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, January 8, 2026

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 December 11, Meeting Minutes ..... Franklin
5. Presentation – Finance Budget Overview ..... Diamond
6. Presentation – TB Elimination ..... Cook/ Turner/McKay
7. State of Public Health ..... Areola
8. Deliberation of Grant Applications ..... Diamond
9. Deliberation of Grants and Contracts ..... Diamond
10. Report of Director ..... Areola
11. Report of Chair ..... Franklin
12. New Business ..... Franklin
    a. Board Requests of the Department b. Departmental Requests of the Board
13. Adjournment ..... Franklin

CIVIL SERVICE BOARD

1. Public Hearing Regarding Civil Service Rule 4.7, subsection B ..... Holloway
2. Personnel Changes – November 2025 ..... Holloway
3. Adjournment ..... Franklin

Metropolitan Board of Health of Nashville and Davidson County
December 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 4:00 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
Heather Corum Powell, Member
Jeffrey Stovall, MD, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Abigail Holloway, Interim Human Resources Manager
Kimberly Smith, DMD, Director of Oral Health Services
Rachel Franklin, MBA, Bureau Director of Communicable Disease and Emergency Preparedness
John Finke, PE, Bureau Director of Environmental Health Services
Derrick Smith, JD, Metropolitan Department of Law

Welcome New Board Member, Dr. Jeffrey Stovall
Chair Franklin welcomed new Board of Health member Dr. Stovall to the board and invited him to introduce himself.

Dr. Stovall shared a few brief details about himself and career and received a warm welcome.

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 communications from the public on agenda items, to state such. There were none.

Deliberation of November 13, 2025, Meeting Minutes
Dr. Griffin made a motion to approve November 13, 2025, meeting minutes as distributed. Dr. Ziegler seconded the motion, which passed unanimously.

Employee/Team Recognition
Dr. Areola shared that Kinley Reed was chosen as the November Employee of the Month. (Attachment I).
Dr. Areola recognized and introduced the Occupational Health Team chosen as the November Team of the Month. (Attachment II)
Dr. Areola shared the WIC Vendor Management Team was chosen as the September Team of the Month. (Attachment III)

Oral Health Services Presentation
Dr. Kimberly Smith gave a presentation on Oral Health Services including the three programs, Lentz Dental, Women, Infants, and Children (WIC), and School-based Dental Practice Program (SBDPP) that provide services to the Nashville/Davidson County community. Dr. Smith stated opportunities for Oral Health is to add a registered dental hygienist (RDH) position at Lentz and WIC Dental, equipment to bring up to the industry standards, and artificial intelligence (AI) programing compatible with our dental software.

State of Public Health
Dr. Areola discussed his Performance Tracking Report for FY2026. He discussed the Advisory Committee on Immunization Practices (ACIP) changes to the Hepatitis B vaccine schedule. Dr. Areola stated that now the recommendation is that the first of three vaccine doses for Hepatitis B is given within 24 hours of birth, the second at three-months, and the last during six to fifteen months after birth.

Deliberation of Memorandum Air Pollution Fees for Calendar Year 2025
Mr. John Finke shared that the Memorandum Air Pollution Fee for Calendar Year 2025 (Attachment IV) is to discuss the previous 12 months. Mr. Finke stated the regulations define a fee that increases with the consumer price index each year. Mr. Finke stated the fee right now would be $65.38 per ton of emissions from these facilities. However, the regulations require that we do not collect more than we need to operate these phases of our program. Mr. Finke stated they work with Finance at the beginning of the year to determine what our budget is for this part of the program. However, we get to the end of the year where we are now and we have seen what companies have carried their permits through the year, what their levels were, and we can back calculate to that price per ton that gives us the revenue we need. Mr. Finke then requested Board of Health approval of a one-year variance from section 10.56.080 of the Metropolitan Code of Laws that outlines the fees to set the annual fee at $40.00 per ton.

Ms. Whitehead made a motion to approve Memorandum Air Pollution Fee for Calendar Year 2025. Dr. Griffin seconded the motion. The motion passed unanimously.

Deliberation of Grant Applications
Mr. Jim Diamond presented one grant application item.

Tennessee Child Safety Fund
Term: January 1, 2026 – December 31, 2026
Amount: up to $20,000

Dr. Ziegler made a motion to approve Tennessee Child Safety Fund Grant. Ms. Whitehead seconded the motion. The motion passed unanimously.

Deliberation of Grants and Contracts
Mr. Jim Diamond presented two items.

1. **Strengthening US Public Health Infrastructure, Workforce and Data Systems - Foundational grant amendment**
   Term: December 1, 2024 – November 30, 2025
   Amount: NA
2. **Pet Panty grant**
   Term: NA
   Amount: $500

Dr. Ziegler made a motion to approve items 1-2. Ms. Whitehead seconded the motion. The motion passed unanimously.

Report of Director
Dr. Areola referred to the update provided in the Board packet (Attachment V) and highlighted several items therein.

Dr. Areola shared that we have started Public Health Notes highlighting our programs and data. He also highlighted the Mayor's Community Violence Project with 31 members appointed to serve on the task force.

Dr. Areola shared that we are working with two consultants, and their information is included along with the timeline. Dr. Areola hopes the Board will contribute to this project.

Dr. Areola shared that he included summaries for three of our grants - Public Health Infrastructure Grant (PHIG), CHANT, and the SBDPP, which was presented to the Board of Health today. He referred to the previous questions asked by the Board to capture a basic summary of funding and outcomes.

Dr. Areola shared the Measles update. Our staff reached out to over 700 contacts. No additional cases were reported. Dr. Areola expressed his gratitude to staff and partners.

Dr. Areola shared that Sarah Briley was chosen this year by the Tennessee Association of School Nurses as the School Nurse of the Year.

Dr. Areola mentioned the plan to purchase a 33-foot-long coach using our Epidemiology and Laboratory Capacity (ELC) grant funds. Dr. Areola asked Rachel Franklin, Bureau Director of Communicable Disease and Emergency Preparedness (CDEP), to add additional points to the purchase process. Ms. Franklin shared that with funds recently reinstated they are able to make this purchase become reality and are expecting to be able to get it in May of next year.

Dr. Areola mentioned the November Daisy Award winners, Emily Lowry with the School Health team and Gloria Morrison with the Fetal Infant Mortality Rate (FIMR) team.

Dr. Areola shared that we have deployed three new Narcan vending machines in the community.

Dr. Areola shared as organizational updates that our new Director of Metro Animal Care and Control (MACC) is Dannielle Carter. She began serving as interim in July of this year and was recently offered the full-time role after a national search.

Dr. Areola shared that Dr. Shaw-KaiKai has completed the third Continuing Education Series that allows our health department to learn through practice.

Report of Chair

Chair Franklin shared that Dr. Areola is going to share the budget with the Board prior to submission to the Mayor's office either in January or February. Chair Frankin stated that Dr. Areola has heard their request for advocacy and will be able to share talking points and notes with the Board in the new year.

Chair Franklin shared that the department is moving forward with the Metro Public Health Department foundation, and the Board should hear updates by March 2026.

Chair Franklin referred to the Health Announcements that was sent earlier for Ryan White Part A, in partnership with the Delta Sigma Theta Sorority to provide gloves, scarves, socks and coats for people living with HIV and are in need. Chair Franklin stated it will go through February.

Chair Franklin stated that the Board will have their Organizational Change Management Training next Thursday here at Lentz and all should have received their calendar invite.

Election of Chair and Vice-Chair

Chair Franklin opened the floor for nomination for position of Chair. Dr. Ziegler nominated Chair Franklin. Dr. Griffin nominated Chair Franklin, and Ms. Whitehead nominated Dr. Griffin. Dr. Griffin declined.

Chair Franklin asked the Board if there were any other nominations. Chair Frankin then closed the nominations and recused herself as Chair to pass to Vice-Chair, Dr. Griffin. Dr. Griffin called for vote of Ms. Franklin as Chair. The motion passed unanimously.

Chair Franklin opened the floor for nominations for position of Vice-Chair. Dr. Ziegler nominated Ms. Whitehead. Ms. Whitehead nominated Dr. Griffin. Chair Frankin nominated Dr. Ziegler. Chair Franklin asked the Board if there were any other nominations. Chair Frankin then closed the nominations.

Ms. Whitehead declined to accept the nomination. Dr. Griffin declined to accept the nomination. Chair Franklin called the vote for Dr. Ziegler as Vice-Chair. The motion passed unanimously.

Chair Franklin shared that the Board will review elections for Chair and Vice-Chair next year at this appointed time.

Chair Franklin thanked Dr. Griffin for her service as Vice-Chair.

New Business

Chair Franklin shared that the Board Requests of the Department are listed in the packet. Chair Franklin stated the Board has a running list but did not have any request out of today's meeting; with an exception to branding on the "tooth" Pearl E. White.

Chair Franklin asked Board members to be thinking of a time in March of next year for the Board Retreat as it will be a large portion of the day. Chair Franklin shared she had no details as the Director's Office will be taking care of the details.

Ms. Whitehead requested that the report for the Board be before the budget kickoff in January. Dr. Sanmi shared that they will be given to the Board in March. The budget priorities, what budget asks are and how they can advocate for their asks will be provided to the Board in January.

Chair Franklin asked that when the budget is presented in January, it makes sense for the Board to send in their questions as well.

Dr. Ziegler shared that she wanted to encourage the department to ask boldy in the requests to the Mayor's Office. Dr. Sanmi shared that they will prioritize. Dr. Ziegler shared what is declined by the Mayor's Office, to be sure to share with the Board so they may advocate for what is needed in the department.

Adjournment

Dr. Ziegler made a motion to adjourn the regular meeting. Dr. Stovall seconded the motion, which passed unanimously. The regular meeting adjourned at 5:26 p.m.

CIVIL SERVICE BOARD

Personnel Changes – November 2025

Ms. Holloway referred to the November 2025 Personnel Changes.

Adjournment

Chair Franklin adjourned the Civil Service Board meeting at 5:27 p.m.

Next Meeting

The next meeting of the Board of Health will be held Thursday, January 8, 2026, at the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Tené H. Franklin

Chair

TB Elimination(TBE) Program

Presentation for Board of Health

January 8, 2026

Sabrina Cook, APRN, TBE Program Director

Avis Turner, MD FAAFP, TBE Physician and Family Planning NP Preceptor

Colton McKay, MPH, MPHD Epidemiologist

Organizational Chart

- Dr. Shaw-KaiKai-**Medical Services Director**
- Dr. Avis Turner - **TBE Physician**
- Sabrina Cook, ANP - **TBE Program Director**
- Sara Mebrahtu, FNP - **Clinic Manager**
- **TB Infection:** Lauren Hill NP, Karen Rogers RN, April Dawn Jackson RN
- **TB Disease:** Diedra Freeman NP (part-time), Helen Nnanwude RN, Billy Reagon RN (part-time), Amy Forrester RN (temp)
- Tonya Gunter, MS - **CDI and ORW Supervisor**
- **Outreach workers**: Khalid Kader - CDI, Hope Riek - CDI, Alvaro Garcia - ORW, Khadra Yusur - ORW, Rochelle Lillard - ORW, William Harris - ORW
- Khadra Ahmed, MXT - **Limited X-ray technician and Immigration Coordinator**
- Akia Alford, SW, **Social Services Coordinator**
- Julia Silevani - **MA**
- **Office Support Staff**: LaDonna Gardner-Martin - OSS1, Sandra Bastien – OSR Senior
- Vicki Steadham, **Pharmacy Tech** (Part-time)


EXIT
Charlotte Room
Salón Charlotte
Restrooms
Baños

About the Tuberculosis Elimination (TBE) Program

- Our Mission is to prevent, detect, and treat tuberculosis to achieve elimination in Davidson County.
- Our TB Elimination Clinic serves as the cornerstone of tuberculosis prevention and care in Davidson County.
- We provide comprehensive, patient-centered services including screening, diagnosis, treatment, and contact investigations, while supporting patients with directly observed therapy (DOT/eDOT), incentives, and culturally tailored education.
- Through strong partnerships with hospitals, community health centers, correctional facilities, and public health agencies, our clinic works to reduce transmission, improve outcomes, and move our community closer to TB elimination.
- For every $1 spent, there is a $43 return in lost work wages, hospitalizations, and medications.
    - Per World Health Organization

Funding Sources

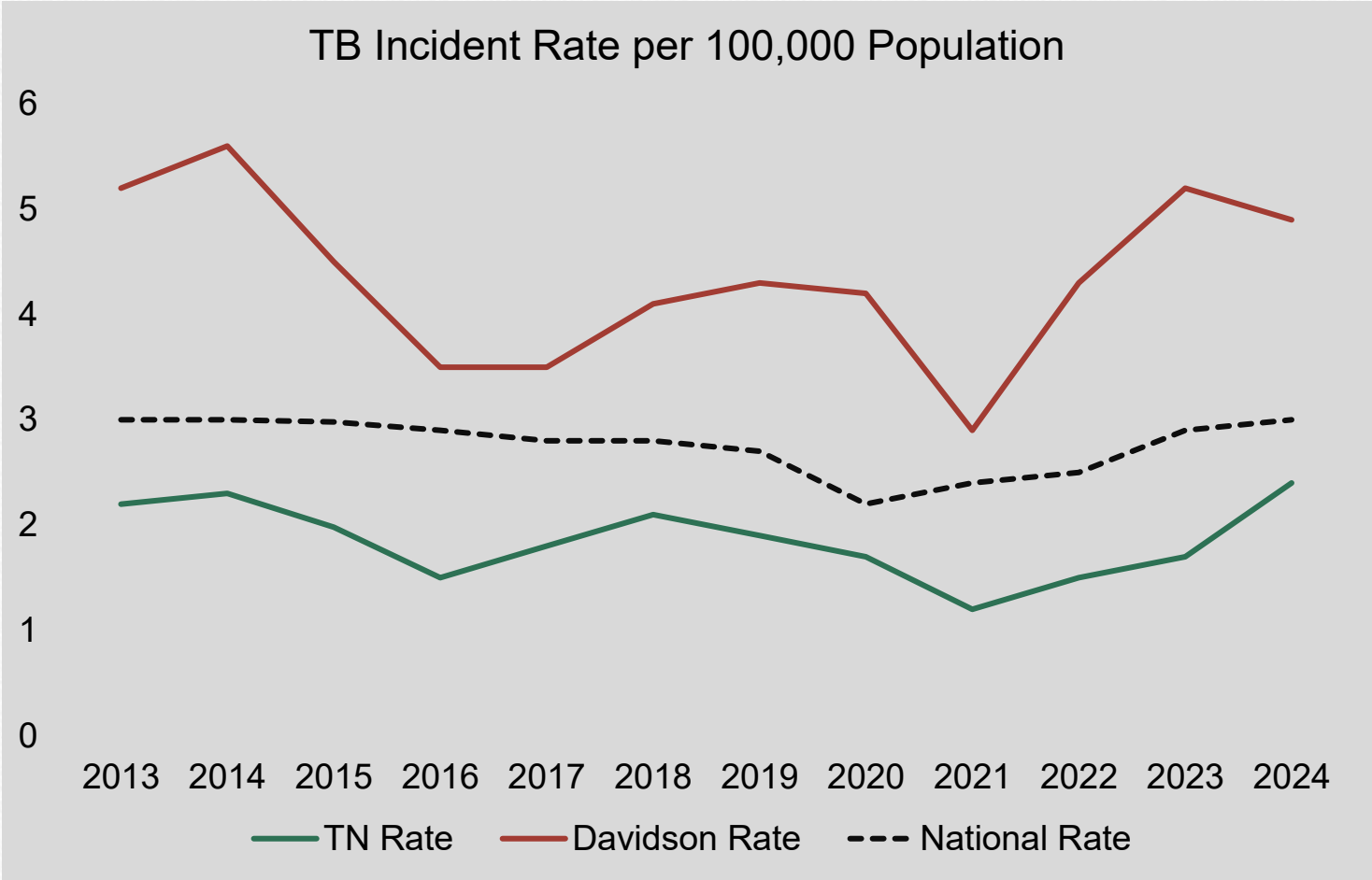
- TN Dept of Health: $1,540,900.00
- Local: $914,382.52
- PHIG: $164,527.11
  - Public Health Infrastructure Grant
- Grant in Aid: $94,664.16

A note on data…

- Current TB processes:
  - Rely on State Data for analysis
  - Run on paper, but are working towards digitization
  - Need for Patagonia integration, or other ways of modernizing day to day operations
- eMAR pilot launch
  - Epi division created REDCap Project for current operations
  - DSTT application for historic data and future operations integration
- Thanks to TB Program for working to modernize data!
- Following data only shows 2020 and 2025 for comparisons

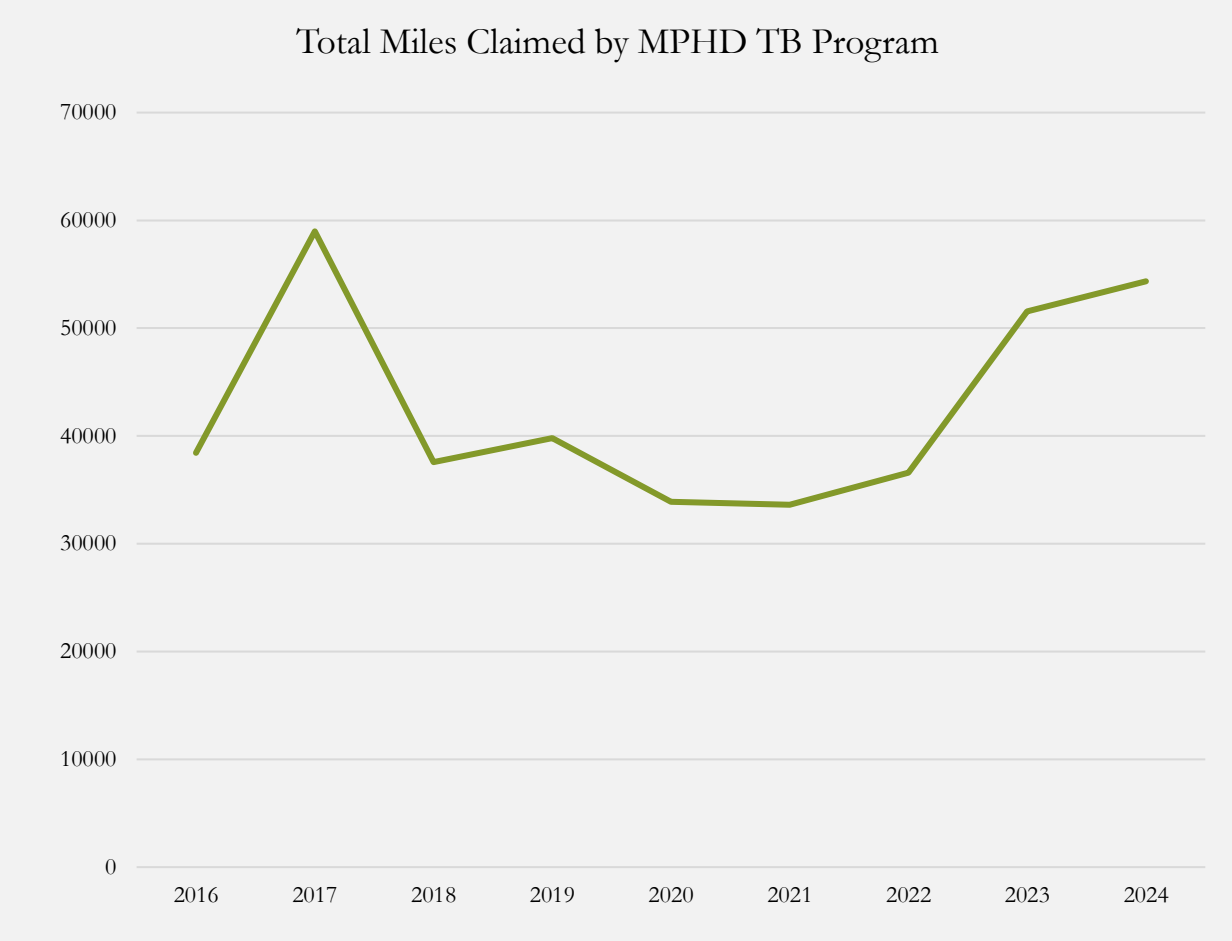
TB in Davidson County

- While Tennessee rates are lower than the national average, Davidson Co. exceeds the national average.
- Davidson Co. rates reflect national increase since 2020
- Rates can be volatile due to small case counts, but each case requires resource intense interventions



Resources needed for travel

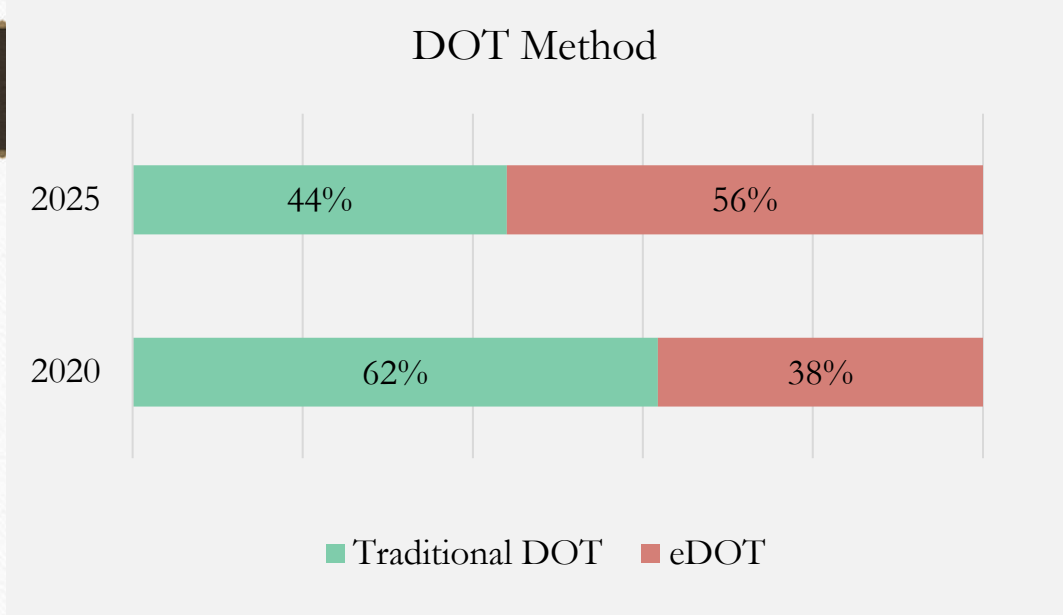
- MPHD TB clinical staff travel to administer DOTs
- Mileage claims show the number of miles traveled by year
- While there was a spike in 2017, trends are showing an increase in mileage claims
- Total staff reduction* over the course of this time shows that average mileage per nurse is increasing even more drastically

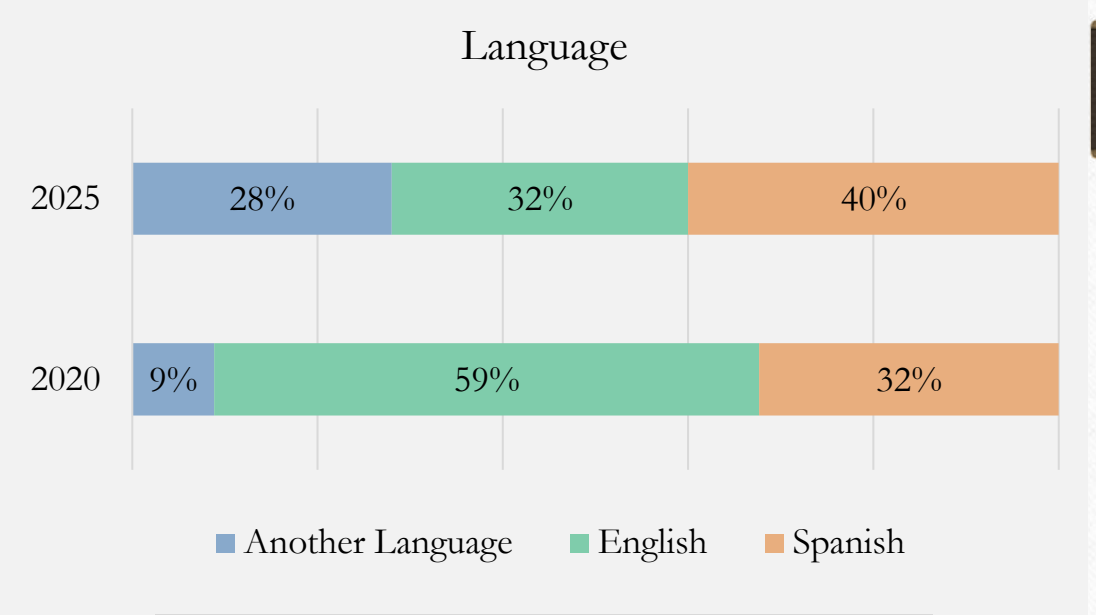


*Staff reduction from 2016 to current:
3 -> 2 TBD Case managers
3 -> 2 TBI Case managers
5 -> 4 Outreach Workers

2020 and 2025 Comparisons

	2020	2025 (Max date July 29)
Cases	39	29
Average Age (years)	44.1	42.8

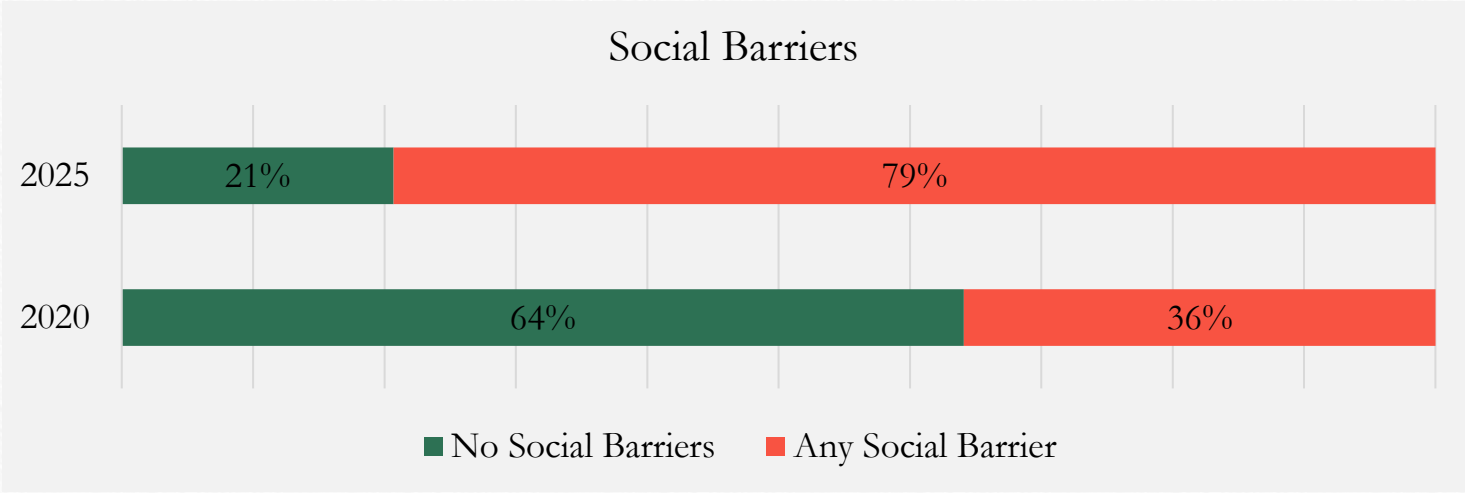




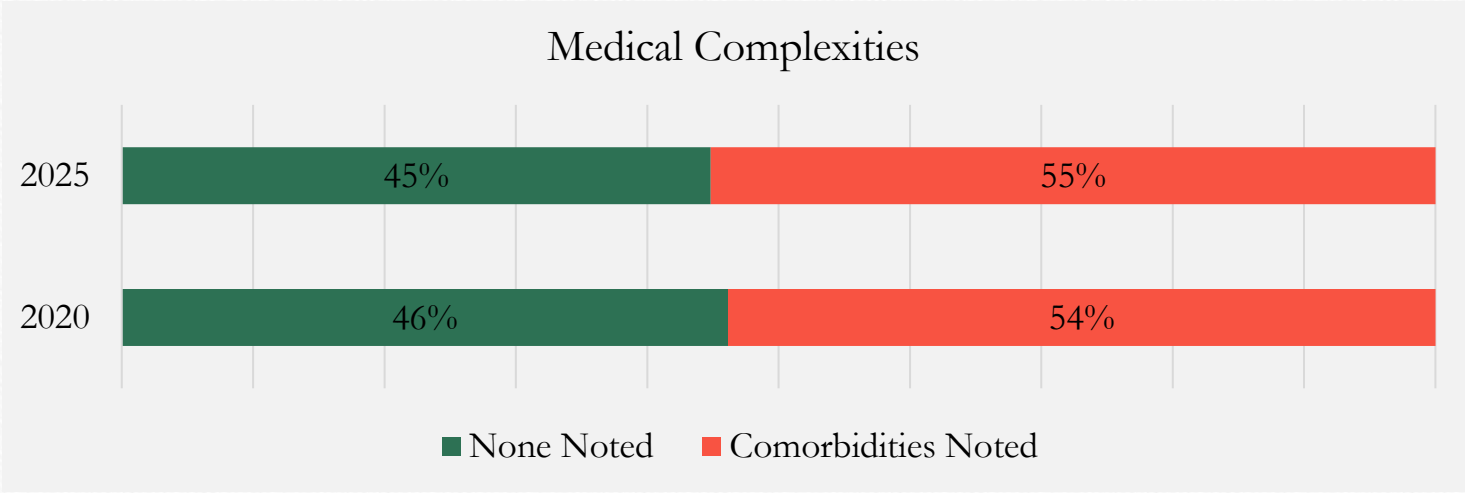
- COVID allowed for more electronic administration of DOTs, needs increasing (transportation)

- Other languages include:
- Somali, Vietnamese, Burmese, Hindi, Tigrinya, and Wolof

Other Inhibitors



- Social barriers include:
  - Housing, food, or income insecurity
  - Language barriers
  - Substance use
  - Past incarceration
  - Mental Health Disorder



- Medical complexities include:
  - Immunocompromised
  - HIV
  - Diabetes
  - Hepatitis
  - Mental Health Disorders
  - Other comorbidities

Strengths

- Experienced and diverse staff provide culturally tailored care from the clinic staff to ORWs.
- Partnerships with Vanderbilt Fellows improves research and support local studies on treatment adherence and increases knowledgeable staff in the community.
- One staff member working with staff Epi to create a robust inhouse TB database to guide the future and determine trends and help obtain future funding.
- Physician and NPs on site daily to address medication side effects and pt concerns.
- Ability to provide testing, treatment, and medication at no charge to the pt, reducing barriers to care.
- Established contact investigation protocols to quickly identify and prevent further transmission. Texas asks us about our protocols for best practices.
- One Sputum induction room in clinic
- Established DOT and eDOT
- Partnerships with TDH, regional HDs, and community organizations improve communication, ensuring alignment with best practices and guidelines.
- Access to phone and inhouse interpreters
- Flexibility of clinic to accommodate pt work schedules.
- Staff are working on cross-training to improve clinic flow

Weaknesses

- Technology gaps: EMR limitations, lack of interoperability or insufficient telehealth tools hinder efficiency.
- Aging infrastructure: outdated ventilation system, limited negative pressure rooms and insufficient clinic space.
- Dependence on grant and government funding creates financial instability if budgets shift as previously.
- Limited staffing with high caseloads, leading to potential burnout and reduced program flexibility.
- Increased social needs of patients with decrease in funding to meet those needs which affects our patients' health taking TB meds.
- Distrust of government
- Filling of positions due to fear of working with the #1 deadly infectious disease and low salaries.
- Use of temporary staff
- Stigma within the community sometimes extends to staff morale and patient willingness to engage.
- Limited resources for wraparound services such as housing, transportation, and food support which impacts adherence

Opportunities

- Ability to network with internal and external clinics.
- Expansion of telehealth to reduce pt travel barriers and modernize service delivery.
- Facility upgrades (ventilation, negative pressure rooms) can be leveraged through federal and state infrastructure funding.
- Implementing EMR and adapting to TB clinic needs to capture data.
- Policy momentum around addressing social determinants of health aligns with TB elimination goals, opening doors for broader funding streams (housing, transportation, food support.
- Continue and expand World TB Day activities to increase public awareness, reduce stigma and encourage testing and treatment completion.
- Increase outreach activities and teaching in the community.
- Continue team education via virtual TB conference as was done over several small sessions in August and Sept 2025.
- Pop. Health's central referral system.
- Strong communication with TDH
- QR code for TB education in different languages
- Working with Epi for data modernization.

Threats

- Limited staff can lead to burnout.
- Several staff retired.
- Increased TB infection and disease cases with decreased funding.
- Assisting with multiple clinics w/in TB clinic.
- Frequent disruptions to supplies such as medication shortages and QFT shortages.
- Budget cuts: dependence on federal, state or grant funding makes us vulnerable to shifting priorities.
- Policy shifts: changing immigration or public health policies have disrupted screening and continued care.
- Drug-resistant TB increases Treatment cost, complexity and risk of transmission.
- Co-infections such as HIV, Hep C, or Hep B.
- High risk populations: homelessness, incarceration or migrant groups face barriers to accessing care.
- Natural disasters: our clinic flooded 1/2024 and closed us for 3 weeks. It can impact supply chains. We were displaced.
- Competing public health priorities, i.e., response to COVID-19, Mpox divert staff and financial resources.
- Growing mistrust in government and healthcare systems decrease patient engagement in public health programs.

Needs/Requests of the Program

- X-ray technician to decrease burnout of current staff member who also manages immigration referrals.
- Additional TB nurse case manager to support current staff and reduce burnout, improve data management.
- Update current ventilation system to the recommended CDC guidelines of 12 ACH which also improves clinic flow by removing 99% of airborne contaminants in approximately 23 minutes vs 46 minutes at our current 6 ACH.
- UVGI (ultraviolet Germicidal Irradiation) in the rooms has estimated effects equivalent to 10-39 ACH.
- Consider another Negative pressure room in the building.
- Ensure acquisition of updated Xray equipment as our current system is outdated and parts are not available.

TE – 36y w/Pulmonary TB Disease

- Rheumatoid arthritis
- Lupus
- Immunosuppression
  - Medication induced
- Drug-Drug interaction
- Long period of TB infectiousness → isolation

- Diagnosis – Pulmonary TB disease
- Treatment initiated 11/14/2024
- Co-management with specialists
- Lupus Flare
- Complete FMLA forms
- Meals/nutritional support
- Housing support
- More frequent check-ins and engagement with patient
- Completing treatment: Nov 2025

TE -PERSPECTIVES

- 1. Isolation- “was hard, very, hard”.

  especially b/c – a lot of time alone, trying to recover took a toll on me mentally. – also- this was around the holidays.

  2. Kept in touch with family and friends by facetiming – helped to keep her encouraged

- 3. Pill burden was difficult: she had TB medications as well as biologics.
- “Overwhelming”
- Hard to get her appetite going to keep her food down. Even with Zofran was “50/50”.

TE - Perspectives
What Made Things Better

- 1. friends, family and especially MPHD OUTREACH Workers!!
- They said "take time to heal; you're going to make it through this!!
- She stated that MPHD ORW were very supportive and their Encouragement really helped.
  - "Hang in there!"
- She found a Facebook TB support group.
  - This community of individuals were able to share common problems and solutions and what to expect during treatment (she spoke with another female who also had temporary cessation of the menses)
- TB Survivors – We Are TB
  - National TB Coalition of America (NTCA)

TE - Perspectives
Overall, on looking back on her experience

- She stated she had a good experience overall. She appreciated the team effort from MPHD in finding all the ways to make her feel better.

- Going forward…
- She has become more active
- Has a Spring Activity! Miniature golf
- Has a new Fall Activity!
- Extreme Hip Hop Steps! She is motivated to enjoy life.
- Next steps will follow up in 6 months for repeat CXR -check for stability.

Thank You!

Questions?

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: January 8, 2026
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: January 8, 2026
Re: Summary of grants & contracts presented for Board approval

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1. **Data Use Agreement with the Tennessee Department of Health**
   A data use agreement between the Metro Public Health Department and the Tennessee Department of Health. The Metro Public Health Department will receive certain vital records data to support its public health surveillance and response.

   Term: Execution + three (3) years with option to extend for two (2) additional one (1) year terms
   Amount: NA
   Program Manager: Abraham Mukolo
   Bureau: Abraham Mukolo

2. **Marjorie Neuhoff Foundation donation**
   This grant to Metro Animal Care & Control from the Neuhoff Foundation is a donation with no restrictions.

   Term: NA
   Amount: $10,000
   Program Manager: Dannielle Carter
   Bureau: John Finke

3. **Nashville Strong Babies grant amendment**
   A grant from the Health Resources and Services Administration is to improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

   Amendment 3 – This revised Notice of Award is issued to approve the rebudgeting request and updates the funding allocation as submitted in the revised budget.

   Term: May 1, 2024 – March 31, 2029
   Amount: NA
   Manager: D'Yuanna Allen-Robb
   Bureau: D'Yuanna Allen-Robb

4. **Strengthening US Public Health Infrastructure, Workforce and Data Systems – A2 Foundational grant**
   This CDC grant helps fund the creation of an Infrastructure and Workforce Development plan meant to address various priority strategies both internal and external of MPHD.

   Term: December 1, 2025 – November 30, 2026
   Amount: $843,396
   Manager: Nick Tompkins
   Bureau: Jim Diamond

This Data Use Agreement ("Agreement" or "DUA") is by and between the State of Tennessee Department of Health ("State" or "TDH"), and the Metropolitan Government of Nashville and Davidson County ("Recipient"). TDH agrees to provide Recipient with TDH Data, as more fully described below, for the uses described in this Agreement.

Recipient is a: Tennessee Local Government Entity.

Recipient Principal Place of Business:

Metro Public Health Department
2500 Charlotte Avenue
Nashville, Tennessee 37209

HIPAA Status:

TDH program providing data is *not* a HIPAA covered component.
Recipient's Program, its Metro Public Health Department, is a HIPAA hybrid entity.

NOW, THEREFORE, TDH and Recipient agree:

A. Scope – Background

A.1. TDH operates the Office of Vital Statistics ("TDH Program"), which reviews, registers, amends, issues and maintains the original certificates of births, deaths, marriages and divorces that occur in Tennessee in accordance with Tennessee law. *See:* Tenn. Code Ann. §§ 68-3-101 *et seq.*

A.2. Recipient, on behalf of its Metro Public Health Department desires to receive; certain data, as more fully described below, to support its public health surveillance and response, as more fully described below ("Purpose").

A.3. The TDH Program, by its State Registrar, is permitted to release certain data pursuant to Tenn. Comp. R. & Regs. 1200-07-01-.11.

a. The State Registrar may permit the use of data from vital records for research purposes. No data shall be furnished from records for research purposes until the State Registrar has prepared, in writing, the conditions under which the records or data will be used and has received an agreement signed by a responsible agent of the research organization agreeing to meet with and conform to such conditions.

b. The State Registrar may disclose data ***which is not confidential*** from vital records to any federal, state, county or municipal agencies, courts, or law enforcement agencies which request such data in the conduct of their official duties. The Social Security numbers of the parent(s) as listed on the child's birth certificate may be disclosed for the purpose of child support enforcement. ***[Emphasis added].***

A.4. TDH and Recipient recognize the need to set forth and define the terms under which TDH will provide TDH Data, including Confidential State Data, to Recipient for the Purpose,

approved by the Tennessee State Registrar as provided by Tenn. Comp. R. & Regs. 1200-07-01-.11, confirmed by the execution of this Agreement by the State Registrar.

A.5. Recipient acknowledges all data requested must be evaluated for confidentiality and comply with any applicable Federal and State laws, rules, and regulations.

B. Scope - Definitions

B.1. "Authorized Persons" means Recipient's employees and contractors who have used the Data for its Purpose, and who are bound by confidentiality obligations sufficient to protect TDH Data in accordance with the terms and conditions of this Agreement and applicable laws, rules, and regulations.

B.2. "Confidential State Data" means data deemed confidential by State or Federal statute or regulation. *All TDH Data provided under this Agreement is Confidential State Data.*

B.3. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended, including HITECH, and regulations.

B.4. "IRB" means the State of Tennessee Department of Health Institutional Review Board. Additional information. Data Governance

B.5. "Individually Identifiable Health Information" is information that is a subset of health information, including demographic information collected from an individual as defined by HIPAA, and:

(1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) 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; and
(i) That identifies the individual; or
(ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

B.6. "Personal Identifiable Information" (PII) is any information as defined by HIPAA and/or Tennessee law that may be used to identify an individual.

B.7. "Protected Health Information" (PHI) is all individual identifiable health information as defined by HIPAA, including demographic data, medical histories, and test results.

B.8. "Purpose" means the Recipient's purpose(s) for the use of the data received under this Agreement. "Research" means a systematic investigation, including research, development, testing, and evaluation, designed to develop or contribute to generalized knowledge.

B.9. "TDH Data" means health records and information held, collected, or maintained by TDH or TDH contractors.

B.10. "TDH Program Personnel" means TDH employees or TDH contractors responsible for data systems and data sets.

C. Scope - Data Use & Recipient Obligations

C.1. The following Data Set(s) will be provided by TDH to Recipient:

Vital Statistics Files	Years
Finalized Birth	2022-2030
Finalized Death	2022-2030
Finalized Fetal Death	2022-203
Finalized Linked Birth Infant Death	2021-2029

Note: Under no circumstances will any data be provided under this Agreement for Sexually Transmitted Infection(s) as required by Tenn. Code Ann. § 68-10-113.

a. Modification of Vital Records Data. Recipient acknowledges that the Office of Vital Records data contained in the final Statistical Files is static and does not represent changes to records occurring after the finalization process. Vital Records may be modified for up to One Hundred (100) years.

C.2. Purpose.

a. For all Confidential State Data received under this Agreement, the Recipient's Purpose is research and conduct of official duties as set forth in Tenn. Comp. R. & Regs. 1200-07-01-.11(8).

b. Recipient will provide TDH with reports on the use of the TDH Data provided under this Agreement as more fully set forth below.

C.3. Restriction on Recipient Use & Release of Data; Prohibited Uses.

a. Recipient shall only use this Data Set for the stated Purpose.

b. TDH makes no representation or warranty as to the accuracy or completeness of the TDH Data provided to Recipient.

c. Recipient may release TDH Data provided under this Agreement *only in aggregate form.* No cell containing a value less than 11 (eleven) may be displayed, and no use of percentages or other mathematical formulas may be used if they result in the display of a cell with a value of less than 11 (eleven).

d. Recipient may request written permission to release individual level data sets from the TDH data from the State Registrar.

e. Recipient is expressly forbidden to use the TDH Data provided under this Agreement to contact any individual(s) identified in the TDH Data. Failure to comply with this provision is a breach of this Agreement and will result in immediate termination.

f. Recipient may request linkage for any individual in the TDH Data to another data set by contacting TDH. Approval of the State Registrar is required for each such requested linkage.

g. Any use of the TDH Data provided under this Agreement contrary to the provision of this Section

C.4. If Recipient is a breach of this Agreement, and TDH may, in its sole discretion:

a. Immediately terminate this Agreement;

b. Require Recipient to return the TDH data or delete the TDH Data and provide written confirmation of deletion.

C.5. Reporting.

a. *Semi-Annual Disclosure Report.* During the term of this Agreement, Recipient shall provide to TDH, a semi-annual report of disclosures on July 1 and February 1 ("Semi- annual Disclosure Report") for the previous calendar year no later than March 1st of the following year.

(1) Recipient(s);
(2) Purpose;
(3) Date of Disclosure; and
(4) Data Provided.

b. *Expiration/Termination Disclosure Report.* Within thirty (30) days following the expiration or termination of this Agreement, Recipient shall provide to TDH a report of all disclosures made under this Agreement ("Expiration/Termination Disclosure Report"). The provisions of this Section C.5. survive the termination of this Agreement for any reason.

C.6. The method of data delivery for use will be agreed to by TDH and Recipient and meet the requirements of TDH to assure the security of the data in transit.

C.7. Research. Recipient shall obtain *separate* TDH IRB approval for any research or official duties not described in this DUA but using TDH Data provided under this Agreement.

C.8. Unauthorized Access/Potential Disclosure. Recipient shall report to the State any instances of unauthorized access to, or potential disclosure of, P II in the custody or control of Recipient ("Unauthorized Disclosure") that comes to Recipient's attention. Any such report shall be made by Recipient within twenty-four (24) hours after the Unauthorized Disclosure is known by Recipient. Recipient shall take all necessary measures to halt any further Unauthorized Disclosures.

If Recipient and TDH agree that the risk of harm requires notification of potentially affected individuals of the disclosure or security breach, Recipient will provide notification. Recipient and TDH may agree that additional remedies are appropriate and such remedies will be without cost to TDH, including, no cost credit monitoring services for individuals whose PII was affected by the Unauthorized Disclosure. The remedies set forth in this Section are not exclusive and are in addition to any claims or remedies available to this State under this DUA or otherwise available at law. The obligations set forth in this Section shall survive the termination of this DUA.

C.9. Breach Reporting/Data Loss Reporting. Recipient shall report any breach of PII from the TDH Data, loss of this data, and uses or disclosures that are in violation of this DUA to the TDH Privacy Officer and the Recipient Privacy Officer within twenty-four (24) hours of Recipient's discovery of such disclosure, and Recipient shall cooperate fully in the security incident process.

TDH Privacy Officer:
TDH Privacy Officer
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: 615-741-1969
privacy.health@tn.gov

With copy to:
State Registrar
710 James Roberston Parkway
Nashville, TN 38243
615-532-2678
Gray.Bishop@tn.gov

Recipient's Privacy Officer:
Shannon Heath
2500 Charlotte Avenue
Nashville, TN 37209
Phone: 615-340-5677
Shannon.Health@nashville.gov

C.10. Improper Use/Disclosure. In the event TDH determines or has a reasonable belief that Recipient has or may have made a use, reuse, or disclosure of TDH Data that is not authorized by this Agreement or another written authorization from the TDH, TDH, in its sole discretion, may require Recipient to:

a. promptly investigate and report to TDH, Recipient's determinations regarding any alleged or actual unauthorized use, reuse, or disclosure;

b. promptly resolve any problems identified by the investigation;

c. submit a formal response to an allegation of unauthorized use, reuse, or disclosure; or

d. submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses, or disclosures; and return data files to TDH or destroy the data files it received from TDH under this DUA.

C.11. Unauthorized Use. If TDH determines or reasonably believes that unauthorized uses, reuses, or disclosures have taken place, TDH may, in its sole discretion, *immediately* suspend or discontinue release of further data to Recipient and require Recipient to return/destroy any Data Set provided under this Agreement.

D. Term; Termination

D.1. This Agreement shall be effective as of the date of the last signature on this Agreement ("Effective Date") and extend for a period of three (3) years after the Effective Date ("Term").

D.2. Term Extension. This Agreement may be extended for two (2) additional one (1) year terms, at the sole discretion of TDH. The Parties will execute a written amendment to this Agreement to exercise such Term Extension(s). In no event, however, shall the maximum Term, including all extensions or renewals, exceed a total of sixty (60) months.

D.3. Termination for Convenience. This Agreement may be terminated by TDH or by Recipient by giving THIRTY (30) days' written notice to the other Party. Said termination shall not be deemed a breach of this Agreement. Upon such termination, neither TDH nor Recipient shall have a right to any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.4. Termination for Breach. If Recipient is in breach of any term or condition of this Agreement, TDH may immediately:

a. Terminate this Agreement; and

b. Require Recipient to return and/or delete the subject Data Sets and provide confirmation of such deletion.

E. Compensation. This is a No Cost Contract. TDH, by its Interim Commissioner and the State Registrar, have agreed, as evidence by their signatures on this Agreement, to waive applicable fees.

E.1. Information Technology Security Requirements (State Data, Audit, and Other Requirements).

a. The Recipient shall protect State Data as follows:

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

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

(2) The Recipient shall encrypt Confidential State Data at rest and in transit using the current version of Federal Information Processing Standard ("FIPS") 140-2 or 140-3 (or current applicable version) validated encryption technologies.

(3) The Recipient shall implement and maintain privacy and security controls that follow the guidelines set forth in NIST 800-53, "Security and Privacy Controls for Federal Information Systems and Organizations," or NIST 800-171, "Protecting Controlled Unclassified Information in Nonfederal Systems and Organizations," as amended from time to time. Recipient shall meet annually, or as otherwise agreed, with the State to review the implementation of this Section. A "System Security Plan (SSP)" is required regardless of the type of third-party Controls Audit the Recipient obtains.

No additional funding shall be allocated for these examinations as they are included in the Maximum Liability of this Contract.

(4) The Recipient must annually perform Penetration Tests and Vulnerability Assessments against its Processing Environment per the NIST 800-115 definition. "Processing Environment" shall mean the combination of software and hardware on which the Application runs. "Application" shall mean the computer code that supports and accomplishes the State's requirements as set forth in this Contract. "Penetration Tests" shall be in the form of attacks on the Contractor's computer system, with the purpose of discovering security weaknesses which have the potential to gain access to the Processing Environment's features and data. The "Vulnerability Assessment" shall be designed and executed to define, identify, and classify the security holes (vulnerabilities) in the Processing Environment. The Recipient shall provide a letter of

attestation on its processing environment that penetration tests and vulnerability assessments has been performed on an annual basis and taken corrective action to evaluate and address any findings. The Recipient must provide a letter of attestation that includes a penetration testing and vulnerability assessments report that outlines risk exposure of the critical, high, and moderate risks and how they were mitigated, within 30 days of receiving the results.

In the event of an unauthorized disclosure or unauthorized access to State data, the State Strategic Technology Solutions (STS) Security Incident Response Team (SIRT) must be notified and engaged by calling the State Customer Care Center (CCC) at 615-741-1001. Any such event must be reported by the Recipient within twenty-four (24) hours after the unauthorized disclosure has come to the attention of the Contractor.

(5) If a breach has been confirmed a fully un-modified third-party forensics report must be supplied to the State and through the STS SIRT. This report must include indicators of compromise (IOCs) as well as plan of actions for remediation and restoration. Recipient shall take all necessary measures to halt any further Unauthorized Disclosures.

(6) Upon State request, the Recipient shall provide a copy of all Confidential State Data it holds. The Recipient shall provide such data on media and in a format determined by the State

(7) Upon termination of this Agreement and in consultation with the State, the Recipient shall destroy, and ensure all subcontractors shall destroy, all Confidential State Data it holds (including any copies such as backups) in accordance with the current version of National Institute of Standards and Technology ("NIST") Special Publication 800-88. The Recipient shall provide a written confirmation of destruction to the State within ten (10) business days after destruction.

b. Minimum Requirements

(1) Recipient and all data centers used by the Recipient to host State data, including those of all Subcontractors, must comply with the most current version of NIST 800-53, "Security and Privacy Controls for Federal Information Systems and Organizations," or NIST 800- 171, "Protecting Controlled Unclassified Information in Nonfederal Systems and Organizations," with the State to review the implementation of this Section. The State must have proof of compliance with NIST 800-53 or NIST 800-171 in the form of a third-party audit at a minimum every two years or upon request. Davidson County Information Security Management Policies are located at: https://www.nashville.gov/departments/information-technology-services/information-security/information-security-policies

(2) Recipient agrees to maintain the Application so that it will run on a current, manufacturer- supported Operating System. "Operating System" shall mean the software that supports a computer's basic functions, such as scheduling tasks, executing applications, and controlling peripherals.

(3) If the Application requires middleware or database software, Recipient shall maintain middleware and database software versions that are always fully compatible with current versions of the Operating System and Application to ensure that security vulnerabilities are not introduced.

(4) In the event of drive/media failure, if the drive/media is replaced, it remains with the State and it is the State's responsibility to destroy the drive/media, or the Recipient shall provide written confirmation of the sanitization/destruction of data according to NIST 800-88. All work undertaken by Recipient and any person acting under direction or control on the TDH Data shall take place on Recipient's premises and under no circumstances shall Recipient, or persons acting under the Recipient's direction or control remove confidential or identifiable data, whether in hard copy or electronic medium from Recipient's premises.

F. Comptroller Audit Requirements

When requested by the State or the Comptroller of the Treasury, the Recipient must provide the State or the Comptroller of the Treasury with a detailed written description of the Recipient's information technology control environment, including a description of general controls and application controls. The Recipient must also assist the State or the Comptroller of the Treasury with obtaining a detailed written description of the information technology control environment for any third or fourth parties used by the Recipient to process State data and/or provide services under this Agreement.

Recipient will maintain and cause its Subcontractors to maintain a complete audit trail of all transactions and activities in connection with this Agreement, including all information technology logging and scanning conducted within the Recipient's information technology control environment. Upon reasonable notice and at any reasonable time, the Recipient grants the State or the Comptroller of the Treasury with the right to audit the Recipient's information technology control environment, including general controls and application controls. The audit may include testing the general and application controls within the Recipient's information technology control environment and may also include testing general and application controls for any third or fourth parties used by the Recipient to process State data and/or provide services under this Agreement. The audit may include the Recipient's compliance with NIDT 800-53 or 800-171 and all applicable requirements, laws, regulations, or policies.

Upon reasonable notice and at any reasonable time, the Recipient agrees to allow the State, the Comptroller of the Treasury, or their duly appointed representatives to perform information technology control audits of the Recipient. Recipient will provide to the State, the Comptroller of the Treasury, or their duly appointed representatives access to Recipient personnel for the purpose of performing the information technology control audit. The audit may include interviews with technical and management personnel, physical or virtual inspection of controls, and review of paper or electronic documentation.

The Recipient must have a process for correcting control deficiencies that were identified in the State's or Comptroller of the Treasury's information technology audit. For any audit issues identified, the Recipient shall submit a corrective action plan to the State or the Comptroller of the Treasury which addresses the actions taken, or to be taken, and the anticipated completion date in response to each of the audit issues and related recommendations of the State or the Comptroller of the Treasury. The corrective action plan shall be provided to the State or the Comptroller of the Treasury upon request from the State or Comptroller of the Treasury and within 30 days from the issuance of the audit report or communication of the audit issues and recommendations. Upon request from the State or Comptroller of the Treasury, the Recipient shall provide documentation and evidence that the audit issues were corrected.

Each party shall bear its own expenses incurred while conducting the information technology controls audit. Data Governance Terms

F.1. TDH shall retain ownership of any rights it may have in the TDH Data, and Recipient does not obtain any rights in TDH Data and shall not disclose, release, sell, rent, or otherwise grant access to TDH Data without TDH's prior written consent.

F.2. Recipient shall not use or otherwise grant access to the data referenced in this DUA except as specified in this DUA, Appendix to this DUA, or as otherwise required by law. Recipient shall require any individual acting under its direction or control for the purpose of carrying out the study or project for which the data has been disclosed to Recipient to abide by the terms of this DUA.

F.3. TDH and Recipient shall comply with all applicable federal and state laws, rules, and regulations regarding handling of TDH Data, including, but not limited to applicable obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act (collectively the "Privacy Rules").The obligations set forth in this Section shall survive the termination of this Agreement.

a. Recipient warrants to TDH that it is familiar with the requirements of the Privacy Rules and will comply with all applicable requirements.

b. Recipient warrants that it will cooperate with TDH, including cooperation and coordination with TDH privacy officials and other compliance officers required by the Privacy Rules, during performance of the Agreement so that both Parties comply with the Privacy Rules.

c. Recipient will execute any additional agreements, including but not limited to business associate agreements, as and if required by the Privacy Rules, that are reasonably necessary to keep TDH and Recipient in compliance with the Privacy Rules.

d. To the extent that some or all the Privacy Rules do not apply to information received or delivered by the parties under this Agreement, that information is NOT "protected health information" as defined by the Privacy Rules. Similarly, if the Privacy Rules permit the Parties to receive or deliver the information without entering into a business associate agreement or signing another document, no action is required under this subsection.

e. The Recipient will indemnify the State and hold it harmless for any violation by the Recipient or its subcontractors of the Privacy Rules. This includes the costs of responding to a breach of protected health information, the costs of responding to a government enforcement action related to the breach, and any fines, penalties, or damages paid by the State because of the violation.

f. HIPAA Compliance: Recipient must execute a business associate agreement ("BAA") if: (a) the contracting TDH Division is a "covered entity" as defined by the Privacy Rules; and (b) Recipient will provide services to TDH that involve Recipient's access to protected health information ("PHI") as defined by the Privacy Rules. Recipient must execute a BAA with a subcontractor if the subcontractor creates, receives, maintains, or transmits PHI on behalf of the Recipient.

G. Standard Terms

G.1. Communications and Contacts. All instructions, reports, notices, consents, requests, demands, or other communications required or contemplated by this Agreement shall be by email or other appropriate method. All communications, regardless of method of transmission, shall be addressed to the respective Party at the appropriate mailing address:

Tennessee Department of Health:
Alyson Holland, Director
Office of Vital Statistics
710 James Robertson Parkway
Nashville, TN 37243
Phone: 6156-532-5515
Email: Alyson.Holland@tn.gov

With Copy to:
TDH Privacy Officer
710 James Robertson Parkway, 5th Floor
Nashville, TN 37243
Phone: 615-741-1969
Email:privacy.health@tn.gov

Recipient:
Metro Public Health Department
Abraham Mukolo, Director Epidemiology Division
2500 Charlotte Avenue
Nashville, TN 37209
Desk: 615-340-8620
Email: Abraham.Mukolo@nashville.gov

G.2. Modification and Amendment. This Agreement may be modified only by a written amendment signed by all Parties.

G.3. State Liability. To the extent permitted by applicable law, the State shall have no liability except as specifically provided in this Agreement.

IN WITNESS WHEREOF:

Recipient: Metropolitan Government of Nashville and Davidson County on behalf of its Metro Public Health Department		
Address: 2500 Charlotte Avenue		
Nashville	State: TN	Zip Code: 37209
Signature:	Date:	
Title: Director of Health	Print Name: Sanmi Areola, Ph.D.	

State of Tennessee Department of Health		
Address: 710 James Robertson Parkway, Andrew Johnson Tower		
City: Nashville	State: TN	Zip Code: 37243
Signature:	Date:	
Title: Interim Commissioner	Print Name: Dr. John Dunn	

State of Tennessee Department of Health Office of Vital Statistics/State Registrar		
Address: 710 James Robertson Parkway, Andrew Johnson Tower		
City: Nashville	State: TN	Zip Code: 37243
Signature:	Date:	
Title: State Registrar	Print Name: Edward G. Bishop, III	

TRUIST

Truist Bank
PO Box 25939
Richmond, VA 23260-5939

Check No: 0810987106

Date: 12/10/2025

ACCOUNT: 7935260 THE MARJORIE NEUHOFF PRIVATE FDN INC

$10,000.00

DISP 0001
OFF 01071 PHYLLIS HARRIS 2025 BENEFICIARY CHARITABLE GIFT

DISTRIBUTION TO

METRO ANIMAL CARE AND
CONTROL
5125 HARDING PLACE
NASHVILLE TN 37211

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

Truist Bank
PO Box 25939
Richmond, VA 23260-5939
7935260 MA000521 000014

TRUIST

68-236
514

Check No: 0810987106
Date: 12/10/2025

TRUIST OFFICIAL CHECK

Ten Thousand and 00/100 dollars ********** **$10,000.00**

PAY TO THE ORDER OF: METRO ANIMAL CARE AND CONTROL

HEAT REACTIVE SPOT

Memo: 2025 BENEFICIARY CHARITABLE GIFT

Authorized Signature

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW. THE FRONT OF THE DOCUMENT HAS A THERMOCHROMIC INK. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

⑈0810987106⑈ ⑆051402369⑆ 5111848760⑈

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H4932719
Federal Award Date: 12/16/2025

Recipient Information

1. Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
PO BOX 196300
Nashville, TN 37219-6300

2. Congressional District of Recipient
07

3. Payment System Identifier (ID)
1620694743A7

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier
LGZLHP6ZHM55

7. Project Director or Principal Investigator
D'Yuanna Allen-Robb
Assistant Bureau Director, Population Health
dyuanna.allen-robb@nashville.gov
(615)340-0487 Ext. 0487

8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
Tya T Renwick
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
trenwick@hrsa.gov
(301) 594-0227

10. Program Official Contact Information
Shontelle Dixon
Project Officer
Maternal and Child Health Bureau (MCHB)
sdixon@hrsa.gov
(301) 443-0543

Federal Award Information

11. Award Number
6 H49MC32719-07-03

12. Unique Federal Award Identification Number (FAIN)
H4932719

13. Statutory Authority
42 U.S.C. § 254c-8

14. Federal Award Project Title
Healthy Start Initiative

15. Assistance Listing Number
93.926

16. Assistance Listing Program Title
Healthy Start Initiative

17. Award Action Type
Administrative

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/01/2025 - End Date 03/31/2026	
20. Total Amount of Federal Funds Obligated by this Action	$0.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	$123,743.00
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,100,000.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,100,000.00
26. Project Period Start Date 05/01/2024 - End Date 03/31/2029	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$2,358,333.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Tya Renwick on 12/16/2025

30. Remarks

Prior Approval Request Tracking Number PA-00146126. Prior Approval Request Type: Rebudgeting

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 6 H49MC32719-07-03
Federal Award Date: 12/16/2025

Maternal and Child Health Bureau (MCHB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

[X] Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a.	Salaries and Wages:	$472,286.00
b.	Fringe Benefits:	$200,919.00
c.	Total Personnel Costs:	$673,205.00
d.	Consultant Costs:	$0.00
e.	Equipment:	$0.00
f.	Supplies:	$43,550.00
g.	Travel:	$10,502.00
h.	Construction/Alteration and Renovation:	$0.00
i.	Other:	$12,000.00
j.	Consortium/Contractual Costs:	$237,000.00
k.	Trainee Related Expenses:	$0.00
l.	Trainee Stipends:	$0.00
m.	Trainee Tuition and Fees:	$0.00
n.	Trainee Travel:	$0.00
o.	TOTAL DIRECT COSTS:	$976,257.00
p.	INDIRECT COSTS (Rate: % of S&W/TADC):	$123,743.00
	i. Indirect Cost Federal Share:	$123,743.00
	ii. Indirect Cost Non-Federal Share:	$0.00
q.	TOTAL APPROVED BUDGET:	$1,100,000.00
	i. Less Non-Federal Share:	$0.00
	ii. Federal Share:	$1,100,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a.	Authorized Financial Assistance This Period	**$1,100,000.00**
b.	Less Unobligated Balance from Prior Budget Periods	
	i. Additional Authority	$0.00
	ii. Offset	$0.00
c.	Unawarded Balance of Current Year's Funds	$0.00
d.	Less Cumulative Prior Award(s) This Budget Period	$1,100,000.00
e.	AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$0.00**

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

YEAR	TOTAL COSTS
08	$1,100,000.00
09	$1,100,000.00
10	$1,100,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.51

37. BHCMIS#

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

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
25 - 3898020	93.926	24H49MC32719	$0.00	$0.00	N/A	24H49MC32719

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.
2. Applicable Regulations – Prior to October 1, 2025, this award is subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024, in Federal Register Notice 89 FR 80055. After October 1, 2025, this award will be subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.
3. The Recipient hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. 2000d *et seq.),* and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80); Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84); Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part **86);** The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91); and Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92).
4. Any term or condition in this NOA, including those incorporated by reference, that HHS is enjoined by court order from imposing or enforcing shall not apply or be enforced as to any recipient or subrecipient to which that court order applies and while that court order is in effect.
5. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program, recipient satisfactory performance, program authority, compliance with the Terms and Conditions of the award, and a decision that continued funding is in the best interest of the Federal government.
   This award action is based on HRSA's approval of the recipient's application and any modifications at the time of this award. Continued support for this award may be subject to other programmatic considerations to the extent permitted by law, including, but not limited to, Administration priorities and court orders.
   Should additional federal funds not be available and/or shifting priorities affect the programmatic objectives of this award, the recipient will work with HRSA to revise any workplan tasks and budget in accordance with 45 CFR 75.308 (Revision of budget and program plans).
6. Prior to October 1, 2025, this award is subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and to the extent authorized by law, a decision by the agency that the award continues to effectuate program goals or agency priorities.
7. By accepting this award, including the obligation, expenditure, or drawdown of award funds, recipients, whose programs are covered by Title IX, certify as follows:
   • Recipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d et seq., and Recipient will remain compliant for the duration of the Agreement.
   • The above requirements are conditions of payment that go the essence of the Agreement and are therefore material terms of the Agreement.
   • Payments under the Agreement are predicated on compliance with the above requirements, and therefore Recipient is not eligible for

funding under the Agreement or to retain any funding under the Agreement absent compliance with the above requirements.
• Recipient acknowledges that this certification reflects a change in the government's position regarding the materiality of the foregoing requirements and therefore any prior payment of similar claims does not reflect the materiality of the foregoing requirements to this Agreement.
• Recipient acknowledges that a knowing false statement relating to Recipient's compliance with the above requirements and/or eligibility for the Agreement may subject Recipient to liability under the False Claims Act, 31 U.S.C. § 3729, and/or criminal liability, including under 18 U.S.C. §§ 287 and 1001.

8. This revised Notice of Award is issued to approve the rebudgeting request submitted on November 26, 2025 by D'Yuanna Allen-Robb and updates the funding allocation as submitted in the revised budget.

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

Contacts

NoA Email Address(es):

Name	Role	Email
D'yuanna Allen-Robb	Program Director	dyuanna.allen-robb@nashville.gov

Note: NoA emailed to these address(es)

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NE11OE000029-04-00
FAIN# NE11OE000029
Federal Award Date: 12/02/2025

Recipient Information

1. Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Nicholas Tompkins
Grant Director
nicholas.tompkins@nashville.gov
615-340-0394

8. Authorized Official
Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Rhonda DeBouse
wzn5@cdc.gov
770-488-3198

10.Program Official Contact Information
Stephanie Williams
Program Officer
rwv0@cdc.gov
4044984895

Federal Award Information

11. Award Number
5 NE11OE000029-04-00

12. Unique Federal Award Identification Number (FAIN)
NE11OE000029

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number
93.967

16. Assistance Listing Program Title
CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type
Non-Competing Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 12/01/2025 **- End Date** 11/30/2026	
20.	**Total Amount of Federal Funds Obligated by this Action**	$843,396.00
	20a. Direct Cost Amount	$793,741.00
	20b. Indirect Cost Amount	$49,655.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$0.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$843,396.00
26.	**Period of Performance Start Date** 12/01/2022 **- End Date** 11/30/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$11,108,471.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Recipient Information

Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient
05

Payment Account Number and Type
1620694743A3

Employer Identification Number (EIN) Data
620694743

Universal Numbering System (DUNS)
078217668

Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$0.00
b. Fringe Benefits	$0.00
c. Total Personnel Costs	$0.00
d. Equipment	$229,035.00
e. Supplies	$16,653.00
f. Travel	$56,847.00
g. Construction	$0.00
h. Other	$491,206.00
i. Contractual	$0.00
j. TOTAL DIRECT COSTS	$793,741.00
k. INDIRECT COSTS	$49,655.00
l. TOTAL APPROVED BUDGET	$843,396.00
m. Federal Share	$843,396.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2224-0943
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	$0.00	75-X-0140
4-9390LFF	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2324-0943
5-9390MR5	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2425-0943
6-9390QMC	23NE11OE000029A2	OE	410U	93.967	$843,396.00	75-2526-0943

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

5 NE11OE000029-04-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at https://www.cdc.gov/grants/federal-regulations-policies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **OE22-2203**, entitled **Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems**, and application dated August 25, 2025, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NOA).

Total Approved Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

NOFO Component	Amount
Strategy A2	$ 843,396.00

Financial Assistance Mechanism: Grant

Technical Review: Within 45 days of this Notice of Award's (NOA) issue date, the Technical Review will be accessible to the recipient in GrantSolutions Grant Messages. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow-up requirements and timelines set forth therein.

Budget Revision Requirement: By February 16, 2026 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the

future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative**:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are approved based on the recipient's approved Cost Allocation Plan dated March 29, 2022.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132**, **"Performance Progress and Monitoring Report"**, **Expiration Date 03/31/2026**. The components of the PPMR are available for download at: https://www.cdc.gov/grants/already-have-grant/Reporting.html .

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified beginning on the bottom of Page 2 of the Notice of Award must be known to draw down funds.

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

Board of Health Request Tracking Form

Meeting Date: **December 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.
10. Provide branding on "tooth", Pearl E. White for Oral Health Services.
11. Provide time and date for Board Retreat in March 2026
12. Provide Report for the Board before the budget kickoff in January.

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)
10. Provide branding on "tooth", Pearl E. White for Oral Health Services. (Areola)
11. Provide time and date for Board Retreat in March 2026 (Areola)
12. Provide Report for the Board before the budget kickoff in January. (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)

Response filed in meeting packet of **January 8, 2026**

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)

A proposed revision of the MPHD Civil Service Rule 4.7, subsection B. which currently reads:

Non-exempt employees may elect to receive compensatory time off in lieu of overtime in accordance with the provisions as set out below. Election of comptime must be voluntary on the part of the employee. Once the employee makes this election, that choice is entered into the Kronos system as the employee's elected option for the following year

Proposed Verbiage:

Non-exempt employees may elect to receive compensatory time off in lieu of overtime in accordance with the provisions as set out below. Election of comptime must be voluntary on the part of the employee. Once the employee makes this election, that choice is entered into the timekeeping system.

Justification: Metro has adopted a new system for timekeeping that will allow covered employees to change their election more than once per year. This proposed verbiage without a specified brand name will allow future metro-wide system changes to be implemented without approval.

PERSONNEL CHANGES

December 2025

NEW HIRES

Elisa Pajuelo, Animal Care Assistant 1, 12/01/2025, $48,064.00(MACC)
Irina Gukasova, Public Health Nurse 1, 80% 12/15/2025, $62,404.00(SCH)
Kerra Gaona, Animal Control Officer 1, 12/15/2025, $52,414.00(MACC)
Kereena Villeneuve, Public Health Nurse 1, 71%, 12/15/2025, $56,998.00(SCH)
Brittany Bell, Public Health Nurse 1, 80%, 12/15/2025, $62,404.00(SCH)
Shelby Gillian, Communicable Disease Investigator, 12/15/2025, $54,699.00(STD/HIV)
Sheila Morency, Public Health Nurse 1, 80%, 12/15/2025, $62,404.00(SCH)
Erika Scivally, Public Health Nurse1, 48%, 12/15/2025, $40.02 hourly (SCH)
Maya Johnson, Communicable Disease Investigator, 12/20/2025, $54,699.00(STD/HIV)

DEPT. TRANSFERS

Robert Howse, Program Specialist 2, 12/01/2025, $54,699.00(BHW)

TERMINATIONS (VOLUNTARY)

Tyrone Stewart, Custodian, 12/01/2025, service pension (Facility Services)
Shanejah Crews, Administrative Assistant, 12/04/2025, resigned (Behavioral Health)
Gemma Loredo, Public Health Nurse 1, 12/10/2025, resigned (Infrastructure Grant)
Thomas Sharp, Public Health Administrator 3, 12/19/2025, service pension (Executive Leadership)
Wendy Young-Austin, Public Health Nurse 1 (71%), 12/19/2025, early service pension (School Health)
Leah Robb, Nutritionist 1, 12/29/2025, resigned (WIC)
Benjamin Michel, Public Health Nurse Practitioner, 12/30/2025, resigned (Employee Health & Wellness)

TERMINATIONS (INVOLUNTARY)

Jennifer Cantrell, Public Health Nurse 2 (80%), 12/09/2025, disability pension (School Health)

PROMOTIONS

Dannielle Carter, AC&C Supervisor, promoted to AC&C Manager, effective 12/6/2025(MACC)
Chelsea Davis, AC&C Kennel Assistant 2, promoted to AC&C Program Coordinator, effective 12/20/2025 (MACC)
Kimberly Crosslin, Public Health Nurse 2 (80%), promoted to Public Health Nurse 3, effective 12/20/2025 (SCH)

STATUS CHANGES

Tonya Williams, LPN, 100% began working 80% effective 12/6/2025
Tiara Parker, LPN, 100% began working 80% effective 12/06/2025
Roshecka Thomas, LPN, 100% began working 80% effective 12/06/2025
Kimberly Collins, LPN, 100% began working 80% effective 12/06/2025