(105,682)
Internal use software, carrying value	$ 103,232	$ 118,943

Depreciation and amortization comprise the following amounts in Fiscal 2024 and 2023:

($ in thousands)	2024	2023
Depreciation of tangible assets	$ 158,110	$ 146,362
Amortization of finance leases, leasehold improvements, and internal use software	46,683	44,684
Total depreciation and amortization	$ 204,793	$ 191,046

11. Long-Term Debt

Long-term debt comprises the following as of June 30, 2024 and 2023:

($ in thousands)	2024 Carrying Amount	2023 Carrying Amount	Effective Interest Rate [2]	Fiscal Year of Maturity
Series debt				
Fixed-rate debt				
Series 2016A	$ 476,930	$ 476,930	4.2%	2047
Series 2016B	300,000	300,000	4.1%	2027
Series 2017A	121,270	121,270	4.2%	2049
Series 2017	100,000	100,000	4.2%	2038
Series 2021A	57,860	57,860	1.8%	2032
Series 2021B	237,565	237,565	3.2%	2053
Series 2023A	145,145	–	4.2%	2034
Total fixed-rate debt	1,438,770	1,293,625	3.9%	
Variable-rate debt				
Series 2016F	17,615	19,800	5.8%	2042
Series 2018	53,385	53,385	4.8%	2050
Series 2021C	50,000	50,000	6.0%	2047
Series 2022A	70,500	70,500	4.3%	2056
Series 2022B	70,500	70,500	4.2%	2056
Total variable-rate debt	262,000	264,185	4.8%	
Total series debt	1,700,770	1,557,810		
Other long-term debt				
2019 Term Loan	35,000	35,000	6.0%	2050
2019 Notes	128,600	128,600	3.9%	2055
Subordinated note payable	59,583	64,583	3.2%	2036
Product financing arrangement	11,687	16,354	4.3%	2027
Finance leases	10,058	18,499	3.3%	Various
Other	5,150	7,725	0.0%	2026
Total other long-term debt	250,078	270,761	3.9%	
Subtotal[1]	1,950,848	1,828,571	4.0%	
Net unamortized premiums	64,472	62,841		
Net unamortized issuance costs	(12,464)	(12,562)		
Total long-term debt	2,002,856	1,878,850		
Current portion of long-term debt	(19,186)	(23,910)		
Long-term debt, net	$ 1,983,670	$ 1,854,940		

[1] The effective interest rate of 4.0% as of June 30, 2024, is presented exclusive of interest rate exchange agreements discussed in Note 12 Interest Rate Exchange Agreements. Inclusive of these agreements, the overall portfolio effective interest rate was 4.0%.

[2] The effective interest rate for each debt instrument is calculated by dividing each instrument's interest expense by the weighted average debt outstanding, and where applicable, interest expense is reduced by premium amortization and increased by original issue discount amortization. Interest rates per the agreements are detailed in the accompanying notes.

On April 29, 2016, VUMC issued the Series 2016 A, B, C, D, E, and F bonds ("2016 Series Debt") and notes aggregating $1.3 billion of proceeds for the purpose of financing the Medical Center Acquisition and paying a portion of the costs of issuance associated with the 2016 Series Debt.

The bonds and notes comprising the 2016 Series Debt were issued by the Health and Educational Facilities Board of The Metropolitan Government of Nashville and Davidson County, Tennessee ("HEFB"). As a conduit issuer, the HEFB loaned the debt proceeds to VUMC. VUMC's debt service requirements under these loan agreements coincide with required debt service of the actual HEFB bonds.

- The Series 2016A tax-exempt fixed-rate revenue bonds were issued in the par amount of $476.9 million and include an original issue premium of $59.6 million. The Series 2016A bonds have a final maturity date of July 1, 2046, and can be optionally redeemed at par on or after July 1, 2026. The 2016A bonds were structured as serial bonds with maturities from Fiscal 2030 through 2032, as well as three term bonds maturing Fiscal 2036 through 2047, which are subject to mandatory sinking fund redemption in lots. The Series 2016A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.

- The Series 2016B taxable fixed-rate revenue bonds were issued in the par amount of $300 million, bearing interest at 4.1% per annum. Interest is paid semiannually on July 1 and January 1, and has a bullet maturity of July 1, 2026. VUMC is entitled, at its option, to redeem all or a portion of the Series 2016B bonds before April 1, 2026, at a make-whole redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 0.35% above rates for U.S. Treasury securities with comparable maturities.

- The Series 2016F taxable variable-rate revenue bonds were issued in the par amount of $75 million and were placed privately with a bank. The bonds bore interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2022. During Fiscal 2018, $53.1 million of the Series 2016F bonds were extinguished using proceeds from the 2018 tax-exempt fixed-rate revenue bonds, discussed further below. The renegotiated interest rate on the remaining $21.9 million of principal outstanding was a variable-rate mode at a fixed spread to one-month LIBOR of 1.2%. During Fiscal 2022, the Series 2016F taxable variable-rate revenue bonds were modified and the renegotiated interest rate is a variable-rate mode at a fixed spread to SOFR of 0.8%. The remaining principal has a mandatory tender date of December 1, 2028. Beginning on July 1, 2022, VUMC began paying required annual principal payments ranging from $2.1 million to $2.7 million. The remaining $5.3 million of principal is due on December 1, 2028.

- Prior to Fiscal 2022, Series 2016 C, D, and E bonds were extinguished.

On July 26, 2017, the Series 2017A Tax-Exempt and Series 2017 Taxable Corporate Bonds were issued, and on August 1, 2017, the Series 2017B Taxable Revenue Bonds were issued ("2017 Series Debt"), aggregating $271.3 million of proceeds for the purpose of refinancing existing debt, funding capital projects related to the MCJCHV expansion and the VUH bed expansion/clinical relocation, which was a phased project, and paying a portion of the costs of issuance associated with the 2017 Series Debt.

The Series 2017A Tax-Exempt Revenue Bonds and the Series 2017B Taxable Term Loan Revenue Note were issued by the HEFB. The Series 2017 Taxable Bonds were a corporate issue with VUMC as the issuer.

- The Series 2017A tax-exempt fixed-rate revenue bonds were issued in the par amount of $121.3 million and include an original issue premium of $5.1 million. The final maturity date is July 1, 2048, and optional redemption at par can occur on or after July 1, 2027. The Series 2017A bonds bear interest at 4.4% per annum and pay interest semiannually on July 1 and January 1.

- The Series 2017 taxable fixed-rate corporate bonds were issued in the par amount of $100.0 million, bearing interest at 4.2% per annum. Interest is paid semiannually on July 1 and January 1, and the bonds have a final maturity date of July 1, 2037. There is a bullet payable beginning July 1, 2026, that allows VUMC to call the debt.

- During Fiscal 2022, the Series 2017B notes were extinguished using proceeds from the Series 2021C Taxable Revenue Bonds, discussed further below.

On April 20, 2018, the Series 2018 Tax-Exempt Revenue Bonds ("2018 Series Debt") aggregating $53.4 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the 2018 Series Debt. The Series 2018 Tax-Exempt Revenue Bonds were issued by the HEFB, were placed privately with a bank, and bears interest at a fixed spread of 79% of SOFR plus 0.76%. The bonds have a final maturity date of July 1, 2049. Proceeds from the issuance of the Series 2018 bonds were used to extinguish a portion of the Series 2016F taxable variable-rate bonds.

On July 30, 2019, VUMC entered into a term loan agreement ("2019 Term Loan") with a lender for $35 million to pay for the acquisition of VWCH hospital facilities, near term capital expenditures, and costs of issuance. The term loan bore interest at a variable rate plus a fixed spread to one-month LIBOR of 0.50% through the maturity date of August 1, 2029. Due to LIBOR being sunset as the benchmark rate, the interest rate was modified during Fiscal 2023 to SOFR plus a fixed spread of 0.60%. VUMC has the option to prepay all or a portion of the loan at any time, subject to notice. The 2019 loan is subject to principal amortization commencing on July 1, 2024 and ending July 1, 2049, as defined in the 2019 loan agreement between VUMC and the lender.

On October 22, 2019, the 2019 Taxable Fixed Private Placement Notes ("2019 Notes") aggregating $128.6 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the 2019 Notes. The 2019 Notes were placed privately with a bank, and bear interest at a fixed rate of 3.9% per annum. The notes have a final maturity date of July 1, 2054.

On November 4, 2021, the Series 2021A Tax-Exempt and Series 2021B Taxable Revenue Bonds were issued, and on December 1, 2021, the Series 2021C Taxable Revenue Bonds were issued ("2021 Series Debt"), aggregating $345.4 million of proceeds for the purpose of refinancing existing debt, funding capital projects, and paying a portion of the costs of issuance associated with the 2021 Series Debt. The 2021 Series was issued by the HEFB.

- The Series 2021A tax-exempt fixed-rate revenue bonds were issued in the par amount of $57.9 million and include an original issue premium of $16.2 million. The Series 2021A bonds have a bullet maturity of July 1, 2031, and can be optionally redeemed at par on or after January 1, 2031. The Series 2021A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.

- The 2021B taxable fixed-rate revenue bonds were issued in the par amount of $237.6 million, bearing interest at 3.2% per annum, which is paid semiannually on July 1 and January 1. The 2021B bonds have a final maturity of July 1, 2052 and are subject to mandatory sinking fund redemption in lots. VUMC is entitled, at its option, to redeem all or a portion of the Series 2021B bonds before January 1, 2052, at a redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 0.20% above rates for U.S. Treasury securities with comparable maturities.

- The 2021C taxable variable-rate revenue bonds were issued in the par amount of $50 million and were placed privately with a bank. The bonds bore interest in a variable-rate mode at a fixed spread to one-month LIBOR of 0.5%. Due to LIBOR being sunset as the benchmark rate, the interest rate was modified during Fiscal 2023 to SOFR plus a fixed spread of 0.63%. The bonds have a final maturity date of July 1, 2046, a tender date of December 1, 2027, and may be redeemed at any time. Proceeds from the issuance of the Series 2021C bonds were used to extinguish the Series 2017B notes.

On December 7, 2022, the Series 2022A and Series 2022B Tax-Exempt Revenue Bonds were issued for $70.5 million each. The proceeds were used to fund capital projects, and to pay a portion of the costs of issuance. The bonds bear interest at SIFMA plus a fixed spread of 0.70% and 0.67%, respectively. The 2022 Series was issued by the HEFB.

On November 8, 2023, the Series 2023A Tax-Exempt Revenue Bonds were issued by the HEFB in the par amount of $145.1 million and include an original issue premium of $6.1 million. The proceeds were used to fund capital projects, and to pay a portion of the costs of issuance. The Series 2023A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.

Each of the bonds, notes, and loans represent separate obligations under a Master Trust Indenture ("MTI") structure. The MTI provides the flexibility for multiple parties to participate in debt issuances as part of an obligated group; presently, VUMC has no other third-party members participating in the obligated group. All debt issued under the MTI is a general obligation of the obligated group. Under the provisions of the Leasehold Deed of Trust, Security Agreement, Assignment of Rents and Leases, and Fixture Filing (the "Security Agreement") within the MTI, gross receivables of the obligated group are pledged as collateral. Additionally, the Security Agreement established a mortgage lien on (i) the leasehold interest of the land subject to the Ground Lease; (ii) the buildings, structures, improvements, and fixtures now or hereafter located on the land subject to the Ground Lease; and (iii) certain other collateral.

Trust indentures for certain bond issues contain covenants and restrictions, the most material of which include limitations on the issuance of additional debt, maintenance of a specified debt service coverage ratio, and a minimum amount of days cash on hand. VUMC complied with such covenants and restrictions as of June 30, 2024 and 2023.

On April 29, 2016, VUMC delivered a secured subordinated promissory note in the amount of $100 million to VU to finance the Acquisition (the "subordinated note"). In July of 2018, VU sold its rights to future principal and interest payments on this note to a third party. The note was issued at a fixed rate of 3.25% with monthly principal payments totaling $5 million annually commencing on May 31, 2016, for a period of 20 years ending on April 30, 2036. VUMC may, at any time and from time to time, without premium or penalty, prepay all or any portion of the unpaid principal amount of the subordinated note. This note is secured by the gross receivables and mortgaged property described in the Security Agreement subject to the requirements of the 2016 Series Debt and the MTI.

As part of the Acquisition, VUMC assumed a 10-year, unsecured, noninterest-bearing product financing arrangement with a vendor for the purchase and implementation of internal use software. The annual payment of $5.3 million is payable in monthly installments, is considered principal and imputed interest, and continues through Fiscal 2027. The balance due under the Product Financing Arrangement is $11.7 million and $16.4 million as of June 30, 2024 and 2023, respectively. At June 30, 2024 and 2023, $4.9 million and $4.7 million, respectively, was included in the current portion of long-term debt caption, with the remaining balance in long-term debt, net of current portion.

In Fiscal 2024 and 2023, noncash investing and financing activities totaled $1.3 million and $9.7 million, respectively, related to finance leases.

VUMC has an agreement with a bank to provide a general use line of credit with a maximum available commitment totaling $100 million, which bears interest at a fixed spread to SOFR of 0.50%, accrues a commitment fee of 0.10% on any unused portion of the line of credit, and had a maturity date of April 3, 2024. Effective April 2, 2024, the agreement was amended to extend the maturity date to April 1, 2025.

VUMC established an additional $50 million line of credit with a bank in Fiscal 2021. The line of credit bears interest at a fixed spread to SOFR of 0.60%, accrues a commitment fee of 0.18% on any unused portion of the line of credit, and has a maturity date of April 4, 2025.

During Fiscal 2023, VUMC established an additional $50 million line of credit, which bears interest at a fixed spread to SOFR of 0.75%, accrues a commitment fee of 0.125% on any unused portion of the line of credit, and has a maturity date of May 8, 2026.

During Fiscal 2023, VUMC established an additional $100 million line of credit, which bears interest at a fixed spread to SOFR of 0.62%, accrues a commitment fee of 0.15% on any unused portion of the line of credit, and has a maturity date of May 1, 2026.

There are no outstanding balances on lines of credit as of June 30, 2024 or 2023. Commitment fees for the lines of credit totaled $0.4 million and $0.2 million in Fiscal 2024 and Fiscal 2023, respectively.

Interest paid on all obligations, including interest rate swap settlements, net of amounts capitalized, was $67.3 million and $69.9 million in Fiscal 2024 and 2023, respectively.

Principal retirements and scheduled sinking fund requirements based on maturity schedules for long-term debt due in subsequent fiscal years ending June 30 are as follows:

($ in thousands)

2025	$ 19,186
2026	22,999
2027	317,604
2028	15,196
2029	97,430
Thereafter	1,478,433
	$ 1,950,848

12. Interest Rate Exchange Agreements

Key features of VUMC interest rate exchange agreements are summarized below:

Notional Amount	Pay Fixed Rate	Receive Variable Rate	Mandatory Termination Date
$75.0 million	4.24%	68% of one-month LIBOR	May 2, 2025
$75.0 million	4.28%	68% of one-month LIBOR	April 29, 2026

VUMC has historically used interest rate exchange agreements as part of its debt portfolio management strategy. In October 2023, VUMC terminated the two existing interest rate exchange agreements and paid a cash settlement of $18.2 million.

During Fiscal 2024 and 2023, excluding the final settlement, VUMC recorded the following activity related to the interest rate exchange agreements, which is presented as a gain on interest rate exchange agreements in the consolidated statements of operations:

($ in thousands)	2024	2023
Mark-to-market adjustments	$ 15,561	$ 11,862
Periodic cash settlements	(654)	(2,251)
Gain on interest rate exchange agreements	$ 14,907	$ 9,611

13. Leases

VUMC has operating and finance leases for real estate, personal property, and equipment. VUMC determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded in the consolidated balance sheets.

VUMC has lease agreements which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, VUMC elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

Right-of-use assets represent VUMC's right to use an underlying asset during the lease term, and lease liabilities represent VUMC's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. VUMC's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of VUMC's operating leases do not provide an implicit rate, VUMC uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. VUMC considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and other index adjustments.

Operating and finance lease right-of-use assets and lease liabilities as of June 30, 2024 and 2023, are as follows:

($ in thousands)	Balance Sheet Classification	2024	2023
Assets:			
Operating leases	Operating leases	$ 947,709	$ 845,573
Finance leases	Property, plant, and equipment, net	10,580	18,704
Total lease assets		$ 958,289	$ 864,277
Liabilities:			
Current:			
Operating leases	Current portion of operating lease liabilities	$ 73,420	$ 71,906
Finance leases	Current portion of long-term debt	4,472	9,483
Noncurrent:			
Operating leases	Noncurrent portion of operating lease liabilities	901,155	800,003
Finance leases	Long-term debt, net of current portion	5,586	9,016
Total lease liabilities		$ 984,633	$ 890,408
Weighted-average remaining term:			
Operating leases		52.2 years	54.8 years
Finance leases		3.2 years	2.8 years
Weighted-average discount rate:			
Operating leases		4.0%	3.7%
Finance leases		3.9%	3.2%

Included in the tables above is the Ground Lease with VU expiring in 2114 discussed below. Excluding this lease, the weighted average remaining lease term for VUMC's operating leases is 13.8 years as of June 30, 2024, and 8.2 years as of June 30, 2023. As of June 30, 2024 and 2023, the land lease comprises $487.5 million and $488.1 million, respectively, of the operating lease asset and $490.2 million and $490.8 million, respectively, of the operating lease liability detailed above.

Lease expense for finance and operating leases for the years ended June 30, 2024 and 2023, are as follows:

($ in thousands)	2024	2023
Finance lease expense:		
Amortization of leased assets	$ 9,675	$ 10,489
Interest on lease liabilities	474	497
Operating lease expense [(1)]	113,333	109,049
Short-term lease expense [(1)]	3,225	3,195
Variable lease expense [(1)]	16,640	16,944
	$ 143,347	$ 140,174

[(1)] Expense is included in "Facilities, equipment, and technology" in the consolidated statements of operations.

The following table presents supplemental cash flow information for the years ended June 30, 2024 and 2023:

($ in thousands)	2024	2023
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	$ 105,766	$ 106,246
Operating cash flows for finance leases	474	497
Financing cash flows for finance leases	9,726	10,626

The following table reconciles the undiscounted minimum lease payments to the operating and financing lease liabilities recorded in the consolidated balance sheet at June 30, 2024:

($ in thousands)	Operating Leases	Finance Leases
2025	$ 102,825	$ 4,699
2026	93,762	2,096
2027	76,954	2,086
2028	67,778	882
2029	58,237	700
Thereafter	2,045,181	308
Total minimum lease payments	2,444,737	10,771
Less: amount of lease payments representing interest	(1,470,162)	(713)
Present value of future minimum lease payments	974,575	10,058
Less: current lease obligations	(73,420)	(4,472)
Long-term lease obligations	$ 901,155	$ 5,586

Essential provisions of leases considered by management to be material are as follows:

- On April 29, 2016, VUMC entered into a Ground Lease with VU for approximately 1.7 million square feet of land for an initial term ending June 30, 2114, and an option to extend for up to two additional terms of 50 to 99 years each upon agreement by VU and VUMC. The annual base rent is payable monthly, and is CPI adjusted annually. VUMC made rental payments totaling $23.3 million and $22.1 million in Fiscal 2024 and 2023, respectively. The Ground Lease allows VUMC to use the land on which its campus and related buildings are located. Included in the table above are $1.7 billion in ground lease payments representing future minimum rentals based on the initial annual base rent of $19.4 million, excluding annual CPI adjustments.

- In July 2007, VU entered into an agreement to lease approximately 50% of the space in the 850,000 square foot One Hundred Oaks shopping center located approximately five miles from the main campus ("100 Oaks Lease"). VU redeveloped this leased space primarily for medical and office uses. In October 2014, VU agreed to an amendment which extends the original lease term to November 30, 2035, with an option to renew the lease further for four additional 10-year periods. As part of the lease agreement, the lessee also has first rights on leasing additional space in the shopping center and first rights on purchasing if the landlord desires to sell. On April 29, 2016, the 100 Oaks Lease was assigned to VUMC. On June 10, 2023, the lease was amended to add an additional 84,750 square feet of leased space within the facility. VUMC included minimum property rental payments totaling $107.8 million related to this space in the above minimum lease payments table.

- On April 29, 2016, VU assigned to VUMC a lease for approximately 231,000 square feet of office space at 2525 West End Avenue with expiration dates ranging from 2026 through 2030, with options to renew for two additional five-year periods. VUMC included minimum lease payments totaling $46.7 million related to this space in the above minimum lease payments table.

- On April 29, 2016, VUMC and VU entered into certain lease agreements for the use of space in buildings separately owned by each entity. As of June 30, 2024, VUMC's estimated future minimum lease payments to VU totaled $22.2 million. Estimated future lease receipts from VU for the fiscal year ended June 30, 2025, are $8.8 million, subject to annual renewal.

- On November 1, 2022, VUMC entered into a lease agreement for office space at 431 Great Circle Road, located approximately five miles from the main campus. The lease provided for initial occupancy of approximately 94,000 square feet, with occupancy of an additional 16,000 square feet of space commencing on February 16, 2023, for a total of 110,000 square feet. The lease expiration date is October 31, 2042. VUMC included minimum lease payments totaling $46.2 million related to this space in the above minimum lease payments table.

- On June 1, 2024, VUMC entered into a lease agreement for a building at 402 Franklin Road approximately 12 miles from the main campus. VUMC intends to redevelop this leased space for medical and office uses. The lease provided for initial occupancy of approximately 347,500 square feet. The lease expiration date is May 31, 2054. VUMC included minimum lease payments totaling $283.1 million related to this space in the above minimum lease payments table.

14. Net Assets

Net asset restrictions relate to the following purposes as of June 30, 2024 and 2023:

($ in thousands)	2024	2023
Donor-restricted – time or purpose		
Property, plant, and equipment	$ 26,800	$ 18,839
Research and education	166,945	166,396
Operations	20,577	12,818
Total donor-restricted – time or purpose	$ 214,322	$ 198,053
Donor restricted – perpetuity		
Research and education	$ 130,092	$ 119,048

Net assets without donor restrictions are free of donor-imposed restrictions. This classification includes all revenues, gains, and losses not restricted by donors. VUMC reports all expenditures in net assets without donor restrictions since the use of restricted contributions in accordance with donors' stipulations results in the release of the restriction.

Donor restricted – time or purpose contain donor-imposed stipulations that expire with the passage of time or that can be satisfied by the action of VUMC. These net assets may include restricted gifts including unconditional pledges, split-interest agreements, interests in trusts held by others, and accumulated appreciation on donor-restricted endowments not yet appropriated by the Board of Directors for distribution. Donor gifts that are restricted for funding capital projects are considered released from restriction once related capital expenditures have been made and the asset is placed in service.

Donor restricted – perpetuity contains amounts held in perpetuity as requested by donors. These net assets may include unconditional pledges, donor-restricted endowments, split-interest agreements, and interests in trusts held by others. Generally, the donors of these assets permit VUMC to use a portion of the income earned on related investments for specific purposes.

UPMIFA specifies that unless stated otherwise in a gift instrument, donor-restricted assets in an endowment fund are restricted assets until appropriated for expenditure. Barring the existence of specific instructions in gift agreements for donor-restricted endowments, VUMC reports the historical value of such endowments as donor restricted – perpetuity and the net accumulated appreciation as donor restricted – time or purpose. In this context, the historical value represents the original value of initial contributions restricted as permanent endowments plus the original value of subsequent contributions and, if applicable, the value of accumulations made in accordance with the direction of specific donor gift agreements.

15. Fair Value Measurements

Fair value measurements represent the amount at which the instrument could be exchanged in an orderly transaction between market participants at the measurement date. VUMC utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that VUMC has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the assets or liabilities, and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs reflect VUMC's assumptions about the inputs market participants would use in pricing the asset or liability, including assumptions about risk. Unobservable inputs are developed based on the best information available in the circumstances and may include VUMC's own data.

For financial instruments measured at fair value on a recurring basis, the following tables summarize valuation hierarchy levels as of June 30, 2024 and 2023, determined by the nature of the financial instrument and the least observable input significant to the fair value measurement:

	Fair Value Measurements as of June 30, 2024			
($ in thousands)	**Level 1**	**Level 2**	**Level 3**	**Total Carrying Amount**
Assets				
Corporate bonds	$ –	$ 411,001	$ –	$ 411,001
Equity mutual funds	46,813	126,321	–	173,134
Cash and cash equivalents	71,569	–	–	71,569
Beneficial interests in split-interest trusts	–	9,482	–	9,482
Hedged equity mutual funds	–	34,112	–	34,112
Fixed-income mutual funds	29,395	137,070	–	166,465
Mortgage-backed securities	–	129,645	–	129,645
Government bonds	–	100,610	–	100,610
Hedged debt mutual funds	–	61,750	–	61,750
Commodities and managed futures mutual funds	3,804	11,961	–	15,765
Target date mutual funds	–	12,807	–	12,807
Equity securities	135,671	–	–	135,671
Total assets in the fair value hierarchy	$ 287,252	$ 1,034,759	$ –	$ 1,322,011
Investments measured at net asset value				155,949
Total assets reported at fair value				$ 1,477,960

	Fair Value Measurements as of June 30, 2023			
($ in thousands)	**Level 1**	**Level 2**	**Level 3**	**Total Carrying Amount**
Assets				
Corporate bonds	$ –	$ 307,347	$ –	$ 307,347
Equity mutual funds	22,887	120,794	–	143,681
Cash and cash equivalents	162,500	–	–	162,500
Beneficial interests in split-interest trusts	–	8,949	–	8,949
Hedged equity mutual funds	–	38,692	–	38,692
Fixed-income mutual funds	83,055	94,254	–	177,309
Certificates of deposit	–	13,246	–	13,246
Asset-backed securities	–	3,614	–	3,614
Mortgage-backed securities	–	99,468	–	99,468
Commercial paper	–	6,375	–	6,375
Government bonds	–	76,885	–	76,885
Hedged debt mutual funds	–	63,453	–	63,453
Commodities and managed futures mutual funds	8,628	14,026	–	22,654
Target date mutual funds	–	8,279	–	8,279
Equity securities	74,278	–	–	74,278
Total assets in the fair value hierarchy	$ 351,348	$ 855,382	$ –	$ 1,206,730
Investments measured at net asset value				91,352
Total assets reported at fair value				$ 1,298,082
Liabilities				
Interest rate exchange agreements	$ –	$ 33,157	$ –	$ 33,157
Total liabilities reported at fair value	$ –	$ 33,157	$ –	$ 33,157

Certain of the investments are reported using a calculated NAV per share. These investments are not expected to be sold at amounts that are materially different from NAV. The following table identifies attributes relating to the nature and risk of investments for which fair value is determined using a calculated NAV as of June 30, 2024 and 2023:

	June 30, 2024			
($ in thousands)	Carrying Amount	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private credit[1]	$ 15,426	$ 3,483	None	None
Private equity[2]	56,454	18,465	None	None
Multi-strategy hedge funds[3]	25,075	5,000	Quarterly	65-95 Days
Real estate mutual funds[4]	37,512	–	Semi-annual	90 Days
Hedged equity fund[5]	21,482	–	Quarterly	90 Days
Total	$ 155,949	$ 26,948		

	June 30, 2023			
($ in thousands)	Carrying Amount	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity[2]	$ 29,409	$ 2,000	None	None
Multi-strategy hedge funds[3]	20,870	5,000	Quarterly	65-95 Days
Real estate mutual fund[4]	22,228	–	Semi-annual	90 Days
Hedged equity fund[5]	18,845	–	Quarterly	90 Days
Total	$ 91,352	$ 7,000		

[1] This class includes private credit funds that seek to generate current income and, to a lesser extent, capital appreciation by targeting investment opportunities with favorable risk-adjusted returns primarily by originating and making loans to, and making debt and equity investments in, U.S. middle-market companies. The fair values of the investments in this class have been estimated using the net asset value per share of the investments. Redemptions for investments representing approximately 93% of the value of investments in this class are limited to a 5% quarterly gate; however, they are not guaranteed.

[2] This class includes domestic and foreign private equity funds that specialize in providing capital to a variety of investment groups including, but not limited to, venture capital, leveraged buyout, mezzanine debt, distressed debt, and other strategies. The fair values of the investments in this class have been estimated using the net asset value per share of the investments. Redemptions for investments representing approximately 64% of the value of investments in this class are limited to a 5% quarterly gate; however, they are not guaranteed. The remaining investments have no provisions for redemptions during the life of these funds.

[3] This class invests in hedge funds that pursue multiple strategies and techniques within and across various asset classes (both domestic and foreign) in order to diversify risks and reduce volatility. The fair values of the investments in this class have been estimated using the net asset value per share of the investments. Approximately 66% of the value of investments in this class are redeemable over four years, with quarterly gates from 12.5% to 100%. Under certain circumstances, an otherwise redeemable investment or portion thereof could become restricted.

(4) This class includes domestic and foreign investments in real estate funds that invest in a broad range of infrastructure and infrastructure-related assets. The fair values of the investments in this class have been estimated using the net asset value per share of the investments. Redemptions for investments representing approximately 35% of the value of investments in this class are limited to a 5% quarterly gate; however, they are not guaranteed.

(5) This class includes an investment in a hedge fund that invests primarily in securities of public companies which may experience appreciation in value as a result of a change in ownership, corporate direction or management improved corporate governance, or as a result of operational improvements. The fair values of the investments in this class have been estimated using the net asset value per share of the investments. VUMC employs derivatives, primarily interest rate exchange agreements, to help manage interest rate risks associated with variable-rate debt. In addition to the credit risk of the counterparty owing a balance, VUMC calculates the fair value of interest rate exchange agreements based on the present value of future net cash settlements that reflect market yields as of the measurement date.

Parties to interest rate exchange agreements are subject to risk for changes in interest rates, as well as the risk of credit loss in the event of nonperformance by the counterparty. VUMC deals only with high-quality counterparties that meet rating criteria for financial stability and credit-worthiness.

16. Retirement Plan

VUMC's full-time employees participate in a 403(b) defined contribution retirement plan administered by a third party. For eligible employees with one year of continuous service, this plan requires employer matching of employee contributions up to 5% of eligible compensation. The employee immediately vests in these contributions.

VUMC funds the obligations under this plan through monthly transfers to the respective retirement plan administrator with the corresponding expense recognized in the year incurred. During Fiscal 2024 and 2023, VUMC recognized $106.9 million and $96.2 million, respectively, of expense in connection with this plan.

17. Functional Expense

VUMC provides general health care services primarily to residents within its geographic location and supports research and education programs. Total operating expense by nature and function for Fiscal 2024 and 2023 were as follows:

($ in thousands)	For the Year Ended June 30, 2024			
	Healthcare Services	**Academic Research and Education**	**Administrative and Other**	**Total**
Salaries, wages, and benefits	$ 2,869,129	$ 731,588	$ 358,851	$ 3,959,568
Supplies and drugs	1,684,024	64,388	19,904	1,768,316
Facilities, equipment, and technology	229,043	86,297	117,071	432,411
Services and other	743,034	142,226	116,894	1,002,154
Depreciation and amortization	170,610	26,349	7,834	204,793
Interest	57,461	10,414	21	67,896
Total operating expense	$ 5,753,301	$ 1,061,262	$ 620,575	$ 7,435,138

($ in thousands)	For the Year Ended June 30, 2023			
	Healthcare Services	Academic Research and Education	Administrative and Other	Total
Salaries, wages, and benefits	$ 2,716,045	$ 691,294	$ 290,481	$ 3,697,820
Supplies and drugs	1,469,828	55,983	8,086	1,533,897
Facilities, equipment, and technology	206,222	69,358	123,377	398,957
Services and other	675,532	141,880	104,055	921,467
Depreciation and amortization	165,904	7,868	17,274	191,046
Interest	56,032	9,977	183	66,192
Total operating expense	$ 5,289,563	$ 976,360	$ 543,456	$ 6,809,379

Certain expense categories are attributable to more than one function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, and services and other.

18. Commitments and Contingencies

Management has policies, procedures, and an organizational structure to enforce and monitor compliance with government statutes and regulations. VUMC's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time.

- Litigation; Payor Disputes. VUMC is a defendant in certain medical professional liability lawsuits and other civil actions, none of which are anticipated to have a material effect on VUMC's consolidated financial position. In addition, VUMC from time to time pursues claims and appeals of adverse payment decisions by third parties, including governmental and commercial payors. These include but are not limited to appeals relating to Medicare reimbursements matters before the Provider Reimbursement Review Board, payments for drugs purchased and dispensed through the 340B discounted drug purchasing program, and payments received under commercial payor reimbursement agreements. During Fiscal 2024, VUMC received $66.6 million for a Medicare 340B settlement recognized as patient service revenue. The settlement, paid to 340B providers across the United States, reimbursed providers for reductions in Medicare reimbursement for drugs purchased through the 340B program. The reduction resulted from a change in Medicare's reimbursement methodology that was ultimately ruled unlawful by the Supreme Court resulting in this one-time settlement. The outcome of any outstanding claims and appeals are not expected to have a material effect on VUMC's consolidated financial position.

- Compliance Program. Through the operation of its compliance program, VUMC from time to time initiates the review of billing for clinical services provided by VUMC and its affiliated providers. VUMC has established a liability reserve relating to certain matters under review as of June 30, 2024 and 2023, which is not material to VUMC's consolidated financial position.

- Regulatory Reviews. VUMC is subject to the regulation and oversight of various state and federal government agencies and may from time to time receive subpoenas, requests for documents or other information, civil investigative demands or other legal process related to VUMC's business and operations (including its billing practices). VUMC's compliance with regulations and laws is subject to future government reviews and interpretations, as well as regulatory actions unknown at this time. VUMC believes that the liability, if any, from such reviews will not have a material effect on VUMC's consolidated financial position.

- Medical Malpractice Self-Insurance. The consolidated balance sheets include reserves for medical malpractice, professional, and general liability coverage totaling $83.2 million as of June 30, 2024, and $90.5 million as of June 30, 2023. These liabilities are measured at the net present value of those cash flows using a discount rate of 4.0% and 2.5% as of June 30, 2024 and 2023, respectively, and are classified as current or noncurrent based on the expected timing of cash flows. Other current assets include expected recoveries from commercial insurance carriers under excess coverage arrangements totaling $4.8 million as of June 30, 2024, and $7.7 million as of June 30, 2023. During Fiscal 2024 and 2023, VUMC recorded expenses for medical malpractice self-insurance of $23.4 million and $24.4 million, respectively.

- Employee Health and Workers' Compensation Insurance. Accrued compensation and benefits included actuarially determined liabilities for employee health and workers' compensation claims totaling $35.2 million and $6.8 million, respectively, as of June 30, 2024, and $36.1 million and $5.7 million, respectively, as of June 30, 2023. During Fiscal 2024 and 2023, VUMC recorded expenses for self-insured employee health benefit plans, net of employee premiums, totaling $368.1 million and $310.7 million, respectively. During Fiscal 2024 and 2023, VUMC recorded expenses for self-insured workers' compensation plans of $4.6 million.

- Federal and State Contracts and Other Requirements. Expenditures related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. Amounts of expenditures that granting agencies might disallow cannot be determined at this time. These amounts affect government grants and contracts revenue, as well as facilities and administrative costs recovery. VUMC does not expect these costs to impact the consolidated financial position by material amounts.

- Health Care Services. In Fiscal 2024 and 2023, 86% of VUMC's operating revenue was generated by providing health care services, where revenue is affected by reimbursement arrangements with federal and state healthcare programs, commercial insurance, and other managed care payors. If reimbursement rates from third-party payors decrease or if contract terms become less favorable in future periods, VUMC's operating revenues may decline. See Note 4 Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements, for further information regarding healthcare revenues and related receivables.

- HIPAA Compliance. Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and related regulations, the federal government has authority to investigate potential breaches of federal requirements for the privacy and security of patient health information to impose substantial fines and penalties in connection with violations. VUMC maintains policies, procedures, and organizational structures to enforce and monitor compliance with HIPAA, as well as other related federal and state laws, rules, and regulations.

- Construction. VUMC had contractual commitments under major construction and equipment contracts totaling $425.7 million and $243.9 million as of June 30, 2024 and 2023, respectively.

19. Subsequent Events

On July 18, 2024, VUMC established an additional $50 million line of credit, which bears interest at a fixed spread to SOFR of 0.50%, accrues a commitment fee of 0.10% on any unused portion of the line of credit, and has a maturity date of July 17, 2025.

Management has evaluated subsequent events and disclosed all material events through September 30, 2024, the date the accompanying consolidated financial statements were issued.

Supplementary Information

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DEPARTMENT OF AGRICULTURE									
AGRICULTURAL RESEARCH_BASIC AND APPLIED RESEARCH	10.001	59-0210-6-004				$189	$59,114	RESEARCH AND DEVELOPMENT	$586,818,025
AGRICULTURAL RESEARCH_BASIC AND APPLIED RESEARCH	10.001	59-0210-8-184				$58	$59,114	RESEARCH AND DEVELOPMENT	$586,818,025
AGRICULTURAL RESEARCH_BASIC AND APPLIED RESEARCH	10.001	VUMC85896(DAA9-20-66870-1)				$58,322	$59,114	RESEARCH AND DEVELOPMENT	$586,818,025
AGRICULTURAL RESEARCH_BASIC AND APPLIED RESEARCH	10.001	DAA9-19-65384-1	CRDF Global (Civilian Research and Development Foundation)	DAA9-19-65384-1		$545	$59,114	RESEARCH AND DEVELOPMENT	$586,818,025
1890 INSTITUTION CAPACITY BUILDING GRANTS	10.216	2022-38821-27352	Tennessee State University	2022-38821-27352		$34,369	$34,369	RESEARCH AND DEVELOPMENT	$586,818,025
AGRICULTURE AND FOOD RESEARCH INITIATIVE (AFRI)	10.310	VUMC94491(2017-68001-34846)	University of Kentucky	VUMC94491(2017-68001-34846)		$93,379	$93,379	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL DEPARTMENT OF AGRICULTURE						$186,862			
DEPARTMENT OF DEFENSE									
BASIC AND APPLIED SCIENTIFIC RESEARCH	12.300	N00014-22-1-2184			$22,000	$338,825	$339,132	RESEARCH AND DEVELOPMENT	$586,818,025
BASIC AND APPLIED SCIENTIFIC RESEARCH	12.300	VUMC114293(C#10142-MEASURE)	National Marrow Donor Program (BeTheMatch Foundation)	VUMC114293(C#10142-MEASURE)		$307	$339,132	RESEARCH AND DEVELOPMENT	$586,818,025
SCIENTIFIC RESEARCH - COMBATING WEAPONS OF MASS DESTRUCTION	12.351	VUMC88438(0000058521)	Emory University	VUMC88438(0000058521)		$51,417	$51,417	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-18-1-0149(BC170037)				($42,426)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0542			$10,746	$2,474	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC93226(75D30121C11656)			$335,873	$2,416,349	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC74521(15JC1V22P00000040)				$382,909	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310070				$167,079	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-1033			$54,000	$1,100,950	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0765			($69,557)	$313,408	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-19-1-0640				($1,055)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0701			$121,319	$283,444	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-0090				$446,800	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH22-1-1087			$7,430	$186,728	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0617				$617,671	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0694			$12,541	$210,598	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0910				$50,210	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-2-0046			$133,472	$290,289	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0786				$382,093	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-2-0025				$366,459	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-0418(KC210152)				$311,893	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-1008				$144,201	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-19-1-0415				($50,058)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0051			$92,061	$265,476	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-0109				$186,517	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310044				$105,298	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-19-1-0812				$48,569	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH22-1-0635			$377,271	$537,431	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-0419				$84,834	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-23-1-0003			$48,962	$262,728	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT942523-1-0004				$126,466	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0269				($2,237)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0648				($4,140)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W911QY2310001				$43,466	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-21-1-0441				$386,506	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-22-1-0484				$474,524	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-18-1-0810			$711,081	$1,076,540	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-23-1-0410			$61,105	$459,581	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-23-1-0300			$8,162	$336,517	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310776				$175,924	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310921				$135,582	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310778				$117,499	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	AR220172				$116,163	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	AR220098				$277,239	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-23-1-0864			$6,135	$278,966	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252310342				$72,986	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	CP220070				$117,703	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-23-1-0035			$3,335	$18,330	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT94252410074				$55,924	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	TP230143				$6,887	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-24-1-0382				$15,477	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	HT9425-24-1-0383				$29,286	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-17-1-0631	University of California-San Francisco	W81XWH-17-1-0631		$3,125	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC70051(W81XWH1810790)	University of Rochester	VUMC70051(W81XWH1810790)		$42,391	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC74579(W81XWH-16-D-0024)(W81XWH18F0426)	University of Pittsburgh	VUMC74579(W81XWH-16-D-0024)(W81XWH18F0426)		$80,637	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC75551(W81XWH-18-1-8015)	Johns Hopkins University School of Medicine	VUMC75551(W81XWH-18-1-8015)		$259	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC82342(W81XWH-17-1-0631)	University of California-San Francisco	VUMC82342(W81XWH-17-1-0631)		($1,997)	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC84144(W81XWH2020001)	University of Colorado Denver	VUMC84144(W81XWH2020001)		$37,423	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-20-1-0540	Epitracker Inc.	W81XWH-20-1-0540		$99,344	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC86362(W8IXWH2010692)	Northwestern University	VUMC86362(W8IXWH2010692)		$7,614	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC93452(W81XWH2020063)	Johns Hopkins University School of Medicine	VUMC93452(W81XWH2020063)		$4,703	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC95835(W81XWH-16-D-0024, W81XWH20F0383)	University of Pittsburgh	VUMC95835(W81XWH-16-D-0024, W81XWH20F0383)		$175,295	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC97071(W81XWH21-1-0833)	University of Kentucky Research Foundation	VUMC97071(W81XWH21-1-0833)		$45,471	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC96557(W81XWH-21-1-0273)	University of Kentucky	VUMC96557(W81XWH-21-1-0273)		$153,318	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC90280(W81XWH-19-2-0010)	McGill University	VUMC90280(W81XWH-19-2-0010)		$11,828	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC94488(W81XWH1920062)	Johns Hopkins University School of Medicine	VUMC94488(W81XWH1920062)		$87	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC96816(W81XWH1910848)	University of Maryland Baltimore	VUMC96816(W81XWH1910848)		$6,368	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC99211(47QFWA20C0012)	University of Colorado Denver	VUMC99211(47QFWA20C0012)		$225,968	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC86328(W81XWH-20-2-0032)	Coalition for National Trauma Research	VUMC86328(W81XWH-20-2-0032)		$51,236	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC96620(W81XWH2110591)	Carnegie Mellon	VUMC96620(W81XWH2110591)		$10,305	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC103522(W81XWH2210308)	Vanderbilt University	VUMC103522(W81XWH2210308)		$18,869	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC104827(W81XWH2210475)	Baylor College of Medicine	VUMC104827(W81XWH2210475)		$20,221	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC108473(W81XWH2210367)	Vindhya Data Science Inc	VUMC108473(W81XWH2210367)		$5,529	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC107987(W81XWH22-1-0201)	University of Iowa	VUMC107987(W81XWH22-1-0201)	$22,421	$43,799	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC107111(W81XWH2211121)	Vanderbilt University	VUMC107111(W81XWH2211121)		$38,647	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC108122(W81XWH2210301)	Boston Childrens Hospital	VUMC108122(W81XWH2210301)		$3,285	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC106865(W81XWH2211122)	Vanderbilt University	VUMC106865(W81XWH2211122)		$9,514	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC109197(W81XWH2210304)	Carnegie Mellon	VUMC109197(W81XWH2210304)		$308,100	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC98029(W81XWH2120053)	The Metis Foundation	VUMC98029(W81XWH2120053)		$7,608	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC109357(W81XWH2210818)	Meharry Medical College	VUMC109357(W81XWH2210818)		$555	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC110050(W81XWH-21-1-0160)	Emory University	VUMC110050(W81XWH-21-1-0160)		$20,005	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	W81XWH-19-1-0090	Congressionally Directed Medical Research Programs	W81XWH-19-1-0090	$21,227	$54,854	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC110627	Civil-military Innovation Institute, Inc	VUMC110627	$44,908	$330,570	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC109716(W81XWH2210661)	Vanderbilt University	VUMC109716(W81XWH2210661)		$21,337	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC111654(W81XWH2210890)	MD Anderson Cancer Center	VUMC111654(W81XWH2210890)		$19,127	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC107032(W81XWH2211106)	Northwestern University	VUMC107032(W81XWH2211106)		$63,242	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC108554(W81XWH2211123)	Liberate Medical	VUMC108554(W81XWH2211123)		$52,147	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC109328(W911NF2120078)	Civil-military Innovation Institute, Inc	VUMC109328(W911NF2120078)	$345,454	$1,170,757	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC109452(W81XWH-22-90015)	Prytime Medical Devices, Inc.	VUMC109452(W81XWH-22-90015)		$68,310	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC113933(W81XWH1810564)	Academic and Community Cancer Research United	VUMC113933(W81XWH1810564)		$23,585	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC117479(75D30121D12778)	Washington University	VUMC117479(75D30121D12778)		$1,433,049	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC117628(HT9425-23-1-0705)	University of Pennsylvania	VUMC117628(HT9425-23-1-0705)		$83,955	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC117404(W81XWH-15-9-001)	Geneva Foundation	VUMC117404(W81XWH-15-9-001)		$34,267	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC118732(HT94252310965)	Beth Israel Deaconess Medical Center (Harvard)	VUMC118732(HT94252310965)		$6,709	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	VUMC78235(W81XWH1910405)	IDBiologics, LLC	VUMC78235(W81XWH1910405)		$37,828	$18,215,302	RESEARCH AND DEVELOPMENT	$586,818,025
COMMUNITY INVESTMENT	12.600	W81XWH-15-9-001	University of Colorado Denver	VUMC80912(W81XWH-15-9-001)		$20,816	$20,816	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TECHNOLOGY DEVELOPMENT	12.910	HR0011-18-2-0001			$3,248,240	$3,663,926	$3,663,926	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC114422(W911SR2390017)			$152,503	$3,398,550	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC99217(47QFWA20C0012)	University of Colorado Denver	VUMC99217(47QFWA20C0012)		$43,821	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC112752(W15QKN-16-9-1002)	IDBiologics, LLC	VUMC112752(W15QKN-16-9-1002)		$126,990	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC120539(MTEC-19-08-MuLTI-0043)	University of Colorado Denver	VUMC120539(MTEC-19-08-MuLTI-0043)		$44,909	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC121405	University of Colorado Denver	VUMC121405		$14,843	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC (W81XWH2020055)	University of Pittsburgh	VUMC (W81XWH2020055)		$13,200	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC(W81XWH2110833)	Massachusetts General Hospital	VUMC(W81XWH2110833)		$17,579	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC122982(W911QX23C0011)(Master VUMC121676)	Civil-military Innovation Institute, Inc	VUMC122982(W911QX23C0011)(Master VUMC121676)		$22,050	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
DEPARTMENT OF DEFENSE	12.RD	VUMC (OR220049)	Massachusetts General Hospital	VUMC (OR220049)		$4,144	$3,686,086	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL DEPARTMENT OF DEFENSE					$5,770,689	$25,976,679			
DEPARTMENT OF JUSTICE									
SEXUAL ASSAULT FORENSIC EXAMINATIONS	16.053	15POVC-23-GK-01410-SAFE				$26,275	$26,575	N/A	$0
COMPREHENSIVE OPIOID, STIMULANT, AND OTHER SUBSTANCES USE PROGRAM	16.838	72929:ST TN	State of Tennessee	72929:ST TN		$1,413	$12,843	RESEARCH AND DEVELOPMENT	$586,818,025
COMPREHENSIVE OPIOID, STIMULANT, AND OTHER SUBSTANCES USE PROGRAM	16.838	VUMC81153 (Ediison ID 72816)	State of Tennessee	VUMC81153 (Ediison ID 72816)		$11,430	$12,843	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL DEPARTMENT OF JUSTICE						$39,118			

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DEPARTMENT OF THE TREASURY									
COVID-19 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS	21.027	VUMC118004(SLFRP5534)	Tennessee Department of Health Services	VUMC118004(SLFRP5534)		$174,833	$318,639	N/A	$0
COVID-19 CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS	21.027	VUMC117927(133) (Edison ID 0000006442)	Tennessee Department of Health Services	VUMC117927(133) (Edison ID 0000006442)		$143,806	$318,639	N/A	$0
TOTAL DEPARTMENT OF THE TREASURY						$318,639			
NATIONAL AERONAUTICS & SPACE ADMINISTRATION									
NATIONAL AERONAUTICS & SPACE ADMINISTRATION	43.RD	VUMC76580(80NSSC19M0161)	National Council on Radiation Protection and Measurements	VUMC76580(80NSSC19M0161)		$206,134	$206,134	RESEARCH AND DEVELOPMENT	$586,818,025
OFFICE OF STEM ENGAGEMENT (OSTEM)	43.008	VUMC116430(80NSSC23M0129)	National Council on Radiation Protection and Measurements	VUMC116430(80NSSC23M0129)		$289,466	$289,466	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL NATIONAL AERONAUTICS & SPACE ADMINISTRATION						$495,600			
NATIONAL ENDOWMENT FOR THE HUMANITIES									
PROMOTION OF THE ARTS_GRANTS TO ORGANIZATIONS AND INDIVIDUALS	45.024	1863278-38-20				($303)	$44,472	RESEARCH AND DEVELOPMENT	$586,818,025
PROMOTION OF THE ARTS_GRANTS TO ORGANIZATIONS AND INDIVIDUALS	45.024	1906827-38				$44,775	$44,472	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL NATIONAL ENDOWMENT FOR THE HUMANITIES						$44,472			
NATIONAL SCIENCE FOUNDATION									
ENGINEERING	47.041	2050252				$80,970	$151,618	RESEARCH AND DEVELOPMENT	$586,818,025
ENGINEERING	47.041	VUMC98271(2124002)	Vanderbilt University	VUMC98271(2124002)		$70,648	$151,618	RESEARCH AND DEVELOPMENT	$586,818,025
MATHEMATICAL AND PHYSICAL SCIENCES	47.049	2410953	PragmaDx, Inc.	2124872		$19,980	$19,980	RESEARCH AND DEVELOPMENT	$586,818,025
COMPUTER AND INFORMATION SCIENCE AND ENGINEERING	47.070	2050895				($13,257)	$29,793	RESEARCH AND DEVELOPMENT	$586,818,025
COMPUTER AND INFORMATION SCIENCE AND ENGINEERING	47.070	2348793				$43,050	$29,793	RESEARCH AND DEVELOPMENT	$586,818,025
BIOLOGICAL SCIENCES	47.074	NSF-2011291				$35,249	$394,956	RESEARCH AND DEVELOPMENT	$586,818,025
BIOLOGICAL SCIENCES	47.074	2147467				$155,823	$394,956	RESEARCH AND DEVELOPMENT	$586,818,025
BIOLOGICAL SCIENCES	47.074	VUMC75495(1845634)	University of Tennessee	University of Massachusetts Boston		$8,076	$394,956	RESEARCH AND DEVELOPMENT	$586,818,025
BIOLOGICAL SCIENCES	47.074	VUMC94916(2120084)	University of Massachusetts Boston	University of Pittsburgh		$195,808	$394,956	RESEARCH AND DEVELOPMENT	$586,818,025
SOCIAL, BEHAVIORAL, AND ECONOMIC SCIENCES	47.075	2033896				$11,833	$11,833	RESEARCH AND DEVELOPMENT	$586,818,025
STEM EDUCATION	47.076	DUE1926794			$61,528	$94,474	$152,755	RESEARCH AND DEVELOPMENT	$586,818,025
STEM EDUCATION	47.076	VUMC96425(2116026)	Oregon State University	VUMC96425(2116026)		$58,281	$152,755	RESEARCH AND DEVELOPMENT	$586,818,025
OFFICE OF INTERNATIONAL SCIENCE AND ENGINEERING	47.079	G-202108-68060				$110,783	$144,479	RESEARCH AND DEVELOPMENT	$586,818,025
OFFICE OF INTERNATIONAL SCIENCE AND ENGINEERING	47.079	G-202105-67817				$16,715	$144,479	RESEARCH AND DEVELOPMENT	$586,818,025
OFFICE OF INTERNATIONAL SCIENCE AND ENGINEERING	47.079	G-202105-67822-01				$16,981	$144,479	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL NATIONAL SCIENCE FOUNDATION					$61,528	$905,414			
ENVIRONMENTAL PROTECTION AGENCY									
SCIENCE TO ACHIEVE RESULTS (STAR) RESEARCH PROGRAM	66.509	83950101-1				$61,928	$61,928	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL ENVIRONMENTAL PROTECTION AGENCY					$0	$61,928			
DEPARTMENT OF EDUCATION									
SPECIAL EDUCATION_GRANTS TO STATES	84.027	71077:ST TN	Tennessee Department of Education	71077:ST TN	$777	$1,646,522	$4,232,975	SPECIAL EDUCATION CLUSTER (IDEA)	$4,232,975
SPECIAL EDUCATION_GRANTS TO STATES	84.027	VUMC93843(33101-2100433136GR5C)(Edison ID 71430)	Tennessee Department of Education	VUMC93843(33101-2100433136GR5C)(Edison ID 71430)	$26,557	$1,556,589	$4,232,975	SPECIAL EDUCATION CLUSTER (IDEA)	$4,232,975
SPECIAL EDUCATION_GRANTS TO STATES	84.027	VUMC112145(33101-23073GRF5)(PAVE)	State of Tennessee	VUMC112145(33101-23073GRF5)(PAVE)		$725,274	$4,232,975	SPECIAL EDUCATION CLUSTER (IDEA)	$4,232,975
SPECIAL EDUCATION_GRANTS TO STATES	84.027	000	Tennessee Department of Disability and Aging	000		$304,590	$4,232,975	SPECIAL EDUCATION CLUSTER (IDEA)	$4,232,975
SPECIAL EDUCATION-GRANTS FOR INFANTS AND FAMILIES	84.181	VUMC74130(Edison ID: 82686)	Tennessee Department of Disability and Aging	VUMC74130(Edison ID: 82686)		$1,548,448	$1,548,448	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	H325K190046				$265,684	$718,793	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	H325K190064			($1,549)	$209,754	$718,793	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	H325K190068			$50,488	$161,011	$718,793	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	VUMC109047(H325D220072)	Vanderbilt University	VUMC109047(H325D220072)		($30,032)	$718,793	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	H325R230054				$84,180	$718,793	N/A	$0
SPECIAL EDUCATION - PERSONNEL DEVELOPMENT TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.325	VUMC121937(H325D230037)	Vanderbilt University	VUMC121937(H325D230037)		$28,196	$718,793	N/A	$0
SPECIAL EDUCATION_TECHNICAL ASSISTANCE AND DISSEMINATION TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.326	H326T180048				$70,587	$224,201	N/A	$0
SPECIAL EDUCATION_TECHNICAL ASSISTANCE AND DISSEMINATION TO IMPROVE SERVICES AND RESULTS FOR CHILDREN WITH DISABILITIES	84.326	H326T230022				$153,614	$224,201	N/A	$0
TOTAL DEPARTMENT OF EDUCATION					$76,273	$6,724,417			
DEPARTMENT OF ENERGY									
DEPARTMENT OF ENERGY	81.RD	VUMC110413(DE-AC52-07NA27344)	Lawrence Livermore National Laboratory	VUMC110413(DE-AC52-07NA27344)		$332,551	$332,551	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL DEPARTMENT OF ENERGY						$332,551			
DEPARTMENT OF HEALTH AND HUMAN SERVICES									
GLOBAL AIDS	93.067	6NU2GGH002367-03-05 (FIGH)			$5,447,771	$36,216,975	$36,561,844	N/A	$0
GLOBAL AIDS	93.067	6NU2GGH002367-01-10 (FIGH)(22C6)				$11,174	$36,561,844	N/A	$0
GLOBAL AIDS	93.067	6NU2GGH002367-01-10 (FIGH)(PEC6)				$310,183	$36,561,844	N/A	$0
GLOBAL AIDS	93.067	6NU2GGH002367-03-05 (FIGH)(24LIFT)				$23,512	$36,561,844	N/A	$0
PUBLIC HEALTH EMERCENCY PREPAREDNESS	93.069	VUMC56952(34349-86423)(Edison ID 75941)	State of Tennessee	VUMC56952(34349-86423)(Edison ID 75941)		$250,000	$250,000	N/A	$0

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT REGULATORY RESEARCH	93.077	5R21DA052026-02				$70,805	$77,337	RESEARCH AND DEVELOPMENT	$586,818,025
FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT REGULATORY RESEARCH	93.077	VUMC87075(U54HL120163)	American Heart Association	VUMC87075(U54HL120163)		$6,532	$77,337	RESEARCH AND DEVELOPMENT	$586,818,025
Strengthening Emergency Care Delivery in the United States Healthcare System through Health Information and Promotion	93.078	5HITEP220063-02-00				$136,639	$136,639	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISORDER PROGRAM: PREVENTION, SURVEILLANCE, AND RESEARCH	93.080	VUMC57787(N427DD000020)	University of North Carolina-Chapel Hill	VUMC57787(N427DD000020)		$24,138	$245,879	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISORDER PROGRAM: PREVENTION, SURVEILLANCE, AND RESEARCH	93.080	VUMC89441(NU58DD000019)	University of Memphis	VUMC89441(NU58DD000019)		$135,288	$245,879	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISORDER PROGRAM: PREVENTION, SURVEILLANCE, AND RESEARCH	93.080	VUMC120940(1NU58DD000035-01-00)	University of Memphis	VUMC120940(1NU58DD000035-01-00)		$86,453	$245,879	RESEARCH AND DEVELOPMENT	$586,818,025
PREVENTION OF DISEASE, DISABILITY, AND DEATH BY INFECTIOUS DISEASES	93.084	VUMC117929(U54CK000617)	Johns Hopkins University School of Medicine	VUMC117929(U54CK000617)		$366	$366	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	5R01FD006649-04			$137,676	$469,388	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC78190(R01FD006371)	Cumberland Pharmaceuticals Inc	VUMC78190(R01FD006371)		$16,997	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC89881(WO1079)(75F410119D10037)(Master VUMC85508)	Harvard Pilgrim Health Care	VUMC89881(WO1079)(75F410119D10037)(Master VUMC85508)		$97,572	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC89880(Master VUMC85505)(WO1000.3)(75F40119D10037)	Harvard Pilgrim Health Care	VUMC89880(Master VUMC85505)(WO1000.3)(75F40119D10037)		$286,306	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC96367(R01FD007290)	Mayo Clinic Hospital	VUMC96367(R01FD007290)		$35,861	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC89882(Master VUMC86922)(WO2000.4) VUMC89883(Master	Harvard Pilgrim Health Care	VUMC89882(Master VUMC86922)(WO2000.4) VUMC89883(Master		$62,741	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC86922)(75F40119D10037/75F40119F19002)(WO2023)	Harvard Pilgrim Health Care	VUMC86922)(75F40119D10037/75F40119F19002)(WO2023)		$19,759	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC102712(Master VUMC86922)(WO2015)	Harvard Pilgrim Health Care	VUMC102712(Master VUMC86922)(WO2015)		$215,776	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	5R01FD007627-02 VUMC109524(Master		VUMC109524(Master	$54,993	$478,667	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC86922)(75F40119D10037)(75F40119F19002)(WO2022)	Harvard Pilgrim Health Care	VUMC86922)(75F40119D10037)(75F40119F19002)(WO2022)	$6,175	$137,985	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC108185(U01FD005978)	University of California-San Francisco	VUMC108185(U01FD005978)		$6,712	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC117123(Master VUMC85508)(WO1088)(75F40119D10037)	Harvard Pilgrim Health Care	VUMC117123(Master VUMC85508)(WO1088)(75F40119D10037)		$21,586	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC116896(Master VUMC85508)(WO1085)(75F40119D10037)	Harvard Pilgrim Health Care	VUMC116896(Master VUMC85508)(WO1085)(75F40119D10037)		$16,528	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
FOOD AND DRUG ADMINISTRATION_RESEARCH	93.103	VUMC120501(U01FD007583)	The Queens Medical Center	VUMC120501(U01FD007583)		$47,316	$1,913,194	RESEARCH AND DEVELOPMENT	$586,818,025
COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED)	93.104	VUMC68875(72274 Edison ID 6442)	TN Dept of Mental Health and Substance Abuse Services (Changed 2012)	VUMC68875(72274 Edison ID 6442)		$122,699	$122,699	N/A	$0
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	H6MMC33236				$337,437	$5,083,313	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	5T73MC30767-09-00			$53,813	$630,043	$5,083,313	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	VUMC40097(H30MC24046)	Hemophilia of Georgia, Inc.	VUMC40097(H30MC24046)		$3,938,182	$5,083,313	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	UC4 MC28042	American College of Obstetricians and Gynecologists	UC4 MC28042		$44,200	$5,083,313	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	VUMC107602(Edison ID 80267)	Tennessee Department of Health Services	VUMC107602(Edison ID 80267)		$133,451	$5,083,313	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	5R01ES031401-05			$260,053	$604,583	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	R01 ES027845	Columbia University	R01 ES027845		$4,181	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	VUMC78863(R01ES010563)	Purdue University	VUMC78863(R01ES010563)		$37,426	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	R01 ES029846	University of Louisville	R01 ES029846		($729)	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	VUMC103156(T32ES007028)	Vanderbilt University	VUMC103156(T32ES007028)		$12,220	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	VUMC117516(R01ES034014)	Brown University	VUMC117516(R01ES034014)		$45,488	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	VUMC115293(T32ES007028)	Vanderbilt University	VUMC115293(T32ES007028)		$57,223	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ENVIRONMENTAL HEALTH	93.113	VUMC118483(T32ES007028)	Vanderbilt University	VUMC118483(T32ES007028)		$3,528	$763,920	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	5R01DE027749-05			$99,078	$117,610	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC91537(R01DE029650)	University of Kentucky	VUMC91537(R01DE029650)		$206,412	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC96314(R01DE029650)	University of Kentucky	VUMC96314(R01DE029650)		$2,517	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC110634(R56DE028302)	University of Pittsburgh	VUMC110634(R56DE028302)		$88,109	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	1R13DE033285-01				$7,000	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC115440(1R21DE032344-01)	Baylor College of Medicine	VUMC115440(1R21DE032344-01)		$8,261	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	7K23DE028010-06				$72,676	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC119624 (U01DE033241)	Meharry Medical College	VUMC119624 (U01DE033241)		$7,883	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
ORAL DISEASES AND DISORDERS RESEARCH	93.121	VUMC120156(R01DE032366)	University of Utah	VUMC120156(R01DE032366)		$36,702	$547,170	RESEARCH AND DEVELOPMENT	$586,818,025
EMERGENCY MEDICAL SERVICES FOR CHILDREN	93.127	6H33MC31540-06-02				($28)	$191,787	N/A	$0
EMERGENCY MEDICAL SERVICES FOR CHILDREN	93.127	VUMC88889(U03MC00001)	University of California, Davis	VUMC88889(U03MC00001)		($827)	$191,787	N/A	$0
EMERGENCY MEDICAL SERVICES FOR CHILDREN	93.127	5H33MC31540-08-00				$192,642	$191,787	N/A	$0
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	VUMC94306	University of Pennsylvania	VUMC94306		$32,403	$32,403	RESEARCH AND DEVELOPMENT	$586,818,025
INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	93.136	VUMC79280(Edison ID 81281)	Tennessee Department of Health Services	VUMC79280(Edison ID 81281)		$82,249	$88,052	RESEARCH AND DEVELOPMENT	$586,818,025
INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS	93.136	74108:ST TN	Tennessee Department of Health Services	74108:ST TN		$5,803	$88,052	RESEARCH AND DEVELOPMENT	$586,818,025
HIV - Related Training and Technical Assistance AIDS EDUCATION AND TRAINING CENTERS	93.145	6U1OHA30535-08-05			$3,718,038	$5,493,024	$5,642,581	N/A	$0
HIV - Related Training and Technical Assistance AIDS EDUCATION AND TRAINING CENTERS	93.145	VUMC106754(U1SHA46532)	Columbia University	VUMC106754(U1SHA46532)		$149,557	$5,642,581	N/A	$0
COVID-19 COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN, AND YOUTH	93.153	6H12HA30750-07-02				$506,527	$506,527	N/A	$0
HUMAN GENOME RESEARCH	93.172	3RM1HG009034-08S1			$448,726	$746,003	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R00HG010493-05				$266,913	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R35HG010718-05				$341,258	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R01HG010863-04			$32,892	$632,912	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R01HG011138-05				$653,281	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R00HG011367-04				$309,337	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R01HG011405-03			$289,790	$715,214	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5T32HG008341-08				$214,077	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	3U01HG010232-05S1			$942,652	$1,582,353	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5U01HG011166-05			$635,120	$4,685,639	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
HUMAN GENOME RESEARCH	93.172	5U01HG011181-05				$1,663,593	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC72226(U24HG010262)	Broad Institute of MIT and Harvard	VUMC72226(U24HG010262)		($2)	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC95052(U01HG011720)	University of North Carolina-Chapel Hill	VUMC95052(U01HG011720)		$234,190	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC97941(U01HG011723)	Broad Institute of MIT and Harvard	VUMC97941(U01HG011723)		$432,969	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R00HG010904-05				$194,182	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R01HG012262-03			$605,775	$612,171	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC100777(R01HG011598)	University of Louisville	VUMC100777(R01HG011598)		$74,536	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5R01HG012657-02				$1,362,664	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC117671(U24HG010262)	Broad Institute of MIT and Harvard	VUMC117671(U24HG010262)		$370,356	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	1R25HG012915-01				$149,500	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	5U24HG013233-02			$352,158	$892,278	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC111607(R01HG011886)	Translational Genomics Research Institute	VUMC111607(R01HG011886)		$36,878	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC118546 (U01HG013189)	University of California at San Diego	VUMC118546 (U01HG013189)		$61,095	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC/R21	NorthShore University HealthSystem	VUMC/R21		$7,364	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC119469(R01HG012748)	University of Texas Health Sciences Center at Houston	VUMC119469(R01HG012748)		$11,071	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
HUMAN GENOME RESEARCH	93.172	VUMC120947(R01HG010092)	Cleveland Clinic Lerner College of Medicine	VUMC120947(R01HG010092)		$15,854	$16,265,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5F32DC020347-03				$73,868	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC013270-10			$95,067	$509,595	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC015388-06				$1,343	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC015988-05			$348,679	$540,638	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC016977-05				$500,950	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC017175-05			$92,467	$376,897	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	3R01DC017683-05			$27,863	$225,260	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC017926-05			$268,392	$833,397	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R56DC019113-01A1				$674	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	3R21DC019280-01A1S1			$10,242	$132,410	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R13DC020098-03				$31,371	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5T35DC008763-16			$34,344	$41,714	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5U01DC016033-05				$484,454	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC66370(R01DC015997)	University of Iowa	VUMC66370(R01DC015997)		$123,712	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC72055(R01DC016643)	Boys Town National Research Hospital	VUMC72055(R01DC016643)		($1,761)	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC75320(R01DC016680)	Creighton University	VUMC75320(R01DC016680)		$80,138	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC77338(R01DC018171)	Vanderbilt University	VUMC77338(R01DC018171)		$14,833	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	R44 DC018491	Intelligent Hearing Systems Corporation	R44 DC018491		($188)	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC86859(R01DC014037)	Vanderbilt University	VUMC86859(R01DC014037)		$125,852	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC86738(R44DC016780)	Mimosa Acoustics, Inc	VUMC86738(R44DC016780)		$66,184	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC019648-02			$109,113	$347,535	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC020311-03			$32,252	$622,482	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5K08DC019683-03				$241,035	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC020186-03			$181,363	$841,127	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC020194-02			$137,567	$734,617	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC86497(U01DC018920)	Ohio State University	VUMC86497(U01DC018920)		$96,323	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC019088-05			$113,989	$565,443	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R21DC019382-03			$26,381	$207,362	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R21DC020017-04				$175,077	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R25DC020728-02				$22,294	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	7R21DC018656-04			$10,475	$94,302	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	5R01DC020715-02			$383,178	$508,849	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC111300(R01DC019787)	Vanderbilt University	VUMC111300(R01DC019787)		$32,176	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC111082(U24DC020857)	Stanford University	VUMC111082(U24DC020857)		$150,509	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R13DC021381-01				$19,007	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R21DC021276-01				$123,900	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC113732(R01DC020936)	Washington University	VUMC113732(R01DC020936)		$73,165	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC112087(R01DC020048)	Georgia Institute of Technology	VUMC112087(R01DC020048)		$97,227	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R03DC021550-01				$102,345	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	VUMC117186(R01DC000151)	Southern Illinois University Carbondale	VUMC117186(R01DC000151)		$140,962	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1K99DC021501-01				$49,313	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R01DC021698-01				$56,129	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	2T35DC008763-17				$1,269	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH RELATED TO DEAFNESS AND COMMUNICATION DISORDERS	93.173	1R21DC021254-01A1				$6,897	$9,470,686	RESEARCH AND DEVELOPMENT	$586,818,025
IMMUNIZATION RESEARCH, DEMONSTRATION, PUBLIC INFORMATION AND EDUCATION_TRAINING AND CLINICAL SKILLS IMPROVEMENT PROJECTS	93.185	5U01IP001156-04-00				$1,651,062	$2,168,568	RESEARCH AND DEVELOPMENT	$586,818,025
IMMUNIZATION RESEARCH, DEMONSTRATION, PUBLIC INFORMATION AND EDUCATION_TRAINING AND CLINICAL SKILLS IMPROVEMENT PROJECTS	93.185	6U01IP001156-02-01 (COVID)				($16,365)	$2,168,568	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
IMMUNIZATION RESEARCH, DEMONSTRATION, PUBLIC INFORMATION AND EDUCATION_TRAINING AND CLINICAL SKILLS IMPROVEMENT PROJECTS	93.185	VUMC90573(U01IP001116)	Johns Hopkins University School of Medicine	VUMC90573(U01IP001116)		$80,905	$2,168,568	RESEARCH AND DEVELOPMENT	$586,818,025
IMMUNIZATION RESEARCH, DEMONSTRATION, PUBLIC INFORMATION AND EDUCATION_TRAINING AND CLINICAL SKILLS IMPROVEMENT PROJECTS	93.185	6U01IP001156-03-02 (Comp C)				$262,380	$2,168,568	RESEARCH AND DEVELOPMENT	$586,818,025
IMMUNIZATION RESEARCH, DEMONSTRATION, PUBLIC INFORMATION AND EDUCATION_TRAINING AND CLINICAL SKILLS IMPROVEMENT PROJECTS	93.185	VUMC109397(U01IP001116)	Johns Hopkins University School of Medicine	VUMC109397(U01IP001116)		$190,586	$2,168,568	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	5K23AT011569-04				$129,951	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	5R01AT011456-03				$378,711	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	VUMC68136(R01AT009680)	Rush University Medical Center	VUMC68136(R01AT009680)		$392,724	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	VUMC88301(U01AT010598)	Case Western Reserve University	VUMC88301(U01AT010598)		$7,617	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	VUMC99835	Massachusetts General Hospital	VUMC99835		$17,571	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	VUMC108435(UH3AT012257)	Oregon Health & Science University	VUMC108435(UH3AT012257)		$101,279	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH AND TRAINING IN COMPLEMENTARY AND INTEGRATIVE HEALTH	93.213	VUMC116869(U24AT012602)	Trustees of Indiana University	VUMC116869(U24AT012602)		$27,145	$1,054,998	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL RESEARCH SERVICE AWARDS_HEALTH SERVICES RESEARCH TRAINING	93.225	5T32HS026122-05			($14,099)	($7,530)	$527,239	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL RESEARCH SERVICE AWARDS_HEALTH SERVICES RESEARCH TRAINING	93.225	5T32HS026122-07			$100,281	$534,769	$527,239	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5K12HS026395-05				$238,486	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R18HS025910-05			$10,530	$338,190	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R18HS025931-05			$98,072	$201,455	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R01HS025976-04			($723)	$30,667	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R18HS026158-05			$27,800	$206,433	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R18HS026616-04			$7,905	$73,583	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC80355(R01HS026742)	Washington University	VUMC80355(R01HS026742)		$4,211	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R01HS028430-03			$163,029	$390,478	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC97449(75Q80120D00018 / 75Q20121F32003)	National Opinion Research Center	VUMC97449(75Q80120D00018 / 75Q20121F32003)		$251,204	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC104366(R18HS028579)	Oregon Health & Science University	VUMC104366(R18HS028579)		$121,819	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5K01HS029042-02				$117,231	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC108018(R01HS029011)	University of Maryland Baltimore	VUMC108018(R01HS029011)		$45,261	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC106457(R01HS029159)	University of Michigan	VUMC106457(R01HS029159)		$17,572	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC86935(R01HS027417)	University of Colorado Denver	VUMC86935(R01HS027417)	$13,702	$41,909	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC108079(5R18HS028578)	University of Colorado	VUMC108079(5R18HS028578)		$83,280	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC108918(R01HS028007)	Brigham and Women's Hospital	VUMC108918(R01HS028007)		$88,575	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R01HS029331-02			$46,804	$451,689	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC107954(R01HS029153)	Denver Health and Hospital Authority	VUMC107954(R01HS029153)		$26,848	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC112760(R21HS028880)	Parkview Hospital, Inc.	VUMC112760(R21HS028880)		$9,537	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	5R03HS029218-02				$27,778	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	1K08HS029695-01				$102,532	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC117627(R18HS029300)	University of Utah	VUMC117627(R18HS029300)		$66,792	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	VUMC116823(R18HS028955)	Intermountain Medical Center	VUMC116823(R18HS028955)		$166,526	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	1P30HS029767-01				$148,697	$3,250,753	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER ON SLEEP DISORDERS RESEARCH	93.233	5R01HL161635-03				$1,038,184	$1,038,184	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5K23MH116339-06				($168)	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5K23MH122737-04				$205,725	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5K24MH126280-03				$103,439	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5K23MH126313-04				$190,441	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH070560-15			$41,348	$664,596	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	R01MH102272				$362,281	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH111599-05				$22,711	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH113478-05			$5,802	$7,683	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH115000-04			($1,638)	($1,638)	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH116058-05			$280,381	$575,419	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH116269-04				$11,487	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH118273-05			$116,210	$396,252	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R33MH120149-03				$223,774	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R56MH120736-02				($804)	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH121438-05			$344,530	$730,597	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH121455-05				$575,102	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH121620-05			$40,454	$797,188	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R33MH123029-04			$115,759	$543,287	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	1RF1MH123201-01A1 (Yr 3)			$296,465	$412,974	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH123563-05			$79,940	$452,749	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH123662-05			$18,986	$1,328,773	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R34MH124496-03			$146,787	$246,423	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R21MH126272-02				$66,023	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH127018-04			$207,360	$733,818	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH127228-03			$316,666	$689,752	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
MENTAL HEALTH RESEARCH GRANTS	93.242	5R21MH128790-02				$203,539	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC77483(UG3MH120102)	California Institute of Technology	VUMC77483(UG3MH120102)		($1,390)	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC81905(R01MH121407)	Portland State University	VUMC81905(R01MH121407)		$99,081	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC86934(R01MH124671)	Vanderbilt University	VUMC86934(R01MH124671)		$43,979	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC88939(R01MH120588)	Indiana University	VUMC88939(R01MH120588)		$122,347	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC92769(R01MH123155)	Yale University	VUMC92769(R01MH123155)		$169,874	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	T32 MH065215	Vanderbilt University	T32 MH065215		($3,236)	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC94579(R01MH124851)	Massachusetts General Hospital	VUMC94579(R01MH124851)		$126,066	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC93056	Vanderbilt University	VUMC93056		$148,950	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC98459(K01MH125073)	Vanderbilt University	VUMC98459(K01MH125073)		$5,405	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC100105(RF1MH125933)	Vanderbilt University	VUMC100105(RF1MH125933)		$269	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC100392(R01MH127317)	University of Texas, Southwestern Med Center	VUMC100392(R01MH127317)		$42,012	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC74489(R01MH118233)	Massachusetts General Hospital	VUMC74489(R01MH118233)		$41,432	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC102507(R01MH126459)	SUNY Upstate Medical University Hospital, Downtown Campus	VUMC102507(R01MH126459)		$202,283	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC100934(R01MH115932)	University of Texas, Southwestern Med Center	VUMC100934(R01MH115932)		$16,384	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R56MH128747-02			$238,647	$861,535	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R21MH132040-02			$18,968	$179,778	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R34MH127975-02			$18,639	$130,374	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R33MH122464-04			$75,343	$914,502	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	1K23MH131852-01				$17,584	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	3R01MH132022-02S1			$248,841	$706,004	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC107559(R01MH112847)	University of Pennsylvania	VUMC107559(R01MH112847)		$36,800	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC106896(R01 MH130581)	University of California Los Angeles	VUMC106896(R01 MH130581)		$17,948	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC77753(R01MH120122)	University of Colorado Denver	VUMC77753(R01MH120122)		$69,199	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC112622(R01MH130364)	Vanderbilt University	VUMC112622(R01MH130364)		$147,771	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC112290(R01MH129764)	University of New Mexico	VUMC112290(R01MH129764)		$72,762	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC113077(T32MH065215)	Vanderbilt University	VUMC113077(T32MH065215)		$67,312	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC112806(R01MH132686)	Vanderbilt University	VUMC112806(R01MH132686)		$284,054	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5R01MH131721-02			$86,645	$582,078	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC114642(RF1MH133427)	Johns Hopkins University Bloomberg School of Public Health	VUMC114642(RF1MH133427)		$44,626	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	1R34MH132711-01A1				$54,105	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC115226(R44MH134706)	Behavior Imaging Solutions	VUMC115226(R44MH134706)		$174,869	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC116273(R01MH133843)	Childrens Hospital of Philadelphia	VUMC116273(R01MH133843)		$21,452	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC113730(P50MH132642)	Princeton University	VUMC113730(P50MH132642)		$265,902	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	1K23MH134136-01A1				$32,228	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	1R21MH134061-01A1				$6,120	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	VUMC122615 (R01MH130537)	Vanderbilt University	VUMC122615 (R01MH130537)		$9,206	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
MENTAL HEALTH RESEARCH GRANTS	93.242	5T32MH065215-20	Vanderbilt University	5T32MH065215-20		$4,707	$15,255,795	RESEARCH AND DEVELOPMENT	$586,818,025
ADVANCED NURSING EDUCATION GRANT PROGRAM	93.247	VUMC123275(T59HP49666)	Vanderbilt University	VUMC123275(T59HP49666)		$14,733	$14,733	RESEARCH AND DEVELOPMENT	$586,818,025
GERIATRIC ACADEMIC CAREER AWARDS	93.250	5K01HP49070-02-00				$78,464	$78,464	RESEARCH AND DEVELOPMENT	$586,818,025
EARLY HEARING DETECTION AND INTERVENTION	93.251	VUMC79629 (34347-75420)(Edison ID 65942)	State of Tennessee	VUMC79629 (34347-75420)(Edison ID 65942)		$114,858	$114,858	RESEARCH AND DEVELOPMENT	$586,818,025
COVID-19 POISON CENTER SUPPORT AND ENHANCEMENT GRANT	93.253	6H4BHS30752-08-01				$478,294	$478,294	N/A	$0
OCCUPATIONAL SAFETY AND HEALTH PROGRAM	93.262	VUMC96527(U01OHO12271)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	U01 OH012271		$262,446	$262,446	RESEARCH AND DEVELOPMENT	$586,818,025
IMMUNIZATION COOPERATIVE AGREEMENTS	93.268	VUMC107135(NH23IP922617)	Cumberland Pediactric Foundation	VUMC107135(NH23IP922617)		$58,168	$58,168	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	3P01AA029542-03S1			$874,852	$1,701,979	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	5U01AA026222-05			$131,880	$146,418	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	VUMC66079(U01AA026209)	University of Bristol	VUMC66079(U01AA026209)		$186	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	VUMC80955(R01AA027654)	University of Iowa	VUMC80955(R01AA027654)		$27,103	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	5R03AA030100-02			$51,493	$132,425	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
ALCOHOL RESEARCH PROGRAMS	93.273	VUMC122666(P60AA031124)	Vanderbilt University	VUMC122666(P60AA031124)		$5,494	$2,013,605	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5K23DA047476-05				$215,348	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5K01DA050740-05				$172,524	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	K01DA051683-04				$177,808	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5R01DA040630-09			$48,768	$550,610	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	3R01DA045729-04S1				($9,989)	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5R01DA050334-04			$128,854	$623,424	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC84487(UG1DA013732)	University of Cincinnati	VUMC84487(UG1DA013732)	$13,770	$288,942	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC97541(U01DA055347)	Vanderbilt University	VUMC97541(U01DA055347)		$391,330	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC108919(U24DA055325)	Vanderbilt University	VUMC108919(U24DA055325)		$13,901	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5R34DA054483-02			$240,221	$321,300	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC108470(R01DA057204)	Meharry Medical College	VUMC108470(R01DA057204)		$80,088	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC108900(P50DA054071)	RTI International	VUMC108900(P50DA054071)		$93,040	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5K23DA057387-02				$104,819	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC84383(3UG1DA015831)	Yale University	VUMC84383(3UG1DA015831)		$241,959	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5K01DA057391-02				$159,942	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	5R01DA057129-02				$171,375	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	1R01DA056436-01A1			$99,061	$332,372	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	1UG3NS135551-01			$52,124	$463,361	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC118177(U01DA055347)	Vanderbilt University	VUMC118177(U01DA055347)		$92,378	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	1K23DA059690-01				$114,883	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC115940(U24DA055325)	Vanderbilt University	VUMC115940(U24DA055325)		$42,721	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	1K08DA0580460-01A1				$49,507	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	VUMC120625(RM1DA059365)	University of Pittsburgh	VUMC120625(RM1DA059365)		$81,447	$4,773,090	RESEARCH AND DEVELOPMENT	$586,818,025
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND TECHNICAL ASSISTANCE	93.283	VUMC87165	The Task Force for Global Health	VUMC87165		$15,485	$57,533	RESEARCH AND DEVELOPMENT	$586,818,025
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND TECHNICAL ASSISTANCE	93.283	VUMC103591(75D30121C10168)	Medical University of South Carolina	VUMC103591(75D30121C10168)		$6,582	$57,533	RESEARCH AND DEVELOPMENT	$586,818,025
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND TECHNICAL ASSISTANCE	93.283	VUMC102709(75D30120C07986)	Westat, Inc.	VUMC102709(75D30120C07986)		$35,466	$57,533	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5K01EB030039-04				$155,130	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R01EB018992-08			$231,615	$404,164	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R01EB029443-04			$7,301	$381,558	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R21EB029639-03			$486	$60,876	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R01EB031954-04			$36,539	$305,237	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5T32EB001628-20			($173)	($8,786)	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	1U18EB029351-01				$246,113	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC77021(R01EB026901)	Vanderbilt University	VUMC77021(R01EB026901)		$22,008	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC77235(R01EB027498)	Vanderbilt University	VUMC77235(R01EB027498)		$152	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC80654(R01EB028615)	Vanderbilt University	VUMC80654(R01EB028615)		$8,737	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC78098(75N93019C00073)	Integral Molecular	VUMC78098(75N93019C00073)		$245,379	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC90180(R01EB028690)	Vanderbilt University	VUMC90180(R01EB028690)		$9,283	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC97445(R01EB017230)	Vanderbilt University	VUMC97445(R01EB017230)		$149,016	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5K01EB032898-03				$161,587	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R01EB031078-03			$20,613	$463,717	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R21EB032916-02				$217,102	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R01EB033676-03				$575,594	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC106040(R01EB032382)	Vanderbilt University	VUMC106040(R01EB032382)		$71,834	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC109503(R01EB033822)	Vanderbilt University	VUMC109503(R01EB033822)		$5,854	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC105957(R01EB033385)	Vanderbilt University	VUMC105957(R01EB033385)		$438,512	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC111692(R01EB028798)	Wake Forest University	VUMC111692(R01EB028798)		$21,192	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5R03EB034366-02				$80,059	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	5T32EB001628-22			$2,608	$242,691	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC112371(R01EB032807)	University of Massachusetts Medical School	VUMC112371(R01EB032807)		$72,218	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC116124(R01EB019409)	Vanderbilt University	VUMC116124(R01EB019409)		$10,390	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC112897(R01EB033788)	Purdue University	VUMC112897(R01EB033788)		$69,145	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	VUMC116162	Case Western Reserve University	VUMC116162		$29,592	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS TO IMPROVE HUMAN HEALTH	93.286	1R01EB036368-01A1				$66,969	$4,505,323	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	3P50MD017347-03S3			$2,036,339	$2,737,637	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	5R01MD015396-04				$737,918	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	3U54MD010722-05S1				($11,045)	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC70882(R01MD013493)	Duke Clinical Research Institute	VUMC70882(R01MD013493)		$9,559	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC92529(R21MD015159)	Vanderbilt University	VUMC92529(R21MD015159)		$2,847	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC106890(R01MD017529)	University of Texas, Southwestern Med Center	VUMC106890(R01MD017529)	$14,391	$44,254	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	R01 MD013886	NYU Langone Hospital - Long Island	R01 MD013886		$29,725	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC108664(R01MD016838)	University of Mississippi Medical Center	VUMC108664(R01MD016838)		($6,005)	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC110094(U54MD007586)	Meharry Medical College	VUMC110094(U54MD007586)		$62,369	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	5R21MD019103-02			$25,819	$118,231	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	1R61MD019323-01			$63,111	$271,006	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC112761(R01MD017046)	Pennsylvania State University	VUMC112761(R01MD017046)		$12,878	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC118814(R21MD019228)	University of Rochester	VUMC118814(R21MD019228)		$6,907	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	VUMC118169 (R01MD017565-01A1)	Washington University	VUMC118169 (R01MD017565-01A1)		$121,963	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	7R01MD016838-03				$5,688	$4,143,932	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	1DP2HD098859-01 (Yr 5)				($35,446)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5DP5OD029586-04				$389,771	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5UH3CA241685-04			$100,648	$250,339	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	3U01HG007674-09S4			($916)	($81,245)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
TRANS-NIH RESEARCH SUPPORT	93.310	3U2COD023196-05S1				($900)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC60166(UG3OD023282)	University of Wisconsin	VUMC60166(UG3OD023282)		$102	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC65149(U24OD023319)	Northwestern University	VUMC65149(U24OD023319)		$24,974	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC76908(U01GM132769)	Alabama State University	VUMC76908(U01GM132769)		$4,773	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC78427(U2COD023375)	Duke University	VUMC78427(U2COD023375)		($104)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	UH3 OD023268	Brigham and Women's Hospital	UH3 OD023268		$984	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC96155(OT2OD032581)	University of North Texas HSC	VUMC96155(OT2OD032581)		$8,379	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	U2C OD023375	Duke Clinical Research Institute	U2C OD023375		$10,446	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC60166(UG30D023282)	University of Wisconsin	VUMC60166(UG30D023282)		$461,736	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5DP5OD033412-02				$453,787	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC62122(UH3OD023320)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC62122(UH3OD023320)		$48,417	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC105437(U54HG012510)	University of California at San Diego	VUMC105437(U54HG012510)		($97,884)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC60258(UH3OD023271)	University of Washington	VUMC60258(UH3OD023271)		$83,607	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC107119(U2CHD109731)	Childrens Hospital of Philadelphia	VUMC107119(U2CHD109731)		$234,137	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC107551(U54DK134302)	Vanderbilt University	VUMC107551(U54DK134302)		$396,855	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC76308(U24GM132217)	University of North Texas HSC	VUMC76308(U24GM132217)		$4,869	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC107540(OT2OD032581)	University of North Texas HSC	VUMC107540(OT2OD032581)		$770,870	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	1U54CA280915-01				($7,277)	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC114719(U54HG012510)	Yale University	VUMC114719(U54HG012510)		$669,746	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC107967(OT2OD032720)	University of South Florida	VUMC107967(OT2OD032720)		$125,353	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC111908(3UG1CA189824-09S2)	Wake Forest University Health Sciences	VUMC111908(3UG1CA189824-09S2)		$17,493	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5U54CA280915-02			$170,765	$444,892	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5U24OD035523-02			$195,503	$5,474,446	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5UG3OD035517-02				$877,494	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	5UG3OD035516-02				$1,167,078	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC118270(U24OD023319)	Northwestern University	VUMC118270(U24OD023319)		$76,075	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC116309(UG3OD035521)	Washington University	VUMC116309(UG3OD035521)		$19,269	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC116808(OT2OD034190)(68-312-0218952-67471L)	RTI International	VUMC116808(OT2OD034190)(68-312-0218952-67471L)		$1,257	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
TRANS-NIH RESEARCH SUPPORT	93.310	VUMC118498(UG3OD035513)	Northwell Health	VUMC118498(UG3OD035513)		$97,309	$11,891,602	RESEARCH AND DEVELOPMENT	$586,818,025
RARE DISORDERS: RESEARCH, SURVEILLANCE, HEALTH PROMOTION, AND EDUCATION	93.315	5U01DD001234-05				$22,806	$99,637	RESEARCH AND DEVELOPMENT	$586,818,025
RARE DISORDERS: RESEARCH, SURVEILLANCE, HEALTH PROMOTION, AND EDUCATION	93.315	5U01DD001235-05				$76,831	$99,637	RESEARCH AND DEVELOPMENT	$586,818,025
EMERGING INFECTIONS PROGRAMS	93.317	VUMC07131(34349-18223)(Edison ID 80552)	Tennessee Department of Health Services	VUMC07131(34349-18223)(Edison ID 80552)	$69,270	$3,784,930	$5,833,877	RESEARCH AND DEVELOPMENT	$586,818,025
EMERGING INFECTIONS PROGRAMS	93.317	VUMC108175 GR-23-78299 RFS# 34349-10723	Tennessee Department of Health Services	VUMC108175 GR-23-78299 RFS# 34349-10723		$122,446	$5,833,877	RESEARCH AND DEVELOPMENT	$586,818,025
EMERGING INFECTIONS PROGRAMS	93.317	VUMC7131(Edison ID 83276)	Tennessee Department of Health Services	VUMC7131(Edison ID 83276)		$1,926,501	$5,833,877	RESEARCH AND DEVELOPMENT	$586,818,025
PROTECTING AND IMPROVING HEALTH GLOBALLY: BUILDING AND STRENGTHENING PUBLIC HEALTH IMPACT, SYSTEMS, CAPACITY AND SECURITY	93.318	6NU3HCK000006-02-02			$378,706	$502,095	$1,171,943	RESEARCH AND DEVELOPMENT	$586,818,025
PROTECTING AND IMPROVING HEALTH GLOBALLY: BUILDING AND STRENGTHENING PUBLIC HEALTH IMPACT, SYSTEMS, CAPACITY AND SECURITY	93.318	6NU3HCK000006-03-01			$557,711	$669,848	$1,171,943	RESEARCH AND DEVELOPMENT	$586,818,025
EPIDEMIOLOGY AND LABORATORY CAPACITY FOR INFECTIOUS DISEASES (ELC)	93.323	VUMC110814(Edison ID 78797)				$17,927	$17,927	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5R21TR003942-02				$99,709	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	3U24TR001579-07S1			$138,182	$456,387	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	U24 TR001608	Duke Clinical Research Institute	U24 TR001608		$155,851	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	UH3 TR002097	Vanderbilt University	UH3 TR002097		$1,538	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC71429(U01TR002383)	Vanderbilt University	VUMC71429(U01TR002383)		$12,495	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC92473(U24TR001608)	Duke University	VUMC92473(U24TR001608)		$140,846	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC92059(U24TR001608)	Duke Clinical Research Institute	VUMC92059(U24TR001608)		$2,696,372	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5KL2TR002245-08			$56,475	$840,426	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5TL1TR002244-08			$41,716	$506,082	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5UL1TR002243-08			$635,181	$10,117,240	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC84000(U01TR003206)	Rockefeller University	VUMC84000(U01TR003206)		$151,028	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC108891(U01TR002764)	Washington University	VUMC108891(U01TR002764)		$103,154	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	3U24TR004317-02S1				$1,033,655	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5U24TR004432-02			$347,911	$5,359,441	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	5U24TR004437-02			$484,476	$4,818,998	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC111272(R01TR003844)	The Hastings Center	VUMC111272(R01TR003844)		$118,409	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	1R03TR004667-01				$165,094	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	VUMC111453(UM1TR004400)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC111453(UM1TR004400)		$25,772	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	1R03TR004434-01A1				$44,229	$26,846,726	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1C06OD034125-01				$24,000	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1S10OD034336-01				$567,400	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1S10OD034315-01			$179,100	$179,100	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1S10OD034316-01				$460,000	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1S10OD032216-01A1			$857,208	$857,208	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025
RESEARCH INFRASTRUCTURE PROGRAMS	93.351	1R24OD035459-01				$50,560	$2,138,268	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
21ST CENTURY CURES ACT - BEAU BIDEN CANCER MOONSHOT	93.353	3U2CCA233291-01S2			$502,914	$2,466,014	$2,466,014	RESEARCH AND DEVELOPMENT	$586,818,025
NURSING RESEARCH	93.361	5R01NR015079-09			$811	$191,296	$333,368	RESEARCH AND DEVELOPMENT	$586,818,025
NURSING RESEARCH	93.361	5R21NR020857-02			$10,775	$142,072	$333,368	RESEARCH AND DEVELOPMENT	$586,818,025
21ST CENTURY CURES ACT - PRECISION MEDICINE INITIATIVE	93.368	5OT2OD035404-01			$14,249,625	$51,143,597	$52,319,186	RESEARCH AND DEVELOPMENT	$586,818,025
21ST CENTURY CURES ACT - PRECISION MEDICINE INITIATIVE	93.368	1OT2OD035980-01			$220,771	$1,175,589	$52,319,186	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5K00CA253718-05				$100,171	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5P01CA116087-16			$63,952	$738,277	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA077955-25				$2,906	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA202981-05				$598,899	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA204819-05				$30	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA225005-06			$129,596	$445,460	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA230352-05			$124,529	$458,241	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA232516-05				$528,818	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA235553-06				$703,336	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R37CA237452-04			$22,819	$282,689	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA237895-05				$664,682	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA240093-05			$104,944	$475,793	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA247987-04			$41,740	$833,959	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA249863-04			$73,924	$994,322	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA251758-04			$288,384	$607,156	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5U01CA202979-08			$47,972	$1,742,927	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	3U01CA232829-01A1S1			$428,861	$1,032,567	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	3U01CA254832-04S2			$264,014	$972,795	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5UG3CA260318-02				$117,225	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	4UH3CA265846-03			$160,479	$1,985,412	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC57069(R01CA157823)	Trustees of Indiana University	VUMC57069(R01CA157823)		$46,066	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC59925(R01CA200709)	Vanderbilt University	VUMC59925(R01CA200709)		$56,893	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	R01 CA164605	Vanderbilt University	R01 CA164605		$235	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC68955(U01CA224276)	Vanderbilt University	VUMC68955(U01CA224276)		$116,122	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC68849(R01CA172253)	Baptist Memorial Healthcare Corporation	VUMC68849(R01CA172253)		($3,882)	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC71348(U19CA203654)	International Agency for Research Cancer	VUMC71348(U19CA203654)		$22,771	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC71537(U19CA203654)	International Agency for Research Cancer	VUMC71537(U19CA203654)		$4,920	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC73409(R01CA228156)	Roswell Park Cancer Institute	VUMC73409(R01CA228156)		$38,961	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC84363(R37CA246175)	Washington University	VUMC84363(R37CA246175)		$15,888	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC84234(R01CA247833)	Vanderbilt University	VUMC84234(R01CA247833)		$94,877	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC85652(R00CA230205)	Memorial Sloan-Kettering Cancer Center	VUMC85652(R00CA230205)		$125	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC86785(U24CA248010)	Boston Childrens Hospital	VUMC86785(U24CA248010)		$23,575	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC86836(U01CA242740)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC86836(U01CA242740)		($7,357)	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC88401(R01CA226086)	Medical University of South Carolina	VUMC88401(R01CA226086)		$26,183	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC87995(R01CA251112)	The Hospital for Sick Children	VUMC87995(R01CA251112)		$7,219	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC91535(U01CA250476)	Brigham and Women's Hospital	VUMC91535(U01CA250476)		$24,946	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC91147(OT2HL156812)	Massachusetts General Hospital	VUMC91147(OT2HL156812)		$2,036	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC95543(R01CA255318)	University of Wisconsin Madison	VUMC95543(R01CA255318)		$51,461	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC94447	Oregon Health & Science University	VUMC94447		$29,221	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC96463(R37CA262299)	Brigham and Women's Hospital	VUMC96463(R37CA262299)		$44,207	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC97443(UG1CA189955)(Master VUMC 90086)	Public Health Institute	VUMC97443(UG1CA189955)(Master VUMC 90086)		$9,139	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC97398(R01CA260615)	University of California	VUMC97398(R01CA260615)		$56,057	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5U01CA262678-03				$770,202	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC99724	Mayo Clinic Hospital	VUMC99724		$8,867	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC67438(R01CA220581)	Case Western Reserve University	VUMC67438(R01CA220581)		$43,314	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA275082-03			$222,801	$498,444	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC103470(U01CA167552)	Harvard School of Public Health	VUMC103470(U01CA167552)		$1,749	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R37CA227130-06			($7,245)	$233,525	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC105693(R01CA132829)	Dana Farber Cancer Institute	VUMC105693(R01CA132829)		$9,104	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC106123(R01CA262540)	University of California-San Francisco	VUMC106123(R01CA262540)		$67,894	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC107791(U01CA259208)	Brigham and Women's Hospital	VUMC107791(U01CA259208)		$44,207	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC107991	Duke University	VUMC107991		$38,605	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC109571(U01CA272452)	Brigham and Women's Hospital	VUMC109571(U01CA272452)		$12,330	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC110000(R01CA269223)	Washington State University	VUMC110000(R01CA269223)		$39,227	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC109644(R01CA240274)	Vanderbilt University	VUMC109644(R01CA240274)		$8,708	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC110335	Duke University	VUMC110335		$46,842	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC109694(R37CA264563)	Memorial Sloan-Kettering Cancer Center	VUMC109694(R37CA264563)		$26,514	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC112490(R03CA273625)	University of Florida	VUMC112490(R03CA273625)		$81,136	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R01CA269589-02			$13,983	$1,205,167	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	5R37CA273318-02			$2,664	$436,475	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC108715(R03CA270473)	University of Utah	VUMC108715(R03CA270473)		$1,600	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	4UH3CA260318-03				$1,475,228	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC116000(R01CA269832–01A1)	Ohio State University	VUMC116000(R01CA269832–01A1)		$92,479	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	1R01CA276266-01A1			$41,527	$284,161	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	1R01CA275864-01A1				$286,406	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC119092(U01CA288325)	University of Texas Health Sciences Center at Houston	VUMC119092(U01CA288325)		$172,179	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC119263(R37CA275914)	Massachusetts General Hospital	VUMC119263(R37CA275914)		$29,024	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CAUSE AND PREVENTION RESEARCH	93.393	VUMC	Lifespan Rhode Island Hospital	VUMC		$19,255	$19,877,970	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA109106-16				($3,405)	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA194024-05				$49,574	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA214494-06				$135,575	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA227133-05			$83,393	$132,442	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA250506-05			$4,460	$576,076	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	1R21CA252629-01A1 (Yr 2)			$11,950	$54,712	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA252964-04			$102,341	$641,521	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA253923-04			$99,575	$703,479	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5UM1CA183727-11				$881,235	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC60732(HHSN261201200035I)(HHSN26100009)	Northwestern University	VUMC60732(HHSN261201200035I)(HHSN26100009)		$125	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC65127(R01CA212147)	Vanderbilt University	VUMC65127(R01CA212147)		$34,849	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC68436(R01CA227466)	University of California-San Francisco	VUMC68436(R01CA227466)		($9,851)	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC77915(UG3CA232820)	University of Alabama-Birmingham	VUMC77915(UG3CA232820)		$62,768	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC88214(U54CA260560)	Icahn School of Medicine at Mount Sinai	VUMC88214(U54CA260560)		$286,552	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC90083(R01CA245134)	Vanderbilt University	VUMC90083(R01CA245134)		$12,969	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5D43CA270474-03			$138,187	$301,229	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC79583(R01CA159036)	New York University School of Medicine	VUMC79583(R01CA159036)		$29,800	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA266233-03				$1,043,850	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5U01CA152662-12			$152,215	$809,117	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R21CA274426-02				$189,714	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA269620-02				$572,131	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	1R21CA274545-01				$186,125	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC107369(U24CA265879)	Lifespan Rhode Island Hospital	VUMC107369(U24CA265879)		$49,994	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC105623(UH3CA271377)	Cedars-Sinai Medical Center	VUMC105623(UH3CA271377)		$31,666	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC111245(U2CCA271854)	University of Michigan	VUMC111245(U2CCA271854)		$265,272	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R21CA270731-02				$165,531	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	5R01CA264508-02			$148,749	$419,445	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC118251(R01CA275015)	Boston University	VUMC118251(R01CA275015)		$107,419	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC114774(R01CA249992)	Emory University	VUMC114774(R01CA249992)		$85,507	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	VUMC117498(1R01CA273035)	Stanford University	VUMC117498(1R01CA273035)		$31,247	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	1R01CA279249-01A1				$192,381	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	2UM1CA183727-12				$222,544	$8,261,593	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA213201-05			$3,346	$208,964	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA227481-05			$17,562	$648,131	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA248505-04			$36,730	$585,037	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA262287-02(NCE)				$417,866	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5UG1CA233270-06				$494,312	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5U01CA253560-04			$167,062	$392,865	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC44233(UM1CA186689)	Yale University	VUMC44233(UM1CA186689)		$186,334	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50102(U10CA180820)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50102(U10CA180820)		$25,054	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC61739	NRG Oncology Foundation	VUMC61739		$1,138	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	R01 CA214043	Vanderbilt University	R01 CA214043		($173)	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC74949(UG1CA233259)	Emory University	VUMC74949(UG1CA233259)		$15,385	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC76534(R00CA218892)	University of Hawaii	VUMC76534(R00CA218892)		$3,108	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC75433(U10CA180820)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC75433(U10CA180820)		$18,421	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC80121(R01CA243326)	Vanderbilt University	VUMC80121(R01CA243326)		$42,213	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2182)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2182)		$587	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC79147(75N93019C00062)	Washington University	VUMC79147(75N93019C00062)		$334,385	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC83991(R01CA116021)	Vanderbilt University	VUMC83991(R01CA116021)		$76,079	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA1181)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA1181)		$749	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2185)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2185)		$12,872	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2183)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2183)		$2,259	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC86613(R01CA243511)	Washington University	VUMC86613(R01CA243511)		$32,764	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC88742(U01CA180820)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC88742(U01CA180820)		$17,675	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC91596(R41CA257262)	MTI BioTech	VUMC91596(R41CA257262)		$4,093	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2186)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2186)		$2,959	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2176)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2176)		$14,721	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC91789(R01CA249211)(Mster VUMC63105)	National Marrow Donor Program (BeTheMatch Foundation)	VUMC91789(R01CA249211)(Mster VUMC63105)		$24,652	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol A091902)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol A091902)		$5,457	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC94398(U10CA180886)	Public Health Institute	VUMC94398(U10CA180886)		$112,062	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC94713(U10CA180886)(Master VUMC90086)(PO 04851)	Public Health Institute	VUMC94713(U10CA180886)(Master VUMC90086)(PO 04851)		$13,461	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC94717(U01CA180886)(Master VUMC90086)(PO 04880)	Public Health Institute	VUMC94717(U01CA180886)(Master VUMC90086)(PO 04880)		$13,461	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC94716(U10CA180886)(Master VUMC90086)	Public Health Institute	VUMC94716(U10CA180886)(Master VUMC90086)		$62,272	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC94775(U10CA180886)	Public Health Institute	VUMC94775(U10CA180886)		$6,180	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC95223(R01CA260958)	Vanderbilt University	VUMC95223(R01CA260958)		$38,230	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC97918(R01CA239257)	Stanford University	VUMC97918(R01CA239257)		$71,431	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC95146(R37CA245157)	University of Alabama-Birmingham	VUMC95146(R37CA245157)		$192,056	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC	Yale University	VUMC		$15,653	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol EA2201)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol EA2201)		$13	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC57366(U10CA180868)(Protocol NRG-CC008)	NRG Oncology Foundation	VUMC57366(U10CA180868)(Protocol NRG-CC008)		$47	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	UM1 CA186689	Yale University	UM1 CA186689		$539	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC	Yale University	VUMC		$1,532	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC(UG1CA233270)	Alliance for Clinical Trials in Oncology Foundation	VUMC(UG1CA233270)		($34,357)	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC99284(UM1CA228823)(Master VUMC90086)	Public Health Institute	VUMC99284(UM1CA228823)(Master VUMC90086)		$5,109	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC99281(UM1CA228823)(VUMC90086 Master)	Public Health Institute	VUMC99281(UM1CA228823)(VUMC90086 Master)		$3,064	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC00000 (??????)(Protocol S2001)	Southwest Oncology Group	VUMC00000 (??????)(Protocol S2001)		$3,126	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(ProtocolGIEA2174)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(ProtocolGIEA2174)		$18,574	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol BRE EA1151)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol BRE EA1151)		$21,876	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol THO EA5142)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol THO EA5142)		($791)	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol PHIII MK3475)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol PHIII MK3475)		$76	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol UROS1802)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol UROS1802)		$11,114	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol THO EA5163)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol THO EA5163)		$6,903	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC50421(UG1CA189828)(Protocol URO S1806)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC50421(UG1CA189828)(Protocol URO S1806)		$4,237	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC105266(R01CA258751)	University of Kentucky	VUMC105266(R01CA258751)		$118,088	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC104107(U01CA253166)	Fred Hutchinson Cancer Center	VUMC104107(U01CA253166)		$109,249	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC35634(P01CA129243)	Memorial Sloan-Kettering Cancer Center	VUMC35634(P01CA129243)		$82,066	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC107778(U10CA180888)	Oregon Health & Science University	VUMC107778(U10CA180888)		$90,862	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC105475(R01CA274675)	Vanderbilt University	VUMC105475(R01CA274675)		$19,749	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC108489(R01CA260958)	Vanderbilt University	VUMC108489(R01CA260958)		($5,687)	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	1R01CA276352-01A1				$696,108	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA269217-02				$448,732	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	1R37CA276936-01A1			$41,488	$434,619	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC114179(U10CA180886)	Public Health Institute	VUMC114179(U10CA180886)		$24,453	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC113568(U01CA180820)	ECOG-ACRIN - Eastern Cooperative Oncology Group	VUMC113568(U01CA180820)		$28,255	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	5R01CA273246-02			$49,595	$221,074	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC116706(R00CA248822)	University of Virginia-Charlottesville	VUMC116706(R00CA248822)		$10,504	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER TREATMENT RESEARCH	93.395	VUMC116978(R01CA266767)	Vanderbilt University	VUMC116978(R01CA266767)		$9,057	$6,420,904	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R35CA197570-07				$675,619	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA211695-07				$298,677	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA217987-05			$2,031	($32,347)	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	3R01CA227833-05S1			$36,237	$135,096	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA235016-05			$72,061	$401,265	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R37CA244970-05				$455,354	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA249424-05			$191,904	$423,936	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA250051-05				$318,809	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CANCER BIOLOGY RESEARCH	93.396	5R37CA263614-03				$628,062	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC59914(U24CA194215)	University of Texas Health Sciences Center at Houston	VUMC59914(U24CA194215)		$4,979	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC71859(U01CA233581)	University of Alabama-Birmingham	VUMC71859(U01CA233581)		$5,861	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC77299(R01CA226833)	Vanderbilt University	VUMC77299(R01CA226833)		$17,721	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC82497(P01CA229123)	Vanderbilt University	VUMC82497(P01CA229123)		$969,021	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC94704(R01CA255446)	Vanderbilt University	VUMC94704(R01CA255446)		$26,369	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA272875-02			$21,663	$346,287	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	3R01CA272687-02S1			$45,552	$1,264,815	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC108503(R01CA256054)	Vanderbilt University	VUMC108503(R01CA256054)		$31,452	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC105433(U01CA272541)	University of Tennessee Health Sciences Center	VUMC105433(U01CA272541)		$180,674	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	VUMC107841(P01CA268991)	University of Miami	VUMC107841(P01CA268991)		$34,505	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA217987-07			$16,581	$897,843	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA278642-02				$293,849	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA281732-02			$157,575	$440,453	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA077955-28			$76,230	$541,875	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	5R01CA271176-02				$405,268	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER BIOLOGY RESEARCH	93.396	2P01CA116087-17			$9,428	$508,561	$9,274,004	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	3P30CA068485-28S1			$1,192,720	$7,984,507	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	5P50CA098131-21			$536,974	$2,714,918	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	3P50CA236733-05S1			$1,050,497	$2,564,578	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	5U54CA163072-14			$209,699	$1,838,444	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	U54 CA217450	Vanderbilt University	U54 CA217450		($1,469)	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	5U54CA274367-02			$508,811	$1,286,790	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	VUMC117725(U54CA277834)	H. Lee Moffitt Cancer Center and Research Institute	VUMC117725(U54CA277834)		$9,093	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CENTERS SUPPORT GRANTS	93.397	VUMC120140(U54CA277834)	H. Lee Moffitt Cancer Center and Research Institute	VUMC120140(U54CA277834)		$9,093	$16,405,954	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5K07CA225404-05				$42,879	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5K00CA234920-06				$16,321	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5K08CA240901-04				$203,935	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5K08CA241351-05				$251,741	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5R00CA215360-05				$259,832	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5T32CA106183-21				$319,870	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5T32CA160056-11				$240	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5T32CA217834-05				$15,711	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC68198(T32CA009582)	Vanderbilt University	VUMC68198(T32CA009582)		$4,863	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC76701(T32CA009592)	Vanderbilt University	VUMC76701(T32CA009592)		$1,941	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	1F32CA268705-01				$2,894	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	5K12CA090625-24				$734,273	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC103504(T32CA119925)	Vanderbilt University	VUMC103504(T32CA119925)		$61,992	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC104329(T32CA009582)	Vanderbilt University	VUMC104329(T32CA009582)		$68,792	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	1K99CA277366-01				$25,981	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC113419(T32CA009582)	Vanderbilt University	VUMC113419(T32CA009582)		$66,917	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	2T32CA160056-12A1				$366,815	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	2T32CA217834-06				$229,127	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC115194 (T32CA009592)	Vanderbilt University	VUMC115194 (T32CA009592)		$63,730	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	VUMC118349(T32CA009592)	Vanderbilt University	VUMC118349(T32CA009592)		$1,373	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER RESEARCH MANPOWER	93.398	7K01CA237748-05				$70,032	$2,809,259	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CONTROL	93.399	VUMC87035(UG1CA189824)	Wake Forest University Health Sciences	VUMC87035(UG1CA189824)		$41,645	$70,937	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER CONTROL	93.399	VUMC97849(UG1CA189955)(VUMC90086 Master)	Public Health Institute	VUMC97849(UG1CA189955)(VUMC90086 Master)		$29,292	$70,937	RESEARCH AND DEVELOPMENT	$586,818,025
IMPROVING THE HEALTH OF AMERICANS THROUGH PREVENTION AND MANAGEMENT OF DIABETES AND HEART DISEASE AND STROKE	93.426	VUMC92396(Edison ID 72501)	State of Tennessee	VUMC92396(Edison ID 72501)		($399)	$20,986	RESEARCH AND DEVELOPMENT	$586,818,025
ALZHEIMER'S DISEASE PROGRAM INITIATIVE (ADPI)	93.470	VUMC75498(31602-20031)(Edison ID 65462)	State of Tennessee	VUMC75498(31602-20031)(Edison ID 65462)		($73)	$50,411	RESEARCH AND DEVELOPMENT	$586,818,025
PREVENTING MATERNAL DEATHS: SUPPORTING MATERNAL MORTALITY REVIEW COMMITTEES (B)	93.478	VUMC78227(Edison ID 72869)	Tennessee Department of Health Services	VUMC78227(Edison ID 72869)		$12,869	$12,869	N/A	$0
Temporary Assistance for Needy Families	93.558	VUMC91900(EDISON ID 74781)	TN Dept of Mental Health and Substance Abuse Services (Changed 2012)	VUMC91900(EDISON ID 74781)		$131,917	$138,763	477 CLUSTER	$138,763
Temporary Assistance for Needy Families	93.558	VUMC104246	Hamilton County Coalition	VUMC104246		$6,846	$138,763	477 CLUSTER	$138,763
Child Care and Development Block Grant	93.575	VUMC104101 (2101TNCSC6)				$1,026,772	$1,026,772	CCDF CLUSTER	$1,026,772
DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	93.630	VUMC39643(Edison ID 79008)	Tennessee Council on Developmental Disabilties	VUMC39643(Edison ID 79008)		$64,245	$21,416	N/A	$0
DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	93.630	31614-80423:ST TN	Tennessee Council on Developmental Disabilties	31614-80423:ST TN		($2,634)	$21,416	N/A	$0
DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	93.630	77255:ST TN	TN Department of Intellectual and Developmental Disabilities	77255:ST TN		($93)	$21,416	N/A	$0
DEVELOPMENTAL DISABILITIES BASIC SUPPORT AND ADVOCACY GRANTS	93.630	VUMC114348(Edison ID 82934)				$24,146	$21,416	N/A	$0
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE	93.632	90UCPH056-01-00				$52,091	$719,354	N/A	$0
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE	93.632	90DDUC0077-03-02			$140,839	$141,796	$719,354	N/A	$0

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES EDUCATION, RESEARCH, AND SERVICE	93.632	90DDUC0077-05-00			$114,558	$525,467	$719,354	N/A	$0
FOSTER CARE_TITLE IV-E	93.658	VUMC43734(35910-02949)	State of Tennessee Department of Children's Services	VUMC43734(35910-02949)		($58)	($58)	N/A	$0
MATERNAL OPIOID MISUSE MODEL (A)	93.687	VUMC79773(Edison ID 65326)	State of Tennessee	VUMC79773(Edison ID 65326)	$3,292	$641,273	$641,273	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL ASSISTANCE PROGRAM	93.778	VUMC04952 Edison ID 71331	State of Tennessee - Bureau of Tenncare	VUMC04952 Edison ID 71331		$1,050,960	$2,723,539	MEDICAID CLUSTER	$2,723,539
MEDICAL ASSISTANCE PROGRAM	93.778	VUMC34741(34347-37124)(Edison ID 78815)	Tennessee Department of Health Services	VUMC34741(34347-37124)(Edison ID 78815)	$70,186	$588,735	$2,723,539	MEDICAID CLUSTER	$2,723,539
MEDICAL ASSISTANCE PROGRAM	93.778	VUMC32655(35910-02279)	TN Dept of Mental Health and Substance Abuse Services (Changed 2012)	VUMC32655(35910-02279)	$22,020	$25,904	$2,723,539	MEDICAID CLUSTER	$2,723,539
MEDICAL ASSISTANCE PROGRAM	93.778	VUMC79162	BlueCross/BlueShield of Tennessee	VUMC79162	$61,010	$1,057,940	$2,723,539	MEDICAID CLUSTER	$2,723,539
OPIOID STR	93.788	VUMC89917	TN Dept of Mental Health and Substance Abuse Services (Changed 2012)	VUMC89917		$1,135,493	$1,264,382	N/A	$0
OPIOID STR	93.788	VUMC76661(Edison ID 72660)	TN Dept of Mental Health and Substance Abuse Services (Changed 2012)	VUMC76661(Edison ID 72660)		$128,889	$1,264,382	N/A	$0
CARDIOVASCULAR DISEASES RESEARCH	93.837	4DP2HL137166-02				($8,622)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1DP2HL152426-01 (Yr 4)				$711,154	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K12HL133117-05				$12,188	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K01HL140278-05				$16,133	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K08HL145075-04				$54,246	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K01HL145345-04				$83,541	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K23HL148640-05				$168,108	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K23HL151871-04				$172,327	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K08HL153786-05				$121,541	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K08HL153956-03				$5,496	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K23HL156759-03				$147,640	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5P01HL116263-09			$415,455	$2,709,698	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL070715-17				$60,573	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL131977-05			$176,850	$410,675	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL133127-04				($1,090)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL134895-04				($41)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R35HL140016-07			$72,952	$658,919	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL140074-05				$27,177	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL140145-04				$426,374	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL142583-04				$75,986	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL142856-05				$447,866	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL144568-05				$569,244	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL144846-04			$1,751	($19,184)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL144941-04				$1,061,779	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL144943-04			$8,305	$71,405	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R35HL144980-06				$918,316	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL145293-03				($1,016)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL145721-05				$106,096	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL146654-04			$74,406	$519,985	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	7R21HL147831-03				$34,775	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL148244-05				$403,697	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL148661-04			$52,873	$350,223	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL149386-05				$551,108	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL149779-04			$33,806	$316,514	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL149826-04				$507,887	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL149948-04			$334,486	($28,936)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R56HL150186-01A1				($1,033)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL151523-04				$739,682	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL153607-04			$242,568	$1,554,666	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R03HL155041-02				$597	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL155197-03				$698,536	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R34HL155400-03				$175,770	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL155523-04				$529,112	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL156021-04			$486,102	$1,273,606	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL157378-04			$8,280	$670,738	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL157583-04				$1,078,319	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL157584-04				$732,448	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL158884-03			$338,268	$578,879	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL158976-03			$395,403	$927,046	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL159487-04			$38,189	$718,099	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL160863-03				$569,213	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL161095-03				$565,046	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL161516-03			$43,222	$591,475	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC53620(U01HL123336)	Massachusetts General Hospital	VUMC53620(U01HL123336)		($1,665)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC71181(T32HL144446)	Vanderbilt University	VUMC71181(T32HL144446)		$2,593	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC71633(R01HL146134)	Boston Childrens Hospital	VUMC71633(R01HL146134)		($4,415)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC71707(R01HL139968)	University at Buffalo	VUMC71707(R01HL139968)		$11,165	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	R01 HL147818	University of Pittsburgh	R01 HL147818		($850)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC76527(R01HL148137)	Harvard School of Public Health	VUMC76527(R01HL148137)		$13,684	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC81808(R01HL151223)	Vanderbilt University	VUMC81808(R01HL151223)		$172,367	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC83043(R01HL147171)	University of Cincinnati	VUMC83043(R01HL147171)		$59,394	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC85516(R01HL152081)	University of Kentucky	VUMC85516(R01HL152081)		$51,326	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC87123(R01HL153118)	University of Cincinnati Medical Center	VUMC87123(R01HL153118)		$51,543	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC87875(R01HL148439)	Brigham and Women's Hospital	VUMC87875(R01HL148439)		$71,122	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC86626(R01HL151604)	Cincinnati Children's Hospital Medical Center	VUMC86626(R01HL151604)		$179,192	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC89242(U2CHL156291)	Childrens Hospital of Philadelphia	VUMC89242(U2CHL156291)		$355,665	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC90694(R01HL150053)	University of Minnesota	VUMC90694(R01HL150053)		$116,099	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC93088(5T23HL144446-04)	Vanderbilt University	VUMC93088(5T23HL144446-04)		$61,593	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC93898(R01HL156991)	Washington University	VUMC93898(R01HL156991)		$47,550	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC95796(R01HL153179)	University of Minnesota	VUMC95796(R01HL153179)		$144,587	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC91682(R01HL158071)	Cleveland Clinic Lerner College of Medicine	VUMC91682(R01HL158071)		$231,915	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC96906(R01HL149680)	Columbia University	VUMC96906(R01HL149680)		$60,770	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC96446(R01HL151841)	Massachusetts General Hospital	VUMC96446(R01HL151841)		$98,257	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC97967(R01HL156034)	Vanderbilt University	VUMC97967(R01HL156034)		$105,854	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL160970-03			$97,727	$818,861	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL163854-08			$54,145	$819,243	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC97842(R01HL151659)	University of Florida	VUMC97842(R01HL151659)		$49,227	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC106924(R01HL155990)	University of California-San Francisco	VUMC106924(R01HL155990)		$210,750	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL159203-03				$778,383	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL160975-03				$705,054	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL161212-02				$45,484	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL164327-03				$818,012	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL164675-03			$1,897,821	$2,581,968	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5F32HL165917-02				$83,592	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL164995-03			$113,958	$442,988	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC74843(R01HL147818)	University of Pittsburgh	VUMC74843(R01HL147818)		$45,288	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC104959(R01HL151152)	Fred Hutchinson Cancer Center	VUMC104959(R01HL151152)		$78,538	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R33HL155810-03			$155,928	$934,893	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL164909-03				$484,643	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC104942(R01HL159401)	University of Rochester	VUMC104942(R01HL159401)		$1,624	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC105632(R01HL157247)	University of California-San Francisco	VUMC105632(R01HL157247)		$13,181	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC104681(R01HL155209)	University of Minnesota	VUMC104681(R01HL155209)		$134,624	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R38HL167237-02				$291,047	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC112272(R01HL163262)	University of North Carolina-Chapel Hill	VUMC112272(R01HL163262)		($532,231)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC109162(R56HL158803)	University of Texas, Southwestern Med Center	VUMC109162(R56HL158803)		$13,692	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC97850(R01HL136685)	University of Michigan	VUMC97850(R01HL136685)		$76,264	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC110551(R44HL140669)	Volumetrix LLC	VUMC110551(R44HL140669)		$133,911	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC110664(R01HL145293)	Yale University	VUMC110664(R01HL145293)		$389,124	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K24HL165163-02				$144,580	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL167110-02				$768,412	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL094786-10			$159,697	$433,999	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC110315(R01HL155396)	Duke University	VUMC110315(R01HL155396)		$2,724	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC111287(T32HL144446)	Vanderbilt University	VUMC111287(T32HL144446)		$48,480	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC112651(R01HL141466)	University of California-San Francisco	VUMC112651(R01HL141466)		$34,327	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL164526-02			$100,819	$1,122,503	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K01HL165020-02				$131,942	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC112781(R01HL131029)	Boston University	VUMC112781(R01HL131029)		$2,076,422	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R01HL159204-01A1				($3,906)	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R01HL167509-02			$70,916	$577,657	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R21HL169186-02				$97,964	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5K23HL159351-02				$184,281	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	2R01HL142302-05A1			$333,515	$638,074	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC110903(UG3HL164285)	Massachusetts General Hospital	VUMC110903(UG3HL164285)		$2,080	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R21HL172038-01				$178,421	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC109527(R01HL151838)	University of California-San Francisco	VUMC109527(R01HL151838)		$99,879	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC116279(R35HL135790)	Vanderbilt University	VUMC116279(R35HL135790)		$11,557	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC114281(R44HL147787)	Sigt, LLC	VUMC114281(R44HL147787)		$111,575	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC117963(R01HL166305)	University of Texas, Southwestern Med Center	VUMC117963(R01HL166305)		$85,670	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC117102(P01HL128203)	University of Cincinnati	VUMC117102(P01HL128203)		$310,564	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC115435(R01HL170600)	University of California-San Francisco	VUMC115435(R01HL170600)		$199,478	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1K99HL171847-01				$27,404	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC117170(T32HL144446-05)	Vanderbilt University	VUMC117170(T32HL144446-05)		$44,381	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	5R00HL153939-03				$131,040	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC118519(R01HL159401)	University of Rochester	VUMC118519(R01HL159401)		$15,918	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R01HL167969-01A1				$44,868	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	2R01HL144846-05A1				$140,249	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC120806 (R01HL170546-01)	Vanderbilt University	VUMC120806 (R01HL170546-01)		$10,016	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC118994(R01HL149680)	Columbia University	VUMC118994(R01HL149680)		$731	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC118921(R43HL170906)	Sigt, LLC	VUMC118921(R43HL170906)		$27,360	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R01HL164820-01A1				$52,676	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC120551(R01HL171403)	Stanford University	VUMC120551(R01HL171403)		$3,185	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1K23HL166960-01A1				$32,919	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC120543(R01HL170546)	Vanderbilt University	VUMC120543(R01HL170546)		$5,000	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	1R01HL169859-01A1				$20,420	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC120776(R01HL166169)	University of Florida	VUMC120776(R01HL166169)		$17,355	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
CARDIOVASCULAR DISEASES RESEARCH	93.837	VUMC122422(R01HL173157)	New York University School of Medicine	VUMC122422(R01HL173157)		$14,287	$42,154,379	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K23HL141539-06				$82,972	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K08HL143051-05				$88,869	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K23HL143053-05				($17,299)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K12HL143956-05				$344,931	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K23HL148638-05				$162,707	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K01HL149989-03				$14,911	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K23HL153584-05				$233,853	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K24HL155891-03				$149,344	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K01HL157755-04				$259,944	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5P01HL092870-10				($37,429)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5P01HL108800-11				($31,389)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL095797-13				($1,131)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL122554-10				$673,376	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL126176-06				($14,138)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL134802-05				$203,222	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL136664-08				$513,610	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL136748-04				($22)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL140231-04				($44,162)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL142720-04				$9,724	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL146401-05				$297,866	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL146588-04			$192,157	$317,023	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R56HL149129-01A1				($12)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R35HL150783-05			$12,551	$882,400	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL151016-04				$373,511	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R33HL151951-04				$700,699	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL153246-05				$309,599	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL157373-04				$613,568	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL158906-03			$35,988	$538,537	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5T32HL094296-14				$201	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC60041(U01HL125177)	Cleveland Clinic Lerner College of Medicine	VUMC60041(U01HL125177)		$832	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC71211(R01HL145372)	Translational Genomics Research Institute	VUMC71211(R01HL145372)		$103,787	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC74721(R01HL144624)	Intermountain Medical Center	VUMC74721(R01HL144624)		$7,099	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC78663(R01HL149422)	Beth Israel Deaconess Medical Center (Harvard)	VUMC78663(R01HL149422)		$56,159	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC80869(5U01HL123009)	Massachusetts General Hospital	VUMC80869(5U01HL123009)		($301)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC86110(UG1HL139119)	University of Kansas Medical Center	VUMC86110(UG1HL139119)		$21,076	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	OT2 HL156812	Massachusetts General Hospital	OT2 HL156812		$1,406	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC86517(R01HL150070)	Johns Hopkins University School of Medicine	VUMC86517(R01HL150070)		$16,304	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC86775(R01HL152083)	Stanford University	VUMC86775(R01HL152083)		$130,264	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	R61 HL147833	Duke University	R61 HL147833		$2,216	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC89634(U01HL130045)	Washington University	VUMC89634(U01HL130045)		$20,677	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC88460(U24HL138998)	University of North Carolina-Chapel Hill	VUMC88460(U24HL138998)		$68,183	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
LUNG DISEASES RESEARCH	93.838	UH3 HL147011	Fred Hutchinson Cancer Research Center	UH3 HL147011		($110)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC91007(OT2HL156812)	Duke University	VUMC91007(OT2HL156812)		($41,234)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC94285(U24HL145265)	University of Michigan	VUMC94285(U24HL145265)		$4,695	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC95193(R01HL132338)	Icahn School of Medicine at Mount Sinai	VUMC95193(R01HL132338)		$48,853	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC96886(R01HL155159)	University of Pennsylvania	VUMC96886(R01HL155159)		$38,166	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5K01HL161257-03				$130,121	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC100137(K24HL150312)	Icahn School of Medicine at Mount Sinai	VUMC100137(K24HL150312)		$21,681	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC95252(U01HL123009)	Massachusetts General Hospital	VUMC95252(U01HL123009)	$52,408	$70,658	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC89846(U01HL152976)	Boston University	VUMC89846(U01HL152976)		$114,976	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC64624(R35HL140026)	University of California-San Francisco	VUMC64624(R35HL140026)		$58,663	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC97854(UG3HL151458)	Johns Hopkins University School of Medicine	VUMC97854(UG3HL151458)		$4,476	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC94854(R01HL159250)	Northwestern University	VUMC94854(R01HL159250)		$13,345	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL150617-03			$62,528	$838,661	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL163195-03				$768,077	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL163960-03			$139,183	$853,676	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL164937-03			$56,896	$465,744	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5T32HL087738-18				$454,253	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC98800(T2HL161847)	Weill Medical College of Cornell University	VUMC98800(T2HL161847)		($4,213)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC99273(R01HL159886)	University of Pennsylvania	VUMC99273(R01HL159886)		$19,977	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL160551-03			$30,288	$953,176	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC53642(U01HL123009)	Massachusetts General Hospital	VUMC53642(U01HL123009)		$32,126	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5U01HL163303-02			$256,263	$498,892	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL155278-02				$825,393	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R61HL158941-01A1			$39,281	$130,918	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC100527(R01HL142775)	Southern Methodist University	VUMC100527(R01HL142775)		($505)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC105802(Master VUMC67453)(OT2HL156812)	Research Triangle Institute	VUMC105802(Master VUMC67453)(OT2HL156812)	$2,850,086	$4,063,996	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC106972(UH3HL147011)	Fred Hutchinson Cancer Center	VUMC106972(UH3HL147011)		$41,879	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC107606(UG1HL139119)	University of Kansas	VUMC107606(UG1HL139119)		$3,965	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC107780(T32HL160508)	University of California-San Francisco	VUMC107780(T32HL160508)		$31,197	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC109242(U01HL123009)	Massachusetts General Hospital	VUMC109242(U01HL123009)		$323,015	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5U01HL168478-02			$95,089	$1,522,709	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC102543(R01HL157130)	Dartmouth College	VUMC102543(R01HL157130)		$346,070	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5U01HL168412-02			$1,516	$109,052	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	5R01HL168556-02			$193,128	$626,054	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R34HL168301-01			$30,315	$330,398	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC113699(OT2HL156812)	Duke University	VUMC113699(OT2HL156812)		$43,733	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC113869(UG3HL165710)	University of Nebraska Medical Center	VUMC113869(UG3HL165710)		$26,261	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	2T32HL094296-16				$249,482	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC115971(R42HL158393)	MTI BioTech	VUMC115971(R42HL158393)		$401,774	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1K99HL166865-01A1				$117,931	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	4R33HL158941-02			$106,892	$663,355	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R56HL166941-01				$609,351	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC114865(U01HL123009)	Massachusetts General Hospital	VUMC114865(U01HL123009)		$162,943	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R01HL171577-01			$5,186	$134,156	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC118649(1R01HL159997-01)	University of Pennsylvania	VUMC118649(1R01HL159997-01)		($2,969)	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC(1R01HL169347-01A1)	Duke University	VUMC(1R01HL169347-01A1)		$5,912	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	VUMC120071(R01HL172247)	Vanderbilt University	VUMC120071(R01HL172247)		$5,714	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	1R34HL173389-01				$11,722	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
LUNG DISEASES RESEARCH	93.838	2R01HL142720-05A1				$30,300	$23,211,452	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5K23HL138291-05				$7	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5K24HL147017-05				$112,047	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5K08HL150282-06				$133,606	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL124159-08				($65,059)	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL133559-04				($18,173)	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R35HL140025-07				$496,346	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL141943-05				$230,204	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL155207-03				$468,562	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5U01HL156620-04			$144,911	$740,108	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC63541(UG1HL138645)	Icahn School of Medicine at Mount Sinai	VUMC63541(UG1HL138645)		$20,945	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC67142(R01HL144113)	Oregon Health & Science University	VUMC67142(R01HL144113)		$69,219	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	R01 HL131731	National Marrow Donor Program (BeTheMatch Foundation)	R01 HL131731		($1,057)	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC87270(U01HL133817)	Rutgers University	VUMC87270(U01HL133817)		$6,301	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC93012(R61HL156508)	Stasys Medical Corporation	VUMC93012(R61HL156508)		$375,182	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC96702(U01HL143402)	Cleveland Clinic Lerner College of Medicine	VUMC96702(U01HL143402)		$27,372	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL158918-03			$37,197	$535,078	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC101230(Master VUMC63105)	National Marrow Donor Program (BeTheMatch Foundation)	VUMC101230(Master VUMC63105)		$6,893	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC107464(R01HL156993)	University of Arizona	VUMC107464(R01HL156993)		$31,563	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC104074(R01HL118979)	University of Minnesota	VUMC104074(R01HL118979)		$25,477	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC108481(R01HL157346)	Carnegie Mellon	VUMC108481(R01HL157346)		$25,761	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	5R01HL168179-02			$217,595	$855,079	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	4R00HL159230-03				$174,428	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	VUMC110797	University of Minnesota	VUMC110797		$17,831	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	1R01HL169944-01A1				$24,935	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	1R01HL173598-01				$38,545	$4,331,200	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	5K12HL137943-05				$18,522	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	5R01HL157596-03			$176,138	$623,347	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC84189(OT2HL156812)(Master VUMC67453)	Research Triangle Institute	VUMC84189(OT2HL156812)(Master VUMC67453)		$117,170	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC86800(R01HL154153)	University of Pittsburgh	VUMC86800(R01HL154153)		$80,551	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC87587(U01HL142103)	Seattle Institute for Biomedical and Clinical Research	VUMC87587(U01HL142103)		($124)	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC88227(UG3HL154297)	Northwestern University	VUMC88227(UG3HL154297)		$2,395	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC91864(Master VUMC67453)(OT2HL156812)	Research Triangle Institute	VUMC91864(Master VUMC67453)(OT2HL156812)	$4,725,525	$6,983,210	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC96915(Master VUMC63105)	National Marrow Donor Program (BeTheMatch Foundation)	VUMC96915(Master VUMC63105)		$6,431	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	VUMC98590(OT2HL161847)	Weill Medical College of Cornell University	VUMC98590(OT2HL161847)		$91,837	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	1R01HL163437-01A1			$48,022	$896,391	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
TRANSLATION AND IMPLEMENTATION SCIENCE RESEARCH FOR HEART, LUNG, BLOOD DISEASES, AND SLEEP DISORDERS	93.840	1R01HL164482-01A1				$496,399	$9,316,129	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	3K01AR072123-05S1				($3,958)	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5K08AR072757-05				($293)	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR060846-09			$132,465	$336,701	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR063157-10			$19,435	$712,370	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR073001-03				$8,804	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR076516-05				$859,370	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R21AR080372-03				$173,322	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC75389(R01AR073773)	Stanford University	VUMC75389(R01AR073773)		$3,055	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC78809(P50AR060772)	University of Alabama-Birmingham	VUMC78809(P50AR060772)		$320	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	R01 AR073874	Emory University	R01 AR073874		$657	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC88694(R01AR055557)	Brigham and Women's Hospital	VUMC88694(R01AR055557)		$17,478	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC90548(R01AR074989)	University of Texas, Southwestern Med Center	VUMC90548(R01AR074989)		$150,522	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC88767(UH3AR077360)	Johns Hopkins University School of Medicine	VUMC88767(UH3AR077360)		$8,840	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR080629-03				$604,494	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC68489(R01AR074131)	Cleveland Clinic Lerner College of Medicine	VUMC68489(R01AR074131)		$36,718	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC104697(R01AR075777)	Cleveland Clinic Lerner College of Medicine	VUMC104697(R01AR075777)		$11,429	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5K08AR080808-03				$185,808	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5K08AR081405-02				$161,392	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R01AR073196-06			$185,883	$392,608	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R21AR080387-02				$192,458	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5R21AR080914-02			$41,557	$196,972	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC107611(P50AR070590)	Case Western Reserve University	VUMC107611(P50AR070590)		$70,481	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC80141(UH3AR076387)	University of Iowa	VUMC80141(UH3AR076387)		$117,342	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC76553(R01AR075422)	Cleveland Clinic Lerner College of Medicine	VUMC76553(R01AR075422)		$69,184	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	7R21AR080233-02				$172,396	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC108667(T32AR059039)	Vanderbilt University	VUMC108667(T32AR059039)		$11,695	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC109697(T32AR059039)	Vanderbilt University	VUMC109697(T32AR059039)		$23,180	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC106503(R21AR079085)	Masonic Medical Research Institute	VUMC106503(R21AR079085)	($3,575)	$161,906	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC109295(R01AR075422)	Cleveland Clinic Lerner College of Medicine	VUMC109295(R01AR075422)		$109,653	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC111671(AR075422S1)	Cleveland Clinic Lerner College of Medicine	VUMC111671(AR075422S1)		$141,969	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	1R13AR082704-01				$38,464	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC112702 (T32AR059039)	Vanderbilt University	VUMC112702 (T32AR059039)		$59,504	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC109409(R01AR078715)	Yale University	VUMC109409(R01AR078715)		$116,206	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	5K23AR082990-02				$150,231	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC112164(T32AR059039)	Vanderbilt University	VUMC112164(T32AR059039)		$69,301	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	1R13AR083265-01				$55,000	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC113284(1R01AR080868-01A1)	University of Alabama-Birmingham	VUMC113284(1R01AR080868-01A1)		$32,244	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC116539(R01AR073764)	University of Miami	VUMC116539(R01AR073764)		$161,864	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC118937(UC2AR081032)	Oklahoma Medical Research Foundation	VUMC118937(UC2AR081032)		$124,687	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025
ARTHRITIS, MUSCULOSKELETAL AND SKIN DISEASES RESEARCH	93.846	VUMC122001(R01AR073486)	University of California Los Angeles	VUMC122001(R01AR073486)		$2,559	$5,736,933	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R56DK138826-01A1				$121,103	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5F32DK128970-03				$6,982	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK114566-05			$33,994	$38,859	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK118118-04				$78,812	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK118192-05				$36,390	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K01DK120631-03				$30,373	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK123392-03				$57,714	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK131341-03				$186,988	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5P30DK020593-46			$679,670	$2,603,620	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5P30DK114809-05				($25,415)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK018381-52			$36,142	$311,309	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK048370-29			$165,770	$582,951	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK051265-28				$372,533	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK051610-29			$95,940	$464,025	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK056942-17				$127,412	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK058587-23				$328,821	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK062794-19				$476,507	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK069921-18				$60,997	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK081134-13			$46,636	$438,126	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK081646-13				$364	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK093501-14			$354,032	$1,022,332	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK093660-11				$188,215	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK095785-10				($7,419)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R25DK096999-11				($34,069)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK099467-10				$277,950	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK101332-08				($1,379)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK103935-06				$289	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK105550-10				($36,608)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK109102-10			$24,352	$333,921	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK110166-05			$4,793	$66,706	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK112262-06				($8,463)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK113423-04				$199,852	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	3R01DK115545-05S1			$25,295	$29,157	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK116625-04			($15,270)	($26,892)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK116957-05			$218,871	$218,871	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK116964-05				$108,435	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK117144-05				$141,618	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK118407-04				$579,761	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK119212-05			$31,673	$75,265	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK119282-04				$28,741	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R00DK119413-05				$237,407	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK120025-04				$86,957	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK120626-04				($37,277)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK120821-03			$38,407	$46,350	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK121101-05				$184,180	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK121316-04			$164,845	$201,618	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK122075-05				$505,609	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK122147-03			($3,258)	($8,625)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R18DK123373-05				$530,843	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK124845-04			$118,725	$604,491	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK125794-03			$236,584	$666,071	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK125895-04			$10,473	$381,412	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK126721-04			$9,071	$863,888	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R21DK127075-02				$31,253	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	3R01DK127178-03S1			$12,557	$487,365	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK127912-04			$255,796	$482,788	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK128190-03				$435,049	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK128200-04			$125	$606,880	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK128293-03			$50,903	$529,468	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK129624-04			$22,421	$419,244	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK131070-03				$395,431	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK131104-03				$361,993	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK131129-03			$299,357	$1,043,483	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK131529-03				$775,871	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5T32DK007061-51				$350,347	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5T35DK007383-43				$3,863	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5T32DK007569-36			$76,391	$320,001	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	3T32DK007673-31S1				$254,150	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5U01DK112271-05			$106,960	$296,454	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5U01DK116093-05				($7,341)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5U01DK123716-05			$876,517	$1,349,474	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1U01DK123821-01 (Yr 5)			$551,154	$843,383	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5U01DK129989-03			$367,524	$765,836	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC38829(U01DK094157)	Case Western Reserve University	VUMC38829(U01DK094157)		$178,573	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC53531(U01DK098246)	George Washington University	VUMC53531(U01DK098246)		$23,133	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	U01 DK104833	Medical University of South Carolina	U01 DK104833		$9,515	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC69125(U54DK118612)	University of Chicago	VUMC69125(U54DK118612)		$145,582	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	R18 DK118471	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	R18 DK118471		$1,137	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC70520(R01DK117147)	Vanderbilt University	VUMC70520(R01DK117147)		$30,098	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC72082(U01DK120456)	University of Miami	VUMC72082(U01DK120456)		($965)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC77841(R01DK122797)	University of California-San Francisco	VUMC77841(R01DK122797)		$126,243	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC77982(RC2DK118640)	University of California Los Angeles	VUMC77982(RC2DK118640)	$20,789	$461,204	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC78236(U01DK100866)	Nationwide Children's Hospital	VUMC78236(U01DK100866)		$755	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC81720(U01DK106993)	University of South Florida	VUMC81720(U01DK106993)		$283,267	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC81882(R01DK121709)	University of Michigan	VUMC81882(R01DK121709)		$42,699	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC84352(R01DK120598)	Harvard Pilgrim Health Care	VUMC84352(R01DK120598)		$26,289	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC84991(U01DK100867)	University of North Carolina	VUMC84991(U01DK100867)		$32,028	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC82759(U01DK123743)	Stanford University	VUMC82759(U01DK123743)		$16,699	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC85124(R01DK124063)	University of Washington	VUMC85124(R01DK124063)		$165,180	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC87711(UC2DK126122)	University of Pittsburgh	VUMC87711(UC2DK126122)		$238,795	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC87856(R01DK050277)	Vanderbilt University	VUMC87856(R01DK050277)		$77,893	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC90549(R01DK103831)	Vanderbilt University	VUMC90549(R01DK103831)		$97,899	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC91813(R01DK088327)	Massachusetts General Hospital	VUMC91813(R01DK088327)		$231,644	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC91057(U01DK126654)	University of Pennsylvania	VUMC91057(U01DK126654)		$154,483	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC90912(R01DK124385)	Wistar Institute	VUMC90912(R01DK124385)		$136,141	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC94705(R01DK123019)	Massachusetts General Hospital	VUMC94705(R01DK123019)		$152,402	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC97597	Washington University	VUMC97597		$14,208	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC96416(U01DK112217)	University of Pennsylvania	VUMC96416(U01DK112217)	$10,715	$559,330	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC97512	University of Pennsylvania	VUMC97512		$29,106	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC97577(R01DK129793)	University of California, Davis	VUMC97577(R01DK129793)		$432,667	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC98394(R01DK128187)	Baylor College of Medicine	VUMC98394(R01DK128187)		$59,564	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK126890-03			$10,505	$496,459	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK129202-03			$15,812	$328,847	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R03DK129559-02				$34,672	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK132155-03			$2,335	$500,604	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK132669-03			$18,525	$601,726	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC100129(R01DK128710)	Vanderbilt University	VUMC100129(R01DK128710)		$14,270	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC98017(R01DK127084)	University of Texas Health Sciences Center at Houston	VUMC98017(R01DK127084)		$137,146	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC100003(R01DK124719)	University of Utah	VUMC100003(R01DK124719)		$276,343	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC82728(R01DK087635)	University of Pennsylvania	VUMC82728(R01DK087635)		$17,515	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC98798(R01DK128803)	University of California at San Diego	VUMC98798(R01DK128803)		$15,836	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC64825(R01DK113980)	University of Alabama-Birmingham	VUMC64825(R01DK113980)		$5,356	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC69021(R01DK113201)	Dartmouth College	VUMC69021(R01DK113201)		$120,226	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K08DK132507-03				$180,011	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1K08DK133691-01				$11,586	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5P30DK058404-23			$243,301	$1,363,444	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK101332-11				$644,983	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK133530-03			$136,256	$668,303	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK129774-02				$167,391	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5U01DK123013-03			$243,508	$442,057	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC103900(R01DK132151)	University of Pittsburgh	VUMC103900(R01DK132151)		$59,788	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC104709(T32DK101003)	Vanderbilt University	VUMC104709(T32DK101003)		$824	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC104120(P30DK020541)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC104120(P30DK020541)	$28,742	$73,148	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC55441(U01DK085465)	University of South Florida	VUMC55441(U01DK085465)		$78,839	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK131101-03				$862,041	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC101213(U24DK098085)	City of Hope	VUMC101213(U24DK098085)		$235,791	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC108003(R01DK129469)	University of Michigan	VUMC108003(R01DK129469)		$311,572	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC106157(R01DK130296)	University of Utah	VUMC106157(R01DK130296)		$167,116	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC118954(U01DK136523)	Columbia University	VUMC118954(U01DK136523)		$33,663	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC106559(U01DK103168)	Baylor College of Medicine	VUMC106559(U01DK103168)		$68,667	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	3U01DK135017-02S1			$419,118	$918,327	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC105515(R01DK114485)	University of Florida	VUMC105515(R01DK114485)		$1,737	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC107030(R56DK132629)	Vanderbilt University	VUMC107030(R56DK132629)		$5,507	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC106933(R01DK093094)	Columbia University	VUMC106933(R01DK093094)		$248,899	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC108522(U01DK133766)	Vanderbilt University	VUMC108522(U01DK133766)		$85,174	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC107790(R01DK128823)	Georgia State University	VUMC107790(R01DK128823)		$212,974	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC106832(U24DK133700)	University of Florida	VUMC106832(U24DK133700)		$18,995	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC106957(R01DK120814)	Emory University	VUMC106957(R01DK120814)		$119,432	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC107904(R01DK133847)	Massachusetts General Hospital	VUMC107904(R01DK133847)		$60,463	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC99864(T32DK007563)	Vanderbilt University	VUMC99864(T32DK007563)		($4,315)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC107109(U24DK128851)	Augusta University	VUMC107109(U24DK128851)		$50,419	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC107517	Vanderbilt University	VUMC107517		$98,477	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K08DK135931-02				$170,082	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK105550-12				$378,106	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC115519 (R01DK135032)	University of Pennsylvania	VUMC115519 (R01DK135032)		$379,553	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	R01 DK108159	University of Texas, Southwestern Med Center	R01 DK108159		($23)	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC82725(R01DK087635)	University of Pennsylvania	VUMC82725(R01DK087635)		$2,502	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK135414-02				$180,421	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC102910(R01DK132948)	University of South Carolina	VUMC102910(R01DK132948)		$391,223	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK135938-02			$214,813	$508,086	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK134692-02			$65,851	$476,034	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5T35DK007383-45				$226,617	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC110656	Vanderbilt University	VUMC110656		$281,564	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R25DK096999-13				$128,164	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R21DK133742-02			$23,628	$151,995	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK095785-12				$343,139	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK133442-02				$174,973	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK133415-02			$26,849	$421,047	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK135764-02				$538,434	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC111495(R01DK135308)	University of Kansas Medical Center	VUMC111495(R01DK135308)		$15,935	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC111124(R01DK092217)	Northwestern University	VUMC111124(R01DK092217)		$10,546	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K08DK134879-02				$149,961	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK137302-02			$63,335	$336,082	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC112593(R01DK134575)	University of Pennsylvania	VUMC112593(R01DK134575)		$83,782	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC113201(R01DK132299)	Broad Institute of MIT and Harvard	VUMC113201(R01DK132299)		$10,765	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK110375-08			$387,880	$718,713	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	3U01DK137533-02S2			$319,817	$1,884,553	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC114362(R01DK127589)	Nationwide Children's Hospital	VUMC114362(R01DK127589)		$16,918	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	2R01DK069921-19				$682,977	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5K23DK135420-02				$117,366	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK132236-01A1				$343,510	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK136891-02			$10,350	$208,517	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	U01DK116093-07				$282,009	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC113518(U24DK128851)	Augusta University	VUMC113518(U24DK128851)		$59,431	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1K26DK138374-01				$99,724	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	5R01DK137110-02			$43,745	$109,498	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC111194(R01DK128207)	Northwestern University	VUMC111194(R01DK128207)		$118,736	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R01DK133512-01A1			$4,613	$308,834	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC112122(U2CDK135073)	Vanderbilt University	VUMC112122(U2CDK135073)		$36,009	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC	Oregon Health & Science University	VUMC		$162,307	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R01DK136695-01A1				$74,303	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R01DK135950-01A1				$152,895	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1K23DK136974-01A1				$40,804	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC118106(R01DK133076)	University of Kentucky	VUMC118106(R01DK133076)		$26,963	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R01DK139322-01				$31,733	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC118021(1U24DK138515-01)	University of Michigan	VUMC118021(1U24DK138515-01)		$9,957	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC121936	University of Pennsylvania	VUMC121936		$49,107	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	1R01DK136893-01A1				$457	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC122723(1R01DK139631-01)	Icahn School of Medicine at Mount Sinai	VUMC122723(1R01DK139631-01)		$14,521	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	VUMC123113 (T32DK007563)	Vanderbilt University	VUMC123113 (T32DK007563)		$14,360	$47,845,742	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS078680-11				($6,598)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS092961-10			$9,742	$691,233	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS097763-05				($58,510)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS100980-05				($17,818)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS107424-05				$134,511	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS108445-05			$7,671	$412,785	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS109114-05				$70,343	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS110130-05			$31,919	$402,909	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS110661-05			$267,933	$1,017,466	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS112252-05			$119,226	$362,440	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS113171-05			$597,636	$1,259,011	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS113832-05			$128,062	$437,860	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS117816-04			$42,038	$415,463	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	3R01NS118483-05S1			$541,529	$943,538	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	2U24NS107128-06				$320,503	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1UF1NS107666-01 (Yr 3)				$1,001	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC57656(U01NS080168)	Mayo Clinic Hospital	VUMC57656(U01NS080168)		$3,767	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	R01 NS096173	University of California-San Francisco	R01 NS096173		$5,250	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC68327(R01NS102371)	Massachusetts General Hospital	VUMC68327(R01NS102371)		$144,622	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC75452(R01NS107281)	Washington University	VUMC75452(R01NS107281)		$134,850	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC75791(R01NS105746)	Massachusetts General Hospital	VUMC75791(R01NS105746)		$102,289	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC78483(U24NS114416)	Duke University	VUMC78483(U24NS114416)		$13,614	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC77867(RF1NS113285)	University of North Carolina-Chapel Hill	VUMC77867(RF1NS113285)		($2,895)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC83014(R01NS112171)	Loyola University Chicago	VUMC83014(R01NS112171)		$8,253	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC82086(U01NS107486)	University of Utah	VUMC82086(U01NS107486)		$5,811	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC85315(R01NS110665)	Vanderbilt University	VUMC85315(R01NS110665)		$8,280	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	U01 NS088312	Massachusetts General Hospital	U01 NS088312		($205)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC85957(R01NS118580)	Vanderbilt University	VUMC85957(R01NS118580)		$159,783	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC88488(R01NS120518)	Vanderbilt University	VUMC88488(R01NS120518)		$32,422	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC90538(K12NS080223)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC90538(K12NS080223)		($2,176)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	R44 NS117214	CND Life Sciences	R44 NS117214		($1,362)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC91166(R61NS112445)	Vanderbilt University	VUMC91166(R61NS112445)	$5,630	$167,882	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC96934(K23NS113858)	University of Cincinnati	VUMC96934(K23NS113858)		$72	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC98829(R41NS122656)	VasaMetrix LLC	VUMC98829(R41NS122656)		($12,054)	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS121718-03				$473,588	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS123281-03			$31,962	$608,300	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC103884(R03NS125243)	Vanderbilt University	VUMC103884(R03NS125243)		$28,558	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC89879(R01NS116148)	Childrens Research Institute	VUMC89879(R01NS116148)		$93,102	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5K23NS126628-02				$154,032	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1RF1NS126144-01 (Yr 2)			$136,820	$990,226	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC102925(R01NS119896)	University of California-San Francisco	VUMC102925(R01NS119896)		$3,009	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC90538(K12NS080223)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC90538(K12NS080223)		$14,830	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC109035(R34NS127100)	Vanderbilt University	VUMC109035(R34NS127100)		$18,549	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5K23NS131592-02				$156,116	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC105521(U01NS122419)	New York University	VUMC105521(U01NS122419)		$136,067	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC109401(RF1NS129735)	Vanderbilt University	VUMC109401(RF1NS129735)		$352,073	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	3U01NS134349-10				$1,681,319	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC109400(RF1NS130334)	Vanderbilt University	VUMC109400(RF1NS130334)	($5,630)	$433,097	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	5R01NS078680-13				$713,432	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC112336(R61NS130216)	Childrens Hospital of Philadelphia	VUMC112336(R61NS130216)		$257,160	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	4K22NS123507-03				$228,020	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC113325(R03NS125243)	Vanderbilt University	VUMC113325(R03NS125243)		$2,932	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC114342(R61NS127268)	Dignity Health	VUMC114342(R61NS127268)		$140,282	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1R01NS133169-01				$248,237	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC116357(U01NS055903)	University of Iowa	VUMC116357(U01NS055903)		$195,307	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1R01NS134625-01				$111,126	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC115524(1R01NS129855)	Vanderbilt University	VUMC115524(1R01NS129855)		$183,062	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC117434(3U2CNS1324415-01S1)	President and Fellows of Harvard College	VUMC117434(3U2CNS1324415-01S1)		$38,432	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	4K00NS130872-02				$67,925	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC119441(U2CNS132415)	Washington University	VUMC119441(U2CNS132415)		$21,592	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	VUMC39287(NeuroNext - NN111)	Massachusetts General Hospital	VUMC39287(NeuroNext - NN111)		$4,267	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1R01NS133101-01A1				$19,319	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUROLOGICAL DISORDERS	93.853	1R01NS136316-01				$21,757	$14,550,056	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K23AI141621-04				$13,142	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K24AI148459-05				$168,111	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K23AI156132-04				$197,735	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3P30AI110527-10S2			$442,430	$2,247,010	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI039657-25				$244,091	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI051448-20				($6,651)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI073843-15				$400,202	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI077505-15			$359,166	$749,628	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI093234-10			$39,372	$137,751	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R37AI095755-15				$698,877	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI101171-11S1			($1,943)	($24,283)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI108197-10S1			($1,750)	$99,390	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI108197-10S1				($28,931)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI118932-10			$280,174	$894,134	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI120790-04				$16,001	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R24AI124872-10			$247,893	$1,247,246	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI125642-05				$297	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI130459-05				$34,235	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI131722-05S1				($1,459)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI131722-05S1			$7,456	$32,082	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI131771-05				($14,717)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI132560-05				($10,759)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI136526-03			$16,515	$49,532	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI137082-04				$337,979	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI138581-05			$145,717	$287,738	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI139046-04				$441,466	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI139172-05				$239,111	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI141448-05				$325,319	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI142095-05S1				$648,300	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3R01AI143710-06S1			$165,575	$524,390	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI145265-05				$324,956	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI145686-02			$20,693	$68,397	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI145992-05			$598,412	$1,039,611	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI147765-05			$399,732	$777,290	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI149207-02				($2,824)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI149262-02				($115)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI149722-05				$447,596	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI150302-02				$26,878	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI150384-02				($1,914)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI150701-05				$285,132	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI151210-05			$39,360	$689,824	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI152693-04				$811,400	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI153167-05				$521,363	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI153769-02				($4,396)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI154016-02				$43,731	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI154064-02			$1,639	$38,810	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI155646-04			$55,047	$557,338	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI155668-04			$293,274	$1,008,007	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI156292-02				$99,278	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI157843-03			$215,690	$757,200	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI158605-04			$475,675	$673,656	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R03AI163835-02				$28,442	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI164760-02				$145,100	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI166584-02				$169,082	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI168832-02				$147,903	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R03DK129626-02				$83,738	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5T32AI007474-29				$319,321	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5T32AI095202-15				$178,427	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5UM1AI069439-19			$610,734	$2,529,941	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI069923-20			$1,100,362	$2,592,089	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3U19AI095227-11S2				$13,957	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U19AI095227-15			$306,766	$1,653,147	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5UM1AI148452-05			$157,940	$734,387	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3UM1AI148452-02S2				($1,047)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	3UM1AI148452-04S1			$1,703,687	$1,704,876	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI150739-05			$674,344	$1,286,304	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI152967-05			$158,604	$779,604	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI154659-04			$494,919	$3,496,981	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI155299-04				$1,967,355	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC41694(R01AI073755)	Washington University	VUMC41694(R01AI073755)		$88,366	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC58960(FHI360)(UM1AI068619)	Family Health International	VUMC58960(FHI360)(UM1AI068619)	$25,000	$25,000	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC59225(U01AI096299)	COM Affiliation, Inc. (Albert Einstein College of Medicine managed by Montefiore)	VUMC59225(U01AI096299)		$37,815	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC61674(T32AI112541)	Vanderbilt University	VUMC61674(T32AI112541)		$5,472	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC63419(R01AI132178)	University of North Carolina-Chapel Hill	VUMC63419(R01AI132178)		$68,915	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC63898(R01AI134430)	Boston University	VUMC63898(R01AI134430)		$48,235	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC69624(R01AI141661)	University of Texas Medical Branch at Galveston	VUMC69624(R01AI141661)		$23,477	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	R01 AI137523	Stanford University	R01 AI137523		$8,024	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC71479 (UM1AI068636)	University of California Los Angeles	VUMC71479 (UM1AI068636)		$185,290	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC72177(U19AI142764)	Henry M Jackson Foundation	VUMC72177(U19AI142764)	$58,975	$366,239	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC73863(U19AI142759)	University of Alabama-Birmingham	VUMC73863(U19AI142759)		$434,271	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC73703(U19AI142785)	University of Texas Medical Branch at Galveston	VUMC73703(U19AI142785)		$691,084	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC75151(HHSN272201300023I)				$12,451	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC75400(R01AI136740)	Meharry Medical College	VUMC75400(R01AI136740)		$60,944	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC74801(U01AI136816)	Massachusetts General Hospital	VUMC74801(U01AI136816)		$15,430	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC79551(R01AI139406)	Emory University	VUMC79551(R01AI139406)		$12,949	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC80667(R01AI108884)	University of Notre Dame	VUMC80667(R01AI108884)		$17,943	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC81970(5R01AI148707)	University of Wisconsin Madison	VUMC81970(5R01AI148707)		$461,299	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC79225(UM1AI104681)	Duke University	VUMC79225(UM1AI104681)		$53,492	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC79001(75N3019C00055)	University of Maryland Baltimore	VUMC79001(75N3019C00055)		$25,703	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC79561(U54AI117804)	Cincinnati Children's Hospital Medical Center	VUMC79561(U54AI117804)		$11,211	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC84940(R01AI150295)	Brigham and Women's Hospital	VUMC84940(R01AI150295)		$24,682	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC84464(R01AI152183)	The University of Cape Town Lung Institute	VUMC84464(R01AI152183)		$103,621	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC87212(P01AI139449)	MD Anderson Cancer Center	VUMC87212(P01AI139449)		$134,651	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC87191(U01AI135950)	Stanford University	VUMC87191(U01AI135950)		$131,208	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC86412(R01AI157037)	Oregon Health & Science University	VUMC86412(R01AI157037)		$28,777	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC86322(R01AI077653)	Indoor Biotechnologies, Inc.	VUMC86322(R01AI077653)		$112,794	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC88163(R01AI157155)	Washington University	VUMC88163(R01AI157155)		$558,235	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC87697(R01AI157827)	Vanderbilt University	VUMC87697(R01AI157827)		$433,655	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC89580(UM1AI109565)	Benaroya Research Institute at Virginia Mason	VUMC89580(UM1AI109565)		$33,257	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC93631(R01AI153827)	University of California Los Angeles	VUMC93631(R01AI153827)		$22,024	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC94283(UM1AI160040)	University of Wisconsin Madison	VUMC94283(UM1AI160040)		$36,611	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC94975(R24AI067039)	University of Alabama-Birmingham	VUMC94975(R24AI067039)		$580,215	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	T32 AI138932	Vanderbilt University	T32 AI138932		$3,530	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC94650(U54AI150225)	University of Alabama-Birmingham	VUMC94650(U54AI150225)		$1,123	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC97744(P30AI117970)	George Washington University	VUMC97744(P30AI117970)		($935)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC97990(R01AI161022)	Washington University	VUMC97990(R01AI161022)		$109,887	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC98808(R01AI153356)	Vanderbilt University	VUMC98808(R01AI153356)		$23,743	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K08AI150352-05			$40,001	$170,118	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K23AI168496-03				$181,307	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI163586-02			$16,695	$160,216	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI164107-02			$56,056	$217,830	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI166870-02				$170,167	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI167789-03			$79,619	$807,530	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC94896(R21AI164147)	University of Copenhagen	VUMC94896(R21AI164147)		$32,625	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC77449(U19AI142790)	La Jolla Institute for Allergy and Immunology	VUMC77449(U19AI142790)		$587,311	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC102475(G11AI169624)	Aurum Institute,NPC	VUMC102475(G11AI169624)		$5,914	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC33032(U01AI069918)	Johns Hopkins University School of Medicine	VUMC33032(U01AI069918)		$138,195	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103820(UM1AI068614)	Fred Hutchinson Cancer Center	VUMC103820(UM1AI068614)		$395,010	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103804(UM1AI068614)	Fred Hutchinson Cancer Center	VUMC103804(UM1AI068614)		$200	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC98299(R21AI152869)	University of Michigan	VUMC98299(R21AI152869)		($2,834)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC97521(R01AI154470)	Boston Childrens Hospital	VUMC97521(R01AI154470)		$41,216	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC79241(UM1AI104681)	Duke University	VUMC79241(UM1AI104681)		$32,160	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC100483(R01AI165327)	University of Calgary	VUMC100483(R01AI165327)		$36,568	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC102639(UM2AI130836)	Johns Hopkins University School of Medicine	VUMC102639(UM2AI130836)		$774,744	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI164587-03				$411,178	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI168468-03			$119,721	$544,647	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI171466-02				$159,256	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI171901-02				$157,043	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC102933(5U01AI169767)	University of Pennsylvania	VUMC102933(5U01AI169767)		$408,237	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103317(R01AI134036)	Trustees of Indiana University	VUMC103317(R01AI134036)		($7,429)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI172156-03			$435,751	$891,457	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106166 VUMC106167 YR 1	Duke University	VUMC106166 VUMC106167 YR 1		($1,749)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	U19 AI070535 VUMC104886				$20,703	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC95576(75N93019C00055)	University of Maryland Baltimore	VUMC95576(75N93019C00055)		$391,712	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103972(R21AI171903)	Montana State University	VUMC103972(R21AI171903)		$11,603	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5F32AI169905-02				$66,630	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K99AI168483-02				$51,182	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI168302-03				$496,287	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC104795(U54AI170791)	University of Pittsburgh	VUMC104795(U54AI170791)		$433,455	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC104353(R01AI170228)	Meharry Medical College	VUMC104353(R01AI170228)		$86,608	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	7K01AI138863-06				$110,639	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC81315(UM1AI068636)	University of California Los Angeles	VUMC81315(UM1AI068636)		$8,535	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC97265(UM1AI068636)	University of California Los Angeles	VUMC97265(UM1AI068636)		$12,170	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC71248(UM1AI106701)	University of California Los Angeles	VUMC71248(UM1AI106701)		$76,627	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103804 (UM1AI068614)	Fred Hutchinson Cancer Center	VUMC103804 (UM1AI068614)		$618,355	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103176(UM1AI068636)	University of California Los Angeles	VUMC103176(UM1AI068636)		$11,309	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5K24AI150349-05				$159,379	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R37AI131771-07			$314,061	$714,614	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI172064-02			$219,406	$529,026	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U19AI174999-02			$202,035	$1,828,246	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC111455(R01AI143370)	Weill Medical College of Cornell University	VUMC111455(R01AI143370)		$10,348	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106941(UM1AI068636)	University of California Los Angeles	VUMC106941(UM1AI068636)		$8,894	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106207	University of California Los Angeles	VUMC106207		$46,826	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106117(75N91019D00024)	University of Minnesota	VUMC106117(75N91019D00024)		($10,400)	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI176219-02				$126,933	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC110799(U01AI176244)	Oklahoma Medical Research Foundation	VUMC110799(U01AI176244)		$193,174	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC103994(U19AI171292)	University of North Carolina	VUMC103994(U19AI171292)		$919,438	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI176521-02			$43,741	$689,766	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC107241(R01AI152142)	Centre for the Aids Program of Research in South Africa	VUMC107241(R01AI152142)		$48,345	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI101171-13			$241,723	$763,742	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC113104(P01AI125181)	University of Maryland Baltimore	VUMC113104(P01AI125181)		$419,215	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI170172-02			$84,488	$475,783	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI175245-02				$1,010,197	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5U01AI167799-02			$129,509	$928,384	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106166(U54AI170752)	Duke University	VUMC106166(U54AI170752)		$74,072	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI178929-02			$167,587	$597,533	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC112683(U01AI174268)	Rutgers University	VUMC112683(U01AI174268)		$459,781	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI173795-02				$414,716	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1K24AI177947-01				$115,968	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC114885(Master VUMC99151)(R24AI067039)	University of Alabama-Birmingham	VUMC114885(Master VUMC99151)(R24AI067039)		$18,962	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI178568-02			$140	$156,124	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R01AI168210-02			$62,568	$483,924	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	5R21AI175788-02			$46,091	$229,457	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1R01AI177010-01A1			$104,860	$307,138	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC113773(R21AI166147)	University of Virginia-Charlottesville	VUMC113773(R21AI166147)		$66,096	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1R56AI174911-01A1			$15,335	$77,171	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC115865(T32AI138932)	Vanderbilt University	VUMC115865(T32AI138932)		$61,425	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC110775(R01AI154470)	Boston Childrens Hospital	VUMC110775(R01AI154470)		$17,929	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC113580(UM1AI148684)	Emory University	VUMC113580(UM1AI148684)		$37,253	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC106167(U54AI170752)	Duke University	VUMC106167(U54AI170752)		$25,232	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1R01AI180038-01				$90,235	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC116248(1R01AI178846-01)	University of Delaware	VUMC116248(1R01AI178846-01)		$22,372	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC117433(R34AI174969)	University of Colorado Anschutz Medical Center	VUMC117433(R34AI174969)		$32,969	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC117106 (R01AI168671)	Johns Hopkins University School of Medicine	VUMC117106 (R01AI168671)		$3,297	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1K08AI181763-01				$46,104	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC116976(R01AI173002)	University of California-San Francisco	VUMC116976(R01AI173002)		$4,495	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC118297(1R01AI181321-01)	University of California at San Diego	VUMC118297(1R01AI181321-01)		$88,781	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1U01AI181927-01				$38,341	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	1R01AI182247-01				$34,057	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC122099(R01AI073755)	Washington University	VUMC122099(R01AI073755)		$44,518	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	2R01AI138581-06A1				$6,925	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	VUMC123268(R01AI136946)	Fred Hutchinson Cancer Center	VUMC123268(R01AI136946)		$7,349	$62,059,346	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5F32GM139303-03				($644)	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5K23GM129662-05				$4,787	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5K23GM134482-05				$139,131	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM120484-05				$9,446	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM120523-05				($237)	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM124109-05				$16,069	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM126062-05			$20,374	$132,546	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM130791-05				$348,850	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM131770-05				$287,233	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM132204-05				$245,235	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM132592-04				$370,321	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM133169-04			$322,452	$279,067	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM138191-05			$4,569	$372,733	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM138873-04				$572,678	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R01GM139891-04				$449,242	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM141927-04				$374,301	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R21GM144915-02			$40,390	$138,752	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5T32GM108554-11				$374,495	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5T32GM135094-04				$167,665	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC58061(R01GM119197)	East Tennessee State University	VUMC58061(R01GM119197)	$26,708	$284,556	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	P50 AI150481	University of Pittsburgh	P50 AI150481		($9,934)	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC86088(R01GM140464)	University of Wisconsin	VUMC86088(R01GM140464)		$26,251	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC95136(R01GM137083)	Idaho State University	VUMC95136(R01GM137083)		$4,202	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	T32 GM139800	Vanderbilt University	T32 GM139800		($86)	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC96466(R25GM134979)	Vanderbilt University	VUMC96466(R25GM134979)		$444	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC97198	Vanderbilt University	VUMC97198		$2,320	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5T32GM007569-49				$640,753	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC90666(R01GM140287)	Scripps Research Institute	VUMC90666(R01GM140287)		$23,581	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC64091(R01GM117473)	Duke University	VUMC64091(R01GM117473)		$47,987	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM145375-03				$514,155	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM147470-03				$566,816	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	R01 GM129783	Children's Mercy Hospital	R01 GM129783		($4,362)	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC105511(R01GM143583)				$97,434	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC96349(T32GM139800)	Vanderbilt University	VUMC96349(T32GM139800)		$10,406	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC98278(T32GM139800)	Vanderbilt University	VUMC98278(T32GM139800)		$6,575	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5K23GM150110-02				$145,011	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC107257(R01GM147078)	Vanderbilt University	VUMC107257(R01GM147078)		$94,149	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC112682(R35GM125028)	Vanderbilt University	VUMC112682(R35GM125028)		$29,426	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC111475(R35GM125028)	Vanderbilt University	VUMC111475(R35GM125028)		$4,588	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	5R35GM150465-02				$384,535	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	4R33GM144915-03				$167,581	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	VUMC122544(R01GM140287)	Seattle Childrens Hospital Research Institute	VUMC122544(R01GM140287)		$54,964	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	1R35GM155339-01				$11,469	$7,384,491	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K12HD043483-21				$41	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K12HD087023-10				$397,583	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K23HD104183-04				$131,429	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5P50HD103537-05			$329,105	$1,413,660	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5P50HD106446-03			$74,838	$1,881,044	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD071089-09			$333,921	$608,467	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD084500-06				$957	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD088662-05				($9,296)	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD093671-05				$259,945	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD094946-05				$36,503	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD097344-05				$641,993	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R21HD097992-02				$6,484	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD098213-05				$403,534	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD098719-05				$755,993	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD099777-04			$66,367	$401,435	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD100458-05			$210,322	$932,322	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R21HD103348-02			$35,164	$38,851	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R21HD104983-02			$3,841	$55,640	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R21HD106578-02			$19,240	$158,338	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC42957(HHSN275201000003I)(TO#2)	Duke University	VUMC42957(HHSN275201000003I)(TO#2)		$2,791	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC68169(U01AI126612)	Children's Hospital Los Angeles	VUMC68169(U01AI126612)		$351	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC69360(R01HD024356)	University of California, Davis	VUMC69360(R01HD024356)		$59,191	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	R01 HD092505	Augusta University	R01 HD092505		($3,148)	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC78076(HHSN272201600018C)	University of Alabama-Birmingham	VUMC78076(HHSN272201600018C)		$2,694	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC80891(K12HD047349)	University of Utah	VUMC80891(K12HD047349)		$6,230	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC84782(75N93019D00031)	Johns Hopkins University School of Medicine	VUMC84782(75N93019D00031)		$215,852	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC85775(R01 HD096147)	Johns Hopkins University School of Medicine	VUMC85775(R01 HD096147)		$164,983	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC87561(R01HD102752)	Vanderbilt University	VUMC87561(R01HD102752)		$249,640	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC88785(R44HD084151)	Miyazaki Enterprises, LLC	VUMC88785(R44HD084151)		$14,407	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC78780(R01HD099742)	Washington University	VUMC78780(R01HD099742)		$119,855	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC101098(R01HD107103)	Duke University	VUMC101098(R01HD107103)		$43	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K12HD043483-23				$69,768	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC102957(R01HD104188)	Vanderbilt University	VUMC102957(R01HD104188)		$248,159	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K99HD108420-02				$125,150	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD107695-03			$1,811	$738,527	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC105169(R01HD107002)	Virginia Commonwealth University	VUMC105169(R01HD107002)		$29,146	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC79443(R01HD089474)	Vanderbilt University	VUMC79443(R01HD089474)		$5,192	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC80321(UG3HD096920)	Northwestern University	VUMC80321(UG3HD096920)		$7,201	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC107303(R01HD110107)	Harvard Pilgrim Health Care	VUMC107303(R01HD110107)		$8,935	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC101098(R01HD107103)	Duke University	VUMC101098(R01HD107103)		$483,553	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC110360(R01HD107083)	Washington University	VUMC110360(R01HD107083)		$50,723	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K08HD111664-02				$137,695	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5R01HD109303-02			$105,862	$351,848	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC112713(5P30HD106451)	Purdue University	VUMC112713(5P30HD106451)		$44,108	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	1R21HD113234-01				$120,439	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	5K12AR084232-25				$445,328	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC116582(R01HD110567)	University of Pennsylvania	VUMC116582(R01HD110567)		$26,720	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC118605(R01HD112321)	Ann & Robert H. Lurie Children's Hospital of Chicago	VUMC118605(R01HD112321)		$18,149	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	VUMC116005(P30HD106451)	Trustees of Indiana University	VUMC116005(P30HD106451)		$122,506	$11,980,959	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	3K23AG045966-06S1				$31,621	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K24AG046373-11				$139,082	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K01AG058700-05				$9,124	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K76AG060001-05				$178,113	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K24AG064114-05				$202,108	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K01AG066971-04				$112,864	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K76AG068436-03				$84	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K23AG070320-04				$217,490	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K23AG072030-04				$188,956	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K01AG073584-03				$107,938	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	3P20AG068082-03S1			($16,526)	$2,298,785	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG034962-11				$4,688,965	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
AGING RESEARCH	93.866	2R56AG047992-07A1			$1,347,639	$1,459,845	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG056534-05				$17,230	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG058639-05			$791,606	$3,784,456	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG058856-05				$107,222	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG059716-05			$241,929	$365,572	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG061138-05			$72,016	$629,906	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	3R01AG061161-05S1			$23,984	$1,115,652	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1RF1AG061351-01 (Yr 5)			$435,157	$735,834	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG061518-05			$490,840	$1,284,247	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG062499-05			$68,122	$451,302	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG062574-05				$660,993	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG062826-05			$11,469	$1,203,974	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R21AG063126-02				$24,535	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG065249-04				$708,189	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG065550-04				$522,040	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R56AG068026-02			$80,626	$73,069	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG068606-04			$34,364	$390,210	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG069795-05			$118,365	$632,667	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG071439-04			$558,134	$1,014,620	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG073439-04			$241,910	$1,052,100	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	3U24AG074855-03S1			$4,190,337	$6,469,574	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R44 AG058268	Xyken, LLC	R44 AG058268		($87)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC72190(RF1AG059869)	Johns Hopkins	VUMC72190(RF1AG059869)		$284,281	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R01 AG059861	Ohio State University	R01 AG059861		($5,579)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC75015(R01AG064800)	University of Washington	VUMC75015(R01AG064800)		$21,143	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R56 AG061522	Dartmouth College	R56 AG061522		($166)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC78764(R01AG066159)	University of Vermont and State Agricultural College	VUMC78764(R01AG066159)		$873,770	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC79115(R01AG064950)	Vanderbilt University	VUMC79115(R01AG064950)		$124,817	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	RF1 AG063755	The Jackson Laboratory (Maine)	RF1 AG063755		$5,072	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC80631(R01AG064950)	Vanderbilt University	VUMC80631(R01AG064950)		$6,874	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC78417(R61AG066543)	University of Southern California	VUMC78417(R61AG066543)		$30,907	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC84495(P01AG027296)	Brown University	VUMC84495(P01AG027296)		$99,996	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC83142(R01AG059417)	California Pacific Medical Center Research Insitute	VUMC83142(R01AG059417)		$23,614	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC84924(R01AG062685)	Vanderbilt University	VUMC84924(R01AG062685)		$20,844	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC82873(U19AG065188)	Duke Clinical Research Institute	VUMC82873(U19AG065188)		$137,304	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC84035(U19AG065188)	Duke University	VUMC84035(U19AG065188)		$49,917	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC87897(U01AG068057)	University of Southern California	VUMC87897(U01AG068057)		$129,873	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC86269(R01AG061848)	University of Southern California	VUMC86269(R01AG061848)		$8,899	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC86263(R01AG054029)	University of Southern California	VUMC86263(R01AG054029)		$9,509	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC87263(AG066543)	University of Southern California	VUMC87263(AG066543)		$8,440	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC91810(U19AG063911)	Mayo Clinic Hospital	VUMC91810(U19AG063911)		$607,574	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC93653(R01AG069900)	Vanderbilt University	VUMC93653(R01AG069900)		$487,210	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC86973(R01AG061325)	University of Tennessee Health Sciences Center	VUMC86973(R01AG061325)		$166,544	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC95270(75N91021P00873)				$37,249	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC94198(RF1AG060745)	Vanderbilt University	VUMC94198(RF1AG060745)		$31,473	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC96005(R21AG072101)	University of Vermont and State Agricultural College	VUMC96005(R21AG072101)		$10,038	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC96414(R21AG072188)	Vanderbilt University	VUMC96414(R21AG072188)		$12,667	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC96729(P30AG024968)	University of Southern California	VUMC96729(P30AG024968)		$21,411	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K01AG077038-03				$131,427	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG073633-03			$184,479	$687,633	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1R21AG075643-01				$211,591	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG076785-03				$970,275	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R21 AG071975	Vanderbilt University	R21 AG071975		($217)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R01 AG076129	The Jackson Laboratory - Sacramento,CA	R01 AG076129		($3,793)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	T32 AG058524	Vanderbilt University	T32 AG058524		($3,305)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K25AG076864-03				$172,199	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC104581(P30AG066619)	University of Chicago	VUMC104581(P30AG066619)		$18,669	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC104354(R56AG047992)	University of Southern California	VUMC104354(R56AG047992)		$168,954	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC75714(R24AG064025)	Northern California Institute for Research and Education	VUMC75714(R24AG064025)		$54,371	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
AGING RESEARCH	93.866	3F32AG076276-01S1				$14,350	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC104284(R01AG064950)	Vanderbilt University	VUMC104284(R01AG064950)		$9,133	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1R56AG074279-01A1			$28,705	$147,687	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	3RF1AG075341-01A1S1				$825,634	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC92131(T32AG058524)	Vanderbilt University	VUMC92131(T32AG058524)		($6,304)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	7R21AG071975-02			$32,610	$118,431	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R21AG080420-02				$38,350	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC108514(R24AG064025)	Northern California Institute for Research and Education	VUMC108514(R24AG064025)		$14,558	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC97851(R01AG059729)	University of Michigan	VUMC97851(R01AG059729)		$115,676	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC109009(R01AG071807)	Wake Forest University Health Sciences	VUMC109009(R01AG071807)		$8,590	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC108492	Dartmouth College	VUMC108492		$124,139	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC107989(R01AG079118)	Augusta University	VUMC107989(R01AG079118)		$21,168	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	R01 AG074012	The Jackson Laboratory - Sacramento,CA	R01 AG074012		($3,484)	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC107114(R44AG076072)	CND Life Sciences	VUMC107114(R44AG076072)		$51,511	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC106798(R01AG06702)	Icahn School of Medicine at Mount Sinai	VUMC106798(R01AG06702)		$87,505	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC108691(R01AG078803)	Vanderbilt University	VUMC108691(R01AG078803)		$312,124	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R21AG082416-02				$346,821	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC109238(R21AG073891)	Vanderbilt University	VUMC109238(R21AG073891)		$69,123	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K76AG064426-05				$400,206	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC113919(T32AG058524)	Vanderbilt University	VUMC113919(T32AG058524)		$85,773	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1K01AG073587-01A1				$72,678	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC113910(T32AG058524)	Vanderbilt University	VUMC113910(T32AG058524)		$67,457	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5K01AG083223-02				$106,625	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	5R01AG083736-02			$191,280	$449,139	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC113402(R01AG076998)	Weill Medical College of Cornell University	VUMC113402(R01AG076998)		$83,608	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC114481(R24AG064025)	Northern California Institute for Research and Education	VUMC114481(R24AG064025)		$116,592	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118449(U19AG024904)	University of Wisconsin Madison	VUMC118449(U19AG024904)		$78,645	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1R01AG083159-01				$245,023	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC120159(U2CAG060426)	Northwestern University	VUMC120159(U2CAG060426)		$309,811	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1R01AG085287-01				$185,297	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC113796(DP2AG082342)	Massachusetts General Hospital	VUMC113796(DP2AG082342)		$353,363	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC114295(R01AG079142)	Massachusetts General Hospital	VUMC114295(R01AG079142)		$245,401	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC110165	VoiceLove LLC	VUMC110165		$220,453	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1K01AG083133-01				$118,653	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC116307(U19AG024904)	University of Southern California	VUMC116307(U19AG024904)		$11,992	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC114008(1R01AG078452-01A1)	University of Texas Health Sciences Center at Houston	VUMC114008(1R01AG078452-01A1)		$285,907	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC114289(R24AG064025)	Northern California Institute for Research and Education	VUMC114289(R24AG064025)		$34,623	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC114401(R01AG073317)	NATIONAL JEWISH HEALTH	VUMC114401(R01AG073317)		$17,849	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118007(R01AG053798)	University of Southern California	VUMC118007(R01AG053798)		$810	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118453(U24AG057437)	University of Southern California	VUMC118453(U24AG057437)		$250,188	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118258(R01AG077644)	Vanderbilt University	VUMC118258(R01AG077644)		$26,906	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	1R01AG085873-01				$904,248	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118215(RF1AG063755)	University of Michigan	VUMC118215(RF1AG063755)		$226,737	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118384(R01AG074012)	University of Michigan	VUMC118384(R01AG074012)		$670,903	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC118333(1U01AG082350-01A1)	University of Wisconsin Madison	VUMC118333(1U01AG082350-01A1)		$306,748	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
AGING RESEARCH	93.866	VUMC116623(R01AG075073)	National Bureau of Economic Research, Incorporated	VUMC116623(R01AG075073)		$46,025	$44,706,437	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5K08EY029006-05				$29,158	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5K08EY032620-04				$209,115	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5P30EY008126-36			$376,650	$831,731	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY013760-16				$596,988	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY020894-12			$2,854	$438,060	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	3R01EY022349-11S1			$4,086	$4,086	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY023397-10			$9,119	$164,845	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY027746-05				($1,500)	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY028133-05			$162,795	$319,216	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY029693-05				$372,478	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY031315-04				$430,713	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R21EY032592-02			$62,219	$72,429	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	1R21EY032724-01				$70,542	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R21EY033473-02				$71,182	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
VISION RESEARCH	93.867	5U24EY029893-05			$497,937	$1,082,749	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	R01 EY027729	Vanderbilt University	R01 EY027729		$332	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC71183(U24EY029903)	Stanford University	VUMC71183(U24EY029903)		$85,796	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC76073(UG1EY011751)(Master VUMC#7058)	Jaeb Center for Health Research	VUMC76073(UG1EY011751)(Master VUMC#7058)		$450	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC80459(R01EY030490)	Vanderbilt University	VUMC80459(R01EY030490)		$2,246	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC86500(U54EY032442)	Vanderbilt University	VUMC86500(U54EY032442)		$56,524	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	UG1 EY011751	Jaeb Center for Health Research	UG1 EY011751		($199)	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC89460(R01EY031769)	Vanderbilt University	VUMC89460(R01EY031769)		$2,246	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC93134(R01EY032670)	Vanderbilt University	VUMC93134(R01EY032670)		$32,814	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC94842(UG1EY031651)	University of Pittsburgh	VUMC94842(UG1EY031651)		$51,563	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC94576(UG1EY029658)	University of California-San Francisco	VUMC94576(UG1EY029658)		$6,136	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC105698(R34EY034407)	AXONIS	VUMC105698(R34EY034407)		$39,459	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R21EY034313-02				$235,893	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY024997-08				$483,859	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC103550(UG1EY033293)	Johns Hopkins University School of Medicine	VUMC103550(UG1EY033293)		$25,706	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC73899(UG1EY028091)	Johns Hopkins	VUMC73899(UG1EY028091)		$22,748	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	1U24EY035075-01				$365,030	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	5R01EY024373-07				$174,981	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC115799(UG1EY011751)	Jaeb Center for Health Research	VUMC115799(UG1EY011751)		$29,732	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC117215(R44EY028058)	Human Cell Co	VUMC117215(R44EY028058)		$132,228	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
VISION RESEARCH	93.867	VUMC106408(UG1EY014231)	Jaeb Center for Health Research	VUMC106408(UG1EY014231)		$5,443	$6,444,779	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	5R01LM010685-13				$402,004	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	5R01LM012854-04				$201,955	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	7R01LM012964-04			$26,418	($121,710)	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC62581(T15LM007450)	Vanderbilt University	VUMC62581(T15LM007450)		$1,932	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC96199(R01LM012806)	University of Texas Health Sciences Center at Houston	VUMC96199(R01LM012806)		$32,887	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	5R21LM013807-02				$181,622	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC104026(T15LM007450)	Vanderbilt University	VUMC104026(T15LM007450)		$66,109	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC104848(2T15LM007450-21)	Vanderbilt University	VUMC104848(2T15LM007450-21)		$2,130	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	1K99LM014097-01				($1,343)	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	5R01LM013995-02			$39,005	$251,132	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC105193(T15LM007450)	Vanderbilt University	VUMC105193(T15LM007450)		$44,354	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC107048(R25LM014216)	Meharry Medical College	VUMC107048(R25LM014216)		$23,626	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC111788(R01LM013712)	Yale University	VUMC111788(R01LM013712)		$36,475	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC120440(5T15LM007450)	Vanderbilt University	VUMC120440(5T15LM007450)		$61,617	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC114559(5T15LM007450)	Vanderbilt University	VUMC114559(5T15LM007450)		$62,029	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	4R00LM014097-02				$241,687	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	VUMC115638(R01LM014199)	Ohio State University	VUMC115638(R01LM014199)		$122,426	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
MEDICAL LIBRARY ASSISTANCE	93.879	1K99LM014429-01				$39,133	$1,648,065	RESEARCH AND DEVELOPMENT	$586,818,025
PRIMARY CARE TRAINING AND ENHANCEMENT	93.884	VUMC90245(T0BHP33102)	Meharry Medical College	VUMC90245(T0BHP33102)		$24,258	$24,258	RESEARCH AND DEVELOPMENT	$586,818,025
CANCER PREVENTION AND CONTROL PROGRAMS FOR STATE, TERRITORIAL AND TRIBAL ORGANIZATIONS	93.898	VUMC66089	Tennessee Department of Health Services	VUMC66089	$63,750	$152,555	$152,555	RESEARCH AND DEVELOPMENT	$586,818,025
HIV EMERGENCY RELIEF PROJECT GRANTS	93.914	VUMC55315 (55320 and 51640) (Ryan White)	Metropolitan Nashville & Davidson County	VUMC55315 (55320 and 51640) (Ryan White)		$113	$766,104	N/A	$0
HIV EMERGENCY RELIEF PROJECT GRANTS	93.914	VUMC55315	Metropolitan Nashville & Davidson County	VUMC55315		$765,991	$766,104	N/A	$0
HIV CARE FORMULA GRANTS	93.917	VUMC39267(Ryan White Part B)(Edison ID 83285)	Tennessee Department of Health Services	VUMC39267(Ryan White Part B)(Edison ID 83285)		$893,645	$893,645	N/A	$0
COVID-19 GRANTS TO PROVIDE OUTPATIENT EARLY INTERVENTION SERVICES WITH RESPECT TO HIV DISEASE	93.918	6H76HA30761-09-01				$773,632	$773,632	N/A	$0
HIV DEMONSTRATION, RESEARCH, PUBLIC AND PROFESSIONAL EDUCATION PROJECTS	93.941	5U01PS005240-04			$356,502	$608,761	$608,761	RESEARCH AND DEVELOPMENT	$586,818,025
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	5NU58DP007307-02-00				$306,080	$343,469	RESEARCH AND DEVELOPMENT	$586,818,025
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946	5NU58DP007307-02-00				$37,389	$343,469	RESEARCH AND DEVELOPMENT	$586,818,025
BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES	93.958	VUMC116403 Edison ID 79978				$45,668	$45,668	N/A	$0
PPHF GERIATRIC EDUCATION CENTERS	93.969	6U1QHP33085-05-04			$458,118	$797,666	$797,666	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	3D43TW009337-11S2			$96,652	$170,564	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5D43TW009745-09				($84)	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5U2RTW011248-04				($778)	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5D43TW011544-05			$149,840	$420,263	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5D43TW011949-04			$76,873	$142,674	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5G11TW011819-03			$32,894	$112,798	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5R21TW011327-02			$26,255	$77,429	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	VUMC95340(D43TW009744)	University of Zambia	VUMC95340(D43TW009744)		$112,876	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5D43TW012268-03			$50,409	$299,796	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	VUMC63949(D43TW010559)	University of Cape Town	VUMC63949(D43TW010559)		$17,189	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	VUMC111538(U2RTW011248)	Tulane University	VUMC111538(U2RTW011248)		$30,378	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5D43TW012468-02			$107,797	$232,308	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	VUMC112100(D43TW009745)	Tulane University	VUMC112100(D43TW009745)		$25,699	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	5R21TW012635-02			$55,550	$211,339	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	1R25TW012715-01				$25,431	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	1D43TW012750-01				$1,711	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	1D43TW012727-01				$4,670	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
INTERNATIONAL RESEARCH AND RESEARCH TRAINING	93.989	VUMC116123(R21TW012644)	LES CENTRES GHESKIO	VUMC116123(R21TW012644)		$1,248	$1,885,511	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	VUMC04734(Edison ID 65891)	State of Tennessee	VUMC04734(Edison ID 65891)		($1,938)	$505,933	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	VUMC06072(Edison ID: 82876)	State of Tennessee	VUMC06072(Edison ID: 82876)		$295,738	$505,933	RESEARCH AND DEVELOPMENT	$586,818,025
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	VUMC04734(Edison ID 78300)				$212,133	$505,933	RESEARCH AND DEVELOPMENT	$586,818,025
AUTISM AND OTHER DEVELOPMENTAL DISABILITIES, SURVEILLANCE, RESEARCH, AND PREVENTION	93.998	6NU53DD000010-04-01				($8,434)	($8,434)	N/A	$0
AUTISM AND OTHER DEVELOPMENTAL DISABILITIES, SURVEILLANCE, RESEARCH, AND PREVENTION	93.998	5NUR3DD000107-02				$442,061	$442,061	N/A	$0
Department of Health and Human Services	93.RD	VUMC78931(75N93019C00074)			$813,938	$1,634,682	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	75D30121C10094				($206,989)	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	75N93019C00052	University of Georgia	75N93019C00052		($169)	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC93909(Master VUMC86922)(75F40119D10037/75F40119F19002)(WO2005) VUMC93894(Master VUMC86922)(75F40119D10037/75F40119F19002)(WO2006)	Harvard Pilgrim Health Care	VUMC93909(Master VUMC86922)(75F40119D10037/75F40119F19002)(WO2005) VUMC93894(Master VUMC86922)(75F40119D10037/75F40119F19002)(WO2006)		$112,316 $6,358	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC99463(75D30122C13379)			$79,849	$9,546,436	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC96364(75N93020C00027)	IDBiologics, LLC	VUMC96364(75N93020C00027)		$37,248	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC76957(75N95D22P00141)				$17,927	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC103743(75N91019D00024/75N91020F00025)	Leidos Biomedical Research, Inc.	VUMC103743(75N91019D00024/75N91020F00025)	$148,925	$236,594	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC105465(75N91019D00024)	Leidos Biomedical Research, Inc.	VUMC105465(75N91019D00024)		$233,354	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC106147(75D30122F00006)(TO6)				$363,903	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC106248(75P00122C00034)			$80,670	$118,643	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC105199			$10,946,449	$15,737,771	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC107497(U24HL157560)	National Marrow Donor Program (BeTheMatch Foundation)	VUMC107497(U24HL157560)		$4,668	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC107712(WDR5-MLL1)	Vanderbilt University	VUMC107712(WDR5-MLL1)		$119	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC107713	Vanderbilt University	VUMC107713		($223)	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC108939(Master VUMC86922)(75F40119D10037)(75F40119F19002)(WO2020)	Harvard Pilgrim Health Care	VUMC108939(Master VUMC86922)(75F40119D10037)(75F40119F19002)(WO2020)		$263,377	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC106816(75D30121C10166)	Denver Health and Hospital Authority	VUMC106816(75D30121C10166)		$23,216	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC106140(75D30122C13330)	Boston Childrens Hospital	VUMC106140(75D30122C13330)		$241,374	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	75D30120C08171 VUMC104756 VUMC114252(Master VUMC86922)	Johns Hopkins University School of Medicine	75D30120C08171 VUMC104756 VUMC114252(Master VUMC86922)		$72,136	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	(75F40119D10037/7540119f19002)(WO2018)	Harvard Pilgrim Health Care	(75F40119D10037/7540119f19002)(WO2018)		$23,912	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC115170(75D30121C12297)	Kaiser Permanente	VUMC115170(75D30121C12297)		$22,510	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC116488(75D30123C17674)			$336,766	$2,218,880	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC116587 (75D30123D17951)				$813,182	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC115027(75N91019D00024-75N91020F00003)	University of Pittsburgh	VUMC115027(75N91019D00024-75N91020F00003)		$8,043	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC108487(75D30122C13330)	Boston Childrens Hospital	VUMC108487(75D30122C13330)		$18,679	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC116136(75A50123C00042)	The Charles Stark Draper Laboratory, Inc.	VUMC116136(75A50123C00042)		$46,722	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC117701(Master VUMC64369)(OLA16699)	Leidos Biomedical Research, Inc.	VUMC117701(Master VUMC64369)(OLA16699)		$453,948	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC(1OT2OD032581-02)	University of North Texas HSC	VUMC(1OT2OD032581-02)		$52,353	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC118161(22X099 7C)	Vanderbilt University	VUMC118161(22X099 7C)		$7,063	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC118160(22X099 7C)	Vanderbilt University	VUMC118160(22X099 7C)		$5,038	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC114797(75N93019D00031)	Johns Hopkins University School of Medicine	VUMC114797(75N93019D00031)		$64,167	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC120979(Master VUMC86922)(WO2024)(75F40119D10037)	Harvard Pilgrim Health Care	VUMC120979(Master VUMC86922)(WO2024)(75F40119D10037)		$11,068	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC120985(WO2028)(75F40119D10037)(Master VUMC86922)	Harvard Pilgrim Health Care	VUMC120985(WO2028)(75F40119D10037)(Master VUMC86922)		$61,943	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC119843 (75N92022D00015-75N92022F00003)	Cepheid	VUMC119843 (75N92022D00015-75N92022F00003)		$37,581	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
Department of Health and Human Services	93.RD	VUMC122752(NHLBI Contract)	Westat, Inc.	VUMC122752(NHLBI Contract)		$3,421	$32,291,251	RESEARCH AND DEVELOPMENT	$586,818,025
TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES					$110,972,485	$611,439,369			
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT									
USAID FOREIGN ASSISTANCE FOR PROGRAMS OVERSEAS	98.001	VUMC95441(7200AA21CA00010)	Yale University	VUMC95441(7200AA21CA00010)		$196,673	$196,673	N/A	$0
TOTAL U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT						$196,673			
TOTAL EXPENDITURE OF FEDERAL AWARDS					$116,880,975	$646,721,722			

Please Note:
Italicized award lines indicate pass-through funding

The accompanying Notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance are an integral part of the schedule.

VANDERBILT UNIVERSITY MEDICAL CENTER
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
Fiscal Period 7/1/2023 - 6/30/2024

Federal Awarding Agency/Program Title	*Assistance Listing Number*	*Additional Award Identification*	*Name of Funder Pass-Through Entity*	*Identifying Number Assigned By Funder Pass-Through Entity*	*Total Amount Provided to Sub-Recipients*	*Federal Expenditures*	*Federal Program Total*	*Cluster Name*	*Cluster Total*
TOTAL EXPENDITURE OF FEDERAL AWARDS					**$116,880,975**	**$646,721,722**			
STATE FINANCIAL ASSISTANCE									
PSYLTDHDDFET MW				*6442:STTN BOP*		*$168,186*			
DOC (BOP) RISK ASSESSMENTS				*6442:STTN BOP*		*$125,272*			
COMMUNITY FORENSIC-JUV CT EVALUATIONS				*6442:STTN CFJCE*		*$3,850*			
233330:QUALITY IMPROVEMENT COLLABORATIVE FOR COVID-19 P				*233330:ST TN*		*$86,058*			
75756:COMPREHENSIVE CARE CLINIC FOR STATE APPROVED CLIENTS				*75756:ST TN*		*$105,300*			
215466:THE ENHANCEMENT GOALS OF CARE DISCUSSIONS IN TN LTC FACIL				*215466:ST TN*		*$232,159*			
80162: (Program Innovation) TRIAD Consultation Services				*80162: ST TN*		*$234,719*			
65891:GENETIC SCREENING,TESTING, COUNSELING-STATE FUND				*65891:ST TN*		*$767,826*			
34001-99205:CLOVER BOTTOM NEUROLOGY SPASTICITY CLINICS				*34001-9925:ST TN*		*$118,108*			
62967:MED-ASSISTED TREATMENT SERVICES				*62967:MED-ASSISTED TRT*		*$8,030*			
67188:POISON CONTROL SERVICES				*67188:ST TN*		*$374,973*			
74585:SAFE BABY COURTS-STATE				*74585:ST TN*		*$59,628*			
74876:TENNESSEE INTEGRATED COURT SCREENING AND REFERRAL PROJ				*74876:ST TN*		*$39,725*			
81215:RedCAP DATA ANALYSIS				*81215:ST TN*		*$8,976*			
80847:BEHAVIORAL HEALTH INFRASTRUCTURE				*80847:ST TN*		*$252,681*			
81298:ATTACHMENT, REGULATION AND COMPETENCY (ARC) SERVICES				*81298:ST TN*		*$52,657*			
82873:ASSESSMENT MANAGEMENT RPF#35910-10580				*82873:ST TN*		*$1,872,685*			
81216:QUALITY IMPROVEMENT AND DATA MANAGEMENT (QIDM)				*81216:ST TN*		*$93,305*			
INTERNAL CAR SEAT PROGRAM				*STATE OF TENNESSEE*		*$3,380*			
TOTAL STATE FINANCIAL ASSISTANCE					$0	*$4,607,518*			
TOTAL EXPENDITURE OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE					**$116,880,975**	**$651,329,240**			

Please Note:
The accompanying Notes to the Schedule of Expenditures of Federal Awards are an integral part of the schedule.

Vanderbilt University Medical Center

Notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance

For the Year Ended June 30, 2024

1. Significant Accounting Policies Used in Preparing the Schedule of Expenditures of Federal Awards and State Financial Assistance

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance (the Schedule) includes the activity of Vanderbilt University Medical Center (VUMC) under programs of the federal government and of the State of Tennessee for the year ended June 30, 2024. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State of Tennessee Audit Manual. For purposes of the Schedule, federal and state awards include all grants, contracts, and similar agreements entered into directly between VUMC and agencies and departments of the federal government and all subawards to VUMC by organizations pursuant to federal grants, contracts, and similar agreements, and agencies and departments of the Tennessee state government, including federal awards passed through by the state of Tennessee.

2. 10% De Minimis Cost Rate

VUMC did not use the de minimis cost rate.

3. Summary of Significant Accounting Policies for the Schedule

For purposes of the Schedule, expenditures for federal and state programs are recognized on the accrual basis, which is consistent with accounting principles generally accepted in the United States of America. Expenditures for federal and state awards of VUMC are determined using the cost accounting principles and procedures set forth in the Uniform Guidance and the State of Tennessee Audit Manual. Under these cost principles, certain expenditures are not allowable or are limited as to reimbursement. Negative amounts represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Uniform Guidance Reports and Schedule

Ernst & Young LLP
Suite 2100
222 2nd Avenue South
Nashville, TN 37201

Tel: +1 615 252 2000
ey.com

Shape the future with confidence

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Senior Management and the Board of Directors
Vanderbilt University Medical Center

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of Vanderbilt University Medical Center (VUMC), which comprise the consolidated balance sheet as of June 30, 2024, and the related consolidated statements of operations, changes in net assets and cash flows for the year then ended, and the related notes (collectively referred to as the "financial statements"), and have issued our report thereon dated September 30, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered VUMC's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of VUMC's internal control. Accordingly, we do not express an opinion on the effectiveness of VUMC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

A member firm of Ernst & Young Global Limited

Shape the future
with confidence

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether VUMC's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Ernst & Young LLP

September 30, 2024

A member firm of Ernst & Young Global Limited

Ernst & Young LLP
Suite 2100
222 2nd Avenue South
Nashville, TN 37201

Tel: +1 615 252 2000
ey.com

Shape the future with confidence

Report of Independent Auditors on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Senior Management and the Board of Directors
Vanderbilt University Medical Center

Report of Independent Auditors on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Vanderbilt University Medical Center's (VUMC) compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of VUMC's major federal programs for the year ended June 30, 2024. VUMC's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, VUMC complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of VUMC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on compliance for each major federal program. Our audit does not provide a legal determination of VUMC's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to VUMC's federal programs.

A member firm of Ernst & Young Global Limited

Shape the future
with confidence

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on VUMC's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about VUMC's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding VUMC's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of VUMC's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of VUMC's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as follows:

Finding No.	**Assistance Listing No.**	**Program** (*or Cluster*) **Name**	**Compliance Requirement**
2024-001	93.145	HIV-Related Training and Technical Assistance – Aids Education and Training Centers program	Reporting

Our opinion on the major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on VUMC's response to the noncompliance finding identified in our audit described in the accompanying schedule of findings and questioned costs. VUMC's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

A member firm of Ernst & Young Global Limited

Shape the future
with confidence

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance, and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the following deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs to be a significant deficiency.

Finding No.	**Assistance Listing No.**	**Program** (*or Cluster*) **Name**	**Compliance Requirement**
2024-001	93.145	HIV-Related Training and Technical Assistance – Aids Education and Training Centers program	Reporting

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on VUMC's response to the internal control over compliance finding identified in our audit described in the accompanying schedule of findings and questioned costs. VUMC's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Ernst & Young LLP

March 21, 2025

A member firm of Ernst & Young Global Limited

Vanderbilt University Medical Center

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2024

Section I—Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified			
Internal control over financial reporting:				
Material weakness(es) identified?		**yes**	X	**no**
Significant deficiency(ies) identified?		**yes**	X	**none reported**
Noncompliance material to financial statements noted?		**yes**	X	**no**

Federal Awards

Internal control over major federal programs:				
Material weakness(es) identified?		**yes**	X	**no**
Significant deficiency(ies) identified?	X	**yes**		**none reported**
Type of auditor's report issued on compliance for major federal programs:	Unmodified			
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	X	**yes**		**no**

Identification of major federal programs:

Assistance Listing number(s)	**Name of federal program or cluster**
Various	Research & Development Cluster
93.145	HIV-Related Training and Technical Assistance – Aids Education and Training Centers

Dollar threshold used to distinguish between Type A and Type B programs:	$ 3,000,000			
Auditee qualified as low-risk auditee?		**yes**	X	**no**

Section II—Financial Statement Findings

None noted.

Section III—Federal Award Findings and Questioned Costs

Finding 2024-001

Information on the Federal Program:

Federal Program: HIV - Related Training and Technical Assistance - Aids Education and Training Centers

Assistance Listing: 93.145

Federal Agency: U.S. Department of Health and Human Services – Health Resources and Services Administration (HRSA)

Grant Award Number: 6 U1OHA30535-08-01

Award Periods: July 1, 2023 through June 30, 2024

Pass-Through Agency: Columbia University
Grant Award Number: U1SHA46532
Award Periods: September 1, 2023 through August 31, 2024

Criteria or Specific Requirement (Including Statutory, Regulatory, or Other Citation):

2 CFR 200.303 requires that a non-Federal entity must "(a) establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

The Uniform Guidance 2 CFR section 200.510 states, "(b) Schedule of expenditures of Federal awards. The auditee must also prepare a schedule of expenditures of Federal awards (SEFA) for the period covered by the auditee's financial statements, which must include the total Federal awards expended as determined in accordance with §200.502, Basis for determining Federal awards expended."

Condition:

The Schedule of Expenditures of Federal Awards (the Schedule) did not accurately classify the HIV-Related Training and Technical Assistance – Aids Education and Training Centers program. The final Schedule was corrected for the misclassification.

Cause:

The internal control over the SEFA reporting process was not operating effectively to appropriately classify grant awards on the SEFA.

Effect or Potential Effect:

Management included the HIV-Related Training and Technical Assistance grant (Assistance Listing 93.145) in the amount of $5,642,581 in the Research & Development (R&D) cluster.

Questioned Costs:

None.

Context:

Total R&D Cluster expenses included on the draft Schedule was $592,460,606 for the year ended June 30, 2024. Total R&D expenses included on the final Schedule were $586,818,025 for the year ended June 30, 2024. Total expenditures on the SEFA did not change.

Identification as a Repeat Finding, if Applicable

This is not a repeat finding.

Recommendation:

We recommend that management implement more robust controls to ensure accurate reporting of federal awards on the SEFA.

Management's Response:

Department of Health and Human Services – Health Resources and Services Administration (HRSA) updated the award template utilizing a new federal format. Modification of this federal award template has allowed HRSA to indicate/flag (item 18 in the Notice of Grant Award - R&D "no") whether the federal program is R&D in a manner not previously recorded or visible. This indicator flag now indicates AETC is non-R&D, therefore, we have reflected it appropriately in the FY24 SEFA.

We will strengthen our controls for monitoring the cluster to ensure appropriate classification paying attention to any indications in the Notice of Grant Award.

EY | Building a better working world

EY is building a better working world by creating new value for clients, people, society and the planet, while building trust in capital markets.

Enabled by data, AI and advanced technology, EY teams help clients shape the future with confidence and develop answers for the most pressing issues of today and tomorrow.

EY teams work across a full spectrum of services in assurance, consulting, tax, strategy and transactions. Fueled by sector insights, a globally connected, multidisciplinary network and diverse ecosystem partners, EY teams can provide services in more than 150 countries and territories.

All in to shape the future with confidence.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2025 Ernst & Young LLP.
All Rights Reserved.

ey.com

Cecelia B. Moore
Chief Financial Officer and Treasurer, VUMC Finance

Management's Corrective Action Plan

For the Year Ended June 30, 2024

Finding 2024-001

Information on the Federal Program:

Federal Program: HIV - Related Training and Technical Assistance - Aids Education and Training Centers
Assistance Listing: 93.145
Federal Agency: U.S. Department of Health and Human Services – Health Resources and Services Administration (HRSA)
Grant Award Number:6 U1OHA30535-08-01
Award Periods: July 1, 2023 through June 30, 2024

Pass-Through Agency: Columbia University
Grant Award Number: U1SHA46532
Award Periods: September 1, 2023 through August 31, 2024

Corrective Action Plan:

Department of Health and Human Services – Health Resources and Services Administration (HRSA) updated the award template utilizing a new federal format. Modification of this federal award template has allowed HRSA to indicate/flag (item 18 in the Notice of Grant Award - R&D "no") whether the federal program is R&D in a manner not previously recorded or visible. This indicator flag now indicates AETC is non-R&D, therefore, we have reflected it appropriately in the FY24 SEFA.

We will strengthen our controls for monitoring the cluster to ensure appropriate classification paying attention to any indications in the Notice of Grant Award.

Paula Yarbrough, VUMC Director – Grants and Contract will be responsible for the implementation by fiscal year-end 2025.

Summary Schedule of prior audit findings
For the Year Ended June 30, 2023 and 2022

Finding 2023-001

Federal Grantor: United States Department of Health and Human Services (HHS)

Research & Development Cluster

Assistance Listing No.: 93.110, 93.113, 93.121, 93.172, 93.242, 93.279, 93.389, 93.393, 93.394, 93.395, 93.396, 93.837, 93.846, 93.847, 93.849, 93.853, 93.855, 93.865, 93.RD.

VUMC did perform a physical inventory during fiscal year 2023, but our documentation did not adequately support the existence of all fixed assets. VUMC will improve the internal controls around our fixed asset physical inventory procedures by ensuring that we document the location and existence of all fixed assets ensuring completeness of the physical inventory performed and allowing for reperformance by our auditors. VUMC will also improve the documentation for disposals ensuring that the required criteria under section 200.313(e) are met and can be evidenced to allow for reperformance by our auditors.

Paula Yarbrough, VUMC Director – Grants and Contracts, will be responsible for implementation by fiscal year end 2024.

Status: Management began its implementation plans at the end of FY 2024 and new processes were put in place in FY 2025 over fixed asset inventory procedures.

Finding 2022-001

Federal Grantor: United States Department of Health and Human Services, Health Resources and Services Administration (HRSA)
Assistance Listing No.: 93.461, COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund

Management agrees with this finding and performed a review of claims submitted to the HRSA COVID-19 Uninsured Program identifying payments for ineligible services and refunded the entire overpayment amount. In March 2022, HRSA announced the discontinuance of the HRSA COVID-19 Uninsured Program and therefore remediation of internal controls is no longer applicable.

Paula Yarbrough, VUMC Director – Grants and Contracts, will be responsible for implementation by fiscal year end 2023.

Status: The corrective action plan was taken.

Finding 2022-002

Federal Agency: U.S. Department of Health and Human Services
Assistance Listing No.: 93.067, Global AIDS
Award Number: 6 NU2GGH001943-05-09

VUMC is a prime recipient of funding from The Centers for Disease Control and Prevention related to the Global Aids grant and made first tier subawards of greater than $30,000. VUMC reported the subaward from VUMC, the prime, to Friends in Global Health, the subrecipient as a single report in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS) instead of filing a separate report for each subaward. Procedures and internal controls were in place for first tier subawards.

VUMC has changed procedures and internal controls to report each Global Aid subaward separately in FSRS. All subawards have been reported in FY23 in compliance with the Transparency Act.

Paula Yarbrough, VUMC Director – Grants and Contracts, will be responsible for implementation by fiscal year end 2023.

Status: The corrective action plan was taken.

Finding 2022-003

Federal Agency:	U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA)
Assistance Listing No.:	93.498 COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

All expenditures included by VUMC Management (Management) in its submissions in the Department of Health and Human Services (HHS) portal were verified against HHS guidance to ensure allowability. Management understands that additional audit evidence must be retained at a detailed enough level to allow the auditor to meet their reperformance standard. Management believes that our control risk is mitigated by the fact that our lost revenues far exceed any provider relief funding received. However, should management need to report any future eligible expenses in the HHS portal, we will retain additional audit evidence to enable auditor reperformance of the controls regarding allowability of expenditures.

Management also established appropriate review and approval controls surrounding the performance and review of the lost revenue analytic and the subsequent reporting of lost revenue in the HHS portal. Management retained documentation to support execution of this control, however, management understand that additional audit evidence supporting the reviews was not available to the auditor to evidence execution of this control. Management will retain additional audit evidence to allow the auditor to reperform execution of this control for future HHS portal submissions.

Paula Yarbrough, VUMC Director – Grants and Contracts, will be responsible for implementation by fiscal year end 2023.

Status: The corrective action plan was taken.

Certificate of Insurance Issue Date:8/13/25

Producer Self Insurance Vanderbilt University Medical Center c/o Risk and Insurance Management 3322 West End Ave, Suite 1100 Nashville, TN 37203	This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.
Insured Vanderbilt University Medical Center 3322 West End Ave, Suite 1100 Nashville, TN 37203	COMPANIES AFFORDING COVERAGE Company Letter A Vanderbilt Self Insured Trust Company Letter B Company Letter C Company Letter D

Coverages

This is to certify that 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 are subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

Co Ltr.	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability [X] Commercial General Liability [ ] Claims Made [X] Occurrence [ ] Owner's & Contractor's Prot. [ ]	Self-Insured Trust #43	07/01/2025	07/01/2026	General Aggregate Products-Comp/Op Aggr Personal & Adv. Injury Each Occurrence Med. Exp. (Any one person)	$1,000,000 $1,000,000 $1,000,000 $1,000,000 $5,000
	Automobile Liability [ ] Any Auto [ ] All Owned Autos [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos [ ] Garage Liability [ ]				Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage	
	Excess Liability [ ] Umbrella Form [ ] Other than Umbrella Form				Each Occurrence Aggregate	
	[ ] Workers' Compensation and Employers' Liability				Statutory Limits Employers Liability Per occurrence	
A	Other [X] Professional Liability	Self-Insured Trust #43	07/01/2025	07/01/2026	$1,000,000 per Occurrence Limit $1,000,000 Aggregate Limit	

Description of Operations/Locations/Vehicles/Special Items

Evidence of coverage for contract between Metro Public Health Department and Vanderbilt University Medical Center. The certificate holder is included as additional insured in regard to general liability coverage. The evidenced General liability insurance includes coverage for sexual abuse and molestation at the policy limit of $1,000,000.

Certificate Holder	Cancellation
Metro Public Health Department Beverly Glaze-Johnson 2500 Charlotte Avenue Nashville, TN 37209	Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Authorized Representative

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2025

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 Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	**CONTACT NAME:** WTW Certificate Center **PHONE (A/C, No, Ext):** 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378 **E-MAIL ADDRESS:** certificates@wtwco.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #**
	INSURER A : Beazley Excess and Surplus Insurance Inc / 17520
INSURED Vanderbilt University Medical Center 3322 West End Ave, Suite 1100 Nashville, TN 37203	**INSURER B :**
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** W40030348 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Cyber Liability (Primary)			D2F6FB250501	07/01/2025	07/01/2026	Each Claim	$1,000,000
							Aggregate	$1,000,000
							Retention	$1,000,000

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

CERTIFICATE HOLDER

Metro Public Health Department
Attn: Beverly Glaze-Johnson
2500 Charlotte Avenue
Nashville, TN 37209

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



© 1988-2016 ACORD CORPORATION. All rights reserved.

SR ID: 28246069 BATCH: 4084616

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Gideons Army Grassroots Army for Children, ("Recipient"), is for the provision of the 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 implement "Gid University," a trauma-informed, youth-led workforce and leadership program for 30 youth ages 14–24 who are justice-impacted or violence-impacted and reside primarily in zip code 37208 and other high-risk Nashville neighborhoods.

The goal is to reduce participants' risk of violence involvement or victimization, strengthen family stability, and increase education and employment outcomes through healing-centered engagement.

The Recipient will use the funds to pay for the salaries of the program coordinator, education coordinator, a case manager and two (2) peer mentors and a portion of the program directors' salary as well as:

- Enroll 30 participants and maintain 80% retention rates for youths aged 24 and under.
- Seventy-five percent (75%) of participants will show improved coping and emotional regulation on cognitive and dialectical behavioral therapies.
- Provide 500 hours, per participant, in structured workforce development experiences.
- Seventy percent (70%) of participants will be employed or enrolled in school or training within 6 months of completion.
- Develop and produce 4 youth-led community projects with 80% of the participants showing leadership growth on a rubric.
- Provide monthly financial literacy classes with individualized coaching for participants aged 18 and over.
- Seventy-five percent (75%) of participating families will report improved communication and support.
- Reduce recidivism and reinjury to 10% or less of participants.

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 participants served.
- Frequency of services provided.
- Sign in sheets with dates and times of services or meetings.
- Monthly program progress reports
- 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 Three Hundred Seventy-Five Thousand dollars ($375,000). 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 healthap@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

Gideons Army Grassroots Army for Children
Executive Director
1804 14th Avenue N
Nashville, TN 37208

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: Gideons Army Grassroots Army for Children

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: _____

Grant contract between the Metropolitan Government of Nashville and Davidson County and Gideons Army Grassroots Army for Children Contract #_____

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:

A. Grant Spending Plan
B. Certificate of Assurance
C. Non-Profit Grants Manual Receipt Acknowledgement
D. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
E. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
F. Independent Audit completed by Certified Public Accountant
G. Certificate of Insurance

ATTACHMENT A

GRANT BUDGET

(BUDGET PAGE 1)

Gideons Army

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	Salaries2	$220,900.00	$0.00	$220,900.00
2	Benefits & Taxes	$58,644.04	$0.00	$58,644.04
4, 15	Professional Fee/ Grant & Award 2	$31,000.00	$0.00	$31,000.00
5	Supplies	$7,988.96	$0.00	$7,988.96
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	$3,000.00	$0.00	$3,000.00
11, 12	Travel/ Conferences & Meetings2	$10,000.00	$0.00	$10,000.00
13	Interest 2	$0.00	$0.00	$0.00
14	Insurance	$0.00	$0.00	$0.00
16	Specific Assistance To Individuals2	$15,000.00	$0.00	$15,000.00
17	Depreciation 2	$0.00	$0.00	$0.00
18	Other Non-Personnel 2	$28,467.00	$0.00	$28,467.00
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**	$375,000.00	$0.00	$375,000.00

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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Program Director	116667	x	30%	+	$	35,000.10
Program Coordinator	53500	x	100%	+	$	53,500.00
Education & Workforce Development Coordinator	55000	x	100%	+	$	55,000.00
High Risk Outreach Specialist/Casemanager (Part Time)	40000	x	100%	+	$	40,000.00
Peer Mentor 1 (Part Time)	18720	x	100%	+	$	18,720.00
Peer Mentor 2 (Part Time)	18720	x	100%	+	$	18,720.00
		x	100%	+	$	-
ROUNDED TOTAL					$	220,900.00

PROFESSIONAL FEE/ GRANT & AWARD		AMOUNT
Program Consulting	$	15,000.00
Bookkeeping	$	10,000.00
Admin Support (stipend)	$	6,000.00
ROUNDED TOTAL	$	31,000.00

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
Staff Training & Travel	$	10,000.00
ROUNDED TOTAL	$	10,000.00

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
Direct Assistance to Youth ($500 x 30 youth)	$	15,000.00
ROUNDED TOTAL	$	15,000.00

METROPOLITAN GOVERNMENT OF NASHVILLE 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

April 7, 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.

_____
Signature of Authorized Representative
Name: Rasheedat Fetuga
Title: Founder/President
Agency Name: Gideon's Army Grassroots Army for Children
Date: 06/30/2025

METROPOLITAN GOVERNMENT OF NASHVILLE 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

March 6, 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.*

Signature of Authorized Representative
Name: Rasheedat Fetuga
Title: Founder/President
Agency Name: Gideon's Army Grassroots Army for Children
Date: 06/30/2025

DEPARTMENT OF THE TREASURY

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

Date: JUL 27 2017

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
600 28TH AVENUE NORTH
NASHVILLE, TN 37209-0000

Employer Identification Number:
82-1741628
DLN:
26053605004227
Contact Person:
CUSTOMER SERVICE
ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
February 27, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

000891098

CHARTER
NONPROFIT CORPORATION

SS-4418

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
(615) 741-2286

Filing Fee: $100.00

For Office Use Only
-FILED-
Control # 000891098

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Gideon's Army Grassroots Army for Children

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: None

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
RASHEEDAT FETUGA
RASHEEDAT FETUGA
600 28TH AVE N
NASHVILLE, TN 37209-4003
DAVIDSON COUNTY

5. Fiscal Year Close Month: December **Period of Duration:** Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
This corporation is a ☑ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☐ religious corporation / ☑ not a religious corporation.
This corporation will ☑ have members / ☐ not have members.

9. The complete address of its principal office is:
RASHEEDAT FETUGA
600 28TH AVE N
NASHVILLE, TN 37209-4003
DAVIDSON COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

B0353-5134 02/27/2017 5:36 PM Received by Tennessee Secretary of State Tre Hargett

CHARTER
NONPROFIT CORPORATION

SS-4418

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
(615) 741-2286

Filing Fee: $100.00

For Office Use Only
-FILED-
Control # 000891098

The name of the corporation is: Gideon's Army Grassroots Army for Children

10. The complete mailing address of the entity (if different from the principal office) is:
RASHEEDAT FETUGA
600 28TH AVE N
NASHVILLE, TN 37209-4003

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	Rasheedat Fetuga	600 28TH AVE N	NASHVILLE, TENNESSEE (TN)

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by T.C.A. §48-51-303(a)(1).

☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).

☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Electronic	Incorporator
Signature	Title/Signer's Capacity
Rasheedat Fetuga	Feb 27, 2017 5:36PM
Printed Name	Date

B0353-5135 02/27/2017 5:36 PM Received by Tennessee Secretary of State Tre Hargett

Details ×

GIDEON'S ARMY GRASSROOTS ARMY FOR CHILDREN

3711 HYDES FERRY ROAD NASHVILLE TN 37218
RASHEEDAT FETUGA
(615) 578-6510
gideonsarmyunited.org
Status: Active
CO Number: CO37611
Registration Date: 02/24/2020
Renewal Date: 12/31/2025

Purpose

We meet the kids where they are, in the schools and in their community, using a revolutionary Restorative Justice model to help decrease gun violence and homicides, increase community safety and provide deep caring for those who have been harmed by violence while also facilitating both accountability and healing for those who have caused harm.

Financials (9)

Fiscal Year End	Total Revenue
06/30/2024	$499,879.00
06/30/2023	$369,254.00
06/30/2022	$818,842.00
06/30/2021	$2,191,152.00
06/30/2021	$2,191,152.00

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, 2021, and 2025. 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.

Details ×

GIDEON'S ARMY GRASSROOTS ARMY FOR CHILDREN

3711 HYDES FERRY ROAD NASHVILLE TN 37218
RASHEEDAT FETUGA
(615) 578-6510
gideonsarmyunited.org
Status: Active
CO Number: CO37611
Registration Date: 02/24/2020
Renewal Date: 12/31/2025

Purpose

We meet the kids where they are, in the schools and in their community, using a revolutionary Restorative Justice model to help decrease gun violence and homicides, increase community safety and provide deep caring for those who have been harmed by violence while also facilitating both accountability and healing for those who have caused harm.

Financials (9)

Fiscal Year End	Total Revenue
06/30/2024	$499,879.00
06/30/2023	$369,254.00
06/30/2022	$818,842.00
06/30/2021	$2,191,152.00
06/30/2021	$2,191,152.00

Human Resources
Library & Archives
Publications
Records Management

LINKS

Tennessee General Assembly
Bureau of Ethics and Campaign Finance
Tennessee Code Unannotated
State Comptroller
State Treasurer
Title VI Information
Public Records Policy and Records Request Form

Tennessee Secretary of State

SUBSCRIBE

Details ×

GIDEON'S ARMY GRASSROOTS ARMY FOR CHILDREN

3711 HYDES FERRY ROAD NASHVILLE TN 37218
RASHEEDAT FETUGA
(615) 578-6510
gideonsarmyunited.org
Status: Active
CO Number: CO37611
Registration Date: 02/24/2020
Renewal Date: 12/31/2025

Purpose

We meet the kids where they are, in the schools and in their community, using a revolutionary Restorative Justice model to help decrease gun violence and homicides, increase community safety and provide deep caring for those who have been harmed by violence while also facilitating both accountability and healing for those who have caused harm.

Financials (9)

Fiscal Year End	Total Revenue
06/30/2024	$499,879.00
06/30/2023	$369,254.00
06/30/2022	$818,842.00
06/30/2021	$2,191,152.00
06/30/2021	$2,191,152.00

GIDEON’S ARMY GRASSROOTS ARMY FOR CHILDREN

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000891098
Initial Filing Date: 2/27/2017 5:36:59 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026

Registered Agent
GIDEON’S ARMY GRASSROOTS ARMY FOR CHILDREN
1804 14th Ave N
Nashville, TN 37208

Principal Office Address
1804 14th Ave N
Nashville, TN 37208

Mailing Address
PO BOX 280867
NASHVILLE, TN 37228-0867

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (17)

Type	Date	Tracking Number	Change History
2024 Annual Report for GIDEON’S ARMY GRASSROOTS ARMY FOR CHILDREN	3/27/2025 8:52:17 AM	B2025147055	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ Principal Address changed from: 600 28TH AVE N, NASHVILLE, TN, 37209-4003, DAVIDSON USA to: 1804 14th Ave N, Nashville, TN, 37208, Davidson USA ○ Registered Agent changed from: RASHEEDAT FETUGA 600 28TH A\ N NASHVILLE, TN 37209 to: GIDEON’S ARMY GRASSROOTS ARM FOR CHILDREN 1804 14th Ave N Nashville, TN 37208 ○ Officers Changed ○ NAICS changed
2023 Annual Report for Gideon’s Army Grassroots Army for Children	1/30/2024 10:28:29 AM	B1500-9730	
2022 Annual Report for Gideon’s Army Grassroots Army for Children	2/14/2023 2:14:43 PM	B1338-2027	
2021 Annual Report for Gideon’s Army Grassroots Army for Children	12/1/2021 6:49:38 AM	B1127-6187	

2020 Annual Report for Gideon's Army Grassroots Army for Children	3/10/2021 12:03:30 PM	B0994-4807	
2019 Annual Report for Gideon's Army Grassroots Army for Children	9/22/2020 2:36:08 PM	B0923-9845	
Notice of Determination for Gideon's Army Grassroots Army for Children	8/1/2020 1:40:36 AM	B0901-2593	
System Amendment for Gideon's Army Grassroots Army for Children	4/14/2020 1:40:34 AM		
2018 Annual Report for Gideon's Army Grassroots Army for Children	7/16/2019 3:49:28 PM	B0735-6171	
Notice of Determination for Gideon's Army Grassroots Army for Children	6/1/2019 1:40:20 AM	B0715-2714	
System Amendment for Gideon's Army Grassroots Army for Children	4/4/2019 1:40:32 AM		
Application for Reinstatement for Gideon's Army Grassroots Army for Children	8/28/2018 3:34:33 PM	B0588-7598	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: ACTIVE ○ Inactive Date changed from: 08/08/2018 to: No Value
2017 Annual Report for Gideon's Army Grassroots Army for Children	8/28/2018 3:15:29 PM	B0588-7554	
Dissolution/Revocation - Administrative for Gideon's Army Grassroots Army for Children	8/8/2018 1:40:21 AM	B0582-7135	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/08/2018
Notice of Determination for Gideon's Army Grassroots Army for Children	6/1/2018 1:40:25 AM	B0556-6932	
System Amendment for Gideon's Army Grassroots Army for Children	4/6/2018 1:40:41 AM		

Initial Filing for Gideon's Army Grassroots Army for Children	2/27/2017 5:36:59 PM	B0353-5134	

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
INDEPENDENT AUDITOR'S REPORT
AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED
JUNE 30, 2025

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
INDEPENDENT AUDITOR'S REPORT
AND FINANCIAL STATEMENTS
TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS:	
STATEMENT OF FINANCIAL POSITION	3
STATEMENT OF ACTIVITIES	4
STATEMENT OF FUNCTIONAL EXPENSES	5
STATEMENT OF CASH FLOWS	6
NOTES TO THE FINANCIAL STATEMENTS	7-10

HOSKINS & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
1900 Church Street, Suite 200 □ Nashville, TN 37203
phone 615.321.7333 □ *fax* 615.523.1868

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Gideons Army Grassroots Army for Children
1804 14TH Avenue N
Nashville, TN 37208

Opinion

We have audited the accompanying financial statements of Gideons Army Grassroots Army for Children (a nonprofit organization), which comprise the statement of financial position as of June 30, 2025, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Gideons Army Grassroots Army for Children as of June 30, 2025, and the changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Gideons Army Grassroots Army for Children and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Gideons Army Grassroots Army for Children's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that,

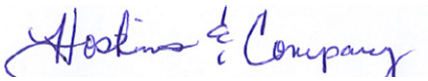
individually or in aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Gideons Army Grassroots Army for Children internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Gideons Army Grassroots Army for Children 's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.



Hoskins & Company
Nashville, Tennessee
September 9, 2025

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
STATEMENT OF FINANCIAL POSITION
AS OF JUNE 30, 2025

Assets	
Current assets	
Cash and cash equivalents	$ 110,882
Accounts receivable	45,000
Construction in Progress (Note 3)	133,276
Total current assets	289,158
Noncurrent assets	
Property and Equipment	
Buildings and improvements	375,000
Store Equipment	100,640
Vehicles	10,185
Total Property and Equipment	485,825
Less Accumulated Depreciation	(110,048)
Total noncurrent assets	375,777
Total assets	$ 664,935
Liabilities and Net assets	
Current liabilities	
Accounts payable	$ 5,258
Accrued payroll	2,487
Total current liabilities	7,745
Net Assets	
Net Assets Without Donor Restrictions	657,190
Net Assets With Donor Restrictions	-
Total Net assets	657,190
Total liabilities and net assets	$ 664,935

The accompanying notes are an integral part of these financial statements.

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2025

	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and support			
Awards and grants	$ 189,440	$ -	$ 189,440
Capital donations	20,000	-	20,000
Charitable donations	13,736	-	13,736
Online donations	65,099	-	65,099
Interest income	5,167	-	5,167
Net assets released from restriction	-	-	-
Total revenues and support	293,442	-	293,442
Expenses			
Program expenses	455,462	-	455,462
Management and general expenses	18,256	-	18,256
Fundraising expenses	-	-	-
Total expenses	473,718	-	473,718
Change in net assets	(180,276)	-	(180,276)
Net assets at beginning of fiscal year	837,466	-	837,466
Net assets at end of fiscal year	$ 657,190	$ -	$ 657,190

The accompanying notes are an integral part of these financial statements.

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUE 30, 2025

	Program Expenses	Management and General	Fundraising Expenses	Total
Accounting	$ 31,280	$ 2,720	$ -	$ 34,000
Advertising	1,857	162	-	2,019
Automobile expenses	1,014	88	-	1,102
Communications and information technology	10,534	916	-	11,450
Consulting	39,158	3,405	-	42,563
Credit card processing fees	-	1,115	-	1,115
Depreciation	23,584	-	-	23,584
Dues and subscriptions	5,496	478	-	5,974
Grant writing	6,000	-	-	6,000
Insurance	2,411	210	-	2,621
Licenses and permits	535	47	-	582
Meals	3,000	261	-	3,261
Other expenses	5,430	472	-	5,902
Payroll taxes	19,564	-	-	19,564
Program supplies	12,409	1,079	-	13,488
Rent	6,455	561	-	7,016
Salaries and wages	255,313	-	-	255,313
Specific assistance	26,904	-	-	26,904
Property taxes	-	6,350	-	6,350
Transportation	4,517	393		4,910
Total Expenses	$ 455,462	$ 18,256	$ -	$ 473,718

The accompanying notes are an integral part of these financial statements.

GIDEONS ARMY GRASSROOTS ARMY FOR CHILDREN
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2025

Cash flows from operating activities	
Change in net assets	$(180,276)
Adjustments to reconcile change in net assets to net cash	
Depreciation	23,584
Increase in accounts payable	2,783
Decrease in accrued liabilities	(1,916)
Decrease in payroll liabilities	(2,734)
Net cash provided by (used in) operating activities	(158,559)
Cash flows from investing activities	
Cost related to construction in progress	(54,253)
Purchase of vehicles	(8,500)
Realized gain on disposal of vehicle	(224)
Net cash provided by (used in) investing activities	(62,977)
Cash flows from financing activities	
Net cash used in financing activities	-
Net change in cash and cash equivalents	(221,536)
Cash and cash equivalents, beginning of fiscal year	332,418
Cash and cash equivalents, end of fiscal year	$ 110,882

The accompanying notes are an integral part of these financial statements.

NOTE 1--- NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

Gideons Army is a community-based, grassroots organization established on February 27, 2017, that uses restorative justice programs to dismantle the school-to-prison pipeline through social activism by children, families, and the community. The programs address school-push-out, youth violence, policing, and juvenile justice.

Basis of Presentation

The financial statements have been prepared on an accrual basis of accounting and accordingly revenue is recognized when earned, support and promises to give are recognized when received and expenses are recorded when incurred.

The financial statement presentation follows the recommendations of the Financial Accounting Standard Board's Accounting Standard Codification 958 (FASB ASC 958) financial statements of not-for-profit Organizations. Under FASB ASC 958, Gideons Army is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Financial position and activities are classified based on the existence or absence of donor restrictions as follows:

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-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 (or certain grantor) restrictions.
>
> Net Assets With Donor Restrictions – We report contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in 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 and reported in the statement of activities as net assets released from restrictions.

Cash and cash equivalents

Cash in banks and highly liquid financial instruments with original maturities of three months or less, which are neither held for nor restricted by donors for long-term purposes, are considered cash and cash equivalents. Cash and highly liquid financial instruments are restricted to program expenses.

Receivables and Credit Policies

Accounts receivable consists primarily of noninterest-bearing amounts due from contributors. Gideons Army determines the allowance for uncollectable accounts receivable based on historical experience, an assessment of

NOTE 1--- NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

economic conditions, and a review of subsequent collections. No allowance for uncollectable accounts is necessary as of June 30, 2025.

Property and Equipment

Gideons Army capitalizes property and equipment additions over $5,000 at cost, or if donated, at fair value on the date of donation. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets ranging from 3 to 39 years, or in the case of leased assets or leasehold improvements, the lesser of the useful life of the asset or the lease term. When assets are sold or otherwise disposed of, the cost and related depreciation or amortization is removed from the accounts, and any resulting gain or loss is included in the statements of activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed.

Depreciation expense for the year ended June 30, 2025, was $23,584.

Revenue and Revenue Recognition

Gideons Army recognizes contributions when cash, or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Donated Services

Gideons Army benefits from the efforts of over 150 volunteers who contribute their time in various capacities, including administrative and client assistance. While these services do not meet the criteria for recognition in the financial statements, management estimates that volunteers contributed over 10,000 hours during the year. Gideons Army is deeply grateful for the invaluable support provided by its volunteers.

Advertising Costs

Gideons Army incurred and recorded advertising expense $2,019 during the fiscal year ended 2025 to announce program activities available and to make the public aware of its programs. None of the expenses are considered direct-response advertising costs.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy, depreciation, insurance, and interest, which are allocated on a square footage basis, as well as salaries and wages, benefits, payroll taxes, which are allocated based on estimates of time and effort.

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 1--- NATURE OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Financial Instruments and Credit Risk

Gideons Army manages deposit concentration risk by placing cash, money market accounts, and certificates of deposit with financial institutions believed by us to be creditworthy. Insured accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, for each account ownership category. As of June 30, 2025, there were no accounts in excess of FDIC insurance limits. To date, Gideons Army has not experienced losses in any of these accounts.

Credit risk associated with accounts receivable and promises to give is limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from governmental agencies, public agencies, and foundations supportive of our mission.

Compensated Absences

Gideon's Army does not offer compensated absences as a benefit to employees. No accrual is therefore needed on June 30, 2025.

NOTE 2--- LIQUIDITY AND AVAILABILITY OF RESOURCES

Gideons Army had financial assets available for general expenditure within one year of the statement of financial position date are as follows as of June 30:

Cash and cash equivalents	$ 110,882
Contributions receivables	45,000
Financial assets at year end	155,882
Less those unavailable for general expenditures within one year, due to:	-
Financial assets available to meet cash needs for general expenditures within one year	$ 155,882

As part of Gideons Army'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. To help manage unanticipated liquidity needs, Gideons Army has sufficient equity in the building owned to establish a short-term loan or line of credit. The available assets substantially cover the average expenditure for two months. Therefore, Gideons Army can conduct its activities at a similar level for at least two months during a revenues decline. None of its Cash is restricted for any other activities as of June 30, 2025.

NOTE 3---CONSTRUCTION IN PROGRESS

As of June 30, 2025, Gideons Army has capitalized costs related to building improvements for the development of the Market and Café. These improvements are part of a strategic initiative to enhance generating revenues and provide a resource for the local community.

NOTE 3---CONSTRUCTION IN PROGRESS (continued)

Construction in progress related to the Market and Café includes architectural design, permitting, site preparation, and initial build-out costs. The total capitalized amount as of June 30, 2025, is $133,276. The project is expected to be completed and placed into service in September 2025.

Upon completion, the costs will be reclassified from construction in progress to building improvements under property, plant, and equipment and depreciated over the estimated useful life of the assets.

No impairment indicators were identified as of the reporting date.

NOTE 4--- COMMITMENTS AND CONTINGENCIES

Gideons Army receives funding from local private agencies for various activities which are subject to review by the contributor. Although such reviews may result in disallowance of certain expenditures, which Gideon Army would absorb, in our opinion, the ultimate outcome of such reviews would not have a significant effect on the financial position, changes in net assets, or cash flows of Gideons Army.

NOTE 5--- CONCENTRATION OF RISKS

Gideons Army operates a single located in Nashville, Tennessee. Approximately 65% of Gideons Army revenues are received from four (4) contributors. Any discontinuance of funding from these source changes could significantly impact Gideons Army's ability to fulfill its mission.

Management continues to monitor these risks and has implemented contingency planning, including donor diversification efforts and facility insurance coverage, to mitigate potential adverse effects.

NOTE 6--- OPERATING LEASES

Gideons Army leases office space on a month-to-month basis to support the operations of its nonprofit initiative. The lease agreement does not contain a fixed term and may be terminated by either party with appropriate notice.

Monthly lease payments are $566, and total lease expense recognized for the period ending June 30, 2025, was $6,792. Because the lease is cancellable at any time, it is not recorded as a right-of-use asset or lease liability under ASC 842.

The leased space is used for administrative functions, community outreach coordination, and program development activities aligned with the mission of Gideon Army.

NOTE 7-– SUBSEQUENT EVENTS

We evaluated subsequent events through September 9, 2025, which is the date the financial statements were available to be issued.

GRANT CONTRACT
BETWEEN THE METROPOLITAN GOVERNMENT
OF NASHVILLE AND DAVIDSON COUNTY
AND
PASS THE BEAUTY

This Grant Contract issued and entered into pursuant to Resolution RS2025- by and between the Metropolitan Government of Nashville and Davidson County ("Metro"), and Pass the Beauty, ("Recipient"), is for the provision of the 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 programs that mitigate financial stress, strengthen anti-violence social norms and peer relationships, and provide peer support and therapy.

These funds will be used to for:

The Recipient will use the funds to partially pay the salary of the Chief Executive Officer, several assistants, directors of various programs and program coordinators and to achieve the following outcomes:

a) Strengthen Anti-Violence Norms and Peer Relationships:
   i. Implement an anti-violence program to raise awareness and prevent domestic violence within the community.
   ii. Facilitate peer support groups where women can share their experiences and receive mentorship, advice, and encouragement.

b) Provide Peer Support and Therapy in Women's Wellness Circles:
   i. Organize Women's Wellness Circles, co-facilitated by trained peer support mentors, to address mental and physical health needs.
   ii. Offer resources and workshops on mental health advocacy, cancer detection and prevention, and self-advocacy for overall well-being.

c) Mitigate Financial Distress:
   i. Establish a discretionary fund to provide financial aid for mental health support, therapy fees, rent, utilities, clothing, and food insecurity.

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. This data shall include:

- Number of participants served in the anti-violence program.
- Number of participants served by peer support groups.
- Number of participants participating in the financial distress fund.
- Frequency of services provided.
- Sign in sheets with dates and times of services or meetings.
- Monthly progress reports.
- 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 Forty-Eight Thousand dollars ($48,000). 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 healthap@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 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

Pass the Beauty
Executive Director
3652 Chesapeake Drive
Nashville, TN 37207

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:

By: Cintoria Franklin

Sworn to and subscribed to before me, a Notary Public this 23rd day of October, 2025, by Cintoria Franklin, the Pass the Beauty of Contractor and duly authorized to execute this instrument on Contractor's behalf.

Notary Public: Delia Mitchell

My Commission Expires: January 24, 2028

DELIA MITCHELL
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
My Comm. Expires January 24, 2028

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:

A. Grant Spending Plan
B. Application
C. Certificate of Assurance
D. Non-Profit Grants Manual Receipt Acknowledgement
E. Internal Revenue Service 501(c)(3) Tax-Exempt Organization Letter
F. Non-Profit Charter and Tennessee Secretary of State Non-Profit Confirmation
G. Independent Audit completed by Certified Public Accountant
H. Certificate of Insurance

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]	$30,768.38	$0.00	$30,768.38
2	Benefits & Taxes	$8,871.81	$0.00	$8,871.81
4, 15	Professional Fee/ Grant & Award [2]	$3,228.48	$0.00	$3,228.48
5	Supplies	$36.69	$0.00	$36.69
6	Telephone	$0.00	$0.00	$0.00
7	Postage & Shipping	$12.23	$0.00	$12.23
8	Occupancy	$146.75	$0.00	$146.75
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]	$293.50	$0.00	$293.50
13	Interest [2]	$0.00	$0.00	$0.00
14	Insurance	$117.40	$0.00	$117.40
16	Specific Assistance To Individuals [2]	$4,524.76	$0.00	$4,524.76
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 (0% of S&B)	$0.00	$0.00	$0.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$48,000.00	$0.00	$48,000.00

[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.

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES						AMOUNT
Name - Title	Salary	x	Percentage of Time	+	Longevity Bonus	
Cintoria Franklin, CEO	4,892	x	100%	+	$	4,891.63
Rhonda , Executive Assistant	2,935	x	100%	+	$	2,934.98
Jassmine Franklin, Director of YAEE	2,788	x	100%	+	$	2,788.23
TBD, YAEE Administrative Assistant	1,957	x	100%	+	$	1,956.65
TBD, YAEE Youth Coordinator1	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator2	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator3	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator4	2,201	x	100%	+	$	2,201.24
TBD, YAEE Youth Coordinator5	2,201	x	100%	+	$	2,201.24
TBD, Director of Beauty & Wellness	2,788	x	100%	+	$	2,788.23
TBD, Beauty & Wellness Coordinator1	2,201	x	100%	+	$	2,201.24
TBD, Beauty & Wellness Coordinator2	2,201	x	100%	+	$	2,201.24
		x	100%	+	$	-
		x	100%	+	$	-
ROUNDED TOTAL					$	30,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
	$3,228.48
ROUNDED TOTAL	$3,228.00

TRAVEL/ CONFERENCES & MEETINGS		AMOUNT
	$	293.50
ROUNDED TOTAL	$	294.00

SPECIFIC ASSISTANCE TO INDIVIDUALS		AMOUNT
	$	4,524.76
ROUNDED TOTAL	$	4,525.00

Complete this Cover Sheet and sign where indicated. Attach it to the Program Narrative, Spending Plan, and Spending Plan Narrative. Email the entire Application Packet to both Detra.major@nashville.gov and Dianne.harden @nashville.gov by 4:29 pm on September 13, 2024.

FY25 COMMUNITY SAFETY FUND APPLICATION COVER SHEET (Application Part A)

CIRCLE THE ONE CATEGORY OF FUNDING THAT YOU ARE APPLYING FOR:

Literacy: ___ **Restorative Justice**__	**Domestic Violence:** x ✓ **Workshops/Seminars**	**Community Service:** **After School Program**	**Afterschool Programs:** _____ **Community Violence Prevention**_____ **Group Violence**_____ **Outreach and Education**_____ **Special Assistance to Invidiuals** _____

WILL THE PROPOSED PROGRAM BE: (Choose One)

A New Program: ____	**An Existing Program:** ✓	**An Expansion of Existing Program:** ____

APPLICANT INFORMATION

Legal name of Applicant (Agency): Pass the Beauty Inc

Contact Person Name	Cintoria Franklin	Title	Founder and CEO
Contact Person Phone	6158216669	Email Address	passthebeauty1@aol.com ✓
Agency CEO Name	Cintoria Franklin	Title	Founder and CEO
Agency CEO Phone	6158216669	Email Address	passthebeauty1@aol.com

AGENCY'S MAIN OFFICE

Complete Address 3625 Chesapeake Drive Nashville TN 37207

Phone 6158216669	Fax	Website passthebeautyincc.org

FINANCIAL INFORMATION

Agency's most recent FY Actual Revenues ► (*See Note Below*)	$22,400	Amount of current FY25 CSF grant or direct appropriation (if applicable)	n/a
Total FY25 CSF Request ► (round to nearest $100)	$101,240	Agency's Fiscal Year Start Date (Month/Day)	January 1 2024
This amount should not exceed 20% of most recent actual revenues. Requests over 20% will render application ineligible. ►	100%	**(Leave Blank)**	

For the current fiscal year, list funds received from Metro Nashville Government, including funds received from any department or Metro Council Appropriation (attach additional pages if necessary)

Source	Amount $
Source	Amount $
Source	Amount $

Does the applicant have a certified audit performed each year? Yes No

Applicants are required to submit an electronic copy of 1.) the most recent agency audit and 2.) a copy of agency's current registration status with the Secretary of State, Division of Charitable Solicitations and Gaming to fred.adom@nashville.gov. (See page 10 of CEF Handbook for details.) IS THIS THE CURRENT PROCESS

SIGNATURES

I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances") is accurate to the best of my knowledge. I am aware that my agency will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the applying agency.

Signature of Authorized Official Cintoria Franklin Date Sept 11, 2024

* **Per most recent agency audit. Revenues stated above must not include in-kind contributions.**

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

Notice of Intent to Award

Solicitation Number		Award Date	10/11/2024
Solicitation Title	**CSF 2024 -2025 Community Safety Fund**		
Buyer Name	Dianne Harden	Buyer Email	Dianne.Harden@nashville.gov
BAO Rep	Terrica Burns	BAO Email	Terrica.Burns@nashville.gov

Awarded Supplier(s)

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	PASS THE BEAUTY	Company Contact	Cintoria Franklin		
Street Address	709 South Hampton Blvd				
City	Antioch	State	TN	Zipcode	37013

Certificate of Insurance

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

Equal Business Opportunity Program

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

[x] Yes, the EBO Program is applicable. [ ] No, the EBO Program is not applicable.

Monthly Reporting

Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service-disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.

Questions related to contract compliance may be directed to the referenced BAO rep.

[x] Yes, monthly reporting is applicable. [ ] x No, monthly reporting is not applicable.

Public Information and Records Retention

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange. A copy of this notice will be placed in the solicitation file and sent to all offerors.

Right to Protest

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

Jim Diamond
Director of Finance

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

Proposal Evalution Committee Review Sheet RFQ CSF 2025 Community Safety Violence Prevention		
Evaluation Criteria/Offeror	**PassTheBeauty**	
Capacity of the Applicant and Relevant Organizational Experience (10 pts)	8	
Problem & Target Population (15 pts)	14.00	
Service Gaps (15 pts)	11.00	
Program Design (25 pts)	20.00	
NAZA Description (0) Afterschool Program ONLY		
Leveraging and Collaboration Resources (10 pts)	7.00	
Sustainability (10 pts)	7.00	
Total Evaluation Scores	67.00	
Completed Application Submitted	YES NO	

PassTheBeauty
Strengths
Proposal is well organized and easy to follow.
Weaknesses
Missing tax return. Did not clearly address on duplicated services that this grant will provide. The budget does not align with the narrative. We do not understand the assistant to the LPC. The budget does not reconcile from previous budget to move forward.

Enter Solicitation Title & Number Below			
CSF 2024 -2025 Community Safety Fund		**Recommended Award Amount**	
		$48,000.00	
PASS THE BEAUTY	$48,000.00		**67**
No BAO programming applicable to this solicitation			

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

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

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

Signature of Authorized Representative
Name: Cintina Franklin
Title: Executive Director
Agency Name: Pass the Beauty Inc
Date: 8.26.25

METROPOLITAN GOVERNMENT OF NASHVILLE 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

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.*

Signature of Authorized Representative
Name: Cintoria Franklin
Title: Executive Director
Agency Name: Pass the beauty Inc
Date: 8/26/25

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

DEPARTMENT OF THE TREASURY

Date: NOV 10 2015

PASS THE BEAUTY INC
C/O CINTORIA FRANKLIN
469 PONDER PL APT 103
NASHVILLE, TN 37228

Employer Identification Number:
47-2056024
DLN:
17053271338035
Contact Person:
SHERRI L ROYCE ID# 31653
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 14, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

7301.1149, 03/14/2014, 16:07:10, Received by Tennessee Secretary of State Tre Hargett

CHARTER NONPROFIT CORPORATION (ss-4418)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: PASS The Beauty

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: _____

4. The name and complete address of the initial registered agent and office located in the state of Tennessee is:

Name: Cintoria Franklin
Address: 1607 ~~Whitfees~~ Wheless Street
City: Nashville State: TN Zip Code: 37208 County: Davidson

5. Fiscal Year Close Month: Dec **Period of Duration:** ☑ Perpetual ☐ Other ___/___/___ (Month / Day / Year)

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date: 03 (Month) 14 (Day) 14 (Year) Time: 3:50

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a ☑ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☐ religious corporation / ☑ not a religious corporation.
This corporation will ☑ have members / ☐ not have members.

9. The complete address of its principal executive office is:

Address: 1607 Wheless Street
City: Nashville State: TN Zip Code: 37208 County: Davidson

Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

Submitter Information: Name: _____ Phone #: (___) _____

CHARTER
NONPROFIT CORPORATION (SS-4418)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100.00

For Office Use Only

The name of the corporation is: pass the Beauty

10. The complete mailing address of the entity (if different from the principal office) is:
Address: 1607 Wheless Street
City: nashville State: TN Zip Code: 37208

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip
Cintoria franklin	1607 wheless street	nashville TN 37208
Carlisa patterson	128 Larking Springs	nashville TN 37208

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)
☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by §48-51-303(a)(1).
☐ This nonprofit corporation is a "school support organization" as defined in T.C.A §49-2-603(4)(A).
☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
Buena vista Church of Christ

14. Other Provisions:

Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

3/14/14
Signature Date

Incorporator's Signature

Cintoria franklin
Incorporator's Name (printed or typed)

7301.1150, 03/14/2014, 16:07:11, Received by Tennessee Secretary of State Tre Hargett

Details ×

PASS THE BEAUTY

3652 CHESAPEAKE DRIVE NASHVILLE TN 37207
Ms. CINTORIA FRANKLIN
(615) 821-6669
https://passthebeautyinc.com/
Status: Active
CO Number: CO25924
Registration Date: 03/08/2016
Renewal Date: 06/30/2026

Purpose

Pass The Beauty, Inc. (PTB), a Nashville-based 501(c)(3) nonprofit, established in March 2014, supports victims and survivors of domestic violence and bullying. Its primary program, "A Mother's Vision" (Mother's Vision), is designed to enhance the goals of mothers who have experienced domestic abuse, violence, poverty, and lack positive resources. The program's goal is to provide short and long-term assistance, to help impact participants' basic needs to help foster career, awareness, and educational opportunities.

Financials (9)

Fiscal Year End	Total Revenue
12/31/2024	$25,265.00
12/31/2023	$28,240.11
12/31/2022	$38,450.00

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, 2021, and 2025. 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.

Details

PASS THE BEAUTY

3652 CHESAPEAKE DRIVE NASHVILLE TN 37207
Ms. CINTORIA FRANKLIN
(615) 821-6669
https://passthebeautyinc.com/
Status: Active
CO Number: CO25924
Registration Date: 03/08/2016
Renewal Date: 06/30/2026

Purpose

Pass The Beauty, Inc. (PTB), a Nashville-based 501(c)(3) nonprofit, established in March 2014, supports victims and survivors of domestic violence and bullying. Its primary program, “A Mother’s Vision” (Mother’s Vision), is designed to enhance the goals of mothers who have experienced domestic abuse, violence, poverty, and lack positive resources. The program’s goal is to provide short and long-term assistance, to help impact participants' basic needs to help foster career, awareness, and educational opportunities.

Financials (9)

Fiscal Year End	Total Revenue
12/31/2024	$25,265.00
12/31/2023	$28,240.11
12/31/2022	$38,450.00

Tennessee Code Unannotated
State Comptroller
State Treasurer
Title VI Information
Public Records Policy and Records Request Form

Tennessee Secretary of State

SUBSCRIBE

© 2025 Tennessee Secretary of State | Web and Social Media Policies

PASS THE BEAUTY

Entity Type: Nonprofit Corporation
Formed in: TENNESSEE
Term of Duration: Perpetual
Religious Type: Non-Religious
Benefit Type: Public Benefit Corporation

Status: Active
Control Number: 000751011
Initial Filing Date: 3/14/2014 4:07:00 PM
Fiscal Ending Month: December
AR Due Date: 04/01/2026

Registered Agent
CINTORIA FRANKLIN
3652 CHESAPEAKE DR
NASHVILLE, TN 37207

Principal Office Address
3652 CHESAPEAKE DRIVE
NASHVILLE, TN 37207-6001

Mailing Address
3652 CHESAPEAKE DRIVE
NASHVILLE, TN 37207-6001

AR Standing: Good | RA Standing: Good | Other Standing: Good | Revenue Standing: N/A

History (23)

Type	Date	Tracking Number	Change History
2024 Annual Report for PASS THE BEAUTY INC	4/9/2025 7:49:37 PM	B2025217287	○ Annual Report Due Date changed from: 4/1/2025 to: 4/1/2026 ○ NAICS changed
2023 Annual Report for Pass The Beauty Inc	4/2/2024 6:00:54 PM	B1544-2365	○ Principal Postal Code changed from: 37207 to: 37207-6001
Articles of Amendment for Pass The Beauty Inc	12/13/2023 4:13:00 PM	B1301-9489	○ Principal Address 1 changed from: 1400 JEFFERSON STREET to: 36 CHESAPEAKE DRIVE ○ Principal Address 2 changed from: STE B to: No value ○ Principal Address 3 changed from: CINTORIA FRANKLIN to: No value ○ Principal Postal Code changed from: 37208-3043 to: 37207
Articles of Amendment for Pass The Beauty Inc	9/7/2023 11:03:00 AM	B1344-1814	○ Business Name changed from: Pass The Beauty to: Pass The Beauty Inc ○ Registered Agent Physical Address 1 changed from: 469 PONDER PL to: 3652 CHESAPEAKE DR ○ Registered Agent Physical Address 2 changed from: APT 103 to: No Value ○ Registered Agent Physical Postal Code changed from: 37228-1921 to: 37207

2022 Annual Report for Pass The Beauty Inc	4/1/2023 6:33:05 PM	B1372-6620	○ Principal Address 1 changed from: 7029 S HAMPTON BLVD to: 1400 JEFFERSON STREET ○ Principal Address 2 changed from: No value to: STE B ○ Principal City changed from: ANTIOCH to: NASHVILLE ○ Principal Postal Code changed from: 37013-1197 to: 37208-3043
2021 Annual Report for Pass The Beauty Inc	3/31/2022 5:57:16 PM	B1192-7570	
2020 Annual Report for Pass The Beauty Inc	4/2/2021 8:30:07 PM	B1014-8371	
2019 Annual Report for Pass The Beauty Inc	2/5/2020 10:52:41 PM	B0811-6395	
Application for Reinstatement for Pass The Beauty Inc	12/12/2019 5:59:13 PM	B0792-0813	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: ACTIVE ○ Inactive Date changed from: 08/06/2019 to: No Value
2018 Annual Report for Pass The Beauty Inc	12/12/2019 5:46:22 PM	B0792-0809	○ Principal Address 1 changed from: 469 PONDER PL to: 7029 S HAMPTON BLVD ○ Principal City changed from: NASHVILLE to: ANTIOCH ○ Principal Postal Code changed from: 37228-1921 to: 37013-1197
Dissolution/Revocation - Administrative for Pass The Beauty Inc	8/6/2019 1:40:22 AM	B0743-4380	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/06/2019
Notice of Determination for Pass The Beauty Inc	6/1/2019 1:40:20 AM	B0714-1325	
System Amendment for Pass The Beauty Inc	4/4/2019 1:40:32 AM		
Administrative Amendment for Pass The Beauty Inc	5/30/2018 2:10:00 PM	B0541-7543	
2017 Annual Report for Pass The Beauty Inc	1/29/2018 10:11:22 PM	B0488-6607	○ Principal Address 3 changed from: No value to: CINTORIA FRANKLIN
2016 Annual Report for Pass The Beauty Inc	4/1/2017 7:32:34 PM	B0374-9247	○ Principal Address 1 changed from: 1607 WHELESS ST to: 469 POND PL ○ Principal Address 2 changed from: No value to: APT 103 ○ Principal Postal Code changed from: 37208-2020 to: 37228-1921

2015 Annual Report for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4720	○ Registered Agent Physical Address 1 changed from: 1607 WHELESS ST to: 469 PONDER PL ○ Registered Agent Physical Address 2 changed from: No Value to: APT 103 ○ Registered Agent Physical Postal Code changed from: 37208-2020 to: 37228-1921
2014 Annual Report for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4719	
Application for Reinstatement for Pass The Beauty Inc	3/4/2016 2:56:00 PM	B0189-4721	○ Filing Status changed from: Inactive - Dissolved (Administrative) to: Active ○ Inactive Date changed from: 08/08/2015 to: No Value
Dissolution/Revocation - Administrative for Pass The Beauty Inc	8/8/2015 3:01:30 AM	B0142-3584	○ Filing Status changed from: Active to: Inactive - Dissolved (Administrative) ○ Inactive Date changed from: No Value to: 08/08/2015
Notice of Determination for Pass The Beauty Inc	6/2/2015 3:00:52 AM	B0109-8964	
System Amendment for Pass The Beauty Inc	4/7/2015 3:01:12 AM		
Initial Filing for Pass The Beauty Inc	3/14/2014 4:07:00 PM	7301-1149	

Bourdeau Consulting, LLC.
Office: 615-956-2867 **Email:** cbourdeau@bourdeauconsultingllc.com

Pass The Beauty Inc.
Statement of Financial Position
As of December 31, 2024

ASSETS	
Cash and Cash Equivalents	$ 10,281.69
Accounts Receivable (A/R)	186.00
Other Current Assets	18.92
TOTAL ASSETS	**$ 10,486.61**
LIABILITIES AND EQUITY	
Liabilities	
Accounts Payable	3,305.73
TN Quarterly Taxes	815.46
Total Liabilities	**$ 4,121.19**
Net Assets	
Without Donor Restrictions	6,365.42
Total Net Assets	**6,365.42**
TOTAL LIABILITIES AND EQUITY	**$10,486.61**

Bourdeau Consulting, LLC.
Office: 615-956-2867 **Email:** cbourdeau@bourdeauconsultingllc.com

Pass The Beauty Inc.
Statement of Activity
January – December 2024

Revenue	
Contributions	
Individual Contributions	$ 3,271.38
Total Contributions	**3,271.38**
Grants	
Foundation Grants	28,000.00
Local Government Grants	20,115.45
Miscellaneous Grants	11,148.93
Total Grants	59,264.38
Total Revenue	**62,535.76**
Expenditures	
General Administrative	
Bank Charges & Fees	263.63
Dues & Subscriptions	75.00
IT Hardware, Software and Admnistration	1,236.01
Miscellaneous Business Expenses	1,175.23
Office Supplies & Postage	445.59
Storage Space	2,702.47
Telephone	1,083.02
Utilities	1,378.16
Independent Contractors	5,421.00
Professional Development	703.83
Total General Administrative	**14,483.94**
Governance	
Accounting and Auditing Fees	9,965.09
Business Taxes and Fees	45.18
Insurance	915.09
Total Governance	**10,925.36**
Payroll Expenses	
Salaries & Wages	22,948.63
Taxes	2,070.28
Total Payroll Expenses	**25,018.91**

Program Expenditures/Strategic Initiatives	
Direct Assistance	50.00
Total Direct Assistance	**50.00**
Program Development Fees & Expenses	
Equipment Rental	123.46
Event Expense/Rentals	4,060.00
Fundraising Expense	1,362.24
Marketing & Development	2,484.45
Online Donation App Fees	39.50
Supplies & Materials	2,681.18
Total Program Development Fees & Expenses	**10,750.83**
Total Program Expenditures/Strategic Initiatives	**10,800.83**
Travel & Entertainment	112.00
Cab/Uber	65.80
Gas & Mileage	2,098.37
Meals & Entertainment	1,536.29
Total Travel & Entertainment	**3,812.46**
Total Expenditures	**65,041.50**
Change in net assets	(2,505.74)
Net assets, beginning of year	**8,871.16**
Net assets, end of year	**6,365.42**

ACORD®

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/25/2025

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.

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 844-357-0403 **FAX (A/C, No):** **E-MAIL ADDRESS:** contact@hiscox.com **PRODUCER CUSTOMER ID:**
INSURED Pass the Beauty Inc. 3652 Chesapeake Drive Nashville, TN 37207	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Hiscox Insurance Company Inc. 10200 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
3652 Chesapeake Drive, Nashville, TN 37207

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X **PROPERTY** CAUSES OF LOSS — DEDUCTIBLES BASIC — BUILDING BROAD — CONTENTS X SPECIAL — $ 1,000 EARTHQUAKE WIND FLOOD	P105.507.310.1	09/25/2025	09/25/2026	BUILDING X PERSONAL PROPERTY X BUSINESS INCOME X EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	$ $ $ 25,000 $ $ $ $ $ $ $
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
	CRIME TYPE OF POLICY					$ $ $
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

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

Mary J Boyd

© 1995-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/25/2025

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	**CONTACT NAME:**	
	PHONE (A/C, No, Ext): (888) 202-3007	**FAX (A/C, No):**
	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Hiscox Insurance Company Inc	10200
INSURED Pass the Beauty Inc. 3652 Chesapeake Drive Nashville, TN 37207	**INSURER B :**	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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 X CGL is on BOP Form GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			P105.507.310.1	09/25/2025	09/25/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 0 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						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 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N 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

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

Mary J Boyd

© 1988-2015 ACORD CORPORATION. All rights reserved.

AMENDMENT TO CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY

THIS AMENDMENT TO CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY (the "Amendment") is made and entered into as of the last date set forth below, by and between the Metropolitan Government of Nashville and Davidson County acting by and through the Metropolitan Board of Health, a municipal corporation of the State of Tennessee ("**MPHD**"), and Lipscomb University, a Tennessee nonprofit corporation ("**SCHOOL**").

WHEREAS, MPHD and School previously entered into that certain CONTRACT BETWEEN METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY ACTING BY AND THROUGH THE METROPOLITAN BOARD OF HEALTH AND LIPSCOMB UNIVERSITY, dated as of June 2, 2022 (the "Contract");

WHEREAS, MPHD and School desire to amend the Contract as set forth herein; and

NOW THEREFORE, in consideration of the mutual covenants, promises and conditions in this Amendment and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, MPHD and School hereby agree as follows:

1. **Definitions**. Capitalized terms used in this Amendment shall have the same meanings as set forth in the Contract unless otherwise defined herein.

2. **Amendment**. Section 2.10 of the Contract shall be deleted in its entirety and replaced with the following:

> 2.10 Prior to a student's arrival at **MPHD**, **SCHOOL** shall provide **MPHD** with written certification that, for each assigned student, **SCHOOL** has obtained documentation that such student has: (i) completed a recent physical examination demonstrating the student's ability to perform the essential functions of the job (with or without reasonable accommodations); (ii) completed a preplacement drug screen and either two-step TB testing or a TB blood test; (iii) obtained proof of exposure to or vaccination against Rubella, Rubeola, and Varicella; and (iv) offered the student the option of receiving Hepatitis B vaccine. Upon **MPHD**'s request, **SCHOOL** shall provide **MPHD** with a copy of any applicable documentation regarding a given student.

3. **Effect of Amendment; Counterparts**. Except as amended hereby, all terms and provisions of the Contract shall remain in full force and effect. In the event of a conflict between the provisions of the Contract and this Amendment, the provisions of this Amendment shall control. This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original copy of this Amendment and all of which, when taken together, shall be deemed to constitute one and the same agreement.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first above written.

LIPSCOMB UNIVERSITY

By: _____
Jennifer Shewmaker, Provost

Date: _____

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

By: _____

Name: _____

Title: _____

Date: _____

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

METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R25-323984

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: Wednesday, October 29, 2025

PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		MEDICAL EME	$12500.00	1	12,500.00
DONATION		SAFETY NET (	4000.00	1	4,000.00
DONATION		FOSTER PRO(	3750.00	1	3,750.00
DONATION		MICROCHIP C	680.00	1	680.00
				Total Fees Due:	**$20930.00**
			Payments:	Cash:	$0.00
				Check:	$20,930.00
				Credit Card:	$0.00
				Total Payments Received:	**$20930.00**

Thank You!

hange: $0.00
e Due: $0.00



Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. **No refunds of the adoption fee offered after ten (10) days.**

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

MEMORANDUM OF UNDERSTANDING BETWEEN THE

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

ACTING BY AND THROUGH

THE METRO PUBLIC HEALTH DEPARTMENT

AND METROPOLITAN DEVELOPMENT AND HOUSING AGENCY

This Memorandum of Understanding ("MOU") is made and entered into on the 1st day of February, 2026 by and between the Metro Public Health Department ("MPHD") a department of The Metropolitan Government of Nashville and Davidson County ("Metropolitan Government") and Metro Department of Housing Authority ("Facility"), an agency of the Metropolitan Government.

The Parties hereby agree as follows:

MPHD commits to:

a) Provide WIC services (e.g., nutritional counseling, education, screening, follow-up) to eligible participants at MDHA sites in accordance with MPHD and WIC program policies.

Facility commits to:

a) Allowing MPHD to use suitable space at the address(es) specified below for delivery of WIC services, at times to be scheduled by mutual agreement.

b) Address(es):

- Preston Taylor 3900 Clifton St 37209
- Andrew Jackson Courts 1457 Jackson St. 37208
- Cayce Place 620 Dew St 37206
- Vine Hill 625 Benton Ave 37204
- Cheatham Place 1564 9th Ave N 37208
- Edgehill 1277 12th Ave S 37203
- J. Henry Hale 1433 Jo Johnson Blvd 37203
- Levy Place 303 Foster St. 37207
- Parkway Terrace 196 N 7th St 37206
- Sudekum 101 University Ct. 37210
- Cumberland View 2316 25th Ave N 37208
- Napier 648 Claiborne St 37210

Term. The term of this MOU shall be for five (5) years commencing on the date described above.

Compensation. No compensation is required for this MOU.

Amendments. This Memorandum of Understanding may be amended at any time by mutual written agreement of the parties.

Termination. Any party to this Memorandum of Understanding may terminate this agreement by providing the other party with written notice of their intent to do so thirty (30) days prior to the date of termination. Termination discussions will take into consideration the budgetary shift that may have accompanied the responsibility shifts.

Notices and Designation of Agent for Service of Process.

Department:	**Metro Public Health Department**
Att'n:	**Director**
Addr:	**2500 Charlotte Avenue**
	Nashville, TN 37209

Contractor:	**Metro Development and Housing Agency**
Att'n:	**Director**
Addr:	**701 South Sixth St.**
	Nashville, TN 37206

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

APPROVED:

_____ _____
Director of Health Date

APPROVED:

_____ _____
Chairman of the Metropolitan Board of Health Date

APPROVED:

_____ _____
Director of MDHA Date

APPROVED AS AVAILABILITY OF FUNDS:

_____ _____
Director of Finance Date

APPROVED AS TO FORM AND LEGALITY:

Metropolitan Attorney Date

FILED:

Metropolitan Clerk Date

MEMORANDUM OF UNDERSTANDING BETWEEN THE
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY
ACTING BY AND THROUGH
THE METRO PUBLIC HEALTH DEPARTMENT
AND THE NASHVILLE PUBLIC LIBRARY

This Memorandum of Understanding ("MOU") is made and entered into on the 1st day of February, 2026 by and between the Metro Public Health Department ("MPHD") and Nashville Public Library ("Facility"), both of which are departments of The Metropolitan Government of Nashville and Davidson County ("Metropolitan Government"), a governmental, municipal and public corporation created and existing under and by virtue of the Constitution and Laws of the State of Tennessee.

The Parties hereby agree as follows:

MPHD commits to:

a) Providing WIC services (e.g., nutrition education, screening, counseling) to eligible participants at library branch locations consistent with MPHD and WIC program policies;

Facility commits to:

a) Allowing MPHD to use suitable space at the address(es) specified below for delivery of WIC services, at times to be scheduled by mutual agreement.
b) Address(es):
- Main Library 615 Church St. Nashville, 37219
- Bellevue 720 Baugh Road . Nashville, 37221
- Bordeaux 4000 Clarksville Pk. Nashville, 37218
- Donelson 2714 Old Lebanon Pike Nashville, 37214
- East 206 Gallatin Rd. Nashville, 37206
- Edgehill 1409 12th Ave S Nashville, 37203
- Edmonson Pike 5501 Edmonson Pk. Nashville, 37211
- Goodlettsville 205 Rivergate Pkwy. Goodlettsville, 37072
- Green Hills 3701 Benham Ave. Nashville, 37215
- Hadley Park 1039 28th Ave, N. Nashville, 37208
- Hermitage 3700 James Kay Ln. Hermitage, 37076
- Inglewood 4312 Gallatin Rd. Nashville, 37216
- Looby 2301 Rosa L. Parks Blvd. Nashville, 37228
- Madison 610 Gallatin Pike S. Nashville, 37115
- North 1001 Monroe St. Nashville, 37208
- Old Hickory 1010 Jones St. Old Hickory, 37138
- Pruitt 117 Charles E. Davis Blvd. Nashville, 37210
- Richland Park 4711 Charlotte Ave. Nashville, 37209
- Southeast 5260 Hickory Hollow Pkwy #201 Antioch, 37013
- Thompson Lane 380 Thompson Ln. Nashville, 37211
- Watkins Park 612 17th Ave N. Nashville, 37203

Term. The term of this MOU shall be for five (5) years commencing on the date described above.

Compensation. No compensation is required for this MOU.

Amendments. This Memorandum of Understanding may be amended at any time by mutual written agreement of the parties.

Termination. Any party to this Memorandum of Understanding may terminate this agreement by providing the other party with written notice of their intent to do so thirty (30) days prior to the date of termination. Termination discussions will take into consideration the budgetary shift that accompanied the departmental responsibility shifts.

Notices and Designation of Agent for Service of Process.

Department:	**Metro Public Health Department**
Att'n:	**Director**
Addr:	**2500 Charlotte Pike**
	Nashville, TN 37209

Contractor:	**Nashville Public Library**
Att'n:	**Director**
Addr:	**615 Church St.**
	Nashville, TN 37219

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

APPROVED:

_____ _____

Director of Health Date

APPROVED:

_____ _____

Chairman of the Metropolitan Board of Health Date

APPROVED:

_____ _____

Director of Nashville Public Library Date

APPROVED:

_____ _____

Chairman of the Nashville Public Library Board Date

APPROVED AS AVAILABILITY OF FUNDS:

_____ _____

Director of Finance Date

APPROVED AS TO FORM AND LEGALITY:

_____ _____

Metropolitan Attorney Date

FILED:

_____ _____

Metropolitan Clerk Date

Renaissance

Renaissance TennCare Network
Provider Participation Agreement

THIS AGREEMENT, effective as of date executed ("Effective Date"), is made between Renaissance Life & Health Insurance Company of America (“Renaissance”) and _____(hereinafter referred to as ("Provider").

WHEREAS, Renaissance is contracted with the State of Tennessee, Department of Finance & Administration, Division of TennCare, (hereinafter referred to as “TennCare”, or “the State”) to be responsible for the financial, clinical, and managerial aspects of the TennCare Dental Benefits Management Program (“DBM”) as set forth in the contract between TennCare and Renaissance (“Contract”), and as such may be amended from time to time.

WHEREAS Renaissance is a for-profit company qualified to do business in Tennessee, which has the Contract for the delivery of TennCare dental benefit services to TennCare Enrollees.

WHEREAS Renaissance has contracted with TennCare to administer dental benefits for the following TennCare programs: TennCare Children DBM Program, TennCare Adult DBM Program, CoverKids DBM Program, TennCare ECF CHOICES DBM Program, and TennCare 1915(c) DBM Program.

WHEREAS, Provider has an unrestricted license to practice dentistry in the State and desires to provide dental services pursuant to the terms and conditions of this Agreement.

WHEREAS, this Agreement sets forth the minimum terms and conditions which the Provider must adhere to in order to participate in Renaissance TennCare Networks and receive payment for services provided to individuals enrolled in a TennCare Dental Benefits Program, including maintaining active enrollment in TennCare for both individual and group Medicaid ID’s as required by TennCare.

WHEREAS Renaissance and Provider desire to enter into this Agreement to facilitate streamlined administration of the Agreement and to comply with requirements of federal and state law.

NOW, THEREFORE, in consideration of the above and the promises hereinafter contained, the parties hereby agree as follows:

I. General Terms and Conditions

A. Definitions

1. “Covered Services” means the dental benefits rendered to an Enrollee for which Renaissance shall provide coverage and make payment in accordance with the terms of the applicable Plan which, for the purposes of this TennCare Network Agreement, are the TennCare Dental Benefits Management Program (“DBM”).

2. “EPSDT” means the Early, Periodic Screening, Diagnosis, and Treatment services mandated by 42 U.S.C.§ 1396d(e) and amended by OBRA 1989. EPSDT services shall mean:

    i Screening in accordance with professional standards, interperiodic screenings, and diagnostic

services to determine the existence of physical or mental illnesses or conditions of TennCare Enrollees under age twenty-one (21); and

ii Health care, treatment, and other measures, described in 42 U.S.C. § 1396a(a), to correct or ameliorate any defects and physical and mental illnesses and conditions discovered.

3. “Enrollee” means a person eligible for dental benefits through a TennCare DBM Program administered by Renaissance; also referred to as a “Member”.

4. “Explanation of Benefit” or “EOB” means the notice provided to the Provider by Renaissance detailing Renaissance’s benefit determinations with respect to the service(s) submitted by the Provider for payment.

5. “Fee Policy” means Renaissance’s payment to Provider which is based on the lesser of:

i the submitted fee; or

ii the maximum fee under the applicable Network Fee Schedule that Renaissance approves for a given procedure in a given region performed under ordinary circumstances for a given specialty.

6. “Fee Schedule” means the table of maximum approved fees specific to each Network, as established by Renaissance, which Provider may charge for dental procedures rendered to Enrollees.

7. “Patient-Centered Dental Home” or“PCDH” means a place where an Enrollee in TennCare Dental programs has oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way by a dentist participating in the TennCare Network.

8. “Plan” means the applicable TennCare DBM Program dental benefits available to Enrollees. This Agreement includes the following Plans: TennCare Children’s DBM Program, TennCare Adult DBM Program, CoverKids DBM Program, TennCare ECF CHOICES DBM Program, and TennCare 1915(c) DBM Program.

9. “Processing Policies” shall mean the Processing Policies contained within the Provider Manual(s) applicable to the Agreement.

10. “Renaissance” means Renaissance Life & Health Insurance Company of America, a corporation providing dental services benefits.

11. "Renaissance TennCare Provider Manual(s)” or “Provider Manual(s)” refers to the policies, procedures, standards, and rules that Providers must follow to participate in Renaissance TennCare Networks. The following Provider Manuals are hereby incorporated into this Provider Agreement by reference: Renaissance TennCare Children Provider Manual, Renaissance CoverKids Provider Manual, Renaissance TennCare Adult Provider Manual, and Renaissance Patient-Centered Dental Home Provider Manual. Sections II. through VI. provide specific Network requirements and corresponding Provider Manuals. The Provider Manuals can be found by signing into the Dental Office Toolkit (“DOT”) at www.rendentalofficetoolkit.com.

12. “Renaissance TennCare Network(s)” or “Network(s)” means Providers who have contractually agreed to render services to Enrollees in a TennCare DBM Program. This Agreement is applicable to the following Networks: Renaissance TennCare Children Network, Renaissance TennCare CoverKids Network, Renaissance TennCare Adult Network, Renaissance TennCare ECF CHOICES Network, and Renaissance TennCare 1915(c) Network.

13. "Specialist" means a Provider who is educationally qualified pursuant to completion of a Commission on Dental Accreditation ("CODA") approved program for an American Dental Association-declared specialty, is licensed as a specialist (if required by state law), and is practicing within the scope of his or her declared specialty.

14. "TennCare" means the Tennessee Department of Finance and Administration, Division of TennCare, the State agency responsible for administering the TennCare Program.

B. Renaissance Rights and Obligations

1. **Operations**: Renaissance shall conduct the day-to-day administrative operations as required by the DBM Contract.

2. **Directories**: Renaissance shall maintain a listing of Providers and may include Provider's participation in the Network in provider directories and/or other publications intended for use of Enrollees.

3. **Benefit Changes**: Renaissance shall provide Provider thirty (30) days' notice of changes in benefit provisions offered by the Plan.

4. Renaissance agrees to make payment to Provider according to the applicable Network Fee Schedule(s) and Fee Policy. Renaissance reserves the right to amend the applicable Network Fee Schedule(s) at any time.

5. Renaissance agrees to provide prompt and accurate claims processing in accordance with T.C.A. § 56-32-126(b) and other applicable state and/or federal regulations. As a benefit of entering into this Agreement, Renaissance shall make payment for all claims submitted on behalf of Enrollees, less any applicable deductibles, copayments, and/or coinsurance, directly to Provider.

6. Renaissance agrees to provide a prompt response to all inquiries made by Provider regarding benefit and eligibility information for Enrollees via Renaissance's self-service tools such as DOT and Renaissance's Automated Service Inquiry ("DASI"). Renaissance agrees to provide local peer-to-peer outreach to participating providers who request peer-to-peer interaction, meeting, or conversation. Renaissance shall not make any treatment decisions for any Enrollee. Each Provider is solely responsible for the treatment and/or dental advice provided to the Enrollee, and Renaissance does not have any liability resulting therefrom. All treatment decisions are made between Provider and the Enrollee. Notwithstanding the above, if Provider demonstrates a pattern of rendering unnecessary services to Enrollees, and/or providing services that do not meet the applicable standard of care, Provider may be removed by Renaissance from all Networks.

7. **Regulatory Compliance**: Provider and employees and agents must meet the minimum requirements for participation in the Medicaid program as required by State and federal regulations.

8. Renaissance shall monitor the quality of services delivered and initiate corrective action, where necessary to improve quality of care, in accordance with that level of dental care which is recognized as generally acceptable dental principles and/or the standards established by TennCare.

9. Renaissance shall provide technical and training assistance for primary care dentists (PCDs) to assist them in participating in the Patient-Centered Dental Home (PCDH) program, including, but not limited to, monitoring and improving performance measures for PCDH and monitoring utilization.

10. Renaissance has the right to amend, in its sole discretion, the Provider Manuals and Fee Schedules.

C. Provider Rights and Obligations

1. **Policies and Procedures**: Provider agrees to comply with the applicable policies and procedures of TennCare, federal and State laws, rules, and regulations, the Provider Manual, current or future court orders, and any revisions of the aforementioned documents.

2. Provider shall render medically necessary, quality dental care to Enrollees in a professional manner in accordance with the requirements set forth herein, including those listed on Attachments hereto, and in accordance with the Provider Manual, including but not limited to, coverage criteria determinations for sedation, adjunctive sedation services, and authorization of dental treatment of Enrollees, as needed, in medical facilities including Dental Program-specific In-Patient and Out-Patient Hospital Readiness Pre-Admission Forms.

3. **Provision of Services**: Provider shall render to Enrollees all Covered Services as medically necessary and continue to provide Covered Services as medically necessary to Enrollees. In the event of a conflict between a Provider's opinion as to the appropriate standard of care and the TennCare medical necessity rules in Tenn. Comp. R. & Regs. 1200-13-16, the TennCare medical necessity rules shall provide the controlling standard. The standards of care shall be taken from published recommendations of nationally recognized authorities, such as: the American Dental Association; the American Academy of Pediatric Dentistry; and, the American Association of Oral and Maxillofacial Surgeons. The standard of care for the community shall be recognized. Participating Dental Providers shall not differentiate or discriminate in the treatment of any Enrollee based on race, color, sex, religion, national origin, including limited English proficiency and primary language, age, disability, health, economic status, or payment source. Provider shall make their services accessible to Enrollees during the same hours and with the same intensity as they do to non-Enrollees.

4. Provider agrees to take the Enrollee's rights into account when providing services, including but not limited to: receive information in a manner and format that may be easily understood; be treated with respect and due consideration for his or her dignity and privacy; receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee's condition and ability to understand; participate in decisions regarding his or her health care, including the right to refuse treatment; be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation; to be free to exercise his or her rights without fear of retaliation; and, to be free from segregation in any way from other persons receiving dental services.

5. Services of Enrollees under age twenty-one (21) shall be made pursuant to 42 U.S.C. Sections 1396a(a)(43), 1396d(a) and (r) and 42 CFR Part 441, Subpart B. Provider will collaborate with Renaissance on Enrollee outreach activities as applicable. Dental screens shall be in accordance with the latest periodicity schedule set forth by the American Academy of Pediatric Dentistry, and all components of the screens must be consistent with the latest recommendations by the American Academy of Pediatric Dentistry.

6. Provider agrees to participate in the PCDH program which includes assignment of members to their practice for comprehensive dental care, collaboration with Renaissance for care coordination (when needed), and participating in quality monitoring programs. Provider may qualify for a Gold card program if they provide comprehensive care, be in good standing, and meets or exceeds metrics for preventive and minimally invasive services. Additional information on the Gold card program can be found in the PCDH manual.

7. Primary Care Dental Providers ("PCD" General Dentists and Pediatric dentists) shall provide the following

preventive services and minimally invasive services to Enrollees when indicated and covered: topical fluoride including varnish, sealants, and Silver Diamine Fluoride.

8. **Submission of Claims**: Provider shall submit claims for dental services to Renaissance in a manner and format prescribed by Renaissance that comports with federal and State law. Provider shall submit claims electronically to Renaissance. If unable to submit claims electronically, paper claims must be submitted on a standard ADA claim form. Provider agrees to accept electronic payment and electronic remittance if/when available.

    i Provider shall use the most recent American Dental Association ("ADA") approved claim form with the ADA CDT codes in effect on the date of service. Provider shall accurately complete such form including all mandatory fields as required by Renaissance's claims submission guidelines.

    ii When submitting electronic claims, Provider shall submit a license number and Type 1 NPI number of the treating Provider on all claim forms, the address of the office where the services were performed and, to the extent applicable, a Type 2 NPI number for the billing facility. [Note: incorporated solo practitioners are required to have a Type 2 NPI.] When submitting paper claims, Provider shall submit the license number of the treating Provider on all claim forms, the address of the office where the services were performed and, to the extent it exists, a Type 1 NPI of the treating Provider and/or a Type 2 NPI number for the billing facility.

    iii Provider understands that payment is conditioned upon the invoice or bill and the underlying transaction complying with Medicaid laws, rules and regulations, and program instructions (including, but not limited to, the federal anti-kickback statute, and the Stark law and federal requirements on disclosure, debarment and exclusion screening), and is conditioned on Provider's compliance with all applicable conditions of participation in Medicaid. Provider understands and agrees that each invoice or bill submitted constitutes a certification that Provider has complied with all applicable Medicaid laws, rules and regulations, and program instructions (including, but not limited to, the federal anti-kickback statute and the Stark law), in connection with payment and the services provided under this Agreement.

    iv Provider shall have no more than one hundred and twenty (120) calendar days from the date of rendering a health care service to file an initial claim with Renaissance, except in situations regarding coordination of benefits or subrogation, in which case the provider is pursuing payment from a third party or if an Enrollee is Enrolled in the Plan with a retroactive eligibility date. In situations of enrollment in the Plan with a retroactive eligibility date, the minimum and maximum time frames for filing a claim shall begin on the date that Renaissance receives notification from TennCare of the Enrollee's eligibility.

    v Provider shall submit a claim form for all services rendered to Enrollees for which a charge is made to the Enrollee, including services which are not covered under the Enrollee's dental Plan. This requirement does not apply where an Enrollee has i) paid directly and in full for all services performed; and ii) has instructed Provider not to provide Renaissance with information regarding such services.

    vi Provider shall submit all coordination of benefits information on a claim form to Renaissance in compliance with the Renaissance claim submission guidelines and cooperate with Renaissance so that the claim can be properly adjudicated.

    vii Provider agrees to comply with all Renaissance Processing Policies. To the extent a Processing

Policy is applied to a submitted claim that results in the limiting or denial of payment for a service, or making a service not chargeable to the Enrollee, the applicable Processing Policy will be identified on the Explanation of Benefits to explain the benefit determination.

viii Provider agrees to accept and respond in a thorough and timely manner to all requests for information made by Renaissance. Unless the request indicates otherwise, Renaissance requires receipt of Provider's response within five (5) calendar days of issuance. If the requested information is not received within five (5) calendar days, Renaissance may make any determinations and/or take any necessary actions based solely upon the information it had in its possession at the time the initial request for information was sent to the Provider. Any information submitted by Provider after the five (5) calendar day deadline will only be considered in Renaissance's sole discretion.

ix Provider may not submit, cause, or permit to be submitted to Renaissance any claim form, electronic claims submission in any form, or any other statement which contains false or misrepresented information. Provider is responsible for the supervision of any agent, officer, vendor, consultant, or employee who prepares or submits the Provider's claims or other information and shall be jointly and severally liable for any claim or other statement submitted by such person which contains false or misrepresented information. Claims containing false or misrepresented information will not be chargeable to the Enrollee, and a Provider who submits, or causes or permits to be submitted, a claim which contains false or misrepresented information 1) shall not be entitled to seek reimbursement for that claim from the Enrollee, and 2) shall not be entitled to reimbursement for that claim pursuant to a re-submission or appeal of said claim.

9. **Payment**: Provider is required to accept reimbursement for services provided under the Agreement and shall not be required to accept reimbursement amounts for services provided to persons who are covered under another health plan operated or administered by Renaissance.

i Provider agrees to accept payment in accordance with the Fee Policy as payment in full for Covered Services rendered to Enrollees and will hold the Enrollee harmless for the difference between the allowed amount under the applicable Fee Schedule and the submitted fee. The foregoing provision does not prohibit Provider from collecting from an Enrollee the applicable copayment, coinsurance, deductible, or other cost share provided under the Plan. Provider is prohibited from seeking payment from the Enrollee for any Covered Services provided to the Enrollee. Covered Services are reimbursed at 100 percent (100%) and, except as explained in the footnotes of the Fee Schedule, are subject to Renaissance's standard time limitations and policies.

ii Provider authorizes Renaissance to deduct from any payments due to Provider or Enrollee any amount determined to be properly due to Renaissance or Enrollee as a refund or recoupment of payments incorrectly made to Provider. Renaissance will provide an explanation of the incorrect payment at or before the time the deduction is made.

iii If a procedure does not appear on the Fee Schedule, it is not a covered benefit. In addition, prior to rendering any non-covered services to any Enrollee, Provider shall be required to inform the Enrollee of the cost for non-covered services and obtain a signed private pay form on the date of service from the Enrollee.

iv Provider may not inflate fees submitted on claim forms to offset discounts offered to Enrollees.

10. Provider shall not charge Enrollee(s) for missed appointments and cannot have different no show/cancellation/scheduling policies for Enrollees than other patients in their practice.

11. Provider is permitted to discuss treatment options with Enrollees that may not reflect Renaissance's position or may not be covered by Renaissance. Provider is permitted to advise or advocate on behalf on an Enrollee who is his or her patient regarding the following areas of care: the Enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered; for any information the Enrollee needs in order to decide among all relevant treatment options; the risks, benefits, and consequences of treatment or non-treatment; and/or the Enrollee's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

12. Provider agrees to take the Enrollee's rights into account when providing services, including, but not limited to: receive information in a manner and format that may be easily understood; be treated with respect and due consideration for his or her dignity and privacy; receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee's condition and ability to understand; participate in decisions regarding his or her health care, including the right to refuse treatment; be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation; to be free to exercise his or her rights without fear of retaliation; and to be free from segregation in any way from other persons receiving dental services.

13. Provider shall provide the full range (comprehensive scope) of dental services to Enrollees and not limit services primarily to diagnostic and/or preventive except in recognized public health programs approved by Renaissance or TennCare. Provider shall refer patients that require covered specialty services that the Provider does not perform (e.g., oral surgery, endodontics, prosthetics, periodontics, etc.) only to dental specialists participating in the Network, to the extent permitted by TennCare rules and applicable regulations.

14. In the event an Enrollee's health or safety is in jeopardy, Provider agrees to provide for the immediate transfer to another Provider participating in the Network.

15. Provider shall only treat Enrollees in an ambulatory surgical center ("ASC") or hospital if he/she maintains clinical privileges in good standing at the hospital designated as the admitting facility and at the site of delivery for dental care performed by Provider. Dental Providers who treat Enrollees in medical facilities like ASCs or hospitals should maintain clinical privileges at more than one medical facility when possible.

16. **Authority of Provider**: Provider represents and warrants that Provider has full authority to execute this Agreement, binding Provider to the terms and conditions of this Agreement.

17. **Insurance**: Provider agrees to secure all necessary liability and malpractice insurance coverage as is necessary to adequately protect the Enrollees and Renaissance under the Agreement. The provider shall always provide such insurance coverage during the Agreement and upon execution of the Provider Agreement furnish Renaissance with written verification of the existence of such coverage.

18. Renaissance and Provider agree to recognize and abide by all State and federal laws, regulations, rules, policies, court orders and guidelines applicable to the health Plan, as well as verify that the dental provider continues to be properly licensed by the Tennessee Board of Dentistry.

19. **Clinical Laboratory Improvement Amendments**: If applicable, Provider shall refer all authorized laboratory tests and procedures to a laboratory that has been issued (A) either a certificate of registration under The Clinical Laboratory Improvement Amendments ("CLIA"), a certificate waiver under CLIA, or a

certificate of accreditation under CLIA, and (B) a CLIA identification number. A laboratory that has been issued a certificate of waiver may perform only the tests and procedures permitted under its waiver.

20. **Medicaid Number**: Any Provider participating in the TennCare program shall have his/her own distinct and valid TennCare Medicaid number.

21. Provider authorizes Renaissance to, in its sole discretion and as legally permitted, publish the Provider's name and other pertinent information about Provider and practice hours, access, and services provided in its Network directory. Provider may promote or publicize his or her participation status under this Agreement but may not use any logos or trademarks of Renaissance or TennCare without Renaissance's or TennCare's prior written consent.

    Provider shall notify Renaissance within seven (7) calendar days of any changes to information contained in the directory and shall respond timely to all Renaissance requests for updated directory information. Provider acknowledges that their name and/or location(s) may be hidden from the directory by Renaissance pursuant to State and/or federal regulations.

22. **Appointment Status**: Provider shall ensure Enrollees are offered appointments according to the following Renaissance requirements: within three (3) weeks if routine asymptomatic and Forty-eight (48) hours if urgent.

23. Provider must provide emergency services to Enrollees without the requirement of a prior authorization. However, prepayment review may be required for a determination of medical necessity prior to reimbursement.

24. Provider may not refuse to provide medically necessary or covered services to an Enrollee for non-medical reasons, including, but not limited to, failure to pay applicable cost sharing responsibilities. Provider may request an Enrollee to pay applicable cost share responsibilities prior to receiving non-emergency services. However, the provider shall not be required to accept or continue treatment of an Enrollee with whom the provider feels he/she cannot establish and/or maintain a professional relationship.

25. Providers must follow practice guidelines for preventive health services identified by TennCare including EPSDT. EPSDT includes timely provision of exams, cleaning, fluoride treatment, sealants, and referral for treatment of Enrollees. EPSDT benefit package and periodicity schedule are found in the Provider Manual.

26. **Enrollee Appeals**: Provider shall comply with the appeal process by providing all required records and documentation in a timely fashion in accordance with the Provider Manual, TennCare Rules and Regulations, and federal regulations. This includes, but is not limited to, assisting an Enrollee by providing appeal forms and contact information, including the appropriate address for submitting Enrollee appeals.

27. Provider shall have the right to submit complaints, requests for reconsideration, grievances, or other correspondence to Renaissance in accordance with Renaissance's policies, procedures, and Provider Manual.

28. Whether announced or unannounced, Provider shall permit monitoring of services rendered to Enrollees to ensure services are performed in accordance with existing law.

29. Whether announced or unannounced, Provider shall participate and cooperate with any internal and/or external quality management, quality improvement, utilization review, peer review, and appeal procedures

established by Renaissance and/or TennCare.

30. Renaissance may initiate corrective action if a Provider is not complying with the Provider Manual, State, and federal laws and regulations and/or TennCare policies. Provider agrees to comply with corrective action plans initiated by Renaissance in addition to other actions as determined by TennCare.

31. Provider agrees to comply with the appeal process and prior authorization process contained within the Provider Manual by timely providing all the information, records and documentation that are required, and by assisting an Enrollee in the appeal process.

32. Provider agrees to comply with Renaissance's quality assurance processes. Quality assurance processes include, but are not limited to, utilization of review policies and findings, pre-payment review, and quality assurance audits. If Provider fails to comply with any of Renaissance's quality assurance processes, Renaissance may terminate this Agreement.

33. Provider agrees to cooperate fully with any Renaissance peer review committee, or other TennCare-approved review committee, independent review organization, and/or any dental consultant(s) authorized to review Enrollee records provided by Provider, including, but not limited to, quality of care. The decision by Renaissance or TennCare following the results of any such review, subject to any applicable appeals process, shall be binding on Provider and Renaissance. Provider shall comply with the payment provisions of any Explanation of Benefits issued because of such review.

34. Provider shall make Enrollees aware of their right to appeal adverse decisions affecting services by displaying notices in public areas of their facility(s) in accordance with Tenn. Comp. R. & Regs. 1200-13-13-.11 and 1200-13- 14-.12.

35. Should Renaissance become insolvent or discontinue operations, or should this Agreement be terminated (except for instances where Renaissance has terminated this Agreement for cause and elects not to enforce this provision), Provider agrees to continue to provide Covered Services to Enrollees to complete dental procedures that were already commenced but not finished prior to the insolvency, discontinuance of operations, or termination of the Agreement. Renaissance shall reimburse Provider for all services rendered pursuant to the applicable Fee Schedule and Fee Policy, and Provider shall accept such payment, together with any authorized coinsurance, deductible, or co-payment, as payment in full.

36. Provider agrees to comply with Renaissance's credentialing and recredentialing processes, and to promptly, and in no case later than seven (7) calendar days, notify Renaissance of any changes to any representations made on or in any credentialing or recredentialing forms or information provided to Renaissance, including, but not limited to, successful malpractice actions, a change to the business name, business address, business phone number, business hours, new patient acceptance, type(s) of patients serviced, practice areas, languages spoken, ADA accessibility, tax identification, NPI 1/NPI 2 or social security numbers, the dentists within a group practice, and the effective date of the change(s). Notwithstanding the foregoing, Provider agrees to notify Renaissance immediately of a lapse in license or any license actions taken by the Tennessee Board of Dentistry or any other state dental board.

D. Records

1. Provider agrees to maintain complete and accurate records, books, documents and papers regarding any treatment provided and/or charges made to Enrollees, and/or any charges, claims, communications, appeals, correspondence, or other documentation provided or made to Renaissance or any of its health

partners, TennCare, CMS, HHS or the Comptroller General ("Records") in accordance with all applicable State and federal laws as well as dental profession standards. Provider agrees to maintain Records for a period of at least ten (10) years from the last date of treatment and/or date of issuance of the Record, whichever is later. Notwithstanding the foregoing, Tennessee requires records to be kept a minimum of one (1) year past age of majority (eighteen years of age (18)), Tenn. Comp. R. & Regs. 0460-02-.12.

2. Records must be legible and appropriately signed by the rendering provider. Enrollees and their representatives shall be given access to the Enrollees' dental records, to the extent and in the manner provided by HIPAA, T.C.A. §§ 63- 2-101, and 63-2-102 and, subject to reasonable charges, be given written or electronic copies thereof upon request. When a patient-provider relationship with a TennCare provider ends and the Enrollee requests that dental records be sent to a second Provider who will be the Enrollee's primary dentist, the first Provider shall not charge the Enrollee or the Second provider for providing the dental records.

3. Provider shall safeguard information about Enrollees according to applicable state and federal laws including, but not limited to, the Health Insurance Portability and Accountability Act of 1996, 42 CFR § 431 Subpart F, §438 Subpart E, and all applicable Tennessee statutes and TennCare rules and regulations.

4. Provider agrees to provide Renaissance with all information and data necessary for Renaissance to meet its reporting requirements under any state and/or federal regulation including any reports on complaints or grievances. Provider shall certify the accuracy, completeness, and truthfulness of all information submitted to Renaissance.

5. Pursuant to 42 CFR § 438.3, the State, the Office of the Comptroller of the Treasury, and any health oversight agency, such as OIG, TBI MFCD, the Tennessee Attorney General, DHHS Office of Inspector General ("DHHS OIG"), and DOJ CMS, the Office of the Inspector General, the Comptroller General, and their designees, may, at any time, inspect and audit any records or documents Records, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later. Records shall be made available and furnished immediately at no cost to the requesting party upon request to the provider for fiscal audit, medical audit, medical review, utilization review, and other periodic monitoring as well as for administrative, civil, and criminal investigations or prosecutions. At the discretion of the requesting agency, "access" may include an examination of the records located in any electronic health records system as well as related information such as metadata and audit trails.

6. That Provider shall allow TennCare, DHHS OIG, Office of the Comptroller of the Treasury, OIG, TBI MFCD, and DOJ, as well as any authorized state or federal agency or entity shall have the right to evaluate through inspection, evaluation, review or request, whether announced or unannounced, or other means any records pertinent to this Contract including, but not limited to medical records, billing records, financial records, and/or any records related to services rendered, quality, appropriateness and timeliness of services and/or any records relevant to an administrative, civil and/or criminal investigation and/or prosecution and such evaluation, inspection, review or request, and when performed or requested, shall be performed with the immediate cooperation of the provider. Such records are to be provided at no charge to the requesting agency. Record requests shall be filled as required by T. C. A. § 63-2-101(i) or related provisions. In addition, the TBI MFCD/OIG/TennCare Office of Program Integrity (OPI) shall be allowed access to the place of business and to all TennCare records of any contractor or provider, whether contract or non-contract, during normal business hours, except under special circumstances when after hour admission shall be allowed. Special circumstances shall be determined by the TBI MFCD/OIG/OPI. Upon request, the provider shall assist in such

reviews including the provision of complete copies of medical records. Include a statement that HIPAA does not bar disclosure of protected health information (PHI) to health oversight agencies, including, but not limited to, OIG, TBI MFCD, DHHS OIG and DOJ. Provide that any authorized state or federal agency or entity, including, but not limited to TennCare, OIG, TBI MFCD, DHHS OIG, DOJ, Office of the Comptroller of the Treasury, may use these records and information for administrative, civil, or criminal investigations and prosecutions.

7. That while Renaissance shall make every effort to maintain accurate information, Renaissance shall not be liable for any damages directly or indirectly due to typographical errors. Provider agrees to immediately notify Renaissance of any errors.

E. Regulatory and Other Requirements

1. Provider agrees to be lawfully licensed in the state(s) in which s/he practices and to comply with all applicable Medicaid regulations and contractual requirements, as well as any other applicable state and federal laws and regulations, as may be amended from time to time, including, without limitation: (1) applicable provisions of federal criminal law, (2) the False Claims Act (31 U.S.C 3729, et. seq.), (3) the anti-kickback statute (section 1128B(b) of the Social Security Act), (4) the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") administrative simplification rules at 45 CFR parts 160, 162, and 164; (5) Title VI of the Civil Rights Act of 1964, (6) the Age Discrimination Act of 1975, (7) the Americans with Disabilities Act, (8) the Rehabilitation Act of 1973; (9) Section 1557 of the Affordable Care Act; and (10) any reporting requirements to Centers for Medicare and Medicaid Services ("CMS") under 42C.F.R. § 422.310, to the extent applicable. [42 C.F.R. § 422.504 (i)(4)(v)].

2. Renaissance will make available to Provider, and Provider agrees to comply with, any applicable policies and procedures relating to Medicaid, as well as Renaissance's Compliance Policy and Cultural Competency Program, both located at https://renaissancebenefits.com/tenncare/. In addition, Provider agrees to complete, on an annual basis, Renaissance's Fraud, Waste and Abuse & Compliance Trainings (located at https://renaissancebenefits.com/tenncare/) as well as any other training that may be required, and complete and return any requested compliance attestations. Provider agrees to report any actual or suspected compliance, fraud, waste, or abuse concerns to Renaissance.

3. Provider agrees that he or she is qualified to participate in the Medicare and/or Medicaid plans under which Provider is treating Enrollees and will provide services in accordance with applicable Medicare/Medicaid laws. Provider certifies that he or she is not excluded from participating in Medicare and/or Medicaid and is not under investigation for a crime involving fraud or dishonesty. Further, Provider agrees that he/she or anyone employed by Provider does not have any current or pending state or federal sanctions against him or her and he/she is not on the TennCare Terminated Provider List, Medicare Preclusion List, or otherwise prevented from participating in federally funded programs. Provider shall screen General Services Administration ("GSA") System for Award Management ("SAM") and the HHS-OIG List of Excluded Individuals/Entities ("LEIE").

    - TennCare requires that dental practices providing services to TennCare Enrollees be controlled by dentists licensed by the State of Tennessee ("Licensed Dentists"). The term "control" includes but is not limited to ownership and partnership interests. No practice in which any ownership or any partnership interests are controlled by a non- Licensed Dentists(s) shall become, or remain, a Provider in the TennCare dental benefits program. Change in ownership of any Provider or practice that is covered by this Agreement requires a re-credentialing of the practice. Changes in ownership must be disclosed to TennCare within thirty-five (35) days after any change in

ownership, at least once every three (3) years, and at any time upon request. This requirement may be satisfied through TennCare's provider registration process. A change in ownership which results in any unlicensed dentist(s) or any other individual(s) who is/are not licensed having any practice ownership or control shall preclude the entity from being re-credentialed or remaining credentialed with Renaissance and the TennCare program. Providers shall disclose to TennCare, the Comptroller General of the United States, and CMS, full and complete information regarding ownership, financial transactions and persons convicted of criminal activity related to Medicare, Medicaid, or the federal Title XX programs, in the time and manner set forth in accordance with federal and state requirements, including but not limited to 42 CFR § 455.101 et seq.; 42 CFR § 1001.1001 and 42 CFR § 455.436. These disclosures shall be made on the form provided by TennCare. The Provider and its subcontractors shall collect the disclosure of health care-related criminal conviction information as required by 42 CFR § 455.106 and establish policies and procedures to ensure that applicable criminal convictions are reported timely to the State. Disclosures must be collected upon initial contracting, re-verification, change in ownership, or as directed by TennCare. Providers shall disclose business transaction information upon request and as otherwise specified in federal and State regulations.

ii Providers shall screen their employees and contractors initially and on an ongoing monthly basis to determine whether any of them have been excluded from participation in Medicare, Medicaid, SCHIP, or any federal health care programs (as defined in Section 1128B(f) of the Social Security Act) and not employ or contract with an individual or entity that has been excluded. The Provider shall be required to immediately report to Renaissance any exclusion information discovered. The Provider shall be informed that civil monetary penalties may be imposed against providers who employ or enter contracts with excluded individuals or entities to provide items or services to TennCare Enrollees.

4. Provider agrees the following statement shall be clearly posted in all facilities performing services to TennCare Enrollees: "To report fraud or abuse to the Office of Inspector General (OIG) you can call toll-free 1-800-433-3982 or go online to https://www.tn.gov/finance/fa-oig/fa-oig-report-fraud.html and click on 'Report Fraud'. To report provider fraud or patient abuse to the Medicaid Fraud Control Division, call toll-free 1-800-433-5454 or email TBI.MedicaidFraudTips@tn.gov If you suspect TennCare provider fraud, you may report your concerns to the Toll-Free TennCare Fraud Hotline: 1-833-687-9611 or go online to https://www.tn.gov/tenncare/fraud-and-abuse/program-integrity.html and click on "How to Report TennCare Provider Fraud?"

5. Providers shall report overpayments and, when it is applicable, return overpayments within sixty (60) days from the date the overpayment is identified. Overpayments that are not returned within sixty (60) days from the date the overpayment was identified may result in a penalty pursuant to state or federal law.

6. Provider agrees that in no event (including but not limited to nonpayment by Renaissance, insolvency by Renaissance, or breach of this Agreement), shall the Provider bill, charge, collect a deposit from, seek payment or reimbursement from, or have any recourse against an Enrollee, or person acting on behalf of the Enrollee, for Covered Services provided pursuant to this Agreement. This does not prohibit the Provider from collecting co-insurance, deductibles, or copayments as specifically provided for in the Enrollee's dental benefits handbook, certificate, and/or summary of Plan benefits. Further, Provider shall not hold an Enrollee liable for any payment or fees that are the legal obligation of Renaissance. [42 C.F.R. §§ 422.504(i)(3)(i) and 422.504(g)(1)(i)]

7. Deficit Reduction Act. Provider shall comply with Section 6032 of the Deficit Reduction Act of 2005 (DRA)

regarding policy development, employee training, and whistle blower protection related to The False Claims Act, 31, U.S.C. § 3729-3733, et seq, if applicable.

8. In addition to obligations in Section F, Provider shall comply with all applicable federal and state laws regarding confidentiality and disclosure of medical records, or other health and enrollment information. Provider shall: a) ensure that medical information is released only in accordance with applicable federal or state law, or pursuant to court orders or subpoenas, b) maintain records and information in an accurate and timely manner, and c) ensure Enrollees have timely access to their records and information. Provider shall safeguard Enrollees' privacy and confidentiality and ensure the accuracy of Enrollees' health records. Provider further agrees to safeguard the privacy of any information that identifies a particular Enrollee and have procedures that specify: (i) for what purposes the Enrollee's information may be used within the Provider's organization; and (ii) to whom and for what purposes such information may be disclosed outside the Provider's organization. [42 C.F.R. §§ 422.504(a)(13), 422.504(l)(3), and 422.118]

F. Nondiscrimination Provisions

1. No person on the grounds of disability, age, race, color, religion, sex, national origin, including limited English proficiency and primary language, or any other classifications protected under federal, or state laws shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of Provider's obligation under the Agreement or in the employment practices of the Provider. Provider shall upon request show proof of such nondiscrimination compliance and shall post notices of nondiscrimination in conspicuous places available to all employees and Enrollees.

2. Provider shall be interacting with individuals from diverse cultural backgrounds including individuals with limited English proficiency ("LEP"), individuals with low literacy, individuals with disabilities, including individuals with vision, cognitive, hearing, and speech disabilities; therefore, Provider shall have policies and procedures for delivering services in a nondiscriminatory and culturally competent manner, providing free language and communication assistance services to individuals, providing individuals with reasonable accommodations, discrimination complaint procedures, and for regularly inspecting assessment methods and any data algorithms, such as clinical algorithms, to promote equity and eliminate bias with generating assessment results. Provider's staff members carrying out the terms of the Agreement shall receive annual training on the Provider entity's policies on how to deliver services in a nondiscriminatory and culturally competent manner, complaint procedures, process to obtain free language assistance services for LEP individuals, process for providing free effective communication services (auxiliary aids or services) to individuals with disabilities, and process for providing reasonable accommodations for individuals with disabilities. The Provider entity's new hires carrying out the terms of the Agreement shall receive this training within thirty (30) days of joining the Network.

3. Provider shall provide any discrimination complaint received relating to TennCare's services and activities within two (2) days of receipt to TennCare's Office of Civil Rights Compliance ("OCRC") at HCFA.Fairtment@tn.gov . The provider agrees to cooperate with OCRC and other federal and state authorities during discrimination complaint investigations and to assist individuals in obtaining information on how they can report a complaint or request a reasonable accommodation by contacting OCRC. To satisfy this obligation the provider may direct the individual to OCRC's webpage at: https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html or to call TennCare Connect at (855) 259-0701 if they need assistance with filing a complaint.

4. Electronic and Information Technology Accessibility Requirements. To the extent that the Provider is using electronic and information technology to fulfill its obligations under this Agreement, the Provider agrees to

comply with the electronic and information technology accessibility requirements under the federal civil rights laws including Section 504 and Section 508 of the Rehabilitation Act of 1973 ("Section 508"), the Americans with Disabilities Act, and 45 C.F.R. pt. 92 (or any subsequent standard adopted by an oversight administrative body, including the Federal Accessibility Board). To comply with the accessibility requirements for Web content and non-Web electronic documents and software, the Provider shall use the most current W3C's Web Content Accessibility Guidelines ("WCAG") level AA or higher with a goal to transition to WCAG 3 level silver (For the W3C's guidelines see: https://www.w3.org/WAI/standards-guidelines/ and Section 508 standards: https://www.access-board.gov/ict/) . If applicable under the Agreement, Provider agrees to comply with Title VI of the Civil Rights Act of 1964, by adding a system function that allows users to translate the content into a language other than English. This requirement may be satisfied by the provision of a link to a machine translate tool or translating the page into non-English languages as directed by the Division of TennCare.

5. Ethical and Religious Directives. In the event the Agreement includes an Ethical and Religious Directives provision, or the Provider has conscience and religious beliefs that limit the services it will provide, the following is applicable:

   (a) The Provider shall provide a list to Renaissance of the services it does not deliver due to the Ethical and Religious Directives or its conscience and religious beliefs. Renaissance shall furnish this list to the Division of TennCare, notating those services that are TennCare Covered Services. This list shall be used by Renaissance and the Division of TennCare to provide information to Members about where and how the Members can obtain the services that are not being delivered by the Provider due to the Ethical and Religious Directives or its conscience and religious beliefs.

   (b) Should an issue arise at the time-of-service interaction, the Provider shall inform Members that Renaissance has additional information on services/procedures that are covered by TennCare and providers who deliver those services. The Provider is not required to make specific recommendations or referrals.

G. Term and Termination

1. The term of this Agreement begins on the Effective Date provided by Renaissance to Provider following acceptance of the Provider into the Renaissance TennCare Network and execution of the Agreement by Renaissance and Provider and shall remain effective until otherwise terminated as provided herein (the "Term").

2. This Agreement may be terminated by Renaissance or Provider with cause upon a minimum of ten (10) days written notice (except for terminations due to patient safety, fraud, or suspension or revocation of license, which may be immediate), or without cause upon sixty (60) days written notice. This shall include the right of Renaissance, at its sole option, to terminate Provider at any or all physical locations from which Provider provides services.

3. Provider agrees that non-compliance with any part of this Agreement may result in termination. In accordance with paragraph two (2) above, Renaissance will send Provider advance notice of the effective date of termination. In Renaissance's sole discretion, the notice may state when or if the Provider can reapply for participating status and any conditions the Provider must meet before he or she can reapply. Provider has no right to appeal Renaissance's determination if Provider loses his or her state dental license, or if Renaissance terminates this Agreement without cause.

4. Provider may appeal a with cause termination decision by Renaissance (other than a with cause termination due to suspension or revocation of Provider's dental license) within thirty (30) days of the notice of

termination. Provider agrees to submit such appeal to binding arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The judgment rendered by the arbitrator may be entered in any court having jurisdiction thereof. Provider agrees that Renaissance and Provider will share and divide equally the fees of all arbitrators assigned by the American Arbitration Association to hear the dispute. All other costs and fees, including, but not limited to, filing fees and attorney fees and costs, shall be borne by the party incurring such costs and fees. In the event Provider does not appeal his or her termination decision within thirty (30) days, Provider waives any right to appeal. The termination will be suspended pending the outcome of a timely appeal except in terminations due to patient safety or fraud.

5. A Provider found to be in noncompliance with this Agreement may be terminated from the Network for cause. In lieu of termination, or in addition to termination, a Provider in non-compliance may be sanctioned in one or more of the following manners:

    i Provider may be required to refund all amounts determined to be due and owing to Renaissance and/or any Enrollees.

    ii Provider may be immediately suspended from participation in Renaissance Network(s); and/or

    iii Provider may be required to submit to periodic audits, submit corrective action plans, and/or participate in additional training.

6. If this Agreement is terminated and a refund or other action has been requested by Renaissance as a sanction, Provider shall not be eligible for reinstatement until the refund is made and/or the other required action(s) has/have been completed to Renaissance's satisfaction.

7. The terms of this Agreement shall be applicable to any actions performed or services rendered by Provider prior to any voluntary or involuntary termination of this Agreement. Furthermore, in the event Provider has begun treatment of any Enrollee prior to the termination of this Agreement, Provider agrees that the terms of this Agreement shall continue until such treatment is complete and Renaissance's payment for such service has been made. Provider is required to notify the affected Enrollee of the termination of this Agreement.

8. Provider agrees that, in addition to the remedies above, Renaissance may immediately suspend or terminate this Agreement in the event:

    i Provider 's license to practice in the State of Tennessee is suspended or revoked.

    ii Provider has any limitations or restrictions placed upon his or her dental license.

    iii Any restrictions are placed upon Provider 's ability to receive payments from Medicare Advantage, Medicaid, or any other federally funded program (e.g., Provider is excluded or is placed on the Preclusion List).

    iv Provider's Drug Enforcement Administration license is restricted, suspended, or revoked.

    v Provider has been convicted of a felony within the last five (5) years.

    vi Renaissance receives notice of an allegation, claim, or other information suggesting that the Provider 's actions are jeopardizing or may jeopardize the well-being of any of his or her patients; or

vii Any other determination by a regulatory agency, board or other professional organization which limits Provider 's ability to practice or provide services as contemplated under this Agreement.

9. That upon termination of this Agreement for any reason, Provider shall make available to any oversight entities, including, but not limited to, the Office of the Comptroller of the Treasury, and any health oversight agency, such as TennCare, OIG, the Tennessee Bureau of Investigation Medicaid Fraud Control Unit ("TBI, MFCU"), Department of Health and Human Services Office of the Inspector General, Department of Justice, the state fraud agency, the United States Department of Health and Human Services, the Comptroller General of the United States, and/or their duly authorized representatives, in a useable form, all records, whether dental/medical or financial, related to Provider's activities undertaken pursuant to the terms of this Agreement at no cost to the requesting entity.

H. Confidentiality

1. The parties acknowledge that while performing under this Agreement each party may be provided with or given access to information, in oral, recorded, electronic, or written form, which is proprietary and confidential to the other party (collectively referred to as the "Confidential Information"). Such Confidential Information includes, but is not limited to, information regarding the other party's management, business, organizational structure, policies, procedures, business relationships, intellectual property, copyrights, patents, trademarks, software, data, databases, system designs, specifications, documentation, code, claims logic, architecture, structure, algorithms, techniques, processes, protocols, product materials, notes, slides ideas, quality assurance programs, fee schedules, and processing policies.

2. The term "Confidential Information" as used herein shall not include, and neither party shall have any obligations of confidentiality with respect to, information that is:

   i In, or comes into, the public domain, except because of a breach of this provision.

   ii Received by either party from a third party with whom there is no obligation of confidentiality.

   iii Required to be disclosed by either party under operation of law; or

   iv Approved in advance in writing for disclosure by the owner of the Confidential Information.

3. Unless otherwise set forth in this Agreement, each party (the "Receiving Party") shall hold in strict confidence and trust the other party's ("Disclosing Party") Confidential Information. The Receiving Party shall not disclose, sell, rent, or otherwise provide or transfer, directly or indirectly, any of the Disclosing Party's Confidential Information to any person or entity without the prior written consent of the Disclosing Party, subject to State law. Notwithstanding the preceding sentence, the Receiving Party may disclose Confidential Information of the Disclosing Party to its representatives, counsel, shareholders, directors, officers, employees, agents, or consultants ("Representatives") who need to know such information to enable the Receiving Party to perform its obligations hereunder. The Receiving Party and its Representatives shall use the Disclosing Party's Confidential Information only in connection with the performance of the Receiving Party's obligations hereunder. The Receiving Party shall require any of its Representatives who obtain the Disclosing Party's Confidential Information to comply with this Agreement and shall be responsible for any breach of this Agreement by its Representatives.

4. It is understood and agreed that in the event of a breach of this Section, damages are deemed not to be an adequate remedy, that irreparable harm is immediate and imminent, that the owner of the Confidential Information shall automatically be entitled to seek injunctive relief to restrain any such breach, threatened or

actual, and that the equities of such an injunction tip decidedly in favor of the owner of the Confidential Information.

5. Notwithstanding the foregoing, certain Provider information may be provided to third parties, including groups, customers, agents, regulatory agencies, third-party vendors, brokers, and/or consultants for the purposes of conducting Renaissance's ordinary business operations. Such information shall be disclosed in accordance with all applicable federal and/or state laws and regulations.

I. Indemnification and Limitation of Liability

1. Each party (the "indemnifying party") shall defend, indemnify, and hold harmless the other party and its employees, officers, directors, or agents (together, the "indemnitees"), from any claims, losses, damages, costs, expenses, or liabilities arising out of or related to breach of this Agreement or violation of any applicable state or federal law. A party seeking indemnification shall (i) promptly notify the indemnifying party in writing of the claim, suit or proceeding for which indemnification is sought; (ii) permit the indemnifying party to control the defense or settlement of the claim, suit or proceeding; (iii) reasonably cooperate with the indemnifying party (at the indemnifying party's expense); and (iv) have the right to provide for its separate defense at its own expense. In no event, shall the indemnifying party settle a claim, suit or proceeding without first obtaining the written consent of the indemnitee, which consent shall not be unreasonably withheld. Notwithstanding the foregoing, it shall be *per se* reasonable for an indemnified party to refuse to consent to a proposed settlement on the ground that it would require the indemnified party to admit wrongdoing or agree to relief beyond the payment of money. Any release obtained because of settlement must contain a release of all claims against the indemnified party as well as its officers, directors, and employees.

2. To the extent not prohibited by law, in no event shall Renaissance be liable for any incidental, special, indirect, consequential or punitive damages whatsoever, including without limitation, damages for lost profits, loss of or disclosure of data, business interruption or any other commercial damages or losses arising out of or related to Provider 's participation in Renaissance's Network(s), however caused, regardless of the theory or liability (whether in contract, tort, strict liability, or otherwise), and even if Renaissance has been advised of the possibility of such damages. The foregoing limitations will apply even if the remedy fails in its essential purpose.

3. Provider shall indemnify and hold TennCare harmless from all claims, losses, or suits relating to activities undertaken pursuant to the Agreement.

J. Miscellaneous Provisions

1. Provider may not assign this Agreement or any rights under this Agreement to any other party without the written consent of Renaissance. To comply with state, federal and/or contractual requirements, Renaissance may make other entities third-party beneficiaries to this Agreement, including but not limited to Renaissance's clients other/or Medicaid partners.

2. This Agreement is non-exclusive. Renaissance may enter into similar agreements with other Providers, and Provider may enter into similar agreements with other carriers.

3. Provider is an independent contractor and is not an agent of Renaissance.

4. If necessary to comply with changes in the laws or regulations, or upon the request of a regulatory body, Renaissance may unilaterally amend this Agreement, its policies and procedures and/or Provider Manual.

Renaissance will use its best efforts to provide written or electronic notice to Participating Provider at least thirty (30) days in advance of the effective date of the change unless a shorter or longer time frame is required under applicable state or federal law. Unless otherwise required by federal or state regulatory authorities, the signature of Provider will not be required for any such amendment. If changes in the Agreement because of revisions and applicable federal or state law materially affect the position of either party, Renaissance and Provider agree to negotiate further any amendment as may be necessary to correct any inequities.

5. Renaissance shall give Provider thirty (30) days prior written notice of a determination that a reduction in the Fee Schedule is to be made.

6. If any provision under this Agreement is determined by TennCare to conflict with the Contract between TennCare and Renaissance, such requirement shall be null and void and all other provisions shall remain in full force and effect.

7. Provider is not permitted to encourage or suggest, in writing or verbally, that Enrollees be placed into state custody to receive medical or behavioral services covered by TennCare.

8. Provider may utilize arbitration for the resolution of payment disputes. Provider agrees to submit such appeal to binding arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules. The judgment rendered by the arbitrator may be entered in any court having jurisdiction thereof. Provider agrees that Renaissance and Provider will share and divide equally the fees of all arbitrators assigned by the American Arbitration Association to hear the dispute. All other costs and fees, including, but not limited to, filing fees, attorney fees, and costs, shall be borne by the party incurring such costs and fees. In the event Provider does not appeal his or her termination decision within thirty (30) days, Provider waives any right to appeal.

9. TennCare Provider Independent Review of Disputed Claims process shall be available to Providers to resolve non-emergency claims denied in whole or in part by Renaissance as provided at T.C.A. § 56-32-126(b).

10. If TennCare deems Renaissance unable to timely process and reimburse claims and requires Renaissance to submit claims for reimbursement to an alternate claims processor to ensure timely reimbursement, Provider agrees to accept reimbursement at Renaissance's contracted reimbursement rate or the rate established by TennCare, whichever is greater.

11. Provider warrants that no 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, subcontractors, or consultant to the provider in connection with any work contemplated or performed relative to the Agreement unless otherwise authorized by the Commissioner, Tennessee Department of Finance and Administration.

12. All contracts and agreements between Provider and Renaissance as they apply to physician incentive plans must comply with requirements set forth in the Balanced Budget Act 1997 in 42 CFR §§ 422.208 and 422.210.

13. Regulatory Agency Oversight: Nothing in the Agreement shall be construed to limit: (a) the authority of Renaissance and all applicable state and federal agencies to ensure the Provider's participation in and compliance with quality assurance, utilization management, Enrollee grievance and other systems and procedures; (b) any applicable regulatory agency's authority to monitor the effectiveness of such systems

and procedures; or (c) authority to sanction or terminate a Provider found to be providing inadequate or poor quality care or failing to comply with systems, standards or procedures.

The Provider acknowledges and agrees that the State, upon the failure of Renaissance to properly implement and administer such systems or to take prompt corrective action after identifying quality, Enrollee satisfaction or other problems, may terminate this Agreement and that, because of such termination, the Provider's participation may also be terminated.

14. All notices and documents shall be given or addressed to Provider at the last known address on file.

- **Claims**

  Renaissance Government Programs
  Claims
  P.O. Box 2720
  Farmington Hills, MI 48333-2720

  Provider may also call 866-864-2526 for member eligibility, benefits information, and claims inquiries.

- **Credentialing questions, Provider directory information, or other questions about this Agreement:**

  Renaissance Government Programs
  Inquiries
  P.O. Box 1505
  Farmington Hills, MI 48333-1505
  Ph: 800-971-4143
  Fax: 800-962-8377
  Email:
  ProviderExcellence@RenaissanceFamily.com

- **Requests for reconsideration**:

  Renaissance Government Programs
  Inquiries
  P.O. Box 1505
  Farmington Hills, MI 48333-1505
  Ph: 800-971-4143
  Fax: 800-962-8377
  Email:
  ProviderExcellence@RenaissanceFamily.com

- **Legal notices required by this Agreement:**

  Renaissance Life & Health Insurance Company of America
  225 S. East Street, Suite 358
  Indianapolis, Indiana 46206

With copy to:

Renaissance Life & Health Insurance Company of America
Attn: Legal Department
4100 Okemos Road
Okemos, MI 48864

II. Renaissance TennCare Children Network

If Provider participates in the Renaissance TennCare Children Network, the following provision(s) shall apply in addition to the terms and conditions set forth in Section I of this Agreement:

1. Provider agrees to provide Renaissance TennCare Children DBM Enrollees Covered Services pursuant to this Agreement.

2. Provider agrees to the policies and procedures in the Renaissance TennCare Kids Provider Manual and the Renaissance PCDH Manual.

III. Renaissance CoverKids Network

If Provider participates in the Renaissance CoverKids Network, the following provision(s) shall apply in addition to the terms and conditions set forth in Section I of this Agreement:

1. Provider agrees to provide Renaissance CoverKids DBM Program Enrollees Covered Services pursuant to this Agreement.

2. Provider agrees to the policies and procedures in the Renaissance CoverKids Provider Manual and the Renaissance PCDH Manual.

IV. Renaissance TennCare Adult Network

If Provider participates in the Renaissance TennCare Adult Network, the following provision(s) shall apply in addition to the terms and conditions set forth in Section I of this Agreement:

1. Provider agrees to provide Renaissance TennCare Adult Enrollees Covered Services pursuant to this Agreement.

2. Provider agrees to the policies and procedures in the Renaissance TennCare Adult Provider Manual and the Renaissance PCDH Manual.

V. Renaissance TennCare ECF CHOICES Network

If Provider participates in the Renaissance TennCare ECF CHOICES Network, the following provision(s) shall apply in addition to the terms and conditions set forth in Section I of this Agreement:

1. Provider agrees to provide Renaissance TennCare ECF CHOICES Enrollees Covered Services pursuant to this Agreement.

2. Provider agrees to the policies and procedures in the Renaissance TennCare Adult Provider Manual and the Renaissance PCDH Manual.

VI. Renaissance TennCare 1915(c) IDD Network

If Provider participates in the Renaissance TennCare 1915(c) IDD Network, the following provision(s) shall apply in addition to the terms and conditions set forth in Section I of this Agreement:

1. Provider agrees to provide Renaissance TennCare 1915(c) IDD Enrollees Covered Services pursuant to this Agreement.

2. Provider agrees to the policies and procedures in the Renaissance TennCare Adult Provider Manual and the Renaissance PCDH Manual.

[Signature Page to Follow]

Provider agrees that this Agreement may otherwise be supplemented or amended from time to time by Renaissance, and that all such changes or amendments may be published on Renaissance's website with required written and/or electronic notice given to Provider. The most recent version or amended version of this Agreement, Provider Manual(s), and attached forms shall govern the obligations of Renaissance and Provider regardless of the version signed and submitted to Renaissance by Provider.

I hereby apply to Renaissance to become a Renaissance TennCare Network Provider. I understand and agree that submission of this Agreement grants me no rights or privileges of participation until such time as I receive written notification from Renaissance stating that I have been accepted providing an Effective Date of this Agreement.

Name of Provider (Print):

National Provider Identifier (NPI): _____

Original Signature: Date:

Renaissance shall provide written notice to Provider's acceptance and Effective Date of this Agreement.

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

Board of Health Request Tracking Form

Meeting Date: **September 11, 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 Annual Board Report draft to the Mayor to the Board by March 2026 and beyond.
6. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place.
7. Consider having a member of the Youth Advisory Board present at the meetings.
8. Provide talking points to the Board on what we are doing in the department so they can share.
9. Provide a one-page report on each grant annually.

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 Annual Board Report draft to the Mayor to the Board by March 2026 and beyond. (Areola)
6. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place. (Areola)
7. Consider having a member of the Youth Advisory Board present at the meetings. (Areola)
8. Provide talking points at the appropriate time to the Board on what we are doing in the department so they can share. Presentations by different programs at the Board meeting will also be considered. (Areola)
9. Provide a one-page report on each grant annually. (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 October. (Diamond)
4. An update on the culture of the department will be given to the Board in January, April, July, and October. Next update will be given in October. (Areola)
5. Annual Board Report draft to the Mayor will be given to the Board by March 2026 and beyond. (Areola)
6. Monthly update on the Director's priorities will be given to the Board until the Strategic Plan is in place. (Areola)
7. Member(s) of the Youth Advisory Board will be present at monthly meetings to observe and participate as needed. (Areola)
8. Talking points on what we are doing in the department will be given to the Board at the appropriate time. When feasible, presentations by programs will be done in the Board meeting. (Areola)
9. A one-page report will be done annually on each grant. Dr. Areola will share different formats with the Board at the next meeting to agree on a one-page report that will capture the data that they are wanting. (Areola)

Response filed in meeting packet of **November 13, 2025**

MACC STATS

September 2025

		Species								
		Canine			Canine Totals	Feline			Feline Totals	Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
	Beginning Animal Count as of 09/01/2025	145	11	0	**156**	22	36	1	**59**	**215**
INTAKES	Stray/At Large	147	25	1	**173**	28	54	8	**90**	**263**
INTAKES	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Owner Requested Euthanasia	5	0	0	**5**	0	1	0	**1**	**6**
INTAKES	Relinquished by Owner	26	10	0	**36**	11	17	0	**28**	**64**
INTAKES	Other Intakes	14	5	0	**19**	4	0	0	**4**	**23**
	Total Intakes	**192**	**40**	**1**	**233**	**43**	**72**	**8**	**123**	**356**
OUTCOMES	Adoptions	74	17	0	**91**	12	24	0	**36**	**127**
OUTCOMES	Returned to Home	44	3	0	**47**	4	0	0	**4**	**51**
OUTCOMES	Transferred to Rescue Group	30	7	1	**38**	8	2	2	**12**	**50**
OUTCOMES	Other Live Outcomes	0	0	0	**0**	0	0	0	**0**	**0**
OUTCOMES	Return to Field	**0**	**0**	**0**	**0**	0	0	**0**	**0**	**0**
OUTCOMES	**Total Live Outcomes**	**148**	**27**	**1**	**176**	**24**	**26**	**2**	**52**	**228**
OUTCOMES	Died in Care	0	3	0	**3**	1	0	0	**1**	**4**
OUTCOMES	Lost in Care	1	0	0	**1**	1	0	0	**1**	**2**
OUTCOMES	Euthanasia	58	0	0	**58**	14	9	7	**30**	**88**
OUTCOMES	Owner Requested Euthanasia	5	0	0	**5**	0	1	0	**1**	**6**
OUTCOMES	**Total Other Outcomes**	**64**	**3**	**0**	**67**	**16**	**10**	**7**	**33**	**100**
	Total Outcomes	**212**	**30**	**1**	**243**	**40**	**36**	**9**	**85**	**328**
	Ending Animal Count as of 09/30/2025	131	15	0	**146**	30	67	0	**97**	**243**
	Save Rate	68.45%	92.50%	100.00%	72.81%	62.79%	87.32%	12.50%	73.77%	73.14%

NFHS Basic Data Matrix Deceased Animal Intake Only

09/01/2025 and 09/30/2025

		Species								Totals
		Canine			Canine Totals	Feline			Feline Totals	
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 09/01/2025		0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Stray/At Large	0	0	0	**0**	1	0	0	**1**	**1**
	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
	Owner Requested Euthanasia	0	0	0	**0**	0	0	0	**0**	**0**
	Relinquished by Owner	0	0	0	**0**	0	0	0	**0**	**0**
	Other Intakes	0	0	0	**0**	0	0	0	**0**	**0**
Total Intakes		**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**1**

MACC STATS

October 2025

		Species								
		Canine			Canine Totals	Feline			Feline Totals	Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
	Beginning Animal Count as of 10/01/2025	127	19	0	**146**	26	71	0	**97**	**243**
INTAKES	Stray/At Large	173	15	2	**190**	30	63	2	**95**	**285**
INTAKES	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Owner Requested Euthanasia	2	0	0	**2**	0	0	0	**0**	**2**
INTAKES	Relinquished by Owner	31	9	0	**40**	12	1	0	**13**	**53**
INTAKES	Other Intakes	21	0	0	**21**	7	3	0	**10**	**31**
	Total Intakes	**227**	**24**	**2**	**253**	**49**	**67**	**2**	**118**	**371**
OUTCOMES	Adoptions	54	17	0	**71**	26	42	0	**68**	**139**
OUTCOMES	Returned to Home	61	2	0	**63**	10	0	0	**10**	**73**
OUTCOMES	Transferred to Rescue Group	39	0	0	**39**	4	3	0	**7**	**46**
OUTCOMES	Other Live Outcomes	0	0	0	**0**	0	1	0	**1**	**1**
OUTCOMES	Return to Field	**0**	**0**	**0**	**0**	0	0	**0**	**0**	**0**
OUTCOMES	**Total Live Outcomes**	**154**	**19**	**0**	**173**	**40**	**46**	**0**	**85**	**259**
OUTCOMES	Died in Care	3	0	1	**4**	2	5	0	**7**	**11**
OUTCOMES	Lost in Care	2	0	0	**2**	0	1	0	**1**	**3**
OUTCOMES	Euthanasia	66	3	1	**70**	9	18	0	**27**	**97**
OUTCOMES	Owner Requested Euthanasia	2	0	0	**2**	0	0	0	**0**	**2**
OUTCOMES	**Total Other Outcomes**	**73**	**3**	**2**	**78**	**11**	**24**	**0**	**35**	**113**
	Total Outcomes	**227**	**22**	**2**	**251**	**51**	**70**	**0**	**121**	**372**
	Ending Animal Count as of 10/31/2025	132	16	0	**148**	30	62	2	**94**	**242**
	Save Rate	68.44%	87.50%	0.00%	69.72%	77.55%	64.18%	100.00%	70.34%	69.92%

NFHS Basic Data Matrix Deceased Animal Intake Only

10/01/2025 and 10/31/2025

		Species								Totals
		Canine			Canine Totals	Feline			Feline Totals	
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 10/01/2025		0	0	0	**0**	0	0	0	**0**	**0**
INTAKES	Stray/At Large	1	0	1	**2**	2	1	0	**3**	**5**
	Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	**0**
	Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	**0**
	Owner Requested Euthanasia	0	0	0	**0**	0	0	0	**0**	**0**
	Relinquished by Owner	0	0	0	**0**	0	0	0	**0**	**0**
	Other Intakes	0	0	0	**0**	0	0	0	**0**	**0**
Total Intakes		**1**	**0**	**1**	**2**	**2**	**1**	**0**	**3**	**5**

A proposed revision of the MPHD Civil Service Rule 4.5, subsection A., subsection i, subsection b. which currently reads:

Employees on a step (ST) salary grade will be promoted by first determining the employee's promotional step by moving forward two steps in the current range.
The new pay rate is established by slotting the employee into the step in the new range that is closest to, but not less than, the employee's promotional step.

Justification:

Upon adoption of the new FY26 pay plan, which included a new step structure and new guidelines for the application of the new structure, the previous "two steps" which applied to the ten step pay structure promotional process, should be changes to "three step" in keeping with the intended process and guidelines of the new pay plan for promotions.

This change is necessary because MPHD had established this guideline/process as a rule within our Civil Service Rules which should be changed in keeping with the intent, guidelines and processes of the new pay plan. The proposed verbiage would be:

Employees on a step (ST) salary grade will be promoted by first determining the employee's promotional step by moving forward three steps in the current range.
The new pay rate is established by slotting the employee into the step in the new range that is closest to, but not less than, the employee's promotional step.

PERSONNEL CHANGES

September 2025

NEW HIRES

Briana Mitchell, Animal Care Assistant 1, 9/6/2025, $48,064 (MACC)
Samuel Tekle, Public Health Nurse 1 (71%) 9/22/2025, $55,385 (SCH)
Linda Gipson, Seasonal/Part-time/Temp., 9/22/2025, $40.02 per hour (SCH)
Shelia Whitlow, Office Support Rep. Senior, 9/22/2025, $46,025 (IMM)
Zia Wahid, Medical Doctor, Seasonal/Part-time/Temp., 9/22/2025, $105 per hour (BHW)
Robert Shealy, Health Manager 2, 9/27/2025, $106,000 (PHIG)

REHIRES

Vicki Steadham, Seasonal/Part-time/Temp., 9/13/2025, $23.11 per hour (Pharm/TBE)
Marilyn Bryant, Public Health Nurse 1 (71%), 9/22/2025, $55,385(SCH)

TERMINATION (VOLUNTARY)

Miesha Hopkins, Seasonal/Part-time/Temporary, 09/12/25, resigned (School Health)

BU TRANSFER

Robert Savage, Program Specialist 3, effective 8/30/2025 (BHW)

PROMOTIONS

Carrie Anderson, Animal Control Officer 1, promoted to Animal Control Officer 2, effective 9/13/2025(MACC)
Elizabeth Lovvorn, Animal Control Officer 1, promoted to Animal Control Officer 2, effective 9/13/2025(MACC)

STATUS CHANGES

Keziah Boatema, Nutrition Educator, status change to 80%, $26.82 per hourly, effective 09/13/2025 (WIC)
Shakiera Davis, Public Health Nurse 1 (71%), status change to Seasonal/Part-time/Temp., $40.02 per hour, effective 09/13/2025 (SCH)
Jocelyn Dobson, Public Health Nurse 1 (71%) status change to Seasonal/Part-time/Temp., 48%, $40.02 hourly, effective 09/27/2025 (SCH)
Jennifer Yoder, Public Health Nurse 2 (80%) status change to 100%, $94, 875.30, effective 09/27/2025 (SCH)
Katlyn Day, Public Health Nurse 2 status change to 80%, $71,623.54, effective 9/27/2025 (SCH)

VOLUNTARY REDUCTION IN SALARY GRADE

Melva Black, Deputy Director – Director's Office, position change to Public Health Admin 3 effective 9/22/2025

PERSONNEL CHANGES

OCTOBER 2025

NEW HIRES

Misty Watson-Bouchet, Animal Control Officer 1, 10/06/2025, $52,414.00(MACC)
Benjamin Michel, Public Health Nurse Practitioner, 10/11/2025, $115,478.00 (OCC)
Jadyn Gregg, Animal Control Officer 1, 10/11/2025, $52,414.00(MACC)
Brandy Nester, Animal Control Officer 3, 10/20/2025, $63,135.00(MACC)
Gemma Loredo, Public Health Nurse 1, 10/25/2025, $80,227.00(NSB)
Hannah Noblett, Public Health Nurse 1, Seasonal/Part-time/Temp., $40.02,10/25/2025(School Health)
Patricia Lane, Public Health Nurse 1, 10/25/2025, $56,998.00(School Health)
Cassidy Russell, Program Specialist 2, 10/25/2025, $54,699.00(Notifiable Disease)

BU TRANSFER

Nancy Ashbaugh, Public Health Nurse 2 - TBE, transferred to School Health, effective 10/25/2025

TERMINATIONS (VOLUNTARY)

Haley McGhee, Nutrition Educator, 10/01/2025 resigned (WIC)
Wanda Barr, Program Specialist 3, 10/02/2025, service pension (Youth & Adolescent Health)
Christine Fouch, Public Health Nurse 1, 10/03/2025, early service pension (Hepatitis Grant)
Sam Silva, Seasonal/Part-time/Temp., 10/08/2025, end of temp. employment (Pest Management)
Daniel Vasquez, Seasonal/Part-time/Temp., 10/08/2025, end of temp. employment (Pest Management)
Fonda Harris, Bureau Director, 10/10/2025, service pension (Population Health)
Nicholas Richards, Systems Applications Analyst 3 – Finance & Administration, 10/10/2025,
dept. transfer to Metro ITS
Alyssa Silveira, Communicable Disease Investigator, 10/10/2025, resigned (STD/HIV/Sexual Health)
Carley Bullinger, AC&C Officer 2, 10/24/2025, resigned (MACC)
Yenny Sarabia-Lopez, Environmental Health Specialist, 10/24/2025, resigned (FPFP)
Larry Sutton, Office Support Specialist 1, 10/29/2025, service pension (Youth & Adolescent Health)
Alison Butler, Public Health Nurse 1, 08/29/2025, resigned (FIMR)
Aaron Shelton, Human Resources Manager – Executive Leadership, 10/31/2025
Dept. transfer to Waste Management Services

TERMINATIONS (INVOLUNTARY)

Destiny Walter-Shabazz, Program Specialist 2, 10/21/2025, dismissed (CHANT
Shirley Edmondson, Seasonal/Part-time/Temp., 10/24/2025, dismissed (School Health-PRN)

PROMOTION

Amy Powell, Public Health Nurse 1(71%) – SCH, promoted to Public Health Nurse 2
effective 10/25/2025
Mya Gray, Communicable Disease Investigator, promoted to Program Coordinator, effective10/25/2025

STATUS CHANGES

Sarah Briley, Public Health Nurse 1(71%), began working 80%, effective 10/25/2025 (SCH)
Chelsey Bunch, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Lacey Burke, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Sherry Davidson, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Miranda Dougherty, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Jennifer Harper, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH
Megan Igler, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Cheryl Jack, Public Health Nurse 1 (71%) began working 80%, effective 10/25/2025 (SCH)
Laura Kelley, Public Health Nurse 1 (71%) began working 80%, effective 10/25/2025 (SCH)
Danielle Jernigan, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Ashanti Leggs, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Shannon Mack, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Susan Mertz, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
LaJuana Ojemuyiwa, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Kinjal Patel, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Deanna Shires, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Caitlynn Spinks, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Angela Toth, Public Health Nurse 1 (71%), began working 80%, effective 10/25/2025 (SCH)
Gloria Morrison, Public Health Nurse 1 (50%) began working 80%, effective 10/25/2025 (FIMR)