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
Carol C. Ziegler DNP, FNP-C., Vice-Chair
Marie R. Griffin MD MPH
Rebecca Anne Whitehead (Munn) MBA
Morgan McDonald MD FACP FAAP
Heather Corum Powell
Jeffrey Stovall MD

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 ANNUAL RETREAT & SPECIAL CALLED BOARD OF HEALTH MEETING
West Police Precinct
5500 Charlotte Pike, Nashville, TN 37209
Tuesday, April 14, 2026, 8:30 a.m. – 3:00 p.m.

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 RETREAT AGENDA

1. Board of Health Ethics Training ..... Smith
2. Ice Breaker ..... Franklin
3. Roles and Responsibilities for Board of Health (Interactive) ..... Franklin
4. Strategic Plan Presentation ..... Leach
5. Closing and Adjournment ..... Franklin

SPECIAL CALLED BOARD OF HEALTH MEETING AGENDA

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 March 19, Meeting Minutes ..... Franklin
5. Deliberation of Grant Applications ..... Diamond
6. Deliberation of Grants and Contracts ..... Diamond
7. Adjournment ..... Franklin

CIVIL SERVICE BOARD

1. Public Hearing Regarding Job Descriptions and Qualifications for Nutrition Educator ..... McKissic
2. Personnel Changes – March 2026 ..... McKissic
3. Adjournment ..... Franklin

Metropolitan Board of Health of Nashville and Davidson County
March 19, 2026, 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
Rebecca Whitehead, MBA, Member
Morgan McDonald, MD, Member
Heather Corum Powell, Member
Jeffrey Stovall, MD, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Kebera Leach, MPH, Health Strategist
Alexandra Bird, MPH, PHIG Program Evaluator
Bob Shealy, Workforce Development Manager
Derrick Smith, JD, Metropolitan Department of Law

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

Public Comment Period (Community Voices)
Ms. Zacnite Vargas made a public comment related to Tennessee (TN) House Bill (HB) 1710 urging the Health Board to share a public resolution outlining this health and fiscal impact of the bill, and to provide testimonies as it moves forward. Ms. Vargas shared that it would be heard by the House State and Local Government Committee on Tuesday, March 24th.

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 February 12, 2026, Meeting Minutes
Dr. Stovall made a motion to approve February 12, 2026, meeting minutes as distributed. Ms. Corum Powell seconded the motion, which passed unanimously.

Deliberation of Grant Applications
There were no grant applications.

Deliberation of Grants and Contracts
Mr. Diamond presented 2 items. Mr. Diamond asked if the Board could take the 2 items as separate including 2 separate votes at the request of Metro Legal.

1. **Friends of MACC grant**
   Term: NA
   Amount: $20,250
2. **Emergency Response & Planning MOU**
   Term: February 1, 2026 – July 31, 2031
   Amount: NA

Dr. Griffin made a motion to approve line item 1. Dr. McDonald seconded the motion. The motion passed unanimously.

Dr. Stovall made a motion to approve line item 2. Dr. Griffin seconded the motion. The motion passed unanimously.

State of Public Health
Dr. Areola discussed his Performance Tracking Report for FY2026 (Attachment I).

Deliberation of TN House Bill 1710
Ms. Leach deliberated on the TN HB 1710 (Attachment II).

PHWINS Presentation
Ms. Bird and Mr. Shealy presented the evaluation of PHWINS. (Attachment III).

Strategic Plan Implementation Outline Presentation
Chair Franklin shared with the Board that the Strategic Plan will be discussed during the Board Retreat, April 14th. (Attachment IV).

Employee/ Team Recognition
Dr. Areola recognized Brenda Allen for being chosen as the January 2026 Employee of the Month (Attachment V). Dr. Areola recognized Asmaa Abbou Chaar for being chosen as the February 2026 Employee of the Month (Attachment VI). Dr. Areola shared that both were unable to attend the Board Meeting.

Report of Director
Dr. Areola welcomed our new HR Manager, Graham McKissic, to the Health department. Dr. Areola stated he wanted to emphasize the Community Baby Shower Event on March 28th at the Titans Stadium with our partners. He shared that he attended the National Association of County and City Officials (NACCHO) Hill Visit with Chair Franklin and met several legislative representatives.

Report of Chair
Chair Franklin thanked all the Board for sending their requests for the Board Retreat agenda. She stated she will be meeting with Dr. Areola to pull the agenda together. She stated that the Strategic Plan, and Roles and Responsibilities for Board and how it differs from the department will be discussed during the Board Retreat.

Chair Franklin shared that in Washington, D.C. she attended the (National Association of Local Boards of Health) NALBOH conference, but there was also the NACCHO and Big City Health Coalition (BCHC) Conference. She stated that everyone came together for the Hill Visits that allowed city officials across the country to converse on the hill. Chair Franklin stated that they extended an invitation for our legislatives to visit our Health Department.

New Business
Chair Franklin shared that the Board Request of the Department is listed in the packet, but no requests given today by the Board. Chair Franklin asked that Board pay attention to TN HB 1710.

Dr. Areola discussed their upcoming meeting with the Budget Office, and the Health Department is tomorrow. He stated the Budget Improvement Requests were sent to the Board and they are welcome to share their voice using the talking points.

Adjournment
Dr. McDonald made a motion to adjourn the regular meeting. Dr. Stovall seconded the motion, which passed unanimously. The regular meeting adjourned at 5:17 p.m.

CIVIL SERVICE BOARD

Deliberate on Request to Schedule a Public Hearing Regarding Job Descriptions and Qualifications

Chair Franklin opened the floor for deliberation on request to schedule a public hearing regarding job descriptions and qualifications. Mr. McKissic stated that it was to align with the federal statute and open up to the public for a wider range of applicants for a nutrition educator. Mr. McKissic stated he was requesting a public hearing.

Ms. Whitehead made a motion to approve request to schedule a public hearing regarding job descriptions and qualifications. Dr. Griffin seconded the motion, which passed unanimously.

Request for Extension of Out-of-Class Pay for D'Yuanna Allen-Robb as Interim Population Health Bureau Director

In accordance with Civil Service Rule 4.10G, Mr. McKissic requested the Board approve the extension of out-of-class pay for D'Yuanna Allen-Robb, whose out-of-class service as Interim Population Health Bureau Director reached over 106 days as of March 19, 2026. He stated that interviews are being conducted and that a decision on the successful candidate will be made soon.

Dr. McDonald made a motion to approve the extension of out-of-class pay for D'Yuanna Allen-Robb, serving as Interim Population Health Bureau Director. Dr. Stovall seconded the motion, which passed unanimously.

Personnel Changes – January 2026

Mr. McKissic referred to the February 2026 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 the Board Retreat scheduled for Tuesday, April 14, 2026, at the West Police Precinct, 5500 Charlotte Pike, Nashville, TN 37209.

Tené H. Franklin

Chair

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: April 14, 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: April 14, 2026
Re: Summary of grants & contracts presented for Board approval

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1. STI Prevention Services grant

This Tennessee Department of Health provides funds to implement and coordinate activities and services related to STD prevention, testing, diagnosis and treatment, and surveillance.

Amendment #3 – adds funds for years 3 and 4.

Term:	January 1, 2023 – December 31, 2027
Amount:	$218,400 (new total $2,289,773
Program Manager:	Norman Foster
Bureau:	Rachel Franklin

2. Nashville General MOU

This memorandum of understanding between the Nashville General Hospital and MPHD defines the terms for providing a nurse practitioner to coordinate and deliver care to victims of violence at the Family Safety Center.

Term:	Execution +1yr
Amount:	$150,000
Program Manager:	Anidolee Melville-Chester
Bureau:	D'Yuanna Allen-Robb

GRANT AMENDMENT

Agency Tracking #	Edison ID	Contract #	Amendment #
34349-19423	82038	GG-23-82038-00	3

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

Amendment Purpose & Effect(s)

Add CY26 Awarded Funds to Support STI Program Services

Amendment Changes Contract End Date: ☐ YES ☒ NO **End Date:** 12/31/2027

TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A): **$ +218,400.00**

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2023	$90,600.00	$109,936.50			$200,536.50
2024	$181,200.00	$394,236.50			$575,436.50
2025	$181,200.00	$653,950.00			$835,150.00
2026	$181,200.00	$406,850.00			$588,050.00
2027	$90,600.00	$0.00			$90,600.00
TOTAL:	**$724,800.00**	**$1,564,973.00**			**$2,289,773.00**

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

Eric Bucholz

CPO USE

GG-23-82038-03

Speed Chart (optional)	Account Code (optional)
HL00017920	
HL00006843	
HL00019074	71301000

AMENDMENT 3
OF GRANT CONTRACT GG-23-82038-02

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Health, hereinafter referred to as the "State" and Metropolitan Government of Nashville and Davidson County, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract section C.1. Maximum Liability is deleted in its entirety and replaced with the following:

   C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed Two Million, Two Hundred Eighty-Nine Thousand, Seven Hundred Seventy-Three Dollars ($2,289,773.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 2 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line items include but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

2. Grant Contract Attachment 1 and Attachment 2 are deleted in their entirety and replaced with the new attachments Attachment 1, and Attachment 2 attached hereto.

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

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

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

DEPARTMENT OF HEALTH:

_____ _____
Dr. John R. Dunn Date
Interim Commissioner

ATTACHMENT 1

Federal Award Identification Worksheet

Subrecipient name (must match the name associated with its Unique Entity Identifier (SAM)	NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
Subrecipient Unique Entity Identifier (SAM)	LGZLHP6ZHM55 Cage# 3QKW8
Federal Award Identification Number (FAIN)	NH25PS005151
Federal award date	TBD *Pending Extension Award*
Subaward Period of Performance Start and End Date	TBD
Subaward Budget Period Start and End Date	TBD
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	93.977
Grant contract begin date	January 1, 2023
Grant contract end date	December 31, 2027
Amount of federal funds obligated by this grant contract	$1,564,973.00
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	$22,850,251.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	-Strengthening STD Prevention and Control for Health Departments (STD PCHD) -DIS Workforce Supplement
Name of federal awarding agency	CDC
Name and contact information for the federal awarding official	Christy Wipperfurth Grants Management Specialist lmh4@cdc.gov 770-488-3946
Name of pass-through entity	Tennessee Department of Health
Name and contact information for the pass-through entity awarding official	Dr. John R. Dunn Interim Commissioner John.Dunn@tn.gov 615-741-5948
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	15.6% as of the date of this contract

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 1)

Metropolitan Government of Nashville and Davidson County - STI Program			CONTRACT BUDGET ROLLUP
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2027.			
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$1,617,800.00	$0.00	$1,617,800.00
	Benefits & Taxes	$462,700.00	$0.00	$462,700.00
	Professional Fee/ Grant & Award [2]	$98,600.00	$0.00	$98,600.00
	Supplies	$21,773.00	$0.00	$21,773.00
	Telephone	$7,100.00	$0.00	$7,100.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$8,100.00	$0.00	$8,100.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (6.84% salaries and benefits)	$73,700.00	$0.00	$73,700.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$2,289,773.00	$0.00	$2,289,773.00

$2,289,773.00 TOTAL CY23-CY26 Contract Amount for Metro Davidson STI Program

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

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

[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 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 2)

Metropolitan Government of Nashville and Davidson County - STI Program	**STATE Testing Clinic CY23**

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.

	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
	Salaries [2]	$124,000.00	$0.00	$124,000.00
	Benefits & Taxes	$54,000.00	$0.00	$54,000.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$1,000.00	$0.00	$1,000.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (5% total Salaries and Benefits)	$2,200.00	$0.00	$2,200.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$181,200.00	$0.00	$181,200.00

$181,200.00 State PrEP CY23 HL00017920

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

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

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ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 3)

SALARIES	Rate		# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Kawana Holt, Public Health Nurse Practitioner	$8,082.65	x	6%	x	100	x	$0.00		$48,495.90
Kawana Holt, Public Health Nurse Practitioner	$8,824.64	x	4%	x	100	x	$0.00		$35,298.55
Holli Finchum, Program Specialsit 2	$4,000.93	x	6%	x	100	x	$0.00		$24,005.56
Holli Finchum, Program Specialsit 2	$4,058.25	x	4%	x	100	x	$0.00		$16,233.01
ROUNDED TOTAL									$124,000.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ $0.585/mile)	$1,000.35
STI Engage Conference May, 2025	$0.00
ROUNDED TOTAL	$1,000.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 4)

Metropolitan Government of Nashville and Davidson County - STI Program			**FEDERAL PCHD CY23**
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.			
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$152,200.00	$0.00	$152,200.00
	Benefits & Taxes	$50,900.00	$0.00	$50,900.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$3,773.00	$0.00	$3,773.00
	Telephone	$1,000.00	$0.00	$1,000.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$5,000.00	$0.00	$5,000.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (9% salary/benefits)	$7,000.00	$0.00	$7,000.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$219,873.00	$0.00	$219,873.00

$219,873.00 Federal PCHD CY23 HL00006843

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 5)

SALARIES			# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Norman Foster, Manager	$8,183.25	x	20%	x	6		$0.00		$9,819.90
Norman Foster, Manager	$8,765.90	x	20%	x	6		$0.00		$10,519.08
Shelia Kirkendoll, Communicable Disease Investigator	$5,212.53	x	100%	x	12		$0.00		$62,550.37
Vacant, Communicable Disease Investigator	$4,058.25	x	100%	x	4		$0.00		$16,233.01
Monica Woodruff, Communicable Disease Investigator	$4,347.20	x	100%	x	12		$935.00		$53,101.39
ROUNDED TOTAL									$152,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Parking reimbursements ($435/month for parking)	$5,220.00
ROUNDED TOTAL	$5,000.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 6)

Metropolitan Government of Nashville and Davidson County - STI Program			FEDERAL DIS WF CY23 HL00019074	
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2023 and ending December 31, 2023.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$0.00	$0.00	$0.00
	Benefits & Taxes	$0.00	$0.00	$0.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (10% Salaries and Benefits)	$0.00	$0.00	$0.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$0.00	$0.00	$0.00

$0.00 *ACTUALS SPENT of STI DIS Workforce from January 2023 - December 31, 2023 -HL00019074

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 7)

SALARIES	Rate		# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Vacant, Program Coordinator	4,383.68	x	0	x	100%				$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%				$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%				$0.00
Vacant, Communicable Disease Investigator	3,855.45	x	0	x	100%				$0.00
Vacant, Office Support Specialist 2	4,369.46	x	12	x	100%				$0.00
									$0.00
ROUNDED TOTAL									$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Temporary Staffing services	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	
	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	
	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	
	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 8)

Metropolitan Government of Nashville and Davidson County - STI Program	**STATE PrEP Clinic CY24 HL00017920**

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.

	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
	Salaries [2]	$146,500.00	$0.00	$146,500.00
	Benefits & Taxes	$34,100.00	$0.00	$34,100.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$600.00	$0.00	$600.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (% plus method)	$0.00	$0.00	$0.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$181,200.00	$0.00	$181,200.00

$181,200.00 CY24 State PrEP Award Amount HL00017920

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 9)

SALARIES	Rate		Percent		Months		(Longetivity, if applicable)		AMOUNT
Kawana Holt, Public Health Nurse Practitioner	$8,824.64	x	100%	x	6				$52,947.83
Kawana Holt, Public Health Nurse Practitioner	$8,824.64	x	100%	x	6				$52,947.83
Holli Finchum, Program Specialsit 2	$4,058.25	x	100%	x	6				$24,349.51
Keitonyia Tate, Program Specialist 2	$4,058.25	x	100%	x	4				$16,233.01
ROUNDED TOTAL									$146,500.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
	$0.00
	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 10)

Metropolitan Government of Nashville and Davidson County - STI Program				**FEDERAL PCHD CY24**
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$158,200.00	$0.00	$158,200.00
	Benefits & Taxes	$46,200.00	$0.00	$46,200.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$5,000.00	$0.00	$5,000.00
	Telephone	$900.00	$0.00	$900.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$700.00	$0.00	$700.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (6.2% salary/benefits)	$12,700.00	$0.00	$12,700.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$223,700.00	$0.00	$223,700.00

$223,700.00 CY24 Federal PCHD Award Amount HL00006843

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 11)

SALARIES			Percent		Months		(Longetivity, if applicable)		AMOUNT
Norman Foster, Manager	$8,183.25	x	20%	x	6		$0.00		$9,819.90
Norman Foster, Manager	$8,765.90	x	20%	x	6		$0.00		$10,519.08
Vacant, Communicable Disease Investigator	$3,855.45	x	100%	x	6		$0.00		$23,132.68
Monica Woodruff, Communicable Disease Investigator	$4,347.20	x	100%	x	6		$0.00		$26,083.20
Monica Woodruff, Communicable Disease Investigator	$4,347.20	x	100%	x	6		$0.00		$26,083.20
Shelia Kirkendoll, Communicable Disease Investigator	$5,212.53	x	100%	x	6		$0.00		$31,275.19
Shelia Kirkendoll, Communicable Disease Investigator	$5,212.53	x	100%	x	6		$0.00		$31,275.19
ROUNDED TOTAL									$158,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	$700.00
ROUNDED TOTAL	$700.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 12)

Metropolitan Government of Nashville and Davidson County -STI Program FEDERAL DIS Workforce CY24 HL00019074

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2024 and ending December 31, 2024.

	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
	Salaries [2]	$262,800.00	$0.00	$262,800.00
	Benefits & Taxes	$71,700.00	$0.00	$71,700.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$3,000.00	$0.00	$3,000.00
	Telephone	$1,700.00	$0.00	$1,700.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$700.00	$0.00	$700.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (10% of total Salaries and Benefits)	$5,000.00	$0.00	$5,000.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$344,900.00	$0.00	$344,900.00

$344,900.00 *ACTUALS SPENT of STI DIS Workforce for January 2023 - December 31, 2023 -HL00019074

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 13)

SALARIES	Rate		# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Norman Foster, Manager	$8,183.25	x	6	x	20%				$9,819.90
Norman Foster, Manager	$8,765.90	x	6	x	20%				$10,519.08
Taylor Alexander , Program Coordinator	$4,666.92	x	4	x	100%				$18,667.67
Taylor Alexander , Program Coordinator	$4,999.20	x	6	x	100%				$29,995.21
Mia Barber, Community Disease Investgator	$4,058.25	x	5	x	100%				$20,291.26
Demetria Winrow, Communicable Disease Investigator	$4,058.25	x	4	x	100%				$16,233.01
Demetria Winrow, Communicable Disease Investigator	$4,220.58	x	6	x	100%				$25,323.49
Cedeira Ammons, Communicable Disease Investigator	$4,058.25	x	6	x	100%				$24,349.51
Cedeira Ammons, Communicable Disease Investigator	$4,220.58	x	6	x	100%				$25,323.49
Zuriel Lopez-Bautista, Communicable Disease Investigator	$4,058.25	x	3	x	100%				$12,174.76
Zuriel Lopez-Bautista, Communicable Disease Investigator	$4,220.58	x	6	x	100%				$25,323.49
Sarah Rash, Office Support Specialist 2	$4,369.49	x	4	x	100%				$17,477.97
Sarah Rash, Office Support Specialist 2	$4,544.27	x	6	x	100%				$27,265.64
ROUNDED TOTAL									$262,800.00

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

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-state Travel	$700.00
ROUNDED TOTAL	$700.00

INTEREST	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 14)

Metropolitan Government of Nashville and Davidson County - STI Program			**STATE STI CY25**	
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$148,700.00	$0.00	$148,700.00
	Benefits & Taxes	$32,500.00	$0.00	$32,500.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (% and method)	$0.00	$0.00	$0.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$181,200.00	$0.00	$181,200.00

$181,200.00 CY25 State Award Amount HL00017920

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 15)

SALARIES	Rate		# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Public Health Nurse Pratitioner, Holt, Kawana	9,452.95	x	100%	x	6		$0.00		$56,717.71
Public Health Nurse Pratitioner, Holt, Kawana	10,349.08	x	60%	x	6		$0.00		$37,256.70
Program Specialist 2, K Tate Keitonyia	4,558.25	x	100%	x	12		$0.00		$54,699.00
		x	0%	x	0		$0.00		$0.00
ROUNDED TOTAL									$148,673.41

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ $0.585/mile)	$0.00
STI Engage Conference May, 2023	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 16)

Metropolitan Government of Nashville and Davidson County - STI Program				**FEDERAL PCHD CY25**
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$158,200.00	$0.00	$158,200.00
	Benefits & Taxes	$46,200.00	$0.00	$46,200.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$5,000.00	$0.00	$5,000.00
	Telephone	$900.00	$0.00	$900.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$700.00	$0.00	$700.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (6% salary/benefits)	$12,200.00	$0.00	$12,200.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$223,200.00	$0.00	$223,200.00

$223,200.00 CY25 Federal PCHD Award Amount HL00006843

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 17)

SALARIES			Percent		Months		(Longetivity, if applicable)		AMOUNT
Norman Foster, Manager	$8,183.25	x	20%	x	6		$0.00		$9,819.90
Norman Foster, Manager	$8,765.90	x	20%	x	6		$0.00		$10,519.08
Vacant, Communicable Disease Investigator	$3,855.45	x	100%	x	6		$0.00		$23,132.68
Monica Woodruff, Communicable Disease Investigator	$4,347.20	x	100%	x	6		$0.00		$26,083.20
Monica Woodruff, Communicable Disease Investigator	$4,347.20	x	100%	x	6		$0.00		$26,083.20
Shelia Kirkendoll, Communicable Disease Investigator	$5,212.53	x	100%	x	6		$0.00		$31,275.19
Shelia Kirkendoll, Communicable Disease Investigator	$5,212.53	x	100%	x	6		$0.00		$31,275.19
ROUNDED TOTAL									$158,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	$700.00
ROUNDED TOTAL	$700.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 18)

Metropolitan Government of Nashville and Davidson County -STI Program FEDERAL DIS Workforce CY25 HL00019074

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2025 and ending December 31, 2025.

	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
	Salaries [2]	$310,200.00	$0.00	$310,200.00
	Benefits & Taxes	$81,700.00	$0.00	$81,700.00
	Professional Fee/ Grant & Award [2]	$98,600.00	$0.00	$98,600.00
	Supplies	$5,000.00	$0.00	$5,000.00
	Telephone	$2,000.00	$0.00	$2,000.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (5% of total Salaries and Benefits)	$18,600.00	$0.00	$18,600.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$516,100.00	$0.00	$516,100.00

$516,100.00 *REMAINING AMOUNT of STI DIS Workforce allocated for CY25 HL00019074

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 19)

SALARIES	Rate		# of Months		Pct		(Longetivity, if applicable)		AMOUNT
Norman Foster, Manager	$8,183.25	x	6	x	20%				$9,819.90
Norman Foster, Manager	$8,765.90	x	6	x	20%				$10,519.08
Taylor Alexander , Program Coordinator	$4,999.20	x	12	x	100%				$59,990.41
Demetria Winrow, Communicable Disease Investigator	$4,220.58	x	12	x	100%				$50,646.98
Vacant, Communicable Disease Investigator	$4,058.25		12		100%				$48,699.02
Cedeira Ammons, Communicable Disease Investigator	$4,220.58	x	12	x	100%				$50,646.98
Zuriel Lopez-Bautista, Communicable Disease Investigator	$4,220.58	x	6	x	100%				$25,323.49
Sarah Rash, Office Support Specialist 2	$4,544.27	x	12	x	100%				$54,531.28
									$310,177.14
ROUNDED TOTAL									$310,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Federal DIS WF for Salaries and Benefits in CY26	$98,600.00
ROUNDED TOTAL	$98,600.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Travel	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 20)

Metropolitan Government of Nashville and Davidson County - STI Program			**STATE STI CY26**	
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2026 and ending December 31, 2026.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$129,200.00	$0.00	$129,200.00
	Benefits & Taxes	$36,000.00	$0.00	$36,000.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (10% Salaries and Benefits)	$16,000.00	$0.00	$16,000.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$181,200.00	$0.00	$181,200.00

$181,200.00 CY26 State Award Amount - Allocate as Needed

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 21)

SALARIES	Rate		Percent		Months		(Longetivity, if applicable)		AMOUNT
Public Health Nurse Pratitioner, Holt, Kawana	10,349.08	x	60%	x	12		$0.00		$74,513.40
Program Specialist 2, K Tate Keitonyia	4,558.25	x	100%	x	12		$0.00		$54,699.00
		x	0%	x	0		$0.00		$0.00
ROUNDED TOTAL									$129,200.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ $0.585/mile)	$0.00
STI Engage Conference May, 2023	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 22)

Metropolitan Government of Nashville and Davidson County - STI Program				FEDERAL PCHD CY26
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2026 and ending February 28, 2026.				
	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	**GRANT CONTRACT**	**GRANTEE MATCH [3]**	**TOTAL PROJECT**
	Salaries [2]	$27,800.00	$0.00	$27,800.00
	Benefits & Taxes	$9,400.00	$0.00	$9,400.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (6% salary/benefits)	$0.00	$0.00	$0.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$37,200.00	$0.00	$37,200.00

***** Funding Jan - Feb Months Only**

$37,200.00 CY26 Federal PCHD Award Amount - Allocate as Needed***

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 23)

SALARIES			Percent		Months		(Longetivity, if applicable)		AMOUNT
Communicable Disease Investigator, WOODRUFF, MONICA	$4,759.31	x	100%	x	2		$0.00		$9,518.62
Communicable Disease Investigator, Vacant	4558.25	x	100%	x	2		$0.00		$9,116.50
Communicable Disease Investigator, Vacant	$4,558.25	x	100%	x	2		$0.00		$9,116.50
ROUNDED TOTAL									$27,800.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local In-State Travel	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

ATTACHMENT 2

GRANT BUDGET ROLL-UP

(BUDGET PAGE 24)

Metropolitan Government of Nashville and Davidson County - STI Program	**STATE PrEP STI CY27**

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning January 1, 2027 and ending December 31, 2027.

	EXPENSE OBJECT LINE-ITEM CATEGORY [1] (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH [3]	TOTAL PROJECT
	Salaries [2]	$0.00	$0.00	$0.00
	Benefits & Taxes	$0.00	$0.00	$0.00
	Professional Fee/ Grant & Award [2]	$0.00	$0.00	$0.00
	Supplies	$0.00	$0.00	$0.00
	Telephone	$0.00	$0.00	$0.00
	Postage & Shipping	$0.00	$0.00	$0.00
	Occupancy	$0.00	$0.00	$0.00
	Equipment Rental & Maintenance	$0.00	$0.00	$0.00
	Printing & Publications	$0.00	$0.00	$0.00
	Travel/ Conferences & Meetings [2]	$0.00	$0.00	$0.00
	Interest [2]	$0.00	$0.00	$0.00
	Insurance	$0.00	$0.00	$0.00
	Specific Assistance To Individuals [2]	$0.00	$0.00	$0.00
	Depreciation [2]	$0.00	$0.00	$0.00
	Other Non-Personnel [2]	$0.00	$0.00	$0.00
	Capital Purchase [2]	$0.00	$0.00	$0.00
	Indirect Cost (10% and method)	$0.00	$0.00	$0.00
	In-Kind Expense	$0.00	$0.00	$0.00
	GRAND TOTAL	$0.00	$0.00	$0.00

$0.00

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

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

[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 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 25)

SALARIES	Rate		Percent		Months		(Longetivity, if applicable)		AMOUNT
		x	0%	x	0				$0.00
		x	0%	x	0				$0.00
		x	0%	x	0				$0.00
ROUNDED TOTAL									$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Local Mileage (1710 miles @ $0.585/mile)	$0.00
STI Engage Conference May, 2023	$0.00
ROUNDED TOTAL	$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	$0.00
ROUNDED TOTAL	$0.00

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
Carol C. Ziegler DNP, FNP-C., Vice-Chair
Marie R. Griffin MD MPH
Rebecca Anne Whitehead (Munn) MBA
Morgan McDonald MD FACP FAAP
Heather Corum Powell
Jeffrey Stovall MD

MEMORANDUM OF UNDERSTANDING
Between
Nashville General Hospital
and
Metro Public Health Department

This Memorandum of Understanding ("MOU") is made and entered into effective February 24,2026 ("Effective Date"), by and between Nashville General Hospital, a hospital organized under the Tennessee Metropolitan Hospital Authority Act ("NGH"), and Metro Public Health Department, ("MPHD").

I. PURPOSE
The purpose of this MOU is to articulate the expectations and responsibilities of each organization related to the provision of a Nurse Practitioner to coordinate and provide care to victims of violence at the Family Safety Center.

II. DESCRIPTION OF SERVICES
Metro Nashville General Hospital (hereinafter NGH) and Metro Public Health Department. MPHD are entering into this Memorandum of Understanding to establish expectations and scope of responsibilities for each organization in providing a Nurse Practitioner to coordinate and deliver care to victims of violence at the Family Safety Center to mitigate crisis, improve continuity of care, and ensure an optimal community response for residents of Nashville and Davidson County.

III. NASHVILLE GENERAL HOSPITAL ROLES AND RESPONSIBILITIES
NGH agrees to:
a. Develop and implement a comprehensive infrastructure and increased capacity to deliver enhanced crisis follow-up services for victims of violence including those who are identified at imminent, high, or moderate risk.
b. Increase coordination between and capacity within members of the local crisis care continuum to ensure services and response addresses the focus population's needs.
c. Improve continuity of care, safety, and wellbeing outcomes among individuals at risk for violence and providing 24hrs on call staffing to meet the needs of the community.
d. Provide resources that will include SANE trained/certified Nurse Practitioner and medical director oversight. e. NGH agrees to submit quarterly invoices for a pro-rated amount of $37,500 for the NP salary and benefits not to exceed the annual sum amount of $150. 000. 00.

IV. METRO PUBLIC HEALTH DEPARTMENT- ROLES AND RESPONSIBILITIES
MPHD agrees to:
a. Assist OFS and NGH to Improve continuity of care and access to services for individuals at risk of violence.
b. Participate in the selection process of the Nurse Practitioner assigned to the Family Safety Center.
c. Provide funding in the amount of $150,000 for salary and benefits. for a one-year full-time Nurse Practitioner contingent upon NGH satisfying its obligations herein and under its MOU with OFS, a copy of which is attached hereto as exhibit A.

VI. TERM AND TERMINATION
The initial term of this MOU shall be one (1) year and may be renewed annually by mutual agreement of the parties for additional one (1) year periods. not to exceed a total of five (5) years.
Either party may terminate this MOU with thirty (30) days' written notice. Upon termination, the parties shall cooperate to wind down activities in an orderly manner.

VII. NOTICES

All notices under this MOU shall be provided in writing to the following contacts:

Nashville General Hospital
Name: DeAnn Bullock, MD, MMHC,
FACHE Address:1818 Albion Street,
Nashville, TN, 37208 Email:
deann.bullock@nashvilleha.org
Phone: 615-341-4350

Metro Public Health Department Name: Anidolee Melville Chester, PhD, M.Ed., MPA., LMFT
Address: 2500 Charlotte Ave.
Email: anidolee.melville-chester@nashville.gov
Phone:615-340-8602

VIII. SIGNATURES

IN WITNESS WHEREOF, the parties have executed this MOU effective as of the Effective Date.

Nashville General Hospital

X _____

Veronica Elders, DHA, MBA, MSN, RN, NEA-BC Interim Chief Executive Officer and Chief Nursing Officer
Date: 2/19/2026

Metro Public Health Department

X _____

Sanmi Areola, PhD
Director of Health, Metro Public Health Department
Date: 03.19.2026

NUTRITION EDUCATOR

CLASS NUMBER: 10904
FLSA CATEGORY: Non-exempt
EEO CATEGORY: Professional

JOB OBJECTIVE

Provides diet assessment and nutrition counseling; conducts educational outreach activities; and performs related duties as required.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

Provides diet assessment and nutrition counseling.
- Advocates lactation for breastfeeding promotion.
- Interprets patient's immunization status.
- Refers special nutrition problems to a Nutritionist for follow-up.
- Collects participant measures (height, weight, and hemoglobin) as required.
- Completes appropriate documentation.
- Keeps abreast of current trends in the field of nutrition and program rules/regulations.

Conducts outreach activities.
- Organizes and participates in health fairs and other events.
- Performs recipe testing and prepares food demonstrations.
- Teaches basic principles of nutrition and food management.
- Develops and displays educational and resource material.
- Maintains inventory of nutrition equipment and supplies.

Assists in planning and participates in various training programs.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification.

This classification works under the supervision of a program supervisor who defines overall objective and priorities of the work and is consulted on unusual or complex matters.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work environment involves the everyday risks or discomforts which require knowledge and use of universal safety precautions typical of such places as offices, clinics, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated.

This classification works primarily in an office or clinic setting under generally favorable working conditions. Work is sedentary, however, there may be some walking, standing, bending, carrying of light items, etc. No special physical demands are required to perform the work.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Bachelor's degree in Nutrition from an accredited college or university and one (1) year of nutrition related experience.

PERFORMANCE STANDARDS

Knowledge of the principles and application of nutrition as related to public health.
Knowledge of program guidelines.
Skill in written and oral communication.
Ability to interpret program guidelines and apply them appropriately.
Ability to exercise good judgement in evaluating situations and making decisions.
Ability to establish and maintain effective working relationships.

LICENSE REQUIRED

Valid class "D" driver's license.

Date Approved: September 9, 2003

NUTRITION EDUCATOR

CLASS NUMBER: 10904
FLSA CATEGORY: Non-exempt
EEO CATEGORY: Professional

JOB OBJECTIVE

Provides diet assessment and nutrition counseling; conducts educational outreach activities; and performs related duties as required.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

Provides diet assessment and nutrition counseling.
- Advocates lactation for breastfeeding promotion.
- Interprets patient's immunization status.
- Refers special nutrition problems to a Nutritionist for follow-up.
- Collects participant measures (height, weight, and hemoglobin) as required.
- Completes appropriate documentation.
- Keeps abreast of current trends in the field of nutrition and program rules/regulations.

Conducts outreach activities.
- Organizes and participates in health fairs and other events.
- Performs recipe testing and prepares food demonstrations.
- Teaches basic principles of nutrition and food management.
- Develops and displays educational and resource material.
- Maintains inventory of nutrition equipment and supplies.

Assists in planning and participates in various training programs.
Makes appropriate health referrals within the department and to community agencies.
- Stays abreast of internal and external resources for WIC clients.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification.

This classification works under the supervision of a program supervisor who defines overall objective and priorities of the work and is consulted on unusual or complex matters.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work environment involves the everyday risks or discomforts which require knowledge and use of universal safety precautions typical of such places as offices, clinics, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated.
This classification works primarily in an office or clinic setting under generally favorable working conditions. Work is sedentary, however, there may be some walking, standing, bending, carrying of light items, etc. Employees working on mobile and hospital teams may spend more time walking, standing, and carrying items then those in a clinic. No special physical demands are required to perform the work.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Bachelor's degree from an accredited college or university that includes 6 semester hours in human nutrition, 3 semester hours in human anatomy or physiology, and 3 semester hours in education, psychology or counseling and at least one (1) year of nutrition related experience. Transcript required to verify education. Completion of a supervised, accredited dietetic internship may count as 1 year of nutrition related experience.

PERFORMANCE STANDARDS

Knowledge of the principles and application of nutrition as related to public health.
Knowledge of program guidelines.
Skill in written and oral communication.
Ability to interpret program guidelines and apply them appropriately.
Ability to exercise good judgement in evaluating situations and making decisions.
Ability to establish and maintain effective working relationships.

LICENSE REQUIRED

Valid class "D" driver's license.

Date Approved: September 9, 2003

PERSONNEL CHANGES

MARCH 2026

NEW HIRES

Heather Dixon, Public Health LPN, 3/14/2026, $45,726.40 (SCH)
Chassity Hill, Public Health Nurse 1, 80%, 3/14/2026, $64,404.00 (SCH)
Laurel Mosteller, Public Health Nurse 1, 80%, 3/14/2026, $64,221.68 (SCH)
Britt Burkett, Public Health Nurse 1, Seasonal/Part-time/Temp., 3/14/2026 $40.02 hourly (SCH)
Christina Cancelli-Patrick, Public Health Nurse 1, 80%, 3/14/2026, $62,404.00 (SCH)
Anne Moberly, Public Health Nurse 1, 80%, 3/14/2026, $62,404.00 (SCH)
Allison Brooks, Public Health Nurse 1, 80%, 3/14/2026, $62,404.00 (SCH)
Emily Malott, Public Health Nurse 1, 80%, 3/14/2026, $62,404.00 (SCH)
Anna Hutchison, Public Health Nurse 1, 80%, 3/14/2026, $64, 221.60 (SCH)
Shannon Jones, Public Health Nurse 1, 80%, 3/14/2026, $64,221.60 (SCH)
Gary Kreisher, Jr. Public Health LPN, 3/14/2026, $45,726.40 (SCH)
Miranda Inscore, Public Health Nurse 1, 80%, 3/14/2026, 62,404.00 (SCH)
Kimberly Bassett, Public Health Nurse 1, 80%, 3/14/2026, $62,404.00 (SCH)
Nicole Sorak, Public Health Nurse 1, 80%, 3/14/2026, $64,221.60 (SCH)
Montavius Akins, Dental Assistant 1, 3/14/2026, $46,025.00 (DEN)
Jordan Scott, Public Health Nurse 1, 80%, 3/14/2026, $64,221.60 (SCH)
Jamie Hams, Animal Care/Control Office Assistant 1, 3/23/2026, $48,064.00 (MACC)

REHIRE

Kristen Chisom, Public Health Nurse 1, 80%, 3/14/2026, $66,039.00 (SCH)

TERMINATION (VOLUNTARY)

Edward Jones, Program Coordinator, 03/20/2026, resigned (BHW)

TERMINATION (INVOLUNTARY)

Derrick Rigsby, Public Health Administrator 1, 03/11/2026, dismissed (BHW)

DEPT. TRANSFER

Keivonda Jackson, Recreation Leader, Metro Parks transferring to Communicable Disease Investigator, 3/14/2026, $54,699.00 (STD/HIV)

PROMOTIONS

Sarah Reynolds, Nutrition Educator, promoted to Nutritionist 1, effective 3/14/2026 (EWC)
Zuri Jones, Program Specialist 2, promoted to Program Specialist 3, effective 3/14/2026 (MCA)
Shelby Fuller, Kennel Assistant 1, promoted to Kennel Assistant 2, effective 3/28/2026(MACC)
Briana Mitchell, Kennel Assistant 1, promoted to Kennel Assistant 2, effective 3/28/2026 (MACC)

STATUS CHANGES

Natasha Simmons, Outreach Worker, 80% began working 100%, effective 3/14/2026 (WIC)
Lauryn Jarrett, Public Health Nurse 1, 71% began working 80%, effective 3/14/2026 (SCH)
Suzanne Schmidt, Public Health Nurse 1, 71% began working 80%, effective 3/14/2026 (SCH)
Stephanny Lascano Espin, Public Health Nurse, 71% began working 80%, effective 3/14/2026 (SCH)